

AGREEMENT

By and Between

United Food and Commercial Workers (“UFCW”) LOCAL 3000

And

Jefferson County Public Hospital District No. 2

d/b/a JEFFERSON HEALTHCARE  
(Nursing Unit)

June 22, 2022 – October 31, 2024

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This Agreement is made and entered into by and between UFCW Local 21, chartered by the United Food and Commercial Workers International Union, hereinafter referred to as the “Union”, and Jefferson County Public Hospital District No. 2, d/b/a Jefferson Healthcare, hereinafter referred to as the “Hospital”.

#### PREAMBLE

The purpose of this Agreement is to facilitate the achievement of the mutual goals of providing quality patient care by establishing an orderly system of Employer-Nurse relations which will contribute to productive and efficient nursing care programs and the resolution of mutual problems.

#### ARTICLE 1 – RECOGNITION

The Employer recognizes the Union as the sole and exclusive bargaining representative for all persons employed by the Employer as a registered nurse or a licensed practical nurse, and providing direct patient care, including Clinic Endoscopy Nurses, Infusion/Wound Nurses, and Home, Health, and Hospice Nurses working in the Employer’s clinics, and nurses working in the Express Clinic, and excluding all persons recognized under the Clinic, Professional, Technical and Service/Maintenance, Business Office and Medical Records Employees Agreement, administrative/management positions, temporary and per diem nurses with respect to rates of pay, hours of work, conditions of employment, and other pertinent matters as specified in this Agreement.

#### ARTICLE 2 – NONDISCRIMINATION

2.1 The Employer and the Union agree not to discriminate or condone harassment in any manner, in conformance with applicable federal and state laws, against any nurse by reason of race, color, religion, creed, sex, marital status, national origin, age, or mental, physical or sensory handicap, subject to occupational requirements and ability to perform within those requirements.

2.2 No nurse covered by this agreement shall be discriminated against by the Employer or the Union because of membership or non-membership in the Union, or lawful activities on behalf of the Union, as long as these activities do not interfere with the normal work process of the Employer. It is agreed that Union business and grievance handling will not occur on the paid work time of any nurse engaged in these activities, unless requested by the Employer.

#### ARTICLE 3 – UNION MEMBERSHIP

3.1 Membership. All nurses subject to this Agreement shall elect:

- to become or remain members of the Union.
- to not become or remain members of the Union.

Non-members have the option to pay or not pay an agency fee to the Union for representation services. Regardless of whether a nurse covered by Article 3 is a member of the Union, they are governed by this Agreement.

Union membership applications and payroll deduction cards will be distributed electronically to each new nurse during orientation. The Employer will notify nurses of the requirements of this article at time of hire and after ratification.

3.1.1 Any nurse who is a member of and adheres to established and traditional tenets of a bona fide religion, body or sect which has historically held conscientious objections to joining or financially supporting labor organizations or a nurse who has a philosophical objection to same who was hired before June 28, 2002, shall not be required to join or financially support the Union as a condition of employment. In the alternative, the nurse will be required to pay a monthly amount equal to the Union membership fee to a 501C charitable organization. This alternative must be declared in writing by the nurse.

3.2 Dues Deduction. Upon presentation of a voluntarily submitted, individually signed authorization form, the Employer agrees to deduct from the paycheck of each nurse the monthly dues, agency fees as applicable, and the initial initiation fee upon hire required of members of the Union during the life of this Agreement. The amounts deducted will be transmitted to the Union by check payable to its order on or before the tenth (10th) of each following month. Upon issuance and transmittal of the check to the Union, the Employer's responsibility shall cease with respect to deductions covered thereby. Nurses may elect to begin or terminate deduction of dues or agency fee payments no less frequently than once per year. Upon request nurses shall promptly receive notice of their next dues deduction election period from a Union Membership Services Representative. Elections to begin or to terminate wage deductions shall be submitted in writing to the Union with a copy to the Employer, and shall become effective on the following regular pay period. The Union and each nurse authorizing the assignment of her/his wages for the payment of Union dues or agency fees hereby undertakes to indemnify and hold the Employer harmless from all claims, demands, suits, or other forms of liability that may arise against the Employer for and on account of any such deduction made from the wages of a nurse pursuant to the terms of this section. The Employer will electronically give each newly hired nurse a copy of this agreement provided by the union, and direct the nurse to the Union website [ufcw21.org](http://ufcw21.org). Additional copies of this agreement, provided by the Union, shall be available in Human Resources.

3.3 Voluntary Political Action Fund Deduction. During the term of this Agreement, the Employer shall deduct a sum specified from the pay of each member of the Union who voluntarily executes a political action contribution wage assignment authorization form (UFCW Active Ballot Club). When filed with the Employer, the authorization form will be honored in accordance with its terms. The minimum contribution must be at least two dollars (\$2.00) per month. The amount deducted and a roster of all nurses using payroll deduction for voluntary political action contributions will be promptly transmitted to the Union by separate check payable to its order. Upon issuance and transmission of a check to the Union, the Employer's responsibility shall cease with respect to such deductions. The Union and nurse authorizing the assignment of wages for the payment of voluntary political action contributions hereby undertakes to indemnify and hold the Employer harmless from all claims, demands, suits or other forms of liability that may arise against the Employer for or on account of any deduction made from the wage of such nurse.

3.4 Bargaining Unit Information - Nurse Roster. Upon the signing of this Agreement and, as requested by the Union but not more than monthly, the Employer shall supply to the Union a list of all nurses covered by this Agreement. The list shall include the name, address, classification, Social Security Number, date of hire, rate of pay, gross monthly wages and FTE status for each nurse. Each month the Employer shall also send a list with the information from the prior sentence for those persons covered by this Agreement who were hired or terminated during the prior month.

3.5 Union Access/Representatives. The Union's authorized staff representatives may have access to the Employer's premises for the purpose of transacting Union business. Union business shall not take place in patient care areas, disrupt care or be on a nurse's working time unless authorized by Administration. The Union Representative shall notify the Personnel Director or designee in advance of



the area(s) where the Union representatives will visit. A member or shop steward will accompany the Union representative to secure areas.

3.6 Bargaining Unit Shop Stewards. The Union shall have the right to select bargaining unit shop stewards from among the nurses in the unit. The bargaining unit shop stewards shall not be recognized by the Employer until the Union has given the Employer notice of the selection, which will be kept up to date on the bulletin boards on a monthly basis. The shop stewards shall be the designated grievance representatives.

3.7 Bulletin Board. Designated space will be provided in every employer-designated employee break area represented by the Union for bulletin boards. Existing designated space will not be reduced, even if the employer changes designated break areas. The Union, accompanied by a member or shop stewards to secure areas, shall be permitted to post Union announcements and notifications of professional activities in the designated areas. One mailbox will be provided for designated Union Representatives.

3.8 Contract and Job Descriptions. The Employer will give each newly-hired nurse a copy of their job description. Copies of this Agreement, a membership application and payroll deduction form are available on the Employer's Intranet and the Union website UFCW21.org. Nurses may utilize Employer resources to print copies of these documents if desired. The Union will provide copies of this Agreement to the Employer. Additional copies of this Agreement, provided by the Union, as well as copies of job descriptions, shall be available in the Human Resources Department. The Employer shall provide the Union with current job descriptions of nurses covered by this Agreement and subsequent revisions of these descriptions.

3.9 New Hire Orientation. The Employer will provide the Union access to new hires at the time of the orientation for the purpose of introduction and orientation to the Union. The bargaining unit representative will be notified of all new nurses within fifteen (15) days of hire and at least five (5) days prior to the New Hire Orientation. The bargaining unit representative and new nurses will be allowed one-half (1/2) hour time during the orientation session to introduce the Union contract to newly-employed nurses. The new nurse will receive one-half (1/2) hour of pay for this time.

3.10 Meeting Rooms. The Union shall be permitted to use designated premises of the Employer for meetings of the bargaining unit, with or without Union staff present, provided sufficient advance request for meeting facilities is made to the designated administrator and space is available.

3.11 Negotiations. Supervisors will make a good faith effort to release bargaining shop stewards and negotiation team members from their scheduled shift for purposes of joint negotiations. These hours will be considered leave without pay unless the nurse elects to take PTO. The Union will notify the Chief Human Resources Officer as soon as possible of those nurses who will be participating on the Union bargaining team.

#### ARTICLE 4 – MANAGEMENT RIGHTS

The Union recognizes the responsibilities of the Employer's Administration to operate and manage the Employer's business including, but not limited to, the rights to establish and require standards of performance, to maintain order and efficiency; to direct nurses; to determine job assignments and working schedules; to determine the materials and equipment used; to implement new and different operational methods and procedures; to determine staffing levels and requirements; to determine the kind, type and location of facilities; to introduce new or different services, products, methods or facilities; to extend, limit, contract out or curtail the whole or any part of the operation; to select, hire, classify, assign, promote and transfer nurses; to discipline, demote or discharge nurses for just cause; to lay off and recall

nurses; to require reasonable overtime work of nurses according to the RCW; and to promulgate and enforce rules, regulations and personnel policies and procedures; provided, that such rights, which are vested solely and exclusively in the Employer, shall not be exercised so as to violate any of the specific provisions of this Agreement.

#### ARTICLE 5 – DEFINITIONS

5.1 Staff Nurse. A nurse who is responsible for the direct and indirect nursing care of the patient.

5.2 Full-Time Nurse. A nurse, so classified on the Employer's employment records, who is regularly scheduled to work eight or ten hour shifts and forty (40) hours per week or eighty (80) hours in a fourteen (14) day period and who has successfully completed the required probationary period. A nurse, so classified on the Employer's employment records, who is regularly scheduled to work twelve hour shifts and thirty-six (36) hours per week or seventy-two (72) hours in a fourteen (14) day period and who has successfully completed the required probationary period.

5.3 Part-Time Nurse. A nurse, so classified on the Employer's employment records, who is regularly scheduled to work eight or ten hour shifts and sixteen (16) hours or more but less than forty (40) hours per week or eighty (80) hours in a fourteen (14) day period and who has successfully completed the required probationary period. A nurse, so classified on the Employer's employment records, who is regularly scheduled to work twelve hour shifts and sixteen (16) hours or more but less than thirty-six hours per week or seventy-two (72) hours in a fourteen (14) day period and who has successfully completed the required probationary period. Part-time nurses shall accrue benefits based on hours paid, except as otherwise provided in attached special agreements.

5.4 Per Diem Nurse. A registered nurse who is not regularly scheduled. At no time shall they be scheduled for or work more than forty percent (40%) of full-time in each month for any consecutive three-month period. If a per diem nurse works more than 832 hours within a department in a twelve-month period, a regular position will be added to the bargaining unit. The Employer will report per diem hours to the Labor Management Committee and the Union quarterly. Seniority for per diem nurses will be accrued only in comparison to other per diem nurses.

5.4.1 If a bargaining unit nurse chooses to accept a per diem position, seniority will be retained if the nurse returns to a bargaining unit position within twenty-four months of making the change.

5.4.2 The probationary period for per diem nurses who accept bargaining unit positions shall be from their original date of hire into the bargaining unit position, with the exception of the nurse who has been meeting the per diem requirements working in the department where they accept the bargaining unit position and returns, as in Article 5.4.1 above, to the bargaining unit within twenty-four months.

5.5 Temporary Nurses. Nurses hired to work during a period of up to six (6) months when the Employer requires a temporarily augmented work force are classified as temporary nurses. This period shall not be longer than six (6) months in a twelve-month period without the consent of the Union. Temporary nurses are not covered by this collective bargaining agreement.

5.5.1 If a temporary position is filled by a current bargaining unit nurse, that nurse will retain regular status for purposes of this Agreement, during that temporary assignment. The Employer will hold the bargaining unit nurse's prior position open for four (4) weeks. At that time, if the Employer finds that a need exists to post to fill the position, the Employer will first notify the nurse and give her/him the first opportunity to return to the temporarily-vacated position. If the

nurse declines, the Employer may post for and hire into that position. In that case, the nurse would be eligible for the first available position for which that nurse is qualified after completion of the temporary assignment.

5.5.2 If no bargaining unit nurse seeks or is qualified for a particular temporary position, the hours will be offered to a per diem nurse.

5.5.3 If the Union or the nurse feels that she/he is improperly classified, a grievance may be filed to have that issue clarified.

5.6 Agency Nurse. A nurse who is hired and paid through a temporary employment agency is not considered an “employee” of the Employer.

5.7 Resident Nurse. A registered nurse whose clinical experience in an acute care facility after graduation is less than six (6) months, or a registered nurse who is returning to practice with no current clinical training or experience. An experienced registered nurse returning to practice who has recently satisfactorily completed a nursing refresher course shall be classified as a resident nurse. A resident nurse shall be assigned under the close and direct supervision of a designated registered nurse(s) and shall have limited responsibilities as defined by the supervisor. Residency shall not exceed three (3) continuous months unless extended for an additional three (3) months, with prior approval of the Union, when mutually agreed to by the Employer and the individual nurse involved. A resident nurse who is expected to function without close and direct supervision on an ongoing basis and who is assigned the same level of responsibilities as a staff nurse shall be reclassified as a regular staff nurse and the residency period will be considered over. Resident nurses are subject to the probationary requirements as defined by this Agreement from date of hire.

5.8 Probationary Nurse. A nurse shall be considered a probationary nurse during the first ninety (90) days of employment or during the period of residency, whichever is greater. Probationary nurses shall accrue benefits and are eligible to use them based on their status as full-time or part-time nurses. Probationary periods may be extended an additional ninety (90) days with prior notification of the Union and agreement by the nurse and Employer. During or prior to the conclusion of the probationary period, either the Employer or the nurse may decide to terminate the employment relationship for any reason without notice or pay in lieu of notice; such terminations shall not be subject to the grievance procedure of this Agreement.

5.9 Charge Nurse. A registered nurse who has completed the required competencies and who is assigned at the discretion of the Director/designee, to expanded responsibilities for other staff, patient care, and patient flow within the Emergency Department, ACU, Family Birth Center, Intensive Care Unit, Home Health and Hospice, Wound/Infusion, and the Surgical Services areas. A nurse who is assigned as charge nurse shall be paid for all hours worked as charge. Charge nurses do not issue verbal or written warnings to bargaining unit nurses but may verbally counsel nurses as appropriate.

5.10 Lead RN. Posted position by the Employer which includes responsibilities for directing the designated unit or department through expanded on-going responsibilities for staff, patient care, and patient flow. Lead RNs will receive the lead premium outlined in Article 9.1.

