

Agreement by and between
UFCW 3000
and
MULTICARE HEALTH SYSTEM

MARY BRIDGE RN UNIT

Effective Through: 08-14-2024

UFCW3000

Faye Guenther, President • Joe Mizrahi, Secretary-Treasurer

WEINGARTEN RIGHTS

Your Right to Union Representation

You have the right to union representation if you are called to a meeting with management that could lead to discipline.

“I understand that this proceeding is for the purpose of investigating whether I may receive discipline. Therefore, I request that a union representative be present on my behalf before this proceeding continues. If you insist that the proceeding continue without allowing me union representation, I hereby protest your denial of rights guaranteed to me under federal labor law.”

Weingarten rights were won in a 1975 Supreme Court decision with these basic guidelines:

-  You must make a clear request for union representation either before or during the interview. Managers do not have to inform employees of their rights.
-  Management cannot retaliate against an employee requesting representation.
-  Management must delay questioning until the union steward arrives.
-  It is against Federal Law for management to deny an employee's request for a steward and continue with an interrogation. In this case, an employee can refuse to answer management's questions.

Discipline? Contract violations?

Call the Member Resource Center

If you or a coworker need help regarding an Investigatory Meeting, are facing Discipline or Corrective Action, or need to report Contract Violations our MRC Representatives will work with you on a plan of action.

Call the Member Resource Center at: 1-866-210-3000

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This Agreement is made and entered into by and between MultiCare Health System hereinafter referred to as the “Employer” or “Hospital”) and the UFCW Local 21, Staff Nurses Unit, (hereinafter referred to as the "Union"). The purpose of this Agreement is to set forth the understanding reached between the parties with respect to wages, hours of work and conditions of employment.

ARTICLE 1 – RECOGNITION

1.1 The Employer recognizes the Union as the exclusive collective bargaining representative for all full-time and part-time staff nurses, excluding supervisory and managerial employees, employees assigned to Nursing Administration and all other employees.

1.2 **Successor.** This agreement shall be binding upon MultiCare and any successor employer.

ARTICLE 2 - MANAGEMENT RIGHTS

2.1 The Union recognizes the rights of the Hospital to operate and manage the Hospital, 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 or transfer nurses; to discipline, demote, suspend or discharge nurses for cause; to layoff and recall nurses; to require reasonable overtime work of nurses; and to promulgate and enforce rules, regulations and personnel policies and procedures; provided that such rights, which are vested solely and exclusively in the Hospital, shall not be exercised so as to violate any of the specific provisions of this Agreement.

2.2 The parties recognize that the above statement of management rights is for illustrative purposes only and should not be construed as restrictive or interpreted so as to exclude management prerogatives not mentioned.

ARTICLE 3 - MEMBERSHIP

3.1 **Union Membership.** All nurses covered by this Agreement, who are now members or become members of the Union shall, as a condition of employment, upon the effective date, remain

members in good standing in the Union. "In good standing," for the purposes of this Agreement, is defined as the tendering of union dues on a timely basis.

It shall be a condition of employment that all nurses covered by this Agreement who are hired on or after its effective date shall, on the thirtieth (30th) day following the beginning of such employment, become and remain members in good standing in the Union.

3.1.1 Nurses who fail to comply with this requirement shall be discharged by the Employer within thirty (30) days after receipt of written notice to the Employer from the Union, unless the employee fulfills the membership obligations set forth in this Agreement.

3.1.2 Any nurse who is a member of and adheres to established and traditional tenets or teachings of a bona fide religion, body, or sect which has historically held conscientious objections to joining or financially supporting labor organizations shall not be required to join or financially support the Union as a condition of employment. Such a nurse shall, in lieu of dues and fees, pay sums equal to such dues and fees to a non-religious charitable fund.

3.1.3 These religious objections and decisions as to which fund will be used must be documented and declared in writing to the Union. Any nurse exercising their right of religious objection must provide the Union with a receipt of payment to an appropriate charity on a monthly basis.

3.1.4 The Employer shall make newly hired nurses aware of the membership conditions of employment at the time of hire.

3.2 Dues Deduction. During the term of this Agreement, the Hospital shall deduct dues from the pay of each member of the Union who voluntarily executes a wage assignment authorization form. When filed with the Hospital, the authorization form will be honored in accordance with its terms. The amount deducted and a roster of all nurses using payroll deduction will be transmitted monthly to the Union by check payable to its order. Upon issuance and transmission of a check to the Union, the Hospital's responsibility shall cease with respect to such deductions.

The Union and each nurse authorizing the assignment of wages for the payment of Union dues hereby undertakes to indemnify and hold the Hospital 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 wages of such nurse.

3.3 Bargaining Unit Roster. Annually the Employer shall supply to the Union a list of those nurses covered by this Agreement. The list shall include each nurse's name, address, telephone number, social security number, unit, FTE status, rate of pay and date of hire. The Employer shall

furnish to the Union on a monthly basis the same information for nurses newly hired and the names of nurses who have terminated employment. The Union agrees not to use Hospital mail service as a means of contacting nurses in the bargaining unit.

3.4 Voluntary Political Action Fund Deduction. The Employer shall deduct the sum specified from the pay of each member of the Union who voluntarily executes a political action contribution authorization form. The amount deducted and a roster of each employee authorizing assignment of wages will be transmitted to the Union. The Union and each employee authorizing the assignment of wages for payment of the voluntary political action contributions hereby undertakes to indemnify and hold the employer harmless from all claims, demands, suits and other liability that may arise against the employer for or on account of any deduction made from the wages of such employee.

ARTICLE 4 - UNION REPRESENTATION

4.1 Access to Premises. Duly authorized representatives of the Union may have access at reasonable times to those areas of the Employer's premises which are open to the general public for the purpose of investigating grievances and contract compliance. Union representatives shall not have access to nurses' lounges, nursing units or other patient care areas unless advance approval has been obtained from the Associate Administrator, or designee. Access to the Employer's premises shall be subject to the same general rules applicable to other non-employees and shall not interfere with or disturb nurses in the performance of their work during working hours and shall not interfere with patient care or the normal operation of the hospital.

4.2 Bargaining Unit Representatives. The Union shall select nurses from the bargaining unit to function as Bargaining Unit Representatives. The Bargaining Unit Representatives shall not be recognized by the Employer until the Union has given the Employer written notice of the selection and their scope of authority. Unless otherwise agreed to by the Employer, the investigation of grievances and other Union business shall be conducted only during non-working times and shall not interfere with the work of other employees.

4.3 Bulletin Board. The Union shall be permitted to post announcements and notifications of professional activities signed by a designated Bargaining Unit Representative in the space provided on bulletin boards designated by the Employer with prior approval of the Director of Labor Relations. The Union agrees to limit the posting of Union materials to the designated bulletin boards.

4.4 Contract and Job Description. The Employer will give each newly hired nurse a copy of this Agreement and the nurse's job description. The Union will provide copies of the Agreement

to the Employer. Additional copies of this Agreement provided by the Union shall be available in the Department of Human Resources.

4.5 New Hire Orientation. A Bargaining Unit Representative or designee may meet with new hires for a period of up to one-half (1/2) hour at the end of the Health System's orientation. Attendance shall be voluntary and shall be on the unpaid time of the Bargaining Unit Representative, or designee, and new hire.

ARTICLE 5 – DEFINITIONS

5.1 Resident Nurse. A nurse whose clinical experience after graduation is less than nine (9) months; or a nurse who is returning to practice with no current clinical nursing experience. Such a nurse shall be assigned as a team member under close supervision of more experienced nurses and shall be responsible for the direct care of limited numbers of patients. Residency shall not exceed three (3) continuous months and an additional six (6) months when mutually agreed to by the Hospital and individual nurse involved. A resident nurse who is required to function continuously without close and direct supervision and who is assigned the same level of responsibility as a general duty staff nurse shall be compensated at the general duty staff nurse rate of pay. Close and direct supervision shall be defined as working in conjunction with other registered nurses. Nurses working under close and direct supervision shall not be assigned as a team leader without another nurse in the unit.

