



REPRESENTATION PETITION

Is this an amended petition? Yes No If yes, provide the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER Valley Medical Center

Contact Ludy Maerz

Title Dir of Employment & Labor Relations

Address 3915 Talbot Rd

City, State, ZIP Renton, WA 98055

Phone _____ **Ext.** _____

Email Ludwig_Maerz@valleymed.org

PETITIONER SEIU Healthcare 1199NW

Contact Akson Mounlamai

Title Field Admin Assistant

Address 19823 58th Place South, Suite 200

City, State, ZIP Kent, WA 98032

Phone 425-919-7201 **Ext.** _____

Email aksonm@seiu1199nw.org

CURRENT BARGAINING REPRESENTATIVE
(If One Exists) _____

Contact _____

Title _____

Address _____

City, State, Zip _____

Phone _____ **Ext.** _____

Email _____

TYPE OF REQUEST Select ONE of the following.

- NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- CHANGE REPRESENTATIVE** of existing bargaining unit.
- REMOVE REPRESENTATIVE** of existing bargaining unit.

BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

SECTION 1—Describe the Existing Bargaining Unit:

Unite certified in Decision 13794-PECB

Number of Employees in Existing Unit 950

SECTION 2—Describe the Proposed Bargaining Unit:

Add full-time, part-time and per diem Employee Health RN to the unit certified in Decision 13794-PECB

Number of Employees in Proposed Unit 5

If a CBA exists, what is the expiration date? 6/30/24

SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Akson Mounlamai **Title** Field Admin Assistant

Address 19823 58th Place South, Suite 200 **City, State, ZIP** Kent, WA 98032

Phone 425-919-7201 **Ext.** _____ **Email** aksonm@seiu1199nw.org

Signature **Date** 5/14/24

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

SEIU Healthcare 1199NW

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)* PERC Representation Petition
on all parties or their counsel of record on *(date)* May 14, 2024

To:	Name					
	Organization	SEIU Healthcare 1199NW	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail		
	Address	3915 Talbot Rd	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail		
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail		
	Email	Ludwig_Maerz@valleymed.org				
	Fax					
To:	Name					
	Organization	SEIU Healthcare 1199NW	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail		
	Address	3915 Talbot Rd	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail		
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail		
	Email	Breanne_Piehl@valleymed.org				
	Fax					
To:	Name					
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail		
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail		
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail		
	Email					
	Fax					

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 5/14/24

Print Name PERC Representation Petition

Signature 



From: [Akson Mounlamai](#)
To: [PERC, Filing \(PERC\)](#); [Laurel Webb](#)
Subject: Representation Filing for Employee Health RNs at Valley Medical Center
Date: Tuesday, May 14, 2024 12:26:37 PM
Attachments: VMC Employee Health RN PERC Petition Signed.pdf
VMC Employee Health RN PERC COS Signed.pdf
VMC Employee Health RN Auths.pdf
VMC Employee Health RN Signers.xlsx
Importance: High

External Email

Greetings PERC,

Please accept this email as SEIU Healthcare 1199NW providing the notice for representation for Employee Health RNs at Valley Medical Center in Renton, WA. They are intending to join the our unit that includes other RN's there. Please see attachments including:

1. PERC representation petition
2. PERC certificate of service notifying the employer
3. Signed authorization cards from the interested workers
4. List of signers

Our union counsel Laurel Webb is copied on this email. Please copy her on communications. Thank you and we look forward to next steps.

Cheers,

Akson Mounlamai
SEIU Healthcare 1199NW
Field Admin Assistant
425-919-7201
425-917-9707 (fax)
aksonm@seiu1199nw.org

WE HAVE MOVED TO OUR NEW OFFICE

SEIU Healthcare 1199NW

19823 58th Place South, Suite 200

Kent, WA 98032