5.11 Month and Year. For purposes of this Agreement and the method of computing wages and benefits provided herein, unless otherwise provided, a “month” shall be defined as 173.3 paid hours and a “year” shall be defined as 1664 paid hours or twelve (12) months, whichever comes last. Low census hours shall be counted as hours worked for purposes of seniority, longevity steps and benefit accruals.

Nurses will only receive credit for Sound Trust healthcare benefit accruals while on low census if they use PTO.

5.12 Standard Shifts. The standard shifts are day (7:00 a.m. to 3:30 p.m.), evening (3:00 p.m. to 11:30 p.m.), and night (11:00 p.m. to 7:30 a.m.). However, there are a variety of shifts in different departments, and shift differential is governed by Article 10.1.

5.13 Preceptor. A preceptor is an experienced nurse proficient in the clinical area they are teaching. They are also experienced in both teaching and communication skills and are assigned specific responsibility for planning, organizing and evaluating the new skill development of new nurses employed at the hospital with no previous experience in the clinical area or nurses cross training to a new clinical area, who have been placed in a defined preceptor program, the parameters of which have been set forth in writing by the Employer. Inherent in the preceptor role is the responsibility for specific, criteria-based and goal-directed education and training for a specific training period. Department management will determine the need for preceptor assignments and the selection of preceptors. A preceptor may be assigned to a student or to cross-train nurses to a new clinical area as determined appropriate by the Employer. It is understood that nurses in the ordinary course of their responsibilities will be expected to participate in the general orientation process, including unit specific check lists, and addressing department processes and procedures to new nurses. The general orientation process shall also include the providing of informational assistance, support and guidance to new nurses including initial competency assessments.

5.14 Base Rate of Pay. A nurse's base hourly rate excluding all premiums and shift differentials except for BSN/Certifications under Article 10.6.

5.15 Regular Rate of Pay. The statutorily defined and required overtime pay calculation during the designated work week period.

5.16 Premium. Any pay provided to a nurse above the base hourly rate, other than statutory overtime pay.

5.17 Helper-Float RN. A nurse who has received a basic orientation to a unit in which the nurse is not regularly scheduled to work, and is capable of providing assistance to that unit's regularly scheduled staff by performing basic RN competency skills. Helper-Float RNs are expected to be capable of assisting with procedures that they have successfully completed in annual skills competency checklist(s) for the unit(s) in which they are regularly scheduled. However, Helper-Float RNs will not be required to perform tasks specifically applicable to a receiving unit in which they are not qualified or trained to perform. It shall be the responsibility of a Helper-Float RN to inform the receiving unit's Charge Nurse of any task or patient care assignment for which such nurse feels inadequately prepared. If the issue is not resolved, the Helper-Float RN must contact the House Supervisor and/or the receiving unit's manager. The RN may be assigned a different task and/or assignment based on the needs of the department. A Helper-Float RN will be returned to the RN's home unit as expeditiously as possible if the RN is needed in the RN's home unit.

5.18 Cross-Trained RN. A nurse who is fully oriented, trained and qualified to perform clinical duties in a unit other than the nurse's regularly scheduled unit(s). Individuals designated as cross-trained RNs are able to perform work at a level of competency comparable to the receiving unit's regular staff. Nurses are not considered cross trained RNs when working in their partner unit.

Before a nurse is identified as a qualified cross-trained RN, the nurse will complete a full orientation, and successfully complete the receiving unit's specific competency/skills check list for cross-trained RNs.

Cross-trained RNs are capable of taking patient assignments, based upon the house supervisor and/or charge nurse's assessment of the receiving units' current patient census and patient acuity. To retain status as a cross-trained RN, the nurse must periodically work in that receiving unit and must annually complete the receiving unit's cross trained RN unit-specific skills and competency documentation. A Cross Trained RN who works outside their partner unit will receive two dollars (\$2.00) per hour for all hours worked on units outside their home unit.

5.19 On Call. A nurse is on call when assigned on-call status. (See Article 10.2 for compensation related to on-call/low census standby status.)

5.20 Low Census Standby. A nurse is on low census standby when all or part of the nurse's shift has been reduced due to low census, but the nurse is placed on standby status. (See Article 7.4 for compensation related to low census standby status.)

5.21 Callback. Callback occurs when a nurse is called back to work from on-call status or low census standby. (See Article 10.3 for compensation related to callback from on-call status and Article 7.4 for compensation related to callback from low census standby status.)

5.22 Call in. A nurse is called in when they are asked to come to work and are not in on-call or low census standby status. (See Article 8.9.1 for compensation related to being called in.)

5.23 Resource Nurse. The Resource RN will be a posted position that will hold full competency in 3 departments and secondary competency in at least 1 more department. This position will serve as a resource to all departments, as the needs arise. The Resource RN may be scheduled and/or assigned to a unit for an entire shift if the need arises or may help in multiple departments throughout the shift. The Resource RN is not subject to low census. The Resource RN will be paid a premium differential of \$4.30 per hour over the base RN wage.

## ARTICLE 6 – EMPLOYMENT PRACTICES

6.1 Notice of Resignation. Full-time and part-time nurses shall give not less than twenty-one (21) calendar days' prior written notice of resignation, not to include any unscheduled vacations. A nurse must be present at work on the nurse's last day of employment. Failure to give such notice shall result in loss of accrued Paid Time Off (PTO). The Employer, at its discretion, may give consideration to situations that would make such notice by the nurse impossible.

6.2 Discipline and Discharge. No nurse shall be disciplined or discharged except for just cause. The Employer will apply the principle of corrective discipline which may include verbal warning, written warning, suspension, and discharge for poor work performance and absenteeism. Disciplinary steps may be by-passed if the Employer feels the nature of the offense is grave enough. Copies of such notices will be provided to the nurse at the time formal disciplinary action is taken. The nurse shall be required to sign the written warning for the sole purpose of acknowledging receipt thereof. The nurse may request representation in a meeting wherein disciplinary action or investigation which may lead to disciplinary action is taken by the Employer. The Employer and nurse shall make a good faith effort to conduct investigations quickly and efficiently, in consideration of the parties' time. The Employer and involved nurses will also be respectful of the Nurse's confidentiality when sharing information.

6.2.1 The Employer will notify the Union, in writing, within 24 hours, exclusive of weekends and holidays, following notice of discharge or suspension to any nurse in the bargaining unit. Inadvertent failure to notify shall have no effect on the validity of the disciplinary action taken. No nurse shall be disciplined for the appropriate use of a contractual benefit or right.

6.3 Evaluations. The Employer shall maintain a performance evaluation program which should be considered as a step in bringing about and determining progress in personal and professional growth and development which results in quality patient care. Nurses shall receive a written evaluation prior to the end of the probationary period and at least annually thereafter. The Employer shall use criteria based on job descriptions, as well as the Employer's mission, vision, and values, to evaluate nurses. Nurses shall be provided the opportunity to read, sign, and respond to their evaluations. Should the nurse disagree with the evaluation and provide a written response, such objection shall be retained with the evaluation in the nurse's file. The nurse shall be given a copy of his/her evaluation upon request. Evaluations are not for the purpose of discipline, and accordingly are not subject to the grievance process.

6.4 Personnel File. Nurses shall have access to their personnel file. Upon request, the Employer will either remove or destroy reference verifications and other third party material or, if such materials are not destroyed, they shall be made available to the nurse. Nurses shall have the right to review and comment on letters of warning and performance evaluations currently in their personnel file. Except for documents addressing matters involving gross misconduct (for example, breach of patient confidentiality, patient abuse, harassment, stealing, assault, substance abuse, etc.) separate written or oral notices will be removed from the personnel file upon request after two (2) years, provided no further related discipline has been issued during that time period; in such cases, the warning notice will not be used to support further discipline.

6.4.1 Personnel Actions. The Employer's Human Resources Information System will be used to state pay step, shift, and FTE status as indicated on job postings.

6.5 Pay Days. The Employer will provide the Union no less than thirty (30) days' notice of any change to the current bi-weekly payday schedule.

6.6 Patient Transport. A nurse who accompanies a patient traveling by ambulance, helicopter, or other vehicle, at the request of Employer Administrative Personnel, shall be considered to be in the employ of the Employer. If the return trip to the hospital is not to be by the ambulance or other vehicle in which the nurse traveled with the patient, the nurse's return trip transportation expense should be arranged before departure. Such return trip expenses will be provided before the trip if requested, or otherwise reimbursed by the Employer. All hours spent performing the foregoing function shall be compensated at the appropriate rate of pay.

6.7 Work Assignment. The Employer retains the right to assign a nurse on daily basis to work on any unit or department to meet patient care needs. Nurses will be expected to perform all basic nursing functions but will not be required to perform tasks or procedures specifically applicable to the nursing unit for which they are not qualified or trained to perform.

6.8 Dress and Uniforms. In units where the Employer determines that the working conditions require scrub uniforms, the Employer will make scrubs available.

6.9 Meals. The Employer agrees to provide a meal at no cost to nurses required to work a double shift, if requested.

6.10 Jefferson Healthcare Policies. Jefferson Healthcare policies are available on Employer's Intranet (currently in Policystat). Nurses may utilize Employer resources to print copies if desired. The material in these policies is not intended to replace or change the terms of this collective bargaining agreement and shall not constitute a contract.

6.11 Bridging Benefits. Regular nurses who (1) resign and are reemployed by the Employer within twenty-four (24) months of the date of their resignation, or (2) who transfer out of the bargaining unit and return to the bargaining unit within twenty-four (24) months, or (3) who transfer to a non-benefit eligible position (i.e., per diem or temporary) and transfer back to a benefit-eligible position within 24 months shall be credited with the same benefit levels they had earned as of the date of resignation. They shall neither lose nor gain benefit accumulation during such an absence.

6.12 Health Examinations. The Employer will provide health screens in accordance with federal and state guidelines.

6.13 Health Standards. The Employer will provide nurses with copies or access to copies of all policies, procedures, equipment, supplies and education necessary to meet the health-related standards of WSHA, OSHA and CDC.

6.14 Communication. Nurses who have concerns about any nursing practice issues are encouraged to raise those concerns through the appropriate levels of supervision. Any safety issues or staffing issues related to safety must be submitted in the current occurrence reporting system (currently Quantros).

#### ARTICLE 7 – SENIORITY, LOW CENSUS AND LAYOFF

7.1 Definition. Seniority is defined as a full-time or part-time nurse's continuous length of service as a nurse covered by this Agreement with the Employer from their most recent date of hire within the bargaining unit. Seniority shall not apply to a nurse until completion of the required probationary period. Upon satisfactory completion of this probationary period, the nurse shall be credited with seniority from their most recent date of new hire into the bargaining unit. Leaves without pay for a period in excess of twelve (12) weeks will result in the nurse's seniority date being adjusted to reflect the period of the leave. Regular nurses who change to per diem status and subsequently return to regular status within twenty four (24) months without a break in employment shall retain previously-acrued seniority.

7.2 Low Census. A low census period is a temporarily reduced need for nurses. During this period, nurses who have been scheduled to work will share a reduction in hours.

7.3 Low Census Benefits. Regular full-time or part-time nurses sent home or asked not to come in for work because of low census, as determined by the Employer, shall continue to accrue most benefits as if they worked their regular schedule; these low census hours shall also count for the purpose of computing step increases and PTO accrual; provided, however, that no nurse shall be credited with more than 2080 hours for purposes of benefit accrual during any one (1) calendar year.

7.4 Low Census Standby. A nurse whose shift was reduced due to low census may be placed on low census standby for a minimum of four (4) hours. If a nurse is called back to work while on low census standby, then the nurse will receive time and one-half (1 1/2) the nurse's base rate of pay for hours worked after being called back, with a minimum of three (3) hours of pay. Low census standby pay shall be discontinued when the nurse reports to work. If the nurse is returned to low census standby after being called in, then low census standby pay will resume after the minimum three (3) hour pay period. It is understood that if a nurse is called back more than once in the same three (3) hour period, only one (1) minimum guarantee shall be due that nurse. Benefits as described in Section 7.3 will accrue to these low census standby hours.

7.5 Low Census Rotation. Subject to skill, competence and ability, low census will be rotated and shared equitably among all bargaining unit nurses including Charge Nurses. Alternative solutions can be

made to keep nurses working during their low census rotation if management deems it necessary. Low census will be given as follows when skills and abilities are equal:

1. Nurses working premium and/or bonus time shifts;
2. Volunteers;
3. Per Diem Nurses;
4. Agency nurses;
5. Nurses with the fewest low census hours and who have not reached the maximum low census requirements set forth in Section 7.6.

7.6 Low Census Guarantee. The Employer will guarantee a certain level of a nurse's FTE status (2,080 hours = 1.0 FTE) based upon the following:

1. 70% for nurses choosing to remain in their department rather than to be assigned or assist on another hospital unit or department beyond the basic nursing functions described in Article 6.7.
2. 85% for nurses who are crossed trained per Article 5.18 or who are willing to assist and/or are willing to be assigned to other units or departments beyond their partner unit to perform nursing functions beyond those described in Article 6.7. Nurses who are obligated to work in a partner unit receive the 85% guarantee. If a nurse fails to satisfy the requirements for the 85% guarantee the nurse will revert to the 70% guarantee.
3. The 85% or 70% FTE guarantee will be calculated each four-week regular rotation (e.g., guaranteed hours = [FTE x 160] x .85), and yield the same number of low census hours each time. Low census will be a standard entirely calculated on a nurse's FTE.
4. Nurses not in partner units will have an opportunity to make their election upon hire or within 30 days of the effective date of this Agreement and, after that, with at least ninety (90) days' notice to the Employer. If a nurse fails to satisfy their commitments under the 85% guarantee the nurse will, absent compelling reasons to the contrary, revert to the 70% guarantee.

Any paid time off or unpaid leave of absence, including voluntary low census beyond the low census guarantee, shall count as hours worked. If a nurse reaches the maximum number of hours of low census during a given month, the nurse will be taken out of the low census rotation until all other nurses on that shift have reached the low census maximum that month. If all nurses on a given shift have reached their low census maximums or if the need for a particular skill precludes low censusing someone who has not reached the maximum, staff members who have reached their maximum may be assigned to cross-orient, perform direct patient care, or work on specified projects as determined by the Employer. If the Employer elects to lay off in lieu of incurring the cost of this low census guarantee, seven (7) days' layoff notice will be provided to the affected nurses.

7.7 Restructure. Restructure means the reallocation of nurses within a unit or units due to the merger, consolidation or other overall reorganization of units resulting in a mandatory shift change, a mandatory unit change and/or a change in FTE status. Determinations regarding the staffing of units, including whether a restructure of a unit or units is advisable, are the exclusive right of the Employer. Attempts will be made to accomplish a unit restructure through intra-unit transfers, to the extent possible.