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

5.3 Full-Time Nurse. A staff nurse who has completed the probationary period and who is regularly scheduled to work forty (40) hours per week or eighty (80) hours per two-week period or is regularly scheduled to work six (6) twelve (12) hour shifts per pay period. For purposes of Article 8.8, Scheduled Days Off only, a nurse who is regularly scheduled to work six (6) twelve (12) hour shifts (0.9 FTE) per pay period will not be considered full-time.

5.4 Part-Time Nurse. A staff nurse who has completed the probationary period and who is regularly scheduled to work less than forty (40) hours per week or eighty (80) hours per two-week period. Part-time nurses working increased hours equal to full-time positions for six (6) months or more may be reviewed for reclassification to full-time status, upon request.

5.5 Probationary Nurse. A nurse who has been hired by the Employer on a full-time or part-time basis and who has been continuously employed by the Employer for less than three (3) calendar months of employment. After three (3) calendar months of regular employment, the nurse

shall be considered to have completed the probationary period unless specifically advised by the Employer of an extended probationary period, the conditions of which shall be specified in writing. During the probationary period, a nurse may be terminated without notice and without recourse to the grievance procedure.

5.6 Charge Nurse. A charge nurse is an experienced nurse who is assigned the responsibility for the nursing activity and patient care on a single nursing unit for one (1) or more shifts. Nurses assigned charge responsibilities will have these additional responsibilities considered in their direct patient care assignments. Nurses who do not feel qualified in assuming the responsibilities of a Charge Nurse assignment for a shift shall review their concerns with their direct supervisor. The direct supervisor shall consider the nurses' concerns and will seek a qualified volunteer. If there are no qualified volunteers, willing or available, the original assignment will remain.

5.7 Preceptor. A preceptor is a nurse proficient in clinical teaching who is specifically responsible for planning, organizing and evaluating the new skill development of a preceptee. Preceptees include a nursing student involved in a senior elective, a nurse enrolled in a defined program, the parameters of which have been set forth in writing by the Employer, such as residency, or a nurse cross training to a new clinical area or starting at Mary Bridge with no comparable experience in a clinical area. Inherent in the preceptor role is the responsibility for specific, criteria-based and goal-directed education and training for a specified training period. Nursing management will determine the need for preceptor assignments. The Employer will first seek volunteers prior to making preceptor assignments based upon the skill, competency and ability of the preceptee. It is understood that staff nurses in the ordinary course of their responsibilities will be expected to participate in the general orientation process of newly hired nurses. This would include the providing of informational assistance, support and guidance to new nurses. A nurse assigned to provide training for new clinical competencies of a newly hired or transferred registered nurse, or a nurse cross training to a new clinical area or starting at Mary Bridge with no comparable experience in a clinical area will be paid as a preceptor. Preceptor responsibilities shall be considered when making patient care assignments.

Note: Examples of activity that would not be included in the Employers proposal as qualifying for Preceptor pay include, but are not limited to:

- *Annual skills checklists*
- *New skill development for nurses already in the unit (ex: new equipment, new procedures, new policy, triage in ED, PICC line placement, chemo competency, etc.)*
- *Competency validation/verification for newly hired or transferred nurses with previous experience in the specialty.*

5.8 Regular Rate of Pay. The regular rate of pay shall be defined to include the nurse's hourly wage rate (including the wage premium in lieu of benefits, if applicable), plus shift differential if the evening or night shift is a permanent assignment, certification pay.

5.9 Benefits Accrual. Benefits shall be accrued on hours worked on overtime or callback hours in addition to regularly scheduled hours to a maximum of 2080 hours in one anniversary year (twelve calendar months).

ARTICLE 6 - EMPLOYMENT PRACTICES

6.1 Equal Opportunity. The Hospital and the Union agree that except as permitted by law there shall be no discrimination against any nurse or applicant for employment because of race, color, creed, national origin, religion, sex, age, handicap, marital status, sexual preference, gender identity, genetic information or union membership unless any of the foregoing factors constitutes a bona fide occupational qualification. Complaints alleging any form of discrimination under this Article shall be submitted to the contract grievance procedure utilizing steps 1, 2 and 3 only. If the matter cannot be resolved by step 3, the employee may seek relief as appropriate under local, state or federal laws. Complaints alleging any form of discrimination shall not be subject to Step 4 of the contract grievance procedure (Article 15).

6.2 Notice of Resignation. Full-time and part-time nurses shall give not less than three (3) weeks' written notice of intended resignation, not to include any annual leave time off. Failure to give such notice shall result in forfeiture of any accrued annual leave or sick leave benefits. The Employer will give consideration to situations that would make such notice by the nurse impossible.

6.3 Notice of Termination. Except in cases of discharge for just cause, at least three (3) weeks' written notice of termination of employment or pay in lieu thereof shall be given to full-time and part-time nurses by the Hospital, plus payment for any accrued PTO for which the nurse is eligible.

6.4 Discipline and Discharge. No full-time or part-time nurse shall be disciplined or discharged except for just cause. "Just cause" shall be defined to include the concept of progressive discipline (such as verbal and written reprimands and the possibility of suspension without pay). Progressive discipline shall not be applied when the nature of the offense requires immediate suspension or discharge. A copy of all written disciplinary actions will be given to the nurse. Nurses shall be required to sign the written disciplinary action for the purpose of acknowledging receipt thereof. Nurses will be given the opportunity to provide a written response to any written disciplinary actions to be included in their personnel file. A nurse may request the attendance of a

Bargaining Unit Representative or a Union representative during any investigatory meeting which may lead to disciplinary action. If a nurse believes that a disciplinary action or discharge is without proper cause, the nurse may utilize the grievance procedure. A nurse may request removal of a progressive discipline guidance after one (1) year. The nurse must submit a written request to Labor Relations for consideration. Removal shall be at the sole discretion of the Employer. If the nurse's request for removal is denied, the Employer will provide a reason for the denial.

6.5 Change of Employment Status. A change of employment status (i.e. full-time, part-time) will not alter a nurse's anniversary date for purposes of accrual of benefits or placement in the wage schedule. A change in classification (i.e. job title) will not alter an employee's hire date for purposes of annual leave accrual or retirement eligibility.

6.6 Reemployment. For purposes of accrual of benefits, reemployed nurses will be treated as newly hired except that a nurse who has been laid off due to low census, reduction in operations or other economic factors, and who is reemployed within twelve (12) months, shall be entitled to benefits and placement on the wage schedule at the same step the nurse had at the time of layoff. Nurses who are rehired within twelve (12) months of voluntary termination shall be reemployed at their prior step on the wage scale.

6.7 Personnel File. During the course of their employment, nurses shall have access to their personnel files under supervision in the Department of Human Resources. Written personnel action forms in duplicate will be used to specify conditions of hiring, change in status, pay, shift or leave of absence. The nurse will be given one (1) copy of this form. Nurses may receive copies of other materials in their personal file upon request. Nurses shall have the right to comment on disciplinary actions and performance evaluations in their personnel file.

6.8 Job Posting. Notice of staff nurse positions to be filled shall be posted on the internal applicant portal of the web-based employment application system through the Department of Human Resources at least ten (10) days in advance of filling a position in order to afford presently employed nurses the first opportunity to apply. Seniority shall be the determining factor in filling such vacancy provided skill, competence, ability and prior job performance are considered equal in the opinion of the Employer, taking into consideration documented criteria and evaluations. To be considered for a job opening, a nurse must indicate such interest to the Employer by applying through the web-based employment application system. Intra unit transfers (including changes in shift and/or FTE) will be given priority over other applicants for the posted position subject to the above stated conditions. Nurses denied posted positions will be notified of the reason in writing. For purposes of this Article, units are defined as: Med Surg, PICU, Transport, Emergency, IV Therapy, Resource, Adolescent Behavior Health, GI Procedures, Lab and Perianesthesia. Perianesthesia includes PACU, Sedation and ACU/SSU for the purposes of this Article. Each Clinic is considered a separate unit.