7.7.1 Reassignment. The goal of the Employer and the nurses is to ensure qualified and trained nurses to adequately staff all patient care areas of the hospital. However, the Employer retains



the right to change a nurse's daily work assignment on a shift-by-shift or partial shift basis. To facilitate reassignments that are necessary to best meet patient care needs, the following definitions and positions are described above: Helper-Float RN and Cross-Trained RN.

7.7.2 Partner Units. There is an expectation for teams to work together collaboratively across department/unit lines as "partner units". Current partner units are:

1. Family Birth/ED,
2. ACU/ICU,
3. Home Health/Hospice/Palliative Care,
4. PACU/Short Stay/Preop,
5. PACU/Endo/Circulator OR,
6. Oncology/Infusion.

Working within or between partner units does not constitute reassignment.

## 7.8 Restructure Process.

7.8.1 In the event of a restructure the Employer will determine and provide the number of FTEs by shift, seniority list, number of vacancies, qualification requirements, and proposed schedule grid to the Union and affected units ninety (90) days prior to implementing the proposed restructure. Within twenty (20) business days of providing such information, the Employer will be available to meet with the Union and up to five (5) representatives from affected units to discuss the procedures to be utilized to accomplish the restructure.

7.8.2 The Employer will post the following information on the unit(s) affected by the restructure for ten (10) business days: post-restructure FTEs by shift, seniority list, qualification requirements, and schedule grid. Nurses on the affected units will apply in writing by the order of preference for restructured positions on their unit. Upon conclusion of the bidding process, the new schedule will be posted according to Article 8.7 (Work Schedule).

7.8.3 Article 7.9, Layoff, will not apply for nurses who are offered and reject a comparable position as part of a restructure. For the purpose of this article, a comparable position is defined as a position with no change in shift (day, evening, or night), an FTE change of less than 0.2, and/or an FTE reduction that does not result in a loss of eligibility of medical coverage for the nurse, the nurse's spouse, or the nurse's dependent(s).

7.9 Layoff. In the event of a layoff, the Employer will send notice of impending layoff to all nurses and the Union 21 days prior to the implementation of the layoff. Qualified bargaining unit nurses will be utilized prior to per diem staff in all nursing areas of the Employer in the event of a layoff unless the per diem nurse has a needed skill not held by the regular nurse. The Union and the Employer shall meet five days from the notice of layoff to review the layoff order. For purposes of reduction in force, a nurse shall retain seniority accrued from date of hire as a nurse within the bargaining unit. The following order of layoff shall be followed by the Employer subject to the qualifications set forth:

1. Per diem nurses (subject to the skill limitation discussed below);
2. Probationary nurses; and
3. Regularly scheduled nurses in reverse order of service by seniority.

Seniority shall be the determining factor for layoff and recall, providing that skill, competency and ability in a specific area are considered substantially equal. If a more senior nurse identified for layoff does not

elect to take a position of a nurse on the Low Seniority Roster, then the former will be laid off and the latter will be retained to assure that all shifts and areas are covered adequately.

7.10 Low Seniority Roster. The Low Seniority Roster shall be a listing of the seven (7) least senior regular full-time or part-time nurses employed by the Employer. The listing shall include unit, employment status (FTE) and shift. Any nurse identified for layoff whose name already appears on the Low Seniority Roster, and any nurse on the Low Seniority Roster whose position has been assumed as a result of the selection process specified above, shall be subject to layoff.

7.11 Orientation. A nurse identified for layoff will be considered eligible for a vacant position if, in the Employer's opinion, the nurse can become oriented to the position within four (4) weeks. If a nurse does not achieve a satisfactory level of performance in the opinion of the Employer based on established criteria (such as a competency checklist) within this four (4) week orientation period, the nurse will be subject to layoff without further notice unless further orientation is mutually agreed upon.

7.12 Recall. Nurses on layoff status shall be placed on a reinstatement roster for a period of twelve (12) months from date of layoff. When a vacancy occurs, nurses will be reinstated in the reverse order of the layoff, providing skill, competency and ability are considered substantially equal. A nurse shall not accrue seniority while on layoff status. Upon reinstatement, the nurse shall begin to accrue seniority and other benefits and shall have previously accrued benefits and seniority restored.

7.13 Break in Seniority. Seniority shall be broken by the following:

1. Resignation (except as provided in Section 6.11);
2. Discharge;
3. Retirement;
4. Layoff of more than twenty-four (24) months;
5. Leave of absence of more than twenty-four (24) months;
6. Per diem status of more than twenty-four (24) months.

7.14 Seniority Roster. A seniority roster will be available in the Human Resources Department and provided to the Union upon request.

7.15 Job Posting. Notice of regular job openings within the bargaining unit shall be posted by the Employer on the Employer's website for seven (7) days electronically prior to filling such positions. Each job opening shall state job qualifications, specific duties to be performed, hours of work and FTE. Seniority shall be the determining factor in filling such vacancy provided qualifications, competence, efficiency and past performance (during the prior twelve [12] months) are considered to be equal in the opinion of the Employer. The Employer shall be the sole judge of the qualifications, competence, efficiency and past performance of its nurses, provided that such judgments are based on established criteria.

## ARTICLE 8 – HOURS OF WORK AND OVERTIME AND PREMIUM PAY

8.1 Work Day/Work Period. A normal work day shall consist of eight (8), ten (10), or twelve (12) hours of work to be completed within eight and one-half (8 1/2), ten and one-half (10 1/2), or twelve and one-half (12 1/2) consecutive hours, respectively, with a thirty (30) minute unpaid meal period. The normal work period shall consist of up to forty (40) hours of work within a seven (7) day period.

8.2 Contractual and Statutory Overtime. All time worked in excess of the normal work day defined above or in a Department/Unit Addendum shall be considered contractual overtime. All time worked in

excess of the normal work period as defined above shall be considered statutory overtime. The Employer and the Union agree that both contractual and statutory overtime should be discouraged. The Employer will make reasonable efforts to utilize volunteers, per diems, temporary nurses and agency nurses where practical prior to assigning overtime. Mandatory overtime shall be worked only in accordance with Washington State Law.

8.2.1 All statutory and contractual overtime must be authorized by the Employer.

8.2.2 Statutory and contractual overtime will be paid to the nearest tenth of an hour.

8.2.3 Time paid for but not worked shall not count as time worked for the purpose of computing statutory (Article 8.4) or contractual (Article 8.3) overtime.

8.2.4 Hours paid at statutory and contractual overtime, or premium rates are hours worked or compensable hours for the purpose of computing step increments and fringe benefits.

8.2.5 There shall be no pyramiding or duplication of contractual overtime (8.3), statutory overtime (8.4), or any forms of premium pay, with the sole exception that the Employer will pay holiday premium pay (13.1) to nurses that work on holidays listed in Article 13.1, and will also include those holiday hours worked in calculating statutory overtime due for the work week in which the holiday falls. Lead and Resource Nurses will not receive Charge Nurse premium when assigned Charge Nurse duties.

8.3 Contractual Overtime. Pay for time worked in excess of normal work day (as defined in 8.1) shall be paid at one and one-half times the nurse's base rate of pay except that time worked in excess of a ten- or twelve-hour shift shall be paid in accordance with Articles 8.3.1 and 8.3.2, respectively. All time worked in excess of twelve (12) hours, broken or unbroken within a twenty-four hour period, shall be paid for at double the nurse's base rate of pay except for twelve-hour shifts, which shall be paid in accordance with Article 8.3.2, ten hour shifts which shall be paid in accordance with Article 8.3.1, and designated flexible shifts. The twenty-four hour period shall commence at the beginning of the nurse's regularly scheduled shift and end twenty-four hours after it begins, e.g., 7:00 a.m. begins – period would end 7:00 a.m. the next day.

8.3.1 Nurses working a ten (10) hour shift schedule shall be paid at the premium rate of one and one-half (1½) times the base rate of pay, plus any applicable evening or night shift differential for the first hour (1) hour after the end of the ten (10) hour shift and at 1½ times the regular rate of pay for any overtime hours worked beyond forty (40) hours in a seven (7) day period. If a nurse works more than one (1) consecutive hour beyond the end of the ten (10) hour shift, all hours after eleven (11) consecutive hours of work for that shift shall be paid at the premium rate of double time (2x) the base rate of pay.

8.3.2 Nurses working a twelve (12) hour shift schedule shall be paid at the premium rate of one and one-half (1½) times the base rate of pay, plus any applicable evening or night shift differential for the first hour (1) hour after the end of the twelve (12) hour shift and at 1½ times the regular rate of pay for any overtime hours worked beyond forty (40) hours in a seven (7) day period. If a nurse works more than one (1) consecutive hour beyond the end of the twelve (12) hour shift, all hours after thirteen (13) consecutive hours of work for that shift shall be paid at the premium rate of double time (2x) the base rate of pay.

8.4 Statutory Overtime. All time worked in excess of the 40-hour work week period will be paid at one-and-one-half times the regular rate of pay in accordance with federal and state law.

8.5 Shift Rotation. There shall be no rotation of shifts (i.e., day, evening, night) except by mutual agreement between the Employer and the nurse.

8.6 Flexible Shifts.

8.6.1 Flex work schedules providing for other than eight (8), ten (10), or twelve (12) hours per day may be proposed by the nurse, the Employer or the Union.

8.6.2 The flex shift schedule shall be in writing, identifying area, hours, and FTE of the schedule to be worked. This shall be given to the Union for review and comment prior to posting.

8.6.3 The normal work period for a flex shift shall be forty (40) hours per week. A nurse shall be paid at the premium rate of time and one-half (1½) the base rate of pay for all hours worked over the proposed daily shift and at time and one-half (1½) the regular rate of pay over forty (40) hours per week.

8.6.4 If the needs of the organization change, a flex schedule may be discontinued by the Employer with the nurse being returned to his/her original shift with thirty (30) days' notice. The Employer will make a good faith effort to maintain the nurse's FTE or, if not possible, to minimize the change in the FTE if the flexible shift is eliminated, unless a reduced or increased FTE is requested by the nurse as a result of this schedule change.

8.7 Work Schedule. Nurse requests for special scheduling consideration must be received by no later than the first (1st) day of the month two months prior to the month being scheduled to be considered. Preferred shift patterns for ED, FBC, ACU, and ICU nurses must be received by the first (1<sup>st</sup>) day of the month two months prior to the month being scheduled. If a nurse in ED, FBC, ACU, or ICU has no changes to their existing preferred shift pattern, nothing must be submitted. All other departments will maintain current scheduling practices unless the Employer decides to adopt the process in this section for one or more of those departments. The employer will make a good faith effort to honor and continue the work schedule submitted. Where such factors as qualifications, competence and efficiency are considered equal by the Employer, seniority shall be the prevailing factor in resolving requests for the same shifts.

A preliminary monthly work schedule will be posted/entered into the Employer's timekeeping system by the 10<sup>th</sup> of the month two months prior to the month being scheduled (e.g., the preliminary schedule for September would be posted by July 10<sup>th</sup>).

When the preliminary schedule is posted into the Employer's timekeeping system, open shifts will be filled as follows:

1. The employer will call for volunteers (full/part-time and per diems) for open shift pick-up and schedule adjustment to maintain target staffing for that month. This may occur via the Employer's timekeeping system, text, email, or paper sign-up sheet, and will include the open shifts available as of the 10<sup>th</sup>.

If by the 25th day of the month two months prior to the month being scheduled there are still unmet staffing needs, the Employer, after seeking staff input on alternate preferred schedules, may change a nurse's assigned shift(s) for that schedule with written notification (prior to posting the schedule.).

2. The Employer shall determine and post the final monthly work schedule by the 1<sup>st</sup> of the month prior to the month being scheduled. Work and call schedules that have been posted may only be changed by mutual agreement of the Employer and the nurse, with the exception of low census.

In the event of low census, the Employer shall attempt to notify scheduled day shift nurses before 9:00 p.m. in order to avoid unnecessary morning wake-up calls. In any event, the Employer shall notify scheduled nurses of low census or other schedule changes no later than as follows:

1. Day Shift: 1 1/2 hours prior to shift start time.
2. Evening Shift: 2 hours prior to shift start time.
3. Night Shift: 2 hours prior to shift start time.

If there are still open shifts/additional hours available when the final schedule is posted, Article 8.8 may be utilized. Any unresolved scheduling concerns should be referred to the nurse's leader, advancing to the Chain of Command, as appropriate.

8.7.1 Unless mutually agreed, the night shift schedules may not reflect "popcorn" shifts in which there is one day off between shifts except where requested by nurses, or is necessary due to vacations, unexpected vacancies, sick leave or legally allowed leave (e.g. WA PFMLA).

8.7.2 If the nurse is unavailable for telephone messages in the half-hour before the notifications in the above schedule, she/he is responsible to call the Employer. The Employer will verify employment status for the scheduled shift at that time. When the Employer has attempted to reach the nurse at home in accordance with the above time parameters prior to the shift start time to advise the nurse not to report for work, such attempt shall constitute receipt of notice not to report for work and Section 8.10 shall not apply. Except as otherwise provided herein, nurses shall not be paid for time not worked.

8.7.3 If unable to report for work, nurses will make a good faith effort to notify the Employer two (2) hours prior to the beginning of the day shift, two and one-half (2 1/2) hours prior to the beginning of the evening shift, and three (3) hours prior to the beginning of the night shift

8.8 Additional Hours. When additional scheduled nursing hours are available as determined by the Employer, these hours will be offered to bargaining unit staff after the 1<sup>st</sup> day of the previous month, prior to being offered to agency, traveler, or per diem nurses except that the Employer reserves the right to deny a shift request if it would result in overtime. The additional hours shall, at the Employer's discretion, be identified as "bonus" shifts. When a day or evening shift nurse signs up for a "bonus" shift(s) during this time interval, the nurse will receive a bonus of one hundred dollars (\$100) for each bonus shift. Any day or evening shift nurse who works the bonus shift over and above the nurse's FTE will receive the bonus and will be paid time and one-half (1 1/2) the nurse's base rate of pay for all time worked on this extra shift. Night shift nurses shall receive a bonus of one hundred fifty dollars (\$150) for each bonus shift they sign up for. If the bonus shift is worked by the night shift nurse, the bonus will be paid and the night shift nurse shall receive time and one-half (1 1/2) the nurse's base rate of pay for all time worked on this extra shift. After the 9th day of the month, these hours will also be available to per diem staff. Once per diem nurses have been slotted onto the schedule, regular staff will not have preference for those scheduled hours. If the bargaining unit nurse is called off, the scheduled hours will be credited toward low census for benefit accrual. Nurses will only receive credit for Sound Trust healthcare benefit accruals while on low census if they use PTO.

8.9 Days Off. Each registered nurse shall be entitled to two (2) full days off within a seven (7) day period, or four (4) full days off within a fourteen (14) day period. Such nurse shall not be expected to be on call on these days except in the Surgical Services.

8.9.1 Scheduled Days Off. Full-time and part-time nurses called in to work on a scheduled day off with less than 24 hours' notice will be paid at one and one-half (1½) times their base rate of pay for all hours worked with a minimum of three (3) hours of work or pay.

8.9.2 If a nurse works an extra shift beyond their scheduled shifts and the nurse's department is short-staffed/has above-average census, the nurse may be paid, at the employer's discretion, at double (2x) their base wage for all hours worked on the extra shift, as long as the nurse works the rest of their scheduled shifts that week. If the Employer exercises its discretion to pay double base wage to one nurse for picking up a specific extra shift, the Employer must pay double base wages to all other nurses who pick up the same shift in response (i.e., not before the double time offer).

8.10 Report Pay. Nurses who report for work as scheduled and are released from duty by the Employer shall receive a minimum of four (4) hours of work or four (4) hours of pay at the nurse's base rate of pay. It shall be the responsibility of each nurse to notify the Employer of her/his current address and telephone number. Failure to do so shall excuse the Employer from these minimum pay requirements. When the Employer has attempted to reach the nurse at home as provided for in Section 8.7 prior to the shift start time to advise the nurse not to report for work, such attempt shall constitute receipt of notice not to report for work and this section shall not apply.

8.11 Meeting. Nurses who are required by the Director to physically attend a departmental/unit meeting at a certain time during their scheduled day off shall receive a minimum of two hours of pay at the nurse's base rate of pay. Nurses required to attend a virtual meeting scheduled during their day off shall receive pay for the length of the meeting plus fifteen (15) minutes at the nurse's base rate of pay. Except as otherwise provided herein, nurses shall not be paid for time not worked.

8.12 Meal/Rest Period. Meal periods and rest periods shall be administered in accordance with this agreement or as designated by individual units or shifts. All nurses shall receive an unpaid meal period of one-half (1/2) hour, which will occur between the second and fifth hours of a nurse's shift unless requested by a nurse. Nurses required by supervision to work during this meal period shall be compensated for such time at one and one-half (1½) times the base rate of pay. All nurses shall receive two (2) paid rest periods of 15 minutes each during each shift of eight (8) hours or more in duration, except that nurses with a work day of twelve (12) hours or more shall receive fifteen (15) minutes of rest for every four (4) hours of work. There shall be no retaliation for recording missed breaks.

8.13 Weekend Work. Nurses shall not be required to work more than two (2) weekends out of any four (4) consecutive weekends. Nurses who work more than two (2) weekends out of four (4) will be compensated for all hours worked during the excess weekend shifts at one and one-half (1 1/2) times their base rate of pay. Weekend work shall be defined as any work between 2300 Friday to 2330 Sunday. This section shall not apply to nurses who volunteer to work more frequent weekend duty.

8.13.1 For purposes of this section, a nurse who is on call or low census standby on a weekend shall be considered to have worked that weekend, but additional premium pay shall not be due because the nurse is already receiving premium pay for on call/low census standby and call back. However, the on call/low census standby may result in premium pay being due for a subsequent consecutive weekend.

8.13.2 If a nurse receives premium pay for working a third weekend out of four, that weekend shall not be considered a weekend worked for purposes of determining whether premium pay is appropriate for work performed on subsequent weekends; i.e., work performed on a fourth consecutive weekend should be compensated at the base rate of pay. This section shall not apply to nurses who voluntarily agree to work more frequent weekend duty. Such waiver should be reduced to writing.

8.14 Seventh Consecutive Day. The Employer shall exercise its best efforts to attempt to avoid requiring nurses to work seven (7) consecutive days. Nurses required to work on the seventh consecutive day or more shall be paid premium pay of one and one-half (1 1/2) times their base rate of pay until they have a day off from work. Any deviation from this should comply with Article 8.6 (Flexible Shifts). This section shall not apply to staff/committee meetings, or to on-call/low census standby, callback that results in fewer than half a regularly-scheduled shift actually worked in twenty-four (24) consecutive hours, voluntary in-service meetings, voluntary department meetings; voluntary education days of any length; or when a nurse requests or voluntarily agrees to work seven or more consecutive days.

ARTICLE 9 – COMPENSATION

9.1 Wage Rates. Nurses covered by this Agreement shall be paid in accordance with the following hourly wage schedule. The first 2022 increase will be effective [July 3, 2022. Subsequent yearly increases will be in effect the first full pay period after October 31, 2022 and October 31, 2023.

2022			2022 (November)			2023		
Title	RN	LPN	Title	RN	LPN	Title	RN	LPN
<b>2022 Entry Rate</b>	\$ 33.16	\$ 22.36	<b>Nov. 2022 Entry Rate</b>	\$ 33.99	\$ 22.92	<b>2023 Entry Rate</b>	\$ 34.84	\$ 23.49
<b>1</b>	\$ 34.43	\$ 23.22	<b>1</b>	\$ 35.29	\$ 23.80	<b>1</b>	\$ 36.17	\$ 24.39
<b>2</b>	\$ 35.81	\$ 24.15	<b>2</b>	\$ 36.71	\$ 24.75	<b>2</b>	\$ 37.62	\$ 25.37
<b>3</b>	\$ 37.24	\$ 25.11	<b>3</b>	\$ 38.17	\$ 25.74	<b>3</b>	\$ 39.13	\$ 26.38
<b>4</b>	\$ 38.54	\$ 25.99	<b>4</b>	\$ 39.50	\$ 26.64	<b>4</b>	\$ 40.49	\$ 27.30
<b>5</b>	\$ 39.84	\$ 26.87	<b>5</b>	\$ 40.84	\$ 27.54	<b>5</b>	\$ 41.86	\$ 28.23
<b>6</b>	\$ 41.25	\$ 27.82	<b>6</b>	\$ 42.28	\$ 28.51	<b>6</b>	\$ 43.34	\$ 29.22
<b>7</b>	\$ 42.70	\$ 28.79	<b>7</b>	\$ 43.77	\$ 29.51	<b>7</b>	\$ 44.86	\$ 30.25
<b>8</b>	\$ 44.20	\$ 29.81	<b>8</b>	\$ 45.31	\$ 30.55	<b>8</b>	\$ 46.44	\$ 31.31
<b>9</b>	\$ 45.64	\$ 30.78	<b>9</b>	\$ 46.78	\$ 31.55	<b>9</b>	\$ 47.95	\$ 32.33
<b>10</b>	\$ 47.01	\$ 31.70	<b>10</b>	\$ 48.19	\$ 32.49	<b>10</b>	\$ 49.39	\$ 33.31
<b>11</b>	\$ 47.94	\$ 32.33	<b>11</b>	\$ 49.14	\$ 33.14	<b>11</b>	\$ 50.37	\$ 33.96
<b>12</b>	\$ 48.67	\$ 32.82	<b>12</b>	\$ 49.89	\$ 33.64	<b>12</b>	\$ 51.13	\$ 34.48
<b>13</b>	\$ 49.40	\$ 33.31	<b>13</b>	\$ 50.64	\$ 34.15	<b>13</b>	\$ 51.90	\$ 35.00
<b>14</b>	\$ 50.15	\$ 33.82	<b>14</b>	\$ 51.40	\$ 34.66	<b>14</b>	\$ 52.69	\$ 35.53
<b>15</b>	\$ 50.90	\$ 34.32	<b>15</b>	\$ 52.17	\$ 35.18	<b>15</b>	\$ 53.48	\$ 36.06
<b>16</b>	\$ 51.66	\$ 34.84	<b>16</b>	\$ 52.95	\$ 35.71	<b>16</b>	\$ 54.28	\$ 36.60
<b>17</b>	\$ 52.44	\$ 35.36	<b>17</b>	\$ 53.75	\$ 36.25	<b>17</b>	\$ 55.09	\$ 37.15
<b>18</b>	\$ 53.23	\$ 35.90	<b>18</b>	\$ 54.56	\$ 36.79	<b>18</b>	\$ 55.92	\$ 37.71
<b>19</b>	\$ 54.03	\$ 36.43	<b>19</b>	\$ 55.38	\$ 37.35	<b>19</b>	\$ 56.77	\$ 38.28
<b>20</b>	\$ 54.84	\$ 36.98	<b>20</b>	\$ 56.21	\$ 37.91	<b>20</b>	\$ 57.62	\$ 38.85

21	\$ 55.67	\$ 37.54
22	\$ 56.49	\$ 38.09
23	\$ 57.12	\$ 38.52
24	\$ 57.74	\$ 38.94
25	\$ 58.49	\$ 39.44
26	\$ 58.69	\$ 39.58
27	\$ 58.99	\$ 39.78
28	\$ 59.78	\$ 40.31
29	\$ 60.45	\$ 40.76
30	\$ 61.12	\$ 41.22
31	\$ 61.80	\$ 41.67
32	\$ 62.50	\$ 42.15

21	\$ 57.06	\$ 38.48
22	\$ 57.90	\$ 39.05
23	\$ 58.55	\$ 39.48
24	\$ 59.18	\$ 39.91
25	\$ 59.95	\$ 40.43
26	\$ 60.16	\$ 40.57
27	\$ 60.46	\$ 40.77
28	\$ 61.27	\$ 41.32
29	\$ 61.96	\$ 41.78
30	\$ 62.65	\$ 42.25
31	\$ 63.35	\$ 42.72
32	\$ 64.06	\$ 43.20

21	\$ 58.49	\$ 39.44
22	\$ 59.35	\$ 40.02
23	\$ 60.01	\$ 40.47
24	\$ 60.66	\$ 40.91
25	\$ 61.45	\$ 41.44
26	\$ 61.66	\$ 41.58
27	\$ 61.98	\$ 41.79
28	\$ 62.81	\$ 42.35
29	\$ 63.51	\$ 42.83
30	\$ 64.21	\$ 43.30
31	\$ 64.93	\$ 43.78
32	\$ 65.66	\$ 44.28

Employer Case Manager/Utilization Review, Resource RN, Lead RN - \$4.30 will be added to that wage rate specified at each step on the RN wage scale for nurses in these positions.

9.1.1 Step Increases. Nurses shall move from one step on the wage schedule to the next higher step after 1664 regular, overtime, premium, callback and low census hours, or twelve (12) months, whichever comes last. In no event shall a nurse receive such a step increase more often than once within a twelve (12) month period.

9.2 Compensation, Effective Dates. All increases in compensation set forth in this Agreement (including wage rates and longevity steps, premiums and differentials) shall become effective the first full payroll period on or after the date(s) designated.

9.3 Recognition for Past Experience. Nurses hired during the term of this Agreement shall be given full credit for relevant experience when placed on the wage scale. Nurses will be given one year of credit for each one year of relevant experience. LPNs will be given partial credit for relevant experience when being hired as an RN. Relevant experience shall be defined as verifiable clinical nursing experience as a registered nurse or LPN in settings that the Employer determines are relevant to its operations, without a break in experience as a registered nurse which in the opinion of the Employer would reduce the level of nursing skills. Such determinations shall not be arbitrary or capricious. If requested by the nurse, the Employer will explain how credited experience was determined. If the nurse disagrees with their credited experience, they may appeal to the Chief Nursing Officer using a form provided by the Employer. Past experience needs to be claimed on documentation in the nurse’s employment file.

9.3.1 If a new nurse is hired above the pay step of any current nurse in that unit with the same skills/certifications based on Employer criteria and with the same or greater years of continuous recent experience as a registered nurse, then the current nurse will be brought up to the new nurse’s pay step (longevity step).

9.4 Benefit Accrual. PTO, medical trust contributions and credit for step increases will accrue on all base, premium and overtime hours, up to a maximum of 2080 hours in a calendar year.



## ARTICLE 10 – OTHER COMPENSATION

10.1 Shift Differential. Shift differential for the entire shift (all hours worked) will be based on where the majority of the nurse's scheduled hours fall within the day, evening, or night shift periods, which are defined as follows:

- Day Shift Period: Any shift where the majority of regularly scheduled hours, worked partial shifts, or called back/called in hours are between 7 a.m. and 3:30 p.m.
- Evening Shift Period: Any shift where the majority of regularly scheduled hours, worked partial shifts, or called back/called in hours are between 3 p.m. and 11:30 p.m. If a nurse is required to work beyond the nurse's regular shift into an evening shift when the nurse is scheduled to be on call, the nurse shall receive evening shift differential for the hours worked in the on-call evening shift. Where an equal number of hours are scheduled in both the day and evening shift periods, the nurse will receive evening shift differential for the entire shift. Nurses who work the evening shift will be paid a shift differential of three dollars (\$3.00) per hour.
- Night Shift Period: Any shift where the majority of regularly scheduled hours, worked partial shifts, or called back/called in hours are between 11:00 p.m. and 7:30 a.m. If a nurse is required to work beyond the nurse's regular shift into a night shift when the nurse is scheduled to be on call, the nurse shall receive night shift differential for the hours worked in the on-call night shift. Where an equal number of hours are scheduled in both the evening and night shift periods, the nurse will receive night shift differential for the entire shift. Nurses who work the night shift and were hired after February 3, 2011 shall be paid a shift differential of four dollars and seventy-five cents (\$4.75) per hour. Nurses who were employed as of February 3, 2011 and who are assigned to or volunteer to work the night shift shall be paid a shift differential of eight dollars (\$8.00) an hour as long as they meet the majority of hours requirement outlined above.

10.2 On-Call/Low Census Standby Pay. Nurses placed on on-call/low census standby status shall be compensated at the rate of four dollars (\$4.00) per hour on-call/low census standby pay. Nurses on on-call/low census standby status shall have access to signal or paging devices. All full-time and part-time nurses in Surgical Services and Home Health and Hospice shall be provided with individually assigned pagers or cell phones or a stipend.

10.3 Callback Pay. A nurse who is called back to work when scheduled on call (not when placed on Low Census Standby, which is governed by Article 7.4) shall be paid at one and one-half (1 1/2) times the nurse's base rate of pay. Callback pay shall be paid in addition to on-call pay. When called back, the nurse shall receive time and one-half (1 1/2) pay for a minimum of three (3) hours.