Note: Examples of job awards include, but are not limited to:

- *A current ED RN with 1-year bargaining unit seniority would be awarded an open ED position over an RN with 10 years bargaining unit seniority from another Mary Bridge unit.*
- *A current Resource nurse would not be awarded an open position on any unit (ED, PICU, Med Surg, Clinics, Perianesthesia) over any RN assigned to that unit regardless of the second nurse's bargaining unit seniority. Resource is considered a separate "unit" for purposes of Article 6.8.*
- *Nurse A worked in MB PACU for 20 years and transfers to Sedation. Two years later Nurse A wants to transfer back to PACU and applies for an open posted position. Nurse B who has 6 months bargaining unit seniority is assigned to the PACU and applies for the open position. The position would be awarded to Nurse B as she is currently in the unit, regardless of Nurse A's previous experience and bargaining unit seniority.*
- *Nurse A and Nurse B are assigned to Med Surg. Nurse A has 10 years bargaining unit seniority but has only been in Med Surg for 2 years. Nurse B has 5 years bargaining unit seniority, all in MB Med Surg. Both nurses apply for an open position in MB Med Surg. Nurse A would be awarded an open posted position over Nurse B due to bargaining unit seniority.*

6.8.1 Review Period. Nurses transferring to a new clinical grouping shall be subject to a ninety (90) day period for performance review. This ninety (90) day period of performance review may be extended in writing by mutual consent. During this performance review period, the Employer will notify the nurse in writing of any deficiencies in performance. If the nurse fails to meet standards of performance as determined by the Employer, the nurse shall be returned to the nurse's prior position if that position continues to be vacant. If the position has been filled, prior to being subject to layoff, the Employer will review other potential job opportunities with the nurse or the nurse may elect a per diem position on their previously held unit and shift.

6.9 Floating. The Employer retains the right to change the nurse's daily work assignment 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 or clinic for which they are not qualified or trained to perform. Nurses who float within the Hospital or clinic will receive orientation appropriate to the assignment. Orientation may vary depending upon the nurse's previous experience and familiarity with the nursing unit/clinic to which the nurse is assigned. It shall be the responsibility of the nurse involved to inform the charge nurse or unit/clinic supervisor of any task for which the nurse feels inadequately prepared. If necessary, the nurse shall contact the house supervisor or the department manager or clinic leadership.

6.9.1 Resource Nurses. Resource nurses will be hired or transferred into the Resource Nurse cost center. Resource Nurses are required to become and maintain full competency in at least 4 of 6 of the following areas: 1) PICU, 2) Med Surg., 3) Emergency, 4) ACU/Short Stay, 5) PACU/ Sedation, 6) IV Therapy, and 7) Mary Bridge Clinics. Resource Nurses assigned to the night shift are required to become and maintain full competency in at least 3 of 4 of the following departments: 1) PICU, 2) Med Surg, 3) Emergency, 4) IV Therapy. Resource nurses must be willing to be assigned to any clinical service in which he/she is competent and oriented to on an as needed, shift by shift, or hour by hour basis. Nurses assigned to the Resource Pool will be paid a premium of five dollars (\$5) per hour for all hours.

6.9.2 Other nurses not assigned to the Resource Pool Cost Center shall be eligible to receive a five dollar (\$5) per hour premium on occasions when they float outside their assigned clinical service areas to at least one (1) pre-identified clinical service (whether inpatient or outpatient) in which they are deemed competent to work.

6.9.3 Nurses working on the Independent (Free Standing) Transport Team shall receive a two hundred and twenty five (\$225.00) dollar stipend per transport. Nurses working unit-based transport for the duration of a shift shall receive the same stipend per transport.

6.10 Evaluations. The Employer will provide nurses with a written evaluation at the end of the initial 90-day review period and on an annual basis. Interim evaluations may be conducted to document performance problems. The nurse will be given a copy of the evaluation. Nurses will be required to sign the evaluation acknowledging receipt thereof. Each nurse will be given the opportunity to provide a written response to the evaluation which will be retained with the evaluation in the nurse's personnel file. The nurse may also request a meeting subsequent to the evaluation to discuss the evaluation. The nurse may request the presence of the Union representative at the meeting. A representative from Human Resources will also attend if the Union representative attends. Nursing management may revise or supplement the evaluation based on input or new information.

6.11 Americans with Disabilities Act. The parties to this Agreement recognize that the Americans with Disabilities Act (ADA) imposes certain restrictions on an Employer with regard to the hiring and retention of employees. The parties accordingly agree that, notwithstanding any other provisions of the Agreement, the Employer may take any action it deems necessary in order to comply with the provisions of the ADA. Where possible, the Union shall be notified at least fourteen (14) days prior to the intended implementation of any action and, upon request, the Employer shall meet with the Union to explain the reasons for the action to be taken.

6.12 Occupational Safety and Health. The Employer will maintain a safe and healthful work place in compliance with all Federal, State and local laws applicable to the safety and health of its employees. The Safety Committee will be the proper vehicle to investigate safety issues and the Employee Health Advisory Committee shall be responsible for investigating health issues related to the work place. The Safety Committee shall include no more than three (3) bargaining unit employees on each safety committee, with not more than one (1) from any department.

All bargaining unit employees who serve on the Committee will be appointed by the Union. The Union shall be responsible for providing names to the Employer during the committee meetings. Employees are encouraged to report any unsafe conditions to their supervisors and the Safety Committee. Safety Committee agendas will have a standing agenda item that addresses workplace violence.

6.13 Staffing. Staffing levels shall be determined by management. Employees, individually or as a group, believing there is an immediate workload or staffing problem, should bring that problem to the attention of their immediate supervisor as soon as the problem is identified.

1. Employee(s) believing there is a staffing problem are encouraged to address and document the issue immediately with their immediate supervisor.
2. Staffing concerns discussed with their immediate supervisor that have not been resolved will be addressed to the Department Manager/Director or designee. The Department Manager/Director or designee will respond in writing within fourteen (14) calendar days.
3. If the matter is not satisfactorily resolved by the Department Manager/Director, the matter may be referred to the Staffing Committee for further review. The Staffing Committee shall review and may make written recommendations to the departments VP or Executive or their designee as appropriate.
4. If there is no consensus with the Staffing Committee, either party may make a written recommendation to the department's VP or Executive or their designee. The identified individual will respond in writing within twenty-one (21) days. Emergency situations requiring immediate attention may be brought directly to the assigned HP Partner to determine appropriate next steps which may include: (1) facilitating resolution with department management; (2) scheduling an expedited Conference Committee meeting; or (3) escalating the issue to the VP or executive or his/her designee. The decision of the identified individual shall be considered final and is not subject to grievance under Article 14, Grievance Procedure.
5. MHS will not retaliate against or engage in any form of intimidation of an employee for performing any duties or responsibilities in connection with the Staffing Committee; or an employee who notifies the Staffing Committee, immediate supervisor or the facility administration of his or her concerns about staffing.

6.14 Orientation. The objectives of orientation shall be to familiarize newly hired nurses with the objectives and philosophy of the Hospital and nursing services, to orient new nurses to Hospital policies and procedures, and to instruct new nurses as to their functions and responsibilities to enable them to practice independently. Nurses will be oriented through a combination of instructional conferences, floor and/or shift work.

6.15 Professional Excellence Program. The Employer shall maintain the Professional Excellence Program as described in the Professional Excellence Handbook. The contents of the Professional Excellence Handbook shall be a subject for the Conference Committee.

6.16 Status Review. Part-time nurses continuously working above their assigned FTE for a period of three (3) months or more may request an objective, good faith review with the Director of Employee and Labor Relations (or designee) to determine whether the nurse's FTE accurately reflects the requirements of the position. The Employer shall provide a written response to the Union within fourteen (14) days of the request. If the Employer fails to provide information to the Union within the fourteen (14) day time period, the Union may file a grievance as per Article 14 (Grievance Procedure) of this Agreement. This review shall not apply to nurses who are working additional hours on a temporary basis to cover vacations, ill calls or leave of absence, to cover a position vacancy or for a special project. If the additional FTE meets the requirements set out above and reflects a 0.2 FTE or less increase to the nurse's current FTE, the nurse will be awarded the additional FTE. If the additional FTE meets the requirements set out above and reflects an increase of more than 0.2 to the nurse's current FTE, the additional FTE must be posted and the provisions of Article 6.8, Job Posting, will apply.