10.4 Weekend Premium. Any nurse who works on a weekend shift shall receive four dollars (\$4.00) per hour as a weekend premium added to the nurse's base rate of pay for each hour worked on the weekend. Weekend work shall be defined as any work between 2300 Friday to 2330 Sunday.

10.5 Work in Advance of Shift. When a nurse is required to report for work in advance of the assigned shift and continues to work during the scheduled shift, all hours worked prior to the scheduled shift shall be paid at the rate of one and one-half (1 1/2) times the nurse's base hourly rate of pay. If over four (4) hours of advance are worked, the remaining hours shall be paid at double-time (2x) the base rate of pay. Scheduled hours will be paid at the base rate of pay.

10.6 Certification. Nurses certified in a specialty area by a national organization or by an organization approved by the Employer and working in the area of certification shall be paid a premium of one dollar per hour provided that the particular certification has been approved by the Employer and the nurse continues to meet all educational and other requirements for keeping the certification current and in good standing. The parties agree to discuss which certifications are appropriate annually through the labor management committee. The list of which certifications are recognized for which departments will be maintained on the Employer's Intranet. Certification pay shall not be reduced because of a daily assignment by the Employer to another unit or department out of the certification area. If a Nurse meets these requirements, the nurse will receive premium pay for a total of two specialty certifications. Certifications shall become effective with the presentation to Human Resources of a certifying agency official certification or card. The official certification or card must include certification number and the expiration date.

10.7 Break Between Shifts. Nurses working eight (8) hour shifts that are required to work shifts which result in less than twelve (12) hours off between shifts shall receive premium pay of one and one-half (1 1/2) times the base rate of pay for the next shift. Nurses working ten (10) or twelve (12) hour shifts that are required to work shifts which result in less than ten and one-half (10 1/2) hours off between shifts shall receive premium pay of one and one-half (1 1/2) times the base rate of pay for the next shift. This section shall not apply to voluntary staff/committee meeting, call back situations or to those nurses who (in writing) voluntarily agree to work or trade shifts which may result in less than the break between shifts discussed above.

10.8 Charge Pay. Charge premium will be paid for hours worked as a Charge at the rate of two dollars and twenty-five cents (\$2.25) per hour.

10.9 Preceptor Pay. Any nurse who is assigned as a preceptor by the Employer shall be paid a premium of one dollar and twenty-five cents (\$1.25) per hour for hours worked as a preceptor.

10.10 Mileage. Mileage will be paid for work-related travel or mandated educational travel at the current IRS established rate. Any changes in the IRS rate shall be effective the first of the month following official publication of the new rate.

10.11 Variable Shift Nurse Assignment. Variable shift nurse is defined as a nurse hired into or assigned by the Employer who has no set shift (i.e., day, evening, or night) within that unit. Variable shift nurses shall receive a premium of two dollars (\$2.00) an hour for hours worked as a variable shift nurse.

10.12 BSN/MSN. Any nurse who has a Bachelor of Science or Master of Science in Nursing shall receive one dollar per hour, regardless of whether the nurse has a BSN, MSN, or both.

#### ARTICLE 11 – PAID TIME OFF

11.1 Accrual Schedule. Vacation and holiday benefits are consolidated into a Paid Time Off (PTO) program. Full-time nurses and part-time nurses shall accrue PTO benefits based upon paid hours of work (including overtime and other premium hours up to a total maximum of 2080 hours each year) in accordance with the following schedule:

<u>Upon Completion of:</u>	<u>PTO Earned Per Hour Worked</u>
1 year	0.0711
2 years	0.0749
3 years	0.0788
4 years	0.0826
5 years	0.0903
6 years	0.0942
7 years	0.0981
8 years	0.1019
9 years	0.1057
10 years	0.1096
11 years	0.1134
12 years	0.1173
13 years	0.1211
14 years	0.1211
15 years	0.1211
16 years	0.1249
17 years	0.1288
18 years	0.1288
19 years	0.1288
20 years	0.1326
21 years	0.1326
22 years	0.1326
23 years	0.1365

11.1.1 During the first year of employment, the nurse will accrue PTO at the rate of .0442 per hour. Upon completion of the first 2080 hours of employment, an additional fifty-six (56) hours will be credited to the nurse's PTO account. Thereafter, nurses will accrue leave on hours worked according to the schedule above.

11.2 Maximum PTO Accrual. PTO accumulated in the course of one (1) year of employment should be used before completing a subsequent year of employment. The PTO ceiling is four hundred and twenty-eight (428) hours and PTO does not accrue beyond that ceiling. When that ceiling is reached a nurse may take vacation to remain below the 428 hour ceiling.

11.3 Use of PTO. PTO shall begin accruing the first day of employment. During the first ninety (90) days of employment, a nurse is not eligible to take PTO. Upon satisfactory completion of the ninety (90) days of employment, a nurse shall be eligible to take any PTO which has accrued. PTO will be used for time off for vacations, holiday, or a bona fide leave of absence unless the nurse requests unpaid personal leave hours. PTO may also be used for sick leave and family illness (as defined under the most current state or federal law) if the nurse has no paid sick leave hours remaining. PTO used for these reasons shall be paid out at the nurse's base rate of pay plus shift differential and for this section only the shift differential for all night shift nurses shall be four dollars and seventy-five cents (\$4.75) an hour.

11.3.1 Scheduling PTO. The Employer shall retain the right to determine policies of scheduling PTO. Nurses shall present written requests of Paid Time Off by the first (1st) day of the month at least two months prior to the month of the requested time off with approval or denial provided by the twentieth (20<sup>th</sup>) of the same month that the request is submitted. Requests for scheduling PTO can be submitted for the upcoming twelve (12) month period. Updated

vacation schedules will be posted (in hard copy and/or online format as determined by the Employer ) on the twentieth (20<sup>th</sup>) of each month. In case of conflicting requests by nurses for PTO or limitations imposed by the Employer, seniority shall prevail in assigning PTO. Once annual leave is approved it cannot be bumped by subsequent requests of nurses with more seniority. Paid Time Off leave requested during holiday periods (Christmas, Thanksgiving, New Year's) shall be assigned on a rotational basis. Except for the period between Memorial Day and Labor Day, within any single request nurses shall not be permitted to take more than ten scheduled work days for part time (less than .9 FTE) and fifteen scheduled work days for full time (.9 and 1.0 FTE) without the written approval of the Director/designee. For the period between Memorial Day and Labor Day, nurses shall not be permitted to take more than fourteen (14) calendar days of vacation without the written approval of the Director/designee.

11.3.2 Small Unit Coverage. During the summer vacation period of Memorial Day through Labor Day the Employer will make a good faith effort to staff the FBC, ICU, OR, and Home Health and Hospice by posting a temporary position covering those summer months in accordance with Article 5.5. If the posted position is not filled, temporary, per diem, agency, or traveler nurses may be assigned to this position. Nurses in these units will not be required to work above their FTE in order to cover vacations during this period of time.

11.3.3 PTO Cash Out. PTO will be cashed out at the nurse's base rate of pay as follows. To be eligible for PTO cash-out nurses must maintain a minimum of 200 PTO hours after cash-out. Nurses will be afforded the opportunity to request cash-out of up to 120 hours of PTO per calendar year provided they have a PTO balance of 200 hours as follows:

Election Date	Allowed Cash-Out	Allowed Pay Period for Cash Out	Required Remaining Balance
Dec 1 – Dec 31	up to 60 hours	1 <sup>st</sup> Pay Date in May	200 PTO hrs. after cash-out
Dec 1 – Dec 31	up to 60 hours	1 <sup>st</sup> Pay Date in Nov	200 PTO hrs. after cash-out

- a) The cash out election is irrevocable. A request for voluntary cash out of PTO must be made through the Payroll Department. The nurse must designate the number of hours he or she wishes to cash out and the paycheck on which the payment should be received. The hours will be cashed-out at the nurse's base rate of pay in effect at the time of cash-out.
- b) Hours cashed out on the payment date will be the lesser of the amount of all hours requested (up to 40 hours) or the amount of PTO time remaining unused over the 200-hour minimum requirement.
- c) PTO not cashed out as above may only be used for leave purposes during employment as designated by the Labor Agreement.
- d) Exception to the above: In the event of an "unforeseeable emergency" as defined by the Internal Revenue Code and its regulations accrued PTO may be cashed out to meet these emergency expenses.

11.3.4 PTO Deferral to 457 Retirement Plan. In accordance with the Plan’s calendar year deferral limitations, nurses may defer from accrued PTO as follows:

Election Date	Time of Deferral	Allowed Amount	Required PTO Balance at Time of Deferral
Dec 1 – Dec. 31	1 <sup>st</sup> Pay Date in February	Up to 60 Hours	200 hours

11.3.5 Coordination with Plan Benefits. If a nurse suffers an injury or illness covered by the Plan, the nurse will receive disability pay under the terms of the Plan.

11.4 Payment Upon Termination. After successful completion of the probationary period, nurses shall be paid upon termination of employment for all PTO earned but unused. PTO will be paid at the nurse’s base rate of pay at the time of termination. This provision shall not apply to those nurses who terminate their employment without giving the required twenty-one (21) days’ prior written notice, unless otherwise approved by the Employer.

11.5 Transfer of Benefits. Nurses shall be allowed to transfer up to three (3) shifts of PTO (at the base rate of the nurse transferring pay) to another nurse, or one (1) shift of PTO (at the base rate of the nurse transferring pay) to a non-nurse employee, at the nurse’s discretion. This transfer request should be in writing to payroll the Wednesday before pay day. PTO transferred may be used only after the hours have been transferred into the employee’s PTO available bank as reflected and documented as available in the payroll system. Exceptions require written Administrative approval and will be in accordance with Employer’s payroll practices.

## ARTICLE 12 – PAID SICK LEAVE

12.1 Accrual and Carry Over. Nurses shall accrue paid sick leave (PSL) benefits upon commencement of employment based upon actual hours of work (including overtime and other premium hours) at the rate of .025 hours of sick leave per hour worked. Nurses are entitled to use paid sick leave beginning on the ninetieth calendar day after the commencement of employment. There is no maximum accrual for PSL, but only 40 hours will carry over from one calendar year to the next. Hours in excess of 40 that are not carried over to PSL from one calendar year to the next shall roll over into the PTO bank.

12.2 Use of Paid Sick Leave. PSL must be taken for the following purposes, but may be used for other purposes, including vacation, holidays, and other leaves of absence:

- (i) An absence resulting from a nurse’s mental or physical illness, injury, or health condition; to accommodate the nurse’s need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or a nurse’s need for preventive medical care;
- (ii) To allow the nurse to provide care for a family member (as defined in RCW 49.46.210(2)) with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or care for a family member who needs preventive medical care; and
- (iii) When the nurse’s place of business has been closed by order of a public official for any health-related reason, or when a nurse’s child’s school or place of care has been closed for such a reason; and
- (iv) For absences that qualify for leave under the domestic violence leave act, chapter 49.76 RCW.

12.2.1 Only PSL use for the purposes listed in 12.2 will be protected under the Washington Paid Sick Leave law. PSL time off may be taken in as little as 6-minute increments.

12.3 Notification. If the need for use of paid sick leave for the reasons outlined in 12.2 is foreseeable, the nurse must provide notice at least ten days, or as early as practicable, in advance of the use of such paid sick leave.

If the need for paid sick leave for the reasons outlined in 12.2 is unforeseeable, unless the leave is taken for purposes authorized under the domestic violence leave act, chapter 49.76 RCW, then the nurse must provide notice to the Employer as soon as possible before the scheduled start of their shift, unless it is not practicable to do so. If it is not practicable for the nurse to provide notice, the nurse's designee may do so.

If the need for paid sick leave is unforeseeable and is for purposes authorized under the domestic violence leave act, chapter 49.76 RCW, then the nurse or his or her designee must give oral or written notice to the Employer no later than the end of the first day that the nurse takes such leave.

12.4 Rate of Pay. PSL shall be paid at the nurse's base rate of pay plus shift differential.

12.5 Verification. The Employer shall not require verification for PSL absences of three days or less that are not also covered by other laws with verification/certification provisions (e.g., FMLA, ADA). For absences exceeding three days, the Employer may require verification that the use of the sick leave is for an authorized purpose, provided that the Employer shall not require that the verification explain the nature of the condition and that the verification request does not create an unreasonable burden or expense for the nurse. If a nurse believes that a request for verification would pose an unreasonable burden or expense, the nurse may inform the Employer's Human Resources Department.

12.6 No Retaliation. The Employer will not discriminate or retaliate against a nurse for his or her exercise of any rights under this section, including the use of paid sick leave pursuant to 12.2.

12.7 Change from Full-Time or Part-Time Status. If a nurse changes from full-time or part-time status, the nurse will be paid out all accrued unused PSL hours above 40 hours. The nurse will be able to use the nurse's remaining accrued PSL hours from before the status change in accordance with the provisions of Article 12.

12.8 Change to Full-Time or Part-Time Status. The nurse will be able to use all PSL hours accrued before changing to full-time or part-time status, in accordance with the provisions of Article 12, but such hours cannot be cashed out.

12.9 Payment Upon Termination. After successful completion of the probationary period, nurses shall be paid upon termination of employment for all PSL earned but unused, except for PSL earned when not a full-time or part-time nurse. PSL will be paid at the nurse's base rate of pay at the time of termination. This provision shall not apply to those nurses who terminate their employment without giving the required twenty-one (21) days' prior written notice, unless otherwise approved by the Employer.

## ARTICLE 13 – HOLIDAYS

13.1 Holiday Pay. Any nurse required to work on a holiday listed below shall be paid one and one-half (1 1/2) times the nurse's base rate of pay and work beyond the nurse's regularly scheduled shift shall be paid at two times (2x) the nurse's base rate of pay. Premium pay day hours worked shall count as time worked in computing overtime hours in the work period. Upon request, the nurse may receive additional

pay from the nurse's PTO account for the holiday. These holidays shall be New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Holiday work assignments shall be equitably rotated among nurses. Holidays will be observed on the calendar day of each holiday. Such rotation shall take precedence over vacation selection by seniority.

13.2 Holiday Not Worked. If a holiday falls on a nurse's regularly scheduled day off, said nurse shall receive base rate holiday pay from their PTO accrual for the holiday or, if desired, comparable hours will be kept in the nurse's PTO bank.

13.2.1 Holiday pay shall be paid for all hours worked on the designated calendar date for the holiday from midnight the night before to midnight the day of the holiday.