If an on-call nurse is continuously working hours equivalent to a regular FTE for a period of three (3) months or more the Union may request an objective, good faith review with the Director of Employee and Labor Relations (or designee) to determine whether an FTE should be posted. The Employer shall provide a written response to the Union within fourteen (14) days of the request. If the Employer fails to provide information to the Union within the fourteen (14) day time period, the Union may file a grievance as per Article 14 (Grievance Procedure) of this Agreement. This review shall not apply to on call nurses who are working the hours on a temporary basis to cover vacations, ill calls or leave of absence, to cover a position vacancy or for a special project. If the FTE meets the requirements set out above the FTE must be posted and the provisions of Article 6.8, Job Posting, will apply.

ARTICLE 7 – SENIORITY

7.1 Definition. Seniority shall mean a nurse's continuous length of service as a registered nurse from most recent date of hire as a full-time or part-time employee. 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 most recent date of hire.

7.1.1 If a nurse has at least five (5) years seniority and then leaves the bargaining unit to go to on-call status, is involuntarily transferred out of the bargaining unit or transfers to a non-bargaining unit position within MultiCare Health System for a period of less than eighteen (18) continuous months, the nurses seniority shall be frozen from the time they leave the bargaining unit until such time as they return within the eighteen (18) month period.

7.2 Layoff. In the event of a permanent layoff, the Hospital shall notify the Union and any nurses involved thirty (30) days prior to the impending layoff, restructure or merger. Length of service shall be the determining factor for layoff and recall providing that skill, competence and ability in a specific area are considered equal in the opinion of the Chief Operating Officer, or designee, based upon specific documentation and evaluations and provided that decision is not arbitrary and capricious. Layoffs shall be by unit and shift. Subject to the skill, competence and ability factors as described above, nurses shall be laid off in the following manner:

- a. Volunteers
- b. Travelers and Agency nurses
- c. New hire probationary nurses
- d. Temporary nurses;
- e. On-call nurses will not be called in to take the place of regular fulltime or part-time nurses
- f. Regular full-time and part-time nurses.

A nurse who is under obligation to the Employer as a result of a residency agreement will not be held to the terms of that agreement if such nurse is affected by a layoff.

Positions based on the reduced staffing schedule will be filled by seniority. A seniority roster will be posted using the following service area definitions:

- Medical Surgical
- Resource Nurses
- Perianesthesia
- GI Procedures

- Emergency Room
- Outpatient including Clinics
- Pediatric Intensive Care, Pediatric Transport
- IV Therapy
- Adolescent Behavioral Health

During the period of the layoff notice, and longer as needed, employees affected will have the opportunity for personal interviews with a representative of the Department of Labor Relations. The purpose of the interviews will be to discuss other employment opportunities including career development.

A nurse who has been displaced due to a layoff may accept the layoff or may displace the position of any nurse on the low seniority list, provided the nurse's qualifications, competence and efficiency are considered substantially equal in the opinion of the Employer, and provided further that the nurse who was initially displaced is not on the low seniority list. The opinion of the employer will not be arbitrary and/or capricious in determining skills and ability. Employees without positions, or declining available positions, will be laid off and placed on a recall roster as set forth above.

The low seniority list consists of the least senior nurses who comprise twenty percent (20%) of the job group. Any nurse identified for layoff that is on the low seniority list and any nurse who has been displaced by another nurse pursuant to the above process may displace the position of the least senior nurse on the low seniority list provided the nurses possess substantially equal qualifications, competence and efficiency in the opinion of the Employer.

7.2.1 Severance. A nurse who is laid off under the terms of Article 7.2 above is eligible for severance pay. Severance is not available for a nurse affected by a low census layoff as described in Article 7.5 unless such low census layoff is converted to a permanent layoff. Severance is paid in 2 week increments by direct deposit. Should the nurse be recalled prior to receiving the full severance pay, severance pay is stopped effective the date of the recall.

<u>Years of service</u>	<u>Severance Pay</u>
Less than 2 years	2 weeks
2 to 4 years	3 weeks
5 to 9 years	4 weeks
10 to 14 years	5 weeks
15 to 19 years	6 weeks
20 or more years	8 weeks

7.2.2 Unit Merger and/or Restructuring. In the event of a merger of two (2) or more units into a single unit or a restructuring of an existing unit, the Employer will determine the number of full-time and part-time FTEs by shift required for the new or restructured unit. A thirty (30) day notice will be provided to all nurses impacted by the merger and/or restructure. A listing of the FTEs for each shift on the new/restructured unit, including qualification requirements, shall be posted on the unit(s) for at least seven (7) days. Other vacant positions within the Hospital will also be posted on the unit(s) at that time. By the end of the posting

period, each nurse shall have submitted to the Employer a written list which identifies and ranks the nurse's preferences for all available positions (first to last). Based upon these preference lists, the Employer will assign nurses to positions on the new/restructured unit based upon seniority, providing skill, competence, ability and experience are considered equal in the opinion of the Employer and provided that opinion is not arbitrary and/or capricious. Nurses who are not assigned a position on the new/restructured unit may select a position from the low seniority list (Article 7.2), if eligible, providing the nurse is qualified for the position in the opinion of the Employer and provided that opinion is not arbitrary and/or capricious. As a result of this process, a nurse's shift, FTE status, hours per day and/or days per week may be changed to reflect the new job requirements.

7.2.3 Unit Closure. If a unit is closed, a listing of any available vacant positions within the Hospital and the low seniority list (Article 7.2) will be posted on the unit for at least seven (7) days. At the end of that seven (7) day period, nurses shall, in order of their seniority, be allowed to select a position from the list of any available vacant positions or, if eligible, a position from the low seniority list (Article 7.2) providing the nurse is qualified in the opinion of the Employer provided that opinion is not arbitrary and/or capricious. Alternatively, the employer may agree to allow a nurse to select from a vacant position within the bargaining unit that would require minimal orientation for the nurse to become competent. Such alternatives shall be reviewed on a case by case basis. Nurses who are on PTO, approved leave of absence or EIT and who are unable to be reached by telephone within the first twenty-four (24) hours of the notice of layoff, merger or restructure, will be sent notice by certified mail, return receipt requested, to their home address. If a nurse has not contacted the Employer regarding their preferences, as provided for in this Agreement, the Employer will assign the nurse any available position as appears to be appropriate, based upon the nurse's seniority, subject to skill, competence, ability and experience in the opinion of the Employer provided that opinion is not arbitrary and/or capricious. The process for assignment to available positions will not be delayed due to the absence of the nurse.

7.3 Recall. Nurses on layoff status shall be placed on a reinstatement roster for a period of twelve (12) months from the date of layoff. When a vacancy is to be filled from the reinstatement roster, nurses shall be reinstated in the reverse order of layoff, providing skill, competence and ability are considered equal in the opinion of the Chief Operating Officer, or designee, based upon specific documentation and evaluations provided that opinion is not arbitrary and/or capricious. Subject to the above qualifications, nurses on layoff shall be entitled to reinstatement prior to any nurses being newly hired. Upon reinstatement from such roster, the nurse shall have all previously accrued benefits and seniority restored. A nurse shall be removed from the roster upon accepting permanent employment elsewhere, upon reemployment, upon refusal to accept permanent work offered by the Hospital or at the end of the twelve (12) month period.

7.4 Roster. A seniority roster listing only the bargaining unit RNs shall be posted in each unit, accessible to each nurse. The roster will be updated each January and June.

7.5 Low Census. The Hospital will rotate low census days off in an equitable manner in accordance with established nursing department policy. Any changes to that policy will be discussed in the Conference Committee. Agency and traveler nurses working on a unit shall be released from work prior to implementing low census on that unit, providing skill, competence and ability are considered equal in the opinion of the Employer, unless a regular full-time or part-time employee requests a low census day. All low census hours taken shall count toward the accrual of benefits. Any nurse required to take a low census day may be placed on standby status (Section 10.2). If called in to work, the nurse will be paid pursuant to the callback provisions of this Agreement (Section 10.3). If low census (excluding low census where a nurse voluntarily takes low census and an on-call nurse is allowed to work) reaches an average of 12 hours per nurse per pay period in inpatient areas (Med Surg, ED, PICU) for four (4) consecutive pay periods, the Hospital will implement a temporary low census layoff. All low census will count in the low census rotation; total number of hours will determine next nurse for mandatory low census. Refer to Appendix F for further explanation and direction.