13.3 Personal Leave Hours. Nurses may request up to forty (40) hours (for a 1.0 FTE, reduced pro-rata for nurses with lower FTEs) of unpaid leave per rolling twelve (12) month period. This time must be scheduled in advance and will be granted, if possible, after PTO time has been approved for other nurses. All time off must be approved in advance, shall not adversely affect the staffing of the Employer, and must be in accordance with the contractual provisions providing for paid leave (PTO), personal leave days or an approved leave of absence.

#### ARTICLE 14 – LEAVES OF ABSENCE

14.1 Leaves Without Pay - General Terms. A nurse may apply for a leave of absence without pay. Consistent with present practice, the Employer will give consideration to the circumstances of each application and shall have the right to determine whether or not the leave shall be granted and the duration. A major consideration in granting or denying a requested leave of absence will be the ability of the Employer to provide coverage without extra cost in either supervisory time or premium pay time. All requests for leave of absence shall be in writing as far in advance as possible, stating the reason(s) for the leave and the amount of time requested. Leaves of absence cannot be less than one full shift in duration, and will be granted, if possible, after PTO time has been approved for other nurses. A written reply granting or denying the request shall be provided by the Employer within thirty (30) days. After one (1) year of employment, leaves may be granted based on one month's leave for each month of employment, up to a maximum leave of 24 months for nurses who have worked two (2) years or more.

14.1.1 Termination. A nurse who fails to return at the end of a scheduled leave of absence or any agreed upon extension of a leave of absence shall be considered terminated. If a nurse takes employment elsewhere during the leave without prior approval of the Employer, the nurse shall be considered terminated.

14.1.2 Benefits. A nurse on a leave of absence without pay will not continue to accrue benefits during that leave unless otherwise noted herein, but there shall be no loss of previously accrued benefits if the nurse returns to work at the end of the allowed leave.

14.1.3 Leave without pay for a period of six (6) weeks or less within an anniversary year shall not alter a nurse's anniversary date of employment. Leave without pay for a period in excess of six (6) weeks within an anniversary year will result in the nurse's anniversary date of employment being adjusted to reflect the period of leave. No benefits shall accrue during such leave unless specifically agreed to by the Employer.

14.1.4 Return to Work. If a leave of absence does not exceed six (6) weeks, the nurse will be entitled to return to her/his former job, provided the nurse returns at the end of the scheduled leave. If a leave exceeds six weeks, the Employer does not guarantee that the nurse can return to

her/his former position, but the nurse will be considered for the first available similar position without loss of accrued benefits, provided the nurse returns to work on or before the scheduled expiration of the leave; it is understood that this general clause does not change the terms of more specific return to work provisions in this Article.

14.2 Family Leave. Pursuant to the federal Family and Medical Leave Act, as amended and the Washington State Family Leave Act as amended, eligible nurses will be granted family/medical leave for up to twelve (12) weeks during a twelve (12) month rolling backward period as provided by law:

- (a) to care for a newborn, newly adopted or newly placed foster child; or
- (b) to care for the serious health condition of one's child, spouse, or parent; or
- (c) to care for one's own serious health condition that makes the nurse unable to perform the nurse's job.

The Employer shall maintain the nurse's health benefits during this leave and shall reinstate the nurse to the nurse's former or equivalent position at the conclusion of the leave in accordance with the law. The use of family leave shall not result in the loss of any employment benefit that accrued prior to the commencement of the leave in accordance with federal and state law.

The Employer may require or the nurse may elect to use accrued paid leave time for which the nurse is eligible during family leave. Use of paid leave time will be in accordance with the terms of the Washington State Family Care Act as amended. In addition, the nurse is entitled access to other paid leave state funds provided for family leave under applicable Washington State law.

If a particular period of leave qualifies under both the Family and Medical Leave Act of 1993 (FMLA), state law or a leave of absence established by the collective bargaining agreement, the leaves shall run concurrently in accordance with federal and state law. This leave shall be interpreted consistently with the rights, requirements, limitations and conditions set forth in the federal law and shall not be more broadly construed.

14.2.1 Dependent Care Leave. After one (1) year of continuous employment, an unpaid leave may be granted to a nurse to care for a dependent child who resides with the nurse for conditions other than those set forth in Section 14.2 or for a dependent parent of the nurse. A nurse on Dependent Care Leave not exceeding six (6) weeks shall be entitled to return to his or her prior position. Thereafter, the nurse shall be entitled to the first available position for which she/he is qualified. Such leave shall not exceed one (1) year.

14.3 Medical Leave. Upon satisfactory completion of the probationary period, leave without pay shall be granted for medical reasons (including pregnancy and related conditions) upon the request of a nurse supported by the recommendation of a physician, for a period of up to six (6) months during any one twelve (12) month period. Nurses may return to their former position from a medical or maternity leave of no more than six months, provided they return to work on or before the scheduled expiration of the leave. The Employer may require a medical release from a physician prior to allowing the nurse to return to work. When supported by proper medical certification, a request for extension of the original leave shall be granted if it is submitted to the Employer before the original leave expires; nurses who request an extension beyond six months may not be guaranteed a return to their former position, but shall be offered the first available position for which the nurse is qualified. The nurse shall use any previously accrued PTO in excess of eighty (80) hours during this leave. In no event shall the total time away from work exceed six months without express Employer approval for other than Employer work-related injuries.



14.4 Educational Leave. After one year of continuous employment, permission may be granted for a leave of absence of up to two (2) years without pay for job-related study approved by the Employer.

14.4.1 Educational Hours. After six (6) months of continuous employment full-time nurses may request up to 24 hours of paid educational/professional leave per calendar year. Part-time nurses may request up to 24 hours per calendar year pro rated based on permanent FTE, with a minimum level of sixteen (16) hours. Nurses who are able to function as primary in more than two (2) departments may request an additional eight (8) hours per calendar year. Educational hours shall be defined as those utilized for the purpose of developing skills and qualifications of nurses, enhancing and upgrading the quality of patient care. Paid educational leave may be used on an hourly basis which shall be paid at the nurses' base rate of pay. All educational leave shall be subject to budgetary considerations, Employer needs, scheduling requirements and approval by the Area Clinical Director of the subject matter. If the nurse disagrees with the conclusion of the Department Clinic Director, the nurse may appeal the decision in writing to the Clinical Educator or Chief Nursing Officer. Denials of education requests shall be made in writing by the Department Director within 30 days of receipt of the request. Professional leave may be used by nurses to attend conventions and workshops of professional nursing associations providing the number of nurses who wish to attend does not jeopardize provision of health care services.

14.4.2 Employer Requests. If the Employer requests a nurse to attend an outside workshop or institute, the nurse's base rate of pay tuition and reasonable expenses shall be paid by the Employer.

14.5 Bereavement Leave. Nurses shall be allowed up to three (3) working days off with pay at the nurse's base rate of pay in case of a death in the immediate family. Additional unpaid leave time or paid PTO time may be requested. The immediate family shall be defined as spouse, spousal equivalent, child, parent, brother, sister, grandparents or grandchildren, parents in-law, parents of spousal equivalents, as well as significant others living in the same household with the nurse.

14.6 Military Leave. Leaves without pay for military duty shall be granted in accordance with applicable law.

14.7 Jury/Witness Duty. A nurse who is called upon to serve on jury duty on a regularly scheduled working day, or who is called to be a witness on behalf of the Employer in any judicial proceeding, shall be compensated by the Employer at the nurse's base rate for the difference between jury duty or witness pay and the base rate of pay (pro rata for part-time nurses). Any travel pay shall not be included in these calculations, and may be retained by the nurse. Such pay is subject to verification of actual jury duty service from the clerk of the court; if nurses are released from jury service or witness duty prior to the end of their scheduled work shift for day shift nurses, or with enough time for evening/night shift nurses to receive ten (10) hours' rest between release from jury duty and the start of the nurse's shift, they must immediately contact the appropriate supervisor to determine whether they should report for duty at the Employer. Evening/night shift nurses may choose compensation for either the shift before or after Jury/Witness duty. The nurse shall inform the nurse's leader of the nurse's choice promptly after receiving the jury/witness summons, and may not change their choice.

14.8 Union Leave. A nurse may request one unpaid leave of up to two (2) years for official Union work. This time will be uncompensated, but the nurse maintains seniority and benefit accrual rate. The Employer will not hold the nurse's position beyond thirty (30) days, but the nurse will be eligible for the first available position upon return.

14.9 The Employer agrees to allow designated Union Shop Stewards up to two days of unpaid leave per calendar year for the purpose of receiving Shop Steward Training provided and performed by the Union. The nurse shop steward may choose to use PTO for both or either of these two days. The training will be one full day at a time. The nurse shop steward must submit a written request for leave at least thirty days in advance.

#### ARTICLE 15 – BENEFIT PLANS

15.1 Health Benefit Plans. Acknowledging that the Union seeks Employer contributions required by the rehabilitation plan required of Sound Retirement Trust (SRT) and the transition to the Variable Annuity Plan (VAP), the parties agree to a cost sharing approach for healthcare benefits and retirement benefits.

The Employer and the Union agree to be bound by the terms of the Trust Agreements, which created the Sound Health and Wellness Trust, as initially executed on June 18, 1957, the Trust Agreement which established the Sound Health and Wellness Trust, adopted December 3, 1998, as applicable, by all subsequent revisions or amendments thereto, and by all policies and other conditions of participation and eligibility, which may be established from time to time by the Plan Document, the Trusts' Rules and Regulations, the Summary Plan Description, and other pertinent procedures, practices, and Trustee actions. The Employer accepts the Employer Trustee members of the Board of Trustees, and their duly appointed successors, as its representatives for purposes of managing the Trust. The Union accepts the Labor Organization Trustee members of the Board of Trustees, and their duly appointed successors, as its representatives for purposes of managing the Trust.

15.1.1 Adoption of Health and Welfare Labor Agreement. The Employer and the Union agree to be bound by the Health and Welfare Labor Agreement, effective May 2007, by and between Allied Employers, Inc. and UFCW Union Locals 21, 44, 81, 367, 1439, UFCW International, and Teamsters Union Local 38, and by all subsequent revisions or amendments thereto.

15.1.2 The Employer is a party to this Agreement and shall continue to pay on a per compensable hour basis (only to a maximum of one hundred and seventy-three (173) compensable hours per calendar month per nurse) into the Sound Health and Wellness Trust for the purpose of providing the nurses with hospital, medical, surgical, vision, group life, accidental death and dismemberment, weekly indemnity benefits and dental benefits in accordance with the contribution rates and related provisions established by the separate Health and Welfare Agreement between Allied Employers, Inc., and various Local Unions dated April 1, 1977 and as subsequently amended, including the revision dated May 6, 2007. The details of the benefit programs including a description of exact benefits to be provided and the rules under which nurses and their dependents shall be eligible for such benefits, shall be determined by the Trustee of the Sound Health and Wellness Trust in accordance with the terms and provisions of the Trust Agreement creating the Sound Health and Wellness Trust, and may be subsequently amended.

15.1.3 The term “compensable hour” is defined as including all hours actually worked, PTO hours, and any other paid time off.

15.1.4 The contribution referred to shall be computed monthly and the total amount due for each calendar month shall be remitted in a lump sum not later than twenty (20) days after the last day of the month in which the contributions were earned.

15.1.5 Notwithstanding the foregoing Section, the Board of Trustees of the Sound Health and Wellness Trust shall have the authority to establish and enforce a method for reporting

contributions on an accounting period basis, rather than a calendar month basis. In such case, the one hundred seventy-three (173) hour maximum shall be appropriately adjusted, as directed by the Trustees, provided that in no event shall the Employer's total obligation be different than what it would have been on a calendar basis. Further, the total contributions due for each approved accounting period shall be remitted in a lump sum not later than twenty (20) days after the end of the accounting period.

15.1.6 Either party upon reasonable written notice to the other may reopen Article 15.1 for negotiation if the Trust determines that the Employer had not made proper contributions to the Trust as a result of improper wage withholding during this or any previous Agreement between the Employer and Union regarding this bargaining unit. The reopener must be provided to either party within 60 days from the notification of the determination by the Trust or third party that the Employer had not made proper contributions to the Trust as a result of improper wage withholding.

15.1.7 Nurses who are unable to meet the insurance eligibility requirements have the following options to maintain coverage: (1) Use Paid Time Off (PTO) or (2) Pick up extra shifts or hours or (3) Self pay the insurance premium to the Trust that month.

15.1.8 Co-payments and Deductibles. The Employer will continue to pay co-pays and deductibles for services obtained from Jefferson Healthcare Hospital and Clinics that are covered by the Sound Health and Wellness Medical Plan for the life of this Agreement.

15.1.9 Employer and Nurse Contributions. During the term of this Agreement all Employer nurses covered by the Trust shall be treated equally for cost share purposes. Upon commencement of Open Enrollment each fall and no later than the end of the first week in November, the Employer will distribute to each nurse a listing for the next year of the nurse bi-weekly contribution amounts based on the level of coverage. If during the calendar year the Trust increases or decreases contribution rates the Employer will distribute a revised listing of nurse bi-weekly contribution amounts based on level of coverage.

15.1.10 Employer and Employees shall split the cost of health and welfare benefits ("Medical Benefits"). The hourly contribution rates shall be determined in accordance with the Health and Welfare Labor Agreement. The Employee shall pay, by pretax payroll deduction by the Employer, the following portion of the cost of the Medical Benefits for the level of coverage (employee; employee child; employee spouse; employee family) the employee elects:

- 20%; plus
- The amount submitted by the Employer on the employee's behalf under articles 15.2 and 15.3.

The Employer shall pay the remaining cost of the Medical Benefits for the level of coverage the employee elects. The Employer shall pay the required hourly contributions to the Trust with respect to all employees who opt-out of Medical Benefits without regard to the amounts submitted by the Employer on the employee's behalf under Articles 15.2 and 15.3. Nurses, other than those who have opted out of Medical Benefits under the terms of the Sound Health Labor Agreement (and any revisions/amendments) as of June 7, 2022, may not opt out of Medical Benefits.

The cost of the Medical Benefits is set annually each year based on the sum total of the monthly bills received from the insurance provider for the previous year.

## 15.2 Retirement Plan.

15.2.1 The Employer and the Union agree to be bound by the terms of the Trust Agreement, which created the Sound Retirement Trust, as initially executed on January 13, 1966, by all subsequent revisions or amendments thereto including the provisions of Addendum E “Pension Protection Act”, and by all policies and other conditions of participation and eligibility, which may be established from time to time by the Trust’s Plan Document, Summary Plan Description, and other pertinent rules, regulations, and Trustee actions. The Employer accepts the Employer Trustee members of the Board of Trustees, and their duly appointed successors, as its representatives for purposes of managing the Trust. The Union accepts the Labor Organization Trustee members of the Board of Trustees, and their duly appointed successors, as its representatives for the purposes of managing the Trust.