ARTICLE 8 - HOURS OF WORK AND OVERTIME

8.1 Work Day. A normal full-time work day shall consist of eight (8) hours' work to be completed within eight and one-half (8-1/2) consecutive hours with a thirty (30) minute unpaid meal period.

8.2 Work Period. The normal work period shall consist of eighty (80) hours within a fourteen (14) day period.

8.3 Innovative Work Schedules. An innovative schedule is defined as a work schedule that requires a change, modification or waiver of any provisions of this Employment Agreement. Written innovative work schedules may be established by mutual agreement between the Hospital and the nurse involved. Prior to the implementation of a new innovative work schedule, the Employer and the Union will review and determine conditions of employment relating to that work schedule. Where innovative schedules are utilized, the Employer retains the right to revert back to the eight (8) hour day schedule or the work schedule which was in effect immediately prior to the innovative work schedule, after at least six (6) weeks' advance notice to the nurse.

8.3.1 Prior to using an innovative schedule that has already been agreed to by the Hospital and the Union in Appendices B, C and D; the Hospital will meet with the Union to discuss the impact of this on other nurses in the unit.

8.4 Overtime. All work in excess of the normal work day or week shall be properly authorized and approved in advance by the immediate supervisor and shall be compensated for at the rate of one and one-half (1-1/2) times the nurse's regular rate of pay. Time paid for but not worked shall not count as time worked for purposes of computing overtime. Overtime shall be considered in effect when eight (8) minutes or more are worked after the end of the scheduled shift and shall be calculated to the nearest fifteen (15) minute period. Both the Hospital and the Union concur that overtime should be discouraged. If in the Employer's opinion overtime is necessary, volunteers will be sought first and if there are insufficient volunteers, reasonable overtime will be assigned equitably. There shall be no pyramiding or duplication of overtime payor premium pay. New hires will be informed of possibility of mandatory overtime. Changes to the Mandatory Overtime Guidelines will be reviewed by the Conference Committee. The Employer will not require its nurses to work beyond their scheduled shifts or work periods if doing so would violate RCW 49.28.130-150.

8.5 Meal/Rest Periods. Meal periods and rest periods shall be administered in accordance with state law (WAC 296-126-092). All nurses shall be allowed an unpaid meal period of one-half (1/2) hour. Nurses required by the Employer to remain on duty or return to their nursing unit to perform nursing duties during their meal period shall be compensated for such time at the appropriate rate of pay. All nurses shall be allowed a paid rest period of fifteen (15) minutes within each four (4) hours of working time. Subject to mutual written agreement, meal and/or rest periods may be combined.

8.6 Posting of Work Schedules. The Hospital will post work schedules at least fourteen (14) days preceding the day on which the schedule becomes effective. Posted schedules shall be for a minimum of four weeks. The Hospital will provide a tentative schedule for Thanksgiving Day, Christmas Eve day, Christmas day, New Year's Eve day, New Year's day in the second week of October. The tentative schedule is subject to change based on the needs of the unit. Nurses will be notified of schedule changes by the Hospital. Except for emergency conditions involving patient care and low census conditions, posted work schedules may only be changed by mutual consent. Employee initiated schedule changes shall not result in additional contract overtime or premium pay obligations being incurred by the Employer.

8.6.1 Extra Shifts. In order to assure equitable rotation of extra shifts and OT, the following guidelines are provided to the nurses and management.

8.6.1.1 Schedules must be posted 14 days prior to the effective date of the new schedule. Extra shifts will be offered via a posted needs list for a minimum of three (3) days prior to the posting of the final schedule. Shifts will be awarded by seniority unless the senior nurse would be eligible for an overtime (1.5X) or double time (2.0X) condition (includes rest between shifts, consecutive weekend, incentive, scheduled day off). In such cases, the shift(s) may be awarded to the next most senior nurse not in an overtime (1.5X) or double time (2.0X) condition (includes rest between shifts, consecutive weekend, incentive, scheduled day off). If both nurses will be in an overtime or double time

condition, extra shifts will be awarded on a rotating basis by seniority (equitable rotation). Once extra shifts have been distributed to FTE nurses, on call or Agency staff may be used to fill remaining shifts unless the on call or Agency shifts placed them in overtime or double time. In this case, the additional shifts will be distributed by seniority to FTE nurses. Approved extra shifts will be posted on the final schedule.

8.6.1.2 Emergent needs (defined as a hole in the schedule occurring within 48 hours of the start of the shift) will be offered in seniority order to those nurses who have indicated availability for short notice shifts. Shifts will be equitably awarded by seniority unless the senior nurse would be in an overtime (1.5X) or double time (2.0X) condition (includes rest between shifts, consecutive weekend, incentive, scheduled day off.). In such cases, the scheduler or manager may skip the more senior nurse and contact the next most senior nurse to offer the shift. If both nurses will be in an over time or double time condition, the shifts will be offered on a rotating basis by seniority. Regardless of seniority, shifts will be awarded to the nurse who signs up for the entire shift length over nurses who sign up for a portion of the entire shift.

8.6.1.3 Needs occurring with less than 24 hours' notice will be filled on a first come, first served basis. Shifts will be awarded to the nurse who signs up for the entire shift length over nurses who sign up for a portion of the entire shift,

8.6.1.4 Once a shift is approved, management will not bump the approved nurse in favor of the nurse who is offering to work the entire shift.

8.6.1.5 For the purposes of sections 8.6.1.1, 8.6.1.2 and 8.6.1.3 above, inadvertent misapplication of these provisions will not entitle the nurse to back pay; rather the nurse will be entitled to the next available extra shift.

8.6.2 LCD with Standby for Extra Shift. A nurse who is low censused for an extra shift may refuse an LCD standby assignment or a partial shift LCD. This exception applies to extra shifts only, a nurse placed on low census standby for her regular shift may not refuse the standby assignment.

8.7 Shift Rotation. There shall be no regular rotation of shifts without the consent of the individual nurse involved.

8.8 Scheduled Days Off. Each nurse shall be entitled to two (2) full days off within a seven (7) day period or four (4) full days off in a fourteen (14) day period. Nurses shall not be expected to be on standby or to be called back on these days off except in an emergency. Full-time nurses called in on their scheduled days off shall be paid one and one-half (1-1/2) times their regular rate of pay.

8.9 Weekends. The Hospital will make a good faith effort to schedule all regular full-time and part-time nurses for every other weekend off. If any nurse is required to work on the nurse's scheduled weekend off, all time worked on that weekend shall be paid at the rate of one and one-half (1-1/2) times the regular rate of pay. The following regularly scheduled weekend shall be paid

at the nurse's regular rate of pay. The weekend shall be defined as Saturday and Sunday for the first (day) and second (evening) shift. For third (night) shift nurses, the weekend shall be defined as Friday night and Saturday night.

Subject to advance approval, nurses may request the trading of weekends, providing the schedule change does not result in the Hospital being liable for premium and/or overtime pay. This section shall not apply to nurses who voluntarily agree to more frequent weekend duty nor to time spent for educational purposes. Subject to staffing needs and weekend coverage requirements, the Employer will make a good faith effort to provide additional weekends off on the posted schedule to the most senior nurses on a shift on the unit who request the additional weekends off.

ARTICLE 9 -COMPENSATION

Wages effective the first full pay period following the listed date.				
	Date	10/10/2021	8/15/2022	8/15/2023
	Title	Staff RN	Staff RN	Staff RN
		10.50%	3.50%	4.00%
Years	Step			
Base	Step 1	\$36.93	\$38.22	\$39.75
yr 1	Step 2	\$38.49	\$39.84	\$41.43
yr 2	Step 3	\$39.98	\$41.38	\$43.04
yr 3	Step 4	\$41.55	\$43.00	\$44.72
yr 4	Step 5	\$43.15	\$44.66	\$46.45
yr 5	Step 6	\$44.55	\$46.11	\$47.95
yr 6	Step 7	\$46.19	\$47.81	\$49.72
yr 7	Step 8	\$47.69	\$49.36	\$51.33
yr 8	Step 9	\$49.29	\$51.02	\$53.06
yr 9	Step 10	\$50.85	\$52.63	\$54.74
yr 10	Step 11	\$52.74	\$54.59	\$56.77
yr 11	Step 12	\$53.61	\$55.49	\$57.71
yr 12	Step 13	\$54.52	\$56.43	\$58.69
yr 13	Step 14	\$55.26	\$57.19	\$59.48
yr 14	Step 15	\$56.01	\$57.97	\$60.29
yr 15	Step 16	\$56.91	\$58.90	\$61.26
yr 16	Step 17	\$57.78	\$59.80	\$62.19
yr 17	Step 18	\$58.33	\$60.37	\$62.78
yr 18	Step 19	\$58.87	\$60.93	\$63.37
yr 19	Step 20	\$60.16	\$62.27	\$64.76
yr 20	Step 21	\$61.70	\$63.86	\$66.41
yr 21	Step 22	\$62.48	\$64.67	\$67.26
yr 22	Step 23	\$63.26	\$65.47	\$68.09
yr 23	Step 24	\$63.76	\$65.99	\$68.63
yr 24	Step 25	\$64.31	\$66.56	\$69.22
yr 25	Step 26	\$64.83	\$67.10	\$69.78
yr 26	Step 27	\$65.37	\$67.66	\$70.37
yr 27	Step 28	\$65.91	\$68.22	\$70.95
yr 28	Step 29	\$66.44	\$68.77	\$71.52
yr 29	Step 30	\$67.20	\$69.55	\$72.33
yr 30	Step 31	\$67.94	\$70.32	\$73.13

9.1 Wage Rates. Nurses covered by this Agreement shall be paid in accordance with the following hourly wage schedule:

Year 1: 10.5% increase to the scales, effective the first pay period after ratification

Year 2: 3.5% increase to the scales, effective the first pay period closest to August 15, 2022

Year 3: 4% increase to the scales effective the first pay period closest to August 15, 2023

9.2 Longevity Steps. All nurses shall receive longevity steps upon the completion of each anniversary year (12 months) of continuous employment. Longevity steps shall be effective at the beginning of the pay period closest to the anniversary date of employment.

9.3 Effective Dates, Changes in Compensation. Any changes in wage rates or other compensation provided for in this Agreement shall become effective at the beginning of the first full payroll period on or after the date designated. Advancement from one longevity step to the next shall be based upon time worked at that longevity step rather than time employed by the Hospital.

9.4 Recognition for Past Experience-New Hires. Nurses hired during the term of this Agreement shall be given full credit for continuous recent nursing experience when placed on the wage scale. Recent continuous experience shall be defined as clinical nursing experience in an accredited hospital, ambulatory care setting, home health agency or equivalent experience acceptable to the Employer without a break in experience as a registered nurse which would reduce the level of nursing skills in the opinion of the Employer and that opinion shall not be arbitrary or capricious.

9.4.1 Nurses hired with continuous recent experience as a Licensed Practical Nurse at Mary Bridge shall have such experience credited at a rate of one (1) year of service credit for each two (2) years of LPN experience, not to exceed three (3) steps on the wage schedule (9.1).

9.5 Mileage Compensation. Per IRS standard mileage rates, nurses will be compensated for all travel from home base to outreach clinics as well as toll fees and other expenses incurred, in accordance with the Travel and Employee Business Expense Reimbursement policy (FIN.AP.004).

ARTICLE 10 -PREMIUM PAY

10.1 Shift Differential. Nurses assigned to work the second (3-11 p.m.) shift shall be paid a shift differential of three dollars (\$3.00) per hour over the hourly rate of pay. Nurses assigned to work the third (11 p.m. -7 a.m.) shift shall be paid a shift differential four dollars and fifty cents (\$4.50) per hour over the hourly rate of pay. Nurses shall be paid shift differential for any hours worked on a second or third shift when the nurse has worked a majority of their shift within the evening or night shift designated hours Shift differential will be paid on a holiday occurring during a rotation of shifts.

10.2 Standby Pay. Standby pay shall be at the rate of four dollars and fifty cents (\$4.50) per hour. Standby shall only be paid while on standby status and shall not be paid after the nurse has been called back to work. Standby for the seven (7) holidays as identified in Article 11.5.1 shall be six (\$6.00) per hour. For standby in excess of sixty (60) standby hours per pay period a nurse shall receive an additional one dollar and fifty cents (\$1.50) per hour for all standby hours over sixty (60) standby hours in a pay period.

10.2.1 Low Census Standby. Nurses may be assigned to either a straight low census or low census standby for either a partial shift or for the entire shift. If the nurse assigned LCD standby returns to work at any time during his/her regularly scheduled shift, he/she is paid at 1.5X call back for the hours worked. A nurse who reports to work after a partial day straight time LCD is paid straight time for the remainder of his/her regularly scheduled shift. Management reserves the right to cancel the standby LCD RN before the straight time LCD RN for the remainder of the shift. A nurse who is low censused for an extra shift may refuse an LCD standby assignment or a partial shift LCD. This exception applies to extra shifts only, a nurse placed on low census standby for her regular shift may not refuse the standby assignment.

10.3 Call Back. If a full-time or part-time nurse's regularly scheduled shift transitions to standby status or is called back or called in to work while on standby status, the nurse shall be paid for all hours worked at one and one-half (1-1/2) times the regular rate of pay with a minimum guarantee of four (4) hours. A nurse shall not receive more than eight (8) hours of callback pay at time and one-half (1-1/2) unless the nurse actually works more than eight (8) hours.

10.3.1 Subject to patient care considerations, 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 has been called back after 11 p.m. the previous night. To be considered, the nurse must notify the Employer not later than one and one-half (1-1/2) hours in advance of the nurse's scheduled shift if making such a request. Upon written request by the Union, the Employer will describe what good faith effort was made at the next Conference Committee. A nurse who exercises this right shall not receive an occurrence under the Hospital's attendance/tardy policy.

10.3.2 Call Back That Overlaps a Scheduled Shift. If a nurse is called back while in a standby condition and the minimum callback period overlaps the nurse's regularly scheduled shift, the nurse will be paid the minimum callback of 3 hours and then revert to straight time for the remainder of the nurse's shift.

Example: Nurse is assigned standby for the hours of 1500 to 1900 and is scheduled for her regular shift starting at 1900 and ending at 0730. The nurse is called in while on standby status and arrives on the unit at 1700. The nurse is paid 1.5X call back for the hours of 1700 to 2000

to meet the minimum call back requirement and is then paid straight time for the hours between 2000 and the end of the regularly scheduled shift at 0730.

This Article does not apply to a nurse called in from Low Census Standby as outlined in Article 10.2.1. If the nurse is called in from Low Census Standby, Article 10.2.1 will override this Article in its entirety.

10.4 Report Pay. Nurses who report for work on a regularly scheduled shift and are sent home due to low patient census shall be paid for four (4) consecutive hours' work (low patient census applies also to low surgery schedule). Where the Employer has left a message on the nurse's telephone answering machine noting the time of the call, or has attempted to reach the nurse at home (documented attempts will be recorded) at least one and one-half (1-1/2) hours prior to the shift start time advising the nurse not to report for work, such communication shall constitute receipt of notice not to report for work and this section shall not apply. If the Employer does not attempt to notify the nurse within the specified time frame and the nurse reports to work, the nurse will be paid four (4) hours' pay at the straight-time rate of pay.

10.5 Temporary Assignment to Higher Position. Temporary assignment to a higher position for three (3) or more consecutive days will result in the nurse being paid at the higher rate.

10.6 Certification Premium. Nurses certified in a specialty area by a national organization and working in that area of certification shall be paid a premium of one dollar (\$1) per hour, provided the particular certification has been approved by the Chief Operating Officer, or designee, and further provided that the nurse continues to meet all educational and other requirements to keep the certification current and in good standing.

10.7 Rest Between Shifts. In scheduling work assignments, the Hospital will make a good faith effort to provide each nurse with at least eleven (11) hours off duty between shifts. If a nurse is required to work with less than eleven (11) hours off duty between shifts, all time worked on the next shift shall be paid at the rate of one and one-half (1-1/2) times the regular rate of pay. This section shall not apply to voluntary education, committee meetings and staff meetings or to standby and callback assignments performed pursuant to the Article or to the pediatric transport team. This premium may be waived by mutual consent.

10.7.1 If a nurse does not receive at least eleven (11) hours off duty between shifts, a good faith effort will be made to schedule the nurse off and/or change the nurse's hours, on the nurse's next regular shift. Any change in the regular schedule shall be by mutual consent.

10.8 Double Time. If a nurse works more than twelve (12) consecutive hours, all work performed in excess of twelve (12) consecutive hours shall be paid at the double time (2x) rate of pay.

10.9 Weekend Premium Pay. Any nurse who works on a weekend shall receive four dollars (\$4.00) per hour for each hour worked on the weekend in addition to the nurse's regular rate of pay. The weekend premium will not be considered a part of the regular rate of pay for premium pay calculations, except for overtime pay calculations when required by the Fair Labor Standards Act. For premium pay purposes, the weekend shall be defined as all hours between 11:00 p.m. Friday and 11:00 p.m. Sunday. Premium pay provided for in this section shall not apply to time spent for educational purposes.

10.10 Charge Nurse Pay. Any nurse who is assigned charge shall be paid a premium rate three dollars (\$3.00) per hour.

10.11 Preceptor Pay. A nurse assigned preceptor duties will be paid an additional one dollar and fifty cents (\$1.50) per hour while performing such duties.

ARTICLE 11 – PTO/EIT

11.1 Accrual. Full and regular part-time benefited nurses shall receive Paid Time Off (PTO and PTO WS Sick) and Extended Illness/Injury Time (EIT) based upon hours paid and low census hours (up to 2080 per year) in accordance with the following schedules.

11.2 Rate of Pay. PTO and EIT shall be paid at the nurse's regular rate of pay.

Years of Service	Total PTO and PTO-WS Sick	Annual PTO	PTO Accrual per hour	PTO Bank Maximum	PTO-WS Sick Accrual per hour	Annual Maximum PTO-WS Sick*	Annual EIT	Accrual per hour
0-4	200	148	.0712	348	.025	52	48	.0231
5-9	240	188	.0904	428	.025	52	48	.0231
10-19	280	228	.1097	508	.025	52	48	.0231
20+	320	268	.1289	588	.025	52	48	.0231

11.3 Access to PTO Accrual. PTO accruals are to be accessed for all absences except for those that meet EIT criteria as set forth herein. Employees may use their PTO and PTOws-Sick banks interchangeably. A nurse will receive pay of no less than their assigned each pay period by the combination of hours worked and access to available accruals.

11.3.1 Requirement to Access Accruals. Nurses are required to utilize accruals on any occasion when they are unable to work as scheduled unless directed not to work by management due to low census or environmental conditions (internal or external), in which event a nurse may choose to either utilize accruals or to take cut hours, (Nurses may not access accruals when they are off work due to a disciplinary suspension).

11.3.2 Negative Balances. Nurses may not access accruals that would result in a negative balance. (Nurses will be denied vacation requests if their projected PTO balance would not contain sufficient accruals to cover the requested time off. In this situation, a nurse may request an unpaid leave of absence. If the nurse's PTO bank is below the required amount when a previously approved vacation occurs, the nurse will be allowed to take the vacation with the understanding that a portion or all of the vacation will be unpaid time.

11.3.3 Leave of Absence. Access to accruals during a leave of absence must be taken at the nurse's assigned FTE. (A nurse may not access accruals at a lower or higher amount than their assigned FTE during a leave of absence.)

11.3.4 Unpaid Time Off. All accruals must be exhausted prior to taking unpaid time off (unless eligible for EIT access).

11.3.5 PTOws-Sick Year-End Cap. PTOws-Sick accruals are job-protected time off accruals granted to provide employees with paid sick time off in accordance with Washington State Paid Sick Leave law and local city ordinances. PTOws-Sick will accrue without limit during the calendar year. At the conclusion of the final pay period of each calendar year, the PTOws-Sick bank shall reduce to fifty-two (52) hours of accruals maximum as a carry-over balance into the first pay period of the subsequent calendar year.

11.4 Access to EIT accruals. The purpose of Extended Illness/Injury Time (EIT) is to provide coverage to a nurse for extended absences from work as a result of illness or injury of the nurse (including maternity disability) or to care for the illness or injury of a family member for an extended absence allowed under the FMLA, subject to the sixteen (16) hour inaccessibility rule set out in Article 11.4.1. EIT may also be used for extended absences to care for a family member consistent with the WA State Family Care Act (FCA), subject to the sixteen (16) hour inaccessibility rule set out in Article 11.4.1.

11.4.1 Eligibility for Access of EIT. Nurses may access their EIT accruals once they have missed their 17th consecutive scheduled hour of work. In this event, the nurse's access to EIT will commence from the 17th hour of work forward and will not be applied

retroactively to the first (1st) through sixteenth (16th) hour of the absence. Immediate access to EIT (without waiting period) is available due to inpatient hospitalization (including observation admit for 24 hours or greater) of the nurse or the nurse's family (exclusive of Emergency Room visits) the nurse's on-the-job injury, chemotherapy treatment, radiation treatment, the nurse's colonoscopy, if the nurse is furloughed by Employee Health due to a verified occupational exposure in accordance with MHS policy or outpatient surgery of the nurse. Immediate access to EIT for outpatient surgery is available when the surgery plus recovery period is 3 days or more (as verified by physician certification). This immediate access will apply even when the days of recovery are not on scheduled work days.

11.4.2 Workers' Compensation Access. Nurses who will receive time loss compensation under MultiCare's Worker's Compensation program may supplement their time loss payments by accessing limited accruals, up to the amount of the nurses pay for the hours the nurse would have worked had the nurse been available to work. For the first sixteen (16) consecutive missed scheduled hours of work the nurse must access his/her PTO accruals, upon missing his/her seventeenth consecutive scheduled hour of work, the nurse may access their EIT accruals.

11.4.3 Re-injury/Relapse. When a nurse attempts to return to work and, within 48 hours of that return to work, is unable to continue to work due to the same illness or injury (of themselves or of the family member pursuant to State and Federal law) which had precipitated their absence, if EIT had been accessed previously, EIT may be accessed again despite the break in consecutive scheduled hours off. EIT may not be utilized retroactively, but from the 17th missed work hour forward.

11.4.4 Family Leave. EIT may be accessed for any period of disability associated with pregnancy or childbirth in accordance with the criteria set forth herein, so long as appropriate medical certification is submitted reflecting the length of the disability period. However, EIT may not be accessed for the non-disability portion of maternity/paternity or family leave.

11.5 Premium Pay and PTO Access for Holiday Work. Any hourly nurse who works on a designated Premium Pay Day will be paid time and one-half (1-1/2) for all hours worked on that day. In addition, nurses may also access their PTO accruals for up to their regular shift length on any Premium Pay Day. Effective January 1, 2023, President's Day will no longer qualify for holiday premium pay.

11.5.1 Premium Days Defined. Premium paydays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. For purposes of

premium pay, the time period from 3:00 p.m. December 24 to 11:00 pm December 25 shall be recognized as Christmas, 3:00 p.m. December 31 to 3:00 p.m. January 1 shall be recognized as New Year's. Holiday work shall be equitably rotated by the Employer.

11.6 Termination of Benefits. Cash out of accruals will be paid to nurses who terminate in good standing, who change to non-benefit eligible status, or who choose pay in lieu of benefits during open enrollment as follows:

- a. PTO accruals paid at 100%
- b. EIT accruals paid at 25% for hours in excess of 240

11.6.1 "Good Standing" Defined. A nurse is not "in good standing" if they are being discharged for cause, if they have given insufficient notice of resignation in accordance with contractual requirements or have failed to work out their notice period (i.e., calling in short notice for remaining shifts absent a medical certification).

11.7 PTO Cash Out Option. During October of each year, nurses with a PTO balance equal to or greater than 200 hours may choose to cash out up to eighty (80) hours of their PTO balance such that their balance does not drop below 200 hours.

11.7.1 During November of each year, an additional cash out period shall be had but only PTO-WS may be cashed out. However, employees shall maintain a minimum of 8 hours in their bank.

11.8 PTO Donation. A nurse with a PTO balance of equal to or greater than forty (40) hours can donate up to sixty (60) hours per year of their PTO to another nurse who has a qualifying illness under the PTO donation policy, who is benefit eligible, and who has exhausted their PTO and EIT accruals. The rate of pay for a donated hour of PTO is the donor's rate. However, the donating employees' PTO balance must not drop below twenty-four(24) hours.

11.9 Scheduling. All PTO must be scheduled in advance in accordance with Hospital policies and be approved by Supervision. The Employer shall have the right to schedule PTO in such a way as will least interfere with patient care and workload requirements of the Hospital. Patient care needs will take precedence over individual requests. Generally, PTO may not be taken in increments of less than the nurse's regular work-day. Under special circumstances and only when approved by supervision, partial days may be granted. Once a vacation has been approved it will not be cancelled absent an emergency.

11.9.1 PTO Request Procedure. Requests for vacations involving international travel (excluding Canada and Mexico) travel may be submitted up to a year in advance. The nurse and manager will work together for approval as far in advance as possible. Vacations involving holidays will be rotated annually. All requests for PTO to occur within a specified quarter will be submitted to the Clinical Director at the beginning of the previous quarter and approved within one (1) month.

<u>PTO During:</u>	<u>Request Submitted By</u>	<u>Approved By:</u>
January-February-March	October 1	November 1
April-May-June	January 1	February 1
July-August-September	April 1	May 1
October-November-December	July 1	August 1

11.9.2 Loss of PTO Leave. A nurse will not lose accrued PTO leave if the nurse was not given a reasonable opportunity to use it.

11.10 Short Notice Requirements. In case of illness or other personal emergency requiring a short notice absence, the nurse is required to notify their supervisor or designee immediately, but not less than two (2) hours prior to the beginning of their shift in nursing departments (one (1) hour for non-nursing departments), or in compliance with any other facility or department specific policy. Each department will develop a system/procedure so that the nurse will only be required to make one (1) telephone contact with the Employer notifying the Department Manager that the nurse will be absent from work due to illness or injury.

11.11 Proof of Illness. The Employer reserves the right to require reasonable written proof of illness or injury. If proof of illness is required, the nurse will be informed in advance or when the nurse calls in sick. Where the Employer has left a message on the nurse's telephone answering machine or has attempted to reach the nurse at home prior to the nurse's return to work, such communication shall constitute receipt of notice by the nurse that proof of illness is required. Proven abuse of sick leave will be grounds for discharge. Prior to any discipline for excessive absenteeism, the Employer will counsel affected nurses regarding their sick leave use. Excessive absenteeism will be subject to counseling/disciplinary action consistent with Section 6.4 of the Agreement.

ARTICLE 12 - LEAVE OF ABSENCE

12.1 General. All leaves are to be requested from the Hospital in writing as far in advance as possible, stating all pertinent details and the amount of time requested. A written reply to grant or

deny the request shall be given by the Hospital within thirty (30) days. For purposes of eligibility for leave for part-time nurses, one (1) year shall equal twelve (12) consecutive calendar months. A leave of absence shall begin on the first day of absence from work.

12.2 Maternity Leave. After completion of the probationary period, leave without pay shall be granted upon request of the nurse for a period of up to six (6) months for maternity purposes, without loss of benefits accrued to the date such leave commences. The Employer shall return the nurse to the same unit, shift and FTE status, if the nurse returns from the maternity leave at the end of the disability as certified by the physician. Maternity leave in excess of the disability period shall be subject to meeting proper staffing requirements as approved by the Chief Operating Officer. For nurses employed less than one (1) year, time off for the actual period of disability will be allowed.

12.3 Family Leave. As required by federal law, upon completion of one (1) year of continuous employment, any employee who has worked at least 1250 hours during the prior twelve (12) months shall be entitled to up to twelve (12) weeks of unpaid leave per year for the birth, adoption or placement of a foster child; to care for a spouse or immediate family member with a serious health condition; or when the employee is unable to work due to a serious health condition. The Employer shall maintain the employees' health benefits during this leave and shall reinstate the employee to the employee's former or equivalent position (same department, FTE and shift) at the conclusion of the leave.

If a particular period of leave qualifies under both the Family and Medical Leave Act of 1993 (FMLA) and state law, the leaves shall run concurrently. 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. The Employer may require, or the employee may elect to use any accrued paid leave time for which the employee is eligible during the leave of absence.

Generally, employees must give at least thirty (30) days' advance notice to the Employer of the request for leave.

12.3.1 As required by Washington State's Family Care Act, benefits earning employees shall be entitled to time off to care for covered family members who meet the qualifications for coverage. Covered family members include: child; spouse; parent; grandparent; and, parent-in-law. This leave shall be interpreted consistently with the rights, requirements, limitations and conditions set forth in the State law and shall not be more broadly construed. The Employer will require that the employee use any accrued paid leave time for which the employee is eligible during the leave. Leave taken under the State Family Care rules that qualifies for leave under the FMLA will be counted towards the employee's FMLA leave entitlement if the employee is eligible for FMLA.

12.4 Health Leave. After one (1) year of continuous employment, a leave of absence for a period up to six (6) months may be granted without pay for health reasons upon the recommendations of a physician, without loss of accrued benefits. The Employer shall guarantee the nurse's position if the nurse returns from the health leave within eight (8) weeks. If the nurse has not returned to work within eight (8) weeks of the commencement of the leave, the Employer will thereafter make a good faith effort to hold the nurse's position for an additional four (4) weeks. In the event the Employer is required to fill the position due to business necessity between the ninth (9th) and twelfth (12th) week period, the nurse will be notified and given the opportunity to return to work. If the nurse is unable to return to work at that time, the nurse when returning from the health leave of absence will then be offered the first available opening consistent with the job description held by the nurse prior to the leave of absence. This leave of absence shall run concurrently with any leaves of absence provided by state or federal law.

12.5 Military Leave. Leave required in order for a nurse to maintain status in a military reserve of the United States shall be granted without pay, without loss of benefits accrued to the date such leave commences and shall not be considered part of the earned annual leave time.

12.5.1 As required by Federal law, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty while on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member. Eligible employees are also entitled to up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is a reservist, National Guard member, or a recalled retired member who has been notified of an impending call to active duty status in support of a contingency operation.

12.5.2 As required by State law, an eligible employee who is the spouse of a military member called to active duty ordered to be deployed or on leave from deployment during times of a military conflict is entitled to take a total of 15 days of leave per deployment. The leave may be taken without pay or the employee may use accrued Paid Time Off.

These leaves shall be interpreted consistently with the rights, requirements; limitations and conditions set forth in the Federal and State law and shall not be more broadly construed. Where allowed by law, these leaves shall run concurrently with the employee's FMLA entitlement.

12.6 Bereavement Leave. Leave of up to three (3) days with pay shall be granted for death in the immediate family. Upon request, the Hospital may grant five (5) additional days of unpaid leave or paid vacation leave when extensive travel is required. Immediate family shall be defined

by the following relationships of birth, adoptions or marriage for the purpose of this section: spouse, son or daughter, mother or father, sister or brother, grandparent, grandparent-in-law, grandchild, mother-in-law or father-in-law, son-in-law, daughter-in-law, stepparent, stepchild, stepsister or stepbrother, brother-in-law or sister-in-law and domestic partner (City of Seattle definition).

12.7 Jury Duty. A full-time or part-time nurse who is required to serve on jury duty on a regularly scheduled work day, or who is called to be a witness on behalf of the Employer in any judicial proceeding, shall be compensated by the Employer for the difference between the nurse's jury duty/witness fee pay and the nurse's regular rate of pay, provided that the nurse notifies the Employer immediately upon receipt of the jury summons to allow the Employer an opportunity to notify the Court if the jury duty imposes a hardship upon the