15.2.2 All contributions shall be paid on compensable hours with a maximum of one hundred seventy three (173) hours per calendar month per nurse.

15.2.3 The term “compensable hour” shall mean any hour for which any nurse receives any compensation required by this Agreement.

15.2.4 The contribution referred to shall be computed monthly and the total amount due for each calendar month shall be remitted in a lump sum not later than twenty (20) days after the last day of the month in which the contributions were earned.

15.2.5 Notwithstanding the foregoing Section, the Board of Trustees of the Sound Retirement Trust shall have the authority to establish and enforce a method for reporting contributions on an accounting period basis, rather than a calendar month basis. In such a case, the one hundred seventy three (173) hour maximum shall be appropriately adjusted, as directed by the Trustees, provided that in no event shall the Employer’s total obligation be different than what it would have been on a calendar basis. Further, the total contributions due for each approved accounting period shall be remitted in a lump sum not later than twenty (20) days after the end of the accounting period.

15.2.6 The Union shall furnish the Employer with a complete description of Sound Health and Wellness Trust benefits, rules regarding eligibility, and Trust Agreement upon request by the Employer and whenever any of the above-referenced documents are amended by the Board of Trustees or by the Administrators of the Trust Fund.

15.2.7 Either party upon reasonable notice to the other may reopen this Agreement for negotiation if the Trust or any third party determines that the Employer had prior to the ratification of this agreement not made proper contributions to the Trust as a result of improper wage withholding during this or any previous Agreement between the Employer and Union regarding this bargaining unit. The reopener must be provided to either party within 60 days from the notification of the determination by the Trust or third party that the Employer had not made proper contributions to the Trust as a result of improper wage withholding.

15.2.8 During the term of this Agreement, the Employer shall pay into the Sound Retirement Trust and the Sound Variable Annuity Pension Trust (Sound VAP) on account of each member of the bargaining unit the amounts as specified in this Article.

15.2.9 The Employer shall contribute to the Sound Retirement Trust, on behalf of each member of the bargaining unit, contributions to be calculated on the basis of the number of hours for which the Employer is obligated to pay contributions to the Sound Retirement Trust and in accord with the separate Pension Agreement by and between Allied Employers, Inc. and U.F.C.W. Union Locals 21, 367, and 1439, U.F.C.W. International (AFL-CIO) and Teamsters Union Local 38 and by all amendments thereto and this Section.

15.2.10 The parties hereby adopt the Preferred schedule under the Rehabilitation Plan of the Sound Retirement Trust as revised September 2020 with the Preferred schedule to be effective with respect to those subject to the terms of this collective bargaining agreement as of the date stated in the Rehabilitation Plan and applicable Schedule and the Employer’s active participants will continue to earn benefit accruals until the effective date of the Employer’s contributions to the Sound VAP under Section 15.3. Until such effective date, the Employer will contribute the following amounts:

	1/1/2021	11/1/2021	1/1/2022	1/1/2023	1/1/2024
Base Rate	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25
Pre-Rehab Rate	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25
Current Rehab Rate	\$ 0.86	\$ 0.92	\$ 1.056	\$ 1.192	\$ 1.222
TOTAL	\$ 1.360	\$ 1.420	\$ 1.556	\$ 1.692	\$ 1.722

15.2.11 Upon the effective date of the Employer’s contribution to the Sound VAP Trust under Section 15.3, future benefit accruals under the SRT will cease and the SRT plan will be frozen. At that point, the Employer will continue to contribute to the Sound Retirement Trust at the rates stated in the chart above, LESS 125% of the Employer’s base contributions on which employee accruals under the Sound Retirement Trust. The Employer will not incur a withdrawal from the SRT solely as a result of the cessation of future benefit accruals under the SRT. The SRT Employer liabilities will be funded under an updated Rehabilitation Plan designed with the objective that the Plan will move to the green zone and achieve 102% funding by 2030. The parties agree to request that the Actuaries of the SRT review and update, as they determine is appropriate, the current withdrawal liability method used by the Fund. In addition, the Parties ask the Trustees of the Plan to explore adopting specific language that all additional contributions to the SRT after the freeze date will not be used in calculations of the employer’s share of the unfunded vested benefits, to the extent permitted by law.

15.3 Sound VAP Trust Employer Contributions. Effective 7/1/2022, the Employer will contribute for each eligible employee to the Sound VAP Trust in accordance with this Section 15.3. As of such effective date, future service benefit accruals will be earned in the Sound VAP. Participants’ service earned under the Sound Retirement Trust (SRT) and the VAP will be recognized for participation, vesting and benefit eligibility purposes in both plans.

The employer will contribute \$0.3125 (thirty one and one quarter cents) per hour for each eligible active participant to the VAP. Notwithstanding the above, in no event shall the contribution be less than 125% of the base contribution to the SRT as of the effective date of the VAP. Contributions will be made on behalf of current active employees and future newly hired employees in classifications for whom

contributions have been made under the current collective bargaining agreement. Contributions shall be remitted monthly, in the same manner as they have been made to the SRT.

The benefit accrual under the VAP will be periodically reviewed (but at least every three (3) years) to ensure that the plan is designed to maintain full funding of all benefit liabilities, with the next review no later than December 31, 2024. All actuarial assumptions of the plan will be reviewed and adjusted as necessary on an annual basis for the term of this CBA.

15.4 Workers Compensation. Workers Compensation insurance shall be provided by the Employer as authorized under state law. PTO and PSL may be used to supplement Workers Compensation pay.

15.5 Unemployment Compensation. During the term of this Agreement, unemployment compensation shall be provided by the Employer under the terms established by state law.

15.6 Liability Insurance. The Employer shall continue to provide professional liability insurance covering Employer nurses for activities within the scope of their work at no cost to the nurses.

#### ARTICLE 16 – GRIEVANCE PROCEDURE

16.1 Grievance Defined. A grievance is defined as any alleged breach by the Employer of any express term of this Agreement. If a grievance arises, it shall be submitted to the procedure set forth below. It is the desire of the parties to this Agreement that issues be adjusted informally with the nurse's immediate supervisor wherever possible prior to the utilization of the grievance procedure.

16.2 Time Limits. In order to be a valid grievance, the grievance must be submitted in writing at the first applicable step within twenty-one (21) calendar days from when the nurse or Union was aware or reasonably should have been aware that a grievance existed. All other grievances are deemed waived by the aggrieved party. The time limits set forth in the following steps may be extended only by mutual written consent of the parties hereto.

16.3 Step 1 - Nurse and Immediate Supervisor. If a nurse has a grievance, the nurse and the unit/union representative shall first put the grievance in writing and discuss it with her/his immediate supervisor within twenty-one (21) calendar days of becoming aware of a grievable matter. A bargaining unit officer may be present at this Step one meeting if requested by the nurse. The written grievance shall contain a description of the alleged problem, the date it occurred, the provision in the Agreement allegedly violated, and the corrective action the grievant is requesting. A response in writing will be given within fourteen (14) days of the meeting by the immediate supervisor.

16.4 Step 2 - Nurse and Nursing Administrator. If the matter cannot be resolved at Step 1, the nurse and the Union shall identify the issues unresolved and submit the grievance to the Nursing Administrator within fourteen (14) calendar days of the decision in Step 1. A conference between the nurse and unit or Union Representative, if requested by the nurse, and the Nursing Administrator shall then be held at a mutually agreeable time. The Nursing Administrator will endeavor to resolve the grievance and shall respond in writing within fourteen (14) calendar days of meeting with the grievant.

16.5 Step 3 - Nurse and Administrator. If the nurse and the Union are not satisfied with the reply in Step 2, the nurse and Union may, within fourteen (14) calendar days of the decision, refer any unresolved issues in writing to the Administrator. A conference between the nurse, a Union Representative, and the Administrator shall then be held at a mutually agreeable time. The Administrator or a designee will endeavor to resolve the grievance and shall respond in writing within fourteen (14) calendar days of the meeting with the grievant.

16.6 Step 4 - Arbitration. If the grievance is not settled on the basis of the foregoing procedures, the Union must submit the issue in writing to arbitration within ten (10) calendar days after the decision of the Administrator in Step 3. After notification that the dispute is submitted for arbitration, the Employer and the Union may attempt to agree on an arbitrator. If the Employer and the Union fail to agree on an arbitrator, the Washington metropolitan list of seven (7) arbitrators shall be requested from the Federal Mediation and Conciliation Service. Each party may reject the panel once, and request a new list from FMCS. Whichever party requests a new list bears the expense of that list. If the chosen Arbitrator is not available to schedule the arbitration within 45 days or as mutually agreed upon the parties will choose again in the same manner from the list.

The Arbitrator's decision shall be final and binding on all parties, subject to the following terms and conditions. The Arbitrator shall have no authority to add to, subtract from, or otherwise change or modify the provisions of this Agreement, but shall be authorized only to interpret existing provisions of this Agreement as they may apply to the specific facts of the issue in dispute. If the Arbitrator finds the Employer was not limited by this Agreement from taking the action grieved, she/he shall have no authority to limit the Employer's action and shall not substitute her/his judgment for the Employer's so long as that judgment was reasonably exercised. Any dismissal by the Arbitrator, whether on the merits or on procedural grounds, shall bar any further arbitration. Each party shall bear one-half (1/2) of the fee of the Arbitrator and any other expenses jointly incurred by mutual consent incident to the arbitration hearing. All other expenses shall be borne by the party incurring them, and neither party shall be responsible for the expenses of witnesses called by the other party or the other party's attorneys' fees.

#### ARTICLE 17 – LABOR MANAGEMENT COMMITTEE

In a mutual desire to increase collaborative engagement in a shared governance model, a Labor Management Committee, consisting of up to four nurses selected annually by the bargaining unit, and the Union Representative (if available) and up to four members of management, one of whom will be the Chief Human Resources Officer/designee. The Parties may agree upon ad hoc committee members as needed. This Committee shall meet no more frequently than quarterly or as mutually agreed to consider patient care practices, nurse relations and other areas of mutual concern. Up to two hours per nurse shall be paid by the Employer for each meeting attended. Nurses are responsible to arrange their schedule so that they are off duty. There will be Co-Chairs, one from management and one from the Union, and the agenda will be jointly developed by the Co-Chairs prior to and for that particular meeting. Minutes will be jointly taken and reported. Any agreed action items requiring response on either side will receive a written response from the Co-Chairs no later than thirty (30) days from the meeting date.

#### ARTICLE 18 – GENERAL PROVISIONS

18.1 The parties acknowledge that during the negotiations that resulted in this Agreement, each has had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining and that the results and exercise of that right and opportunity are completely set forth in this Agreement. Therefore, the Employer and the Union, for the life of this Agreement, each voluntarily and unqualifiedly waive the right, and each agrees that the other shall not be obligated, to bargain collectively with respect to any subject or matter referred to or covered in this Agreement, or discussed during the negotiations which resulted in this Agreement. The parties further agree, however, that this Agreement may be amended by the mutual consent of the parties, in writing, at any time during its term.

18.2 Past Practices. Any and all agreements, written and verbal, previously entered into by the parties hereto are in all things mutually canceled and superseded by this Agreement. Furthermore, unless

specifically provided herein to the contrary, past practices shall not be binding on the Employer. The Employer will communicate any changes to benefits to the Union and nurse.

18.3 Unilateral Increases. Nothing contained herein shall prohibit the Employer, at its sole discretion, from paying wages and/or benefits in excess of those provided for herein; provided, however, that the Employer shall notify and offer to meet and confer with the Union as to such increases prior to their implementation.

18.4 Effect of Invalidity. This Agreement shall be subject to all future and present applicable federal and state laws. Should any provision(s) become unlawful by virtue of the declaration of any court of competent jurisdiction, such action shall not invalidate the entire Agreement. Any provisions of this Agreement not declared invalid shall remain in full force and effect for the life of the Agreement. If any provision is held invalid, the parties hereto shall enter into collective bargaining negotiations for the purpose of arriving at a mutually satisfactory replacement for such provision.

18.5 Disasters. The Employer shall be relieved of any and all obligations hereunder relating to scheduling, lunch and rest periods, job posting, shift changes and transfers in the event of and during the term of a disaster or catastrophe, such as, but not limited to, fire, flood, explosion, power failure, earthquake, or other act outside the control of the Employer and causing disruption to the Employer's normal operations.

18.6 No Strike. The parties to this Agreement realize that the Employer provides special and essential services to the community and that for this and other humanitarian reasons, including requirements of State law, it is the intent of the parties to settle disputes by the grievance procedure provided herein. It is, therefore, agreed that during the term of this Agreement there shall be no strikes of any kind, including any sympathy strikes, work stoppages, walkouts, slowdowns, picketing, handbilling, boycotts or any other activity that interrupts or impedes work, or the delivery of patients, goods or services to the Employer. No shop stewards or representatives of the Union shall authorize, instigate, aid or condone any such activity. In the event of any such activity referred to above, the Union and its shop stewards and agents shall do everything within their power to end or avert the same. Any nurse participating in any such picketing, handbilling, strike, slowdown, boycott or work stoppage, including the refusal to cross a picket line posted by any other labor organization or any other party, shall be subject to immediate dismissal, permanent replacement, or such lesser discipline as the Employer shall determine.

18.7 No Lockout. The Employer shall not engage in any lockout during the term of this Agreement.

18.8 Duration of Agreement. This Agreement shall be in effect from ratification by both parties and shall continue in full force and effect through and including October 31, 2024 and legal extensions. Should either party decide to modify or terminate this Agreement on the expiration date, it shall serve written notice on the other party no more than 120 and no less than 90 days prior to the date appropriate for that bargaining unit. In the event of an inadvertent failure by either party to give the requisite notice, such party may give written notice at any time prior to the appropriate termination date of this Agreement.

18.9 Conditional Reopener. If by change in law or rule or regulation the Employer will not retain its critical access status through October 31, 2024 or if there is any combination of a rate reduction between Medicare and Medicaid exceeding 4.99%, or a material change in the reimbursement methodology, the Employer may, by written notice to the Union, reopen this Agreement. The Parties agree to meet within 30 days of the Notice of Reopener.



IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed.

For JEFFERSON HEALTHCARE,  
Jefferson County Public Hospital District No. 2

UFCW LOCAL 3000

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Michael Glenn, Chief Executive Officer

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Faye Guenther, President

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Allison Crispen, Chief Human Resources Officer

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Cathy Macphail, Union Negotiator

JEFFERSON HEALTHCARE  
ADDENDUM "A"  
HOME HEALTH AND HOSPICE

1. Work Day. For purposes of this Agreement, nursing standard scheduled day shifts are either 8 hours or 10 hours and are case-load dependent. If there are regularly scheduled meetings, nurses will flex their hours to accommodate the meeting without incurring overtime.

Nurses may be assigned on call responsibilities.

2. On call - Telephone Calls. Telephone calls during on call which do not require a visit shall be paid at time and one-half (1 1/2) for all time related to the call, with a minimum of fifteen (15) minutes. Telephone calls between the hours of 11:00 p.m. and 8:00 a.m. shall be paid at time and one-half (1 1/2) for all time related to the call with a minimum of one-half (1/2) hour.
3. Weekend Shifts. Specifically designated weekend only work schedules shall not be subject to the weekend work provisions (8.13) of the collective bargaining agreement.

Weekend/Holidays. Weekends and holiday assignments will be rotated among HHH Nurses.

4. Subject to patient care consideration, the Employer will make a good faith effort to provide relief for a nurse who requests a day off or a change in the nurse's start time the following day where the nurse is responding to call after 11:00 p.m. the previous night. The nurse must notify the HHH supervisor not later than one (1) hour in advance of the nurse's scheduled day shift if making such a request. The nurse may use PTO during this absence, if desired. No disciplinary action shall be taken due to this condition.
5. Except as modified herein, the terms and conditions set forth in the collective bargaining agreement shall apply to nurses assigned to Home Health and Hospice.

JEFFERSON HEALTHCARE  
ADDENDUM "B"  
FAMILY BIRTH CENTER (FBC)

1. Extra or open shifts that are available shall first be offered to the FBC nurse group (defined as within the bargaining unit with FBC competencies). These shifts will be offered on the same basis as the shifts in Section 8.8, Additional Hours.
2. When the FBC Nurse is utilized in another unit and there is no FBC patient in the hospital, any use of the FBC RN in another unit will allow for the RN to be returned as expeditiously as possible.
3. Twice within four (4) months of ratification of this agreement, a meeting will be convened for the purpose of reviewing FBC workplace practices and discussing potential changes to the same, such as discussing a plan when FBC nurses are utilized in another unit, and need to return to FBC. The meeting will include two staff nurses from each shift, and stakeholders from the Employer to include two providers and a house supervisor from each shift. A representative from Management/HR and the Union/Steward will also attend. Recommendations will be discussed and provided to leadership and all relevant committees including the OB Quality Committee and Staffing Committee and a follow-up meeting scheduled if mutually agreed.

JEFFERSON HEALTHCARE  
ADDENDUM "C"  
SURGICAL SERVICES

1. The Employer will attempt to limit on-call time for Surgical Services to no more than 135 hours per four week pay period for each nurse. If it becomes necessary to assign on-call over 135 hours, the Employer will seek volunteers first.
2. If assigned on-call hours in excess of 115 hours per four-week pay period, the nurse will receive on-call pay in the amount of five dollars (\$5.00) per hour for those hours in excess of 115 on-call hours per four-week pay period. For on-call hours in excess of 135 hours per four-week pay period, the nurse will receive six dollars (\$6.00) per hour for those on-call hours in excess of 135 on-call hours per four-week pay period. Callback will be paid in addition to on call at time and one-half (1 1/2) the base rate of pay for a minimum of four (4) hours. This applies only to assigned hours, equal exchanges (i.e., equal hours in the same four week pay period), and call picked up in an emergency.
3. If an RN is required to work twelve (12) hours or more in a 24-hour period, the RN may request the next regular shift off and use PTO if desired. The Employer will make a good faith effort to honor that request. RNs required to work beyond sixteen (16) hours broken or unbroken in a twenty-four (24) hour period, will receive double time and a half (2 1/2x) base pay up to the end of the twenty-four hour period or until the call case is over, whichever comes last.
4. Call shifts will be posted each month for weekdays, weekends and holidays.
5. Call shifts can be traded among the Surgical Services RNs but the RN who was originally scheduled is responsible for obtaining authorization from the Director of Surgical Services and notifying the appropriate people.
6. Food will be provided in the event the RN is required to work through a meal break. The Employer will make every attempt to provide relief so that meal and rest breaks can be taken.
7. If the nurse feels she/he is unsafe due to excessive callback, the nurse shall notify the House Supervisor who will be responsible to see that the nurse is relieved of duty. No disciplinary action shall be taken due to this condition.
8. Except as modified herein, the terms and conditions set forth in the collective bargaining agreement shall apply to nurses working under this Addendum.
9. For nurses on callback, the weekend premium (10.4) shall begin at the end of the shift Friday and end at 7:00 a.m. on Monday.
10. On-call shall apply only to Surgical Services procedures. At no time will Surgical Services nurses be on-call for any other department.

JEFFERSON HEALTHCARE  
ADDENDUM "D"  
COURTESY CLAUSE

The Employer and the Union agree to encourage everyone, regardless of position or profession, to perform in an efficient, courteous, and dignified manner when such individuals interact with fellow nurses, patients, and the public. The Employer has a Chain of Command Policy for nurses to report concerns about inappropriate behavior by co-workers and supervisors. The Labor Management Committee will provide input on future revisions of the Chain of Command Policy.

MEMORANDUM OF UNDERSTANDING – ONE  
Re Drug and Alcohol Policy

Drug and alcohol abuse and use is unacceptable in healthcare facilities where the slightest inattention to detail can affect patient welfare. While the Employer has no desire to unnecessarily intrude upon the private lives of its Nurses, involvement with alcohol and/or drugs can affect job performance safety and public confidence in the Employer. Nurses must report to work in a condition to perform their work efficiently and safely. The Employer’s goal is to maintain a drug- and alcohol-free workplace and environment. To this end any policy that applies to Nurses must also apply to non-union Nurses and management.

In all aspects of any drug and alcohol policy, individual privacy will be maintained with the strictest confidentiality appropriate. The Employer agrees all information obtained through the policy will be kept in the strictest confidence and not divulged to any other Nurses not directly involved with the incident. Management and administrative staff with a need-to-know may have access only as required by job duties.

On a case-by-case basis, the Employer will consider if continued monitoring through a “last chance agreement” including drug/alcohol testing is appropriate. The Union will be provided with a copy of the proposed last chance agreement and upon request of the Union, a meeting will be scheduled to discuss the Agreement.

The Employer reserves the right to implement a policy for drug and alcohol testing in accord with the foregoing principles. The Parties agree that if any changes are made to the existing policy the Employer must notify the Union of the proposed changes and meet and discuss them with the Union before implementation.

\_\_\_\_\_  
For Jefferson Healthcare

Date\_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date\_\_\_\_\_

MEMORANDUM OF UNDERSTANDING – TWO  
Re Prior Experience Step Placement

1. The Parties agree that the following is the sole and exclusive process to be used for a one-time prior experience step placement adjustment. Nurses will be given one year of credit for each one year of relevant experience.
2. Nurses hired before the effective date of the agreement ending in 2024 will be eligible to participate in this one-time process regarding step placement (“Eligible Nurses”).
3. The employer will email a copy of this MOU to each nurse immediately after ratification. Within 60 days after ratification by the bargaining unit, Eligible Nurses may request a review by the Employer of their work experience based on documentation in the nurse’s employment file. The deadline to request review will be postponed for any nurse on a leave of absence as of ratification; the deadline for such people will be 60 days after their return to work. The nurse will be given the opportunity to review their file. If there is no work experience in the nurse’s file to assess their request, the Employer will ask the RN for input.
4. Eligible Nurses shall make their requests by completing the provided form and emailing it to Human Resources. The date and time of the email shall establish the timeliness of the Eligible Nurses’ request.
5. After this 60-day period expires, any opportunity to request a review of work experience acquired prior to employment at Employer will expire.
6. The Union will have the ability to review and provide comment on the step adjustments prior to implementation.
7. Any step adjustment will be effective the first full pay period 60 days after the close of the 60-day request period.
8. If requested by the nurse, the Employer will explain how credited experience was determined. If the nurse disagrees with their credited experience, they may appeal to the Chief Nursing Officer using a form provided by the Employer.
9. Prior to the Union filing a grievance regarding this memorandum of understanding, the nurse will first exhaust the appeal process discussed above. As part of the grievance process, the Union must establish the Employer acted arbitrarily or capriciously in its determination of the step adjustment.

\_\_\_\_\_  
For Jefferson Healthcare

Date \_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date \_\_\_\_\_

MEMORANDUM OF UNDERSTANDING – THREE  
Re Replacement Contribution In Lieu Of Sound Health Retiree Medical

Effective February 1, 2019 on January 2019 hours, the Employer shall contribute \$0.01 per compensable hour to Sound Health & Wellness Trust in lieu of contributions to Sound Health Retiree Medical.

\_\_\_\_\_  
For Jefferson Healthcare

Date \_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date \_\_\_\_\_



MEMORANDUM OF UNDERSTANDING – FOUR  
*Re Express Clinic*

The Employer may float Emergency Department RNs, on a rotational basis, to work at the Express Clinic. The terms and conditions set forth in the RN collective bargaining agreement apply to RNs working at the Express Clinic.

\_\_\_\_\_  
For Jefferson Healthcare

Date\_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date\_\_\_\_\_

MEMORANDUM OF UNDERSTANDING – FIVE  
Re Sexual Assault Nurse Examiner (SANE)

Jefferson Healthcare and UFCW Local 3000 are committed to the continued support of the Sexual Assault Nurse Examiner (SANE) program in Jefferson County. This program uses specially trained registered nurses from Jefferson Healthcare to perform the forensic medical examination of survivors of sexual assault.

1. Jefferson Healthcare will provide specialized training for nurses who volunteer and are selected to participate in the program. Nurses eligible for selection will include RN and Clinic bargaining unit and non-bargaining unit nurses of Jefferson Healthcare, as well as community nurses. Nurses will be considered for the program through an interview panel comprised of nurses and management, with the ultimate selection made by the Employer. Bargaining Unit Nurses will be interviewed and considered for selection before non-Bargaining Unit nurses.
2. When a nurse and/or preceptor performs an exam, the nurse will receive a flat fee of four-hundred dollars (\$400) per exam, regardless of the length of the exam, in lieu of any other compensation (e.g., wages, premiums, etc.)
3. If the nurse must return in the days following the exam for documentation review, follow-up coordination and/or to assist with evidence hand-off, the nurse will be paid hourly for their time.
4. The SANE program will continue the “as available model.” This means that when an exam is needed, all SANEs will be notified and nurse(s) who are available will come in to perform the exam. The goal will be for each exam to be performed by a team of 2 nurses (regardless of experience level), with the understanding that this may not always be possible due to availability. This collaborative decision was made in lieu of moving to a call system based on the 2019-2020 case data and SANE team preference.
5. With one exception, nurses will be compensated for education, documentation review, team meetings and testimony based on a wage of \$40 per hour. Nurses who travel for full weekend offsite training shall receive a flat fee of five hundred dollars (\$500), plus reimbursement of travel and lodging per Jefferson Healthcare policy. Nurses receiving the flat \$500 will not also receive \$40 per hour.
6. Nurses must give no less than thirty (30) days’ notice if they choose to leave the program.
7. Given that this is a voluntary program and does not overlap with work currently performed by bargaining unit nurses, apart from Article 16 – Grievance Procedure and the specific items referenced here, the terms of the Collective Bargaining Agreements will not apply to the SANE program.
8. All hours worked in the SANE program will be considered compensable hours for the purpose of PTO accrual, healthcare, and pension.

FOR THE EMPLOYER

By: \_\_\_\_\_ DATE \_\_\_\_\_

FOR THE UNION - UFCW 3000

By: \_\_\_\_\_ DATE \_\_\_\_\_

Letter of Understanding re Retro Pay

The Employer will pay all bargaining unit nurses a one-time payment equal to the percentage increase that they would receive under Article 9.1 of the successor agreement. The amount of the one-time payment will be the applicable percentage wage increase under the new Article 9.1 multiplied by all hours worked by the nurse in the period from January 2, 2022 through the day before the effective date of the new contract. Such payment will be made to nurses within two (2) full pay periods after ratification by the bargaining unit as long as the Employer ratifies as well.

\_\_\_\_\_  
For Jefferson Healthcare

Date \_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date \_\_\_\_\_

Letter of Understanding re Ratification Bonus

If the Tentative Agreements up to and including those reached on March 1, 2022 and the parties' Tentative Agreement on pension-related language are ratified by the RN Unit and by the Employer's Board, 1.0 FTE RN Unit nurses covered by the final Agreement shall receive a thirteen hundred dollar (\$1,300) ratification bonus, less applicable taxes and withholdings, paid by the start of the second full pay period after ratification by both parties. The ratification bonus will only be paid if the nurse is an employee of the Employer as of November 1, 2021 and when the bonus is payable. Such bonus will be pro-rated for RN unit nurses with an FTE of less than 1.0. For the purpose of this Letter of Understanding, FTE level will be calculated as of the date of ratification by the RN Unit, and will be based on the RN's official FTE in the Employer's Human Resources Information System.

\_\_\_\_\_  
For Jefferson Healthcare

Date \_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date \_\_\_\_\_

Letter of Understanding re Restructure of Emergency Department (ED), Acute Care Unit (ACU),  
Intensive Care Unit (ICU), and Family Birth Center (FBC)

Jefferson Healthcare Center (“Employer”) and United Food and Commercial Workers Local 3000 (“Union”) (collectively “parties”) hereby enter into this Letter of Understanding to memorialize the parties’ agreement regarding the restructure of emergency department, acute care unit, intensive care unit, and family birth center. The existing collective bargaining agreements shall apply except as modified by this Letter of Understanding. This restructure shall apply to the professional/technical unit and the registered nursing unit with the above departments and shall be effective on August 1, 2021 with the following provisions:

**Training.** All employees shall receive proper training for their job duties. Nurses shall be cross trained in the following departments: ACU (to ICU), ICU (to ACU), ED (to FBC), FBC (to ED). The training period shall be at a minimum three (3) weeks and is subject to adjustment depending on experience level. The direct manager shall confer with the employee to review the employee’s training level before the end of the three-week training period. After the three (3) week training period, the employee may receive an additional three (3) weeks of training upon request to their direct manager or at the request of the leader. An employee assigned to train another employee shall be paid preceptor premium as provided for in the CBA for all hours worked as a preceptor.

\_\_\_\_\_  
For Jefferson Healthcare

Date \_\_\_\_\_

\_\_\_\_\_  
For UFCW Local 3000

Date \_\_\_\_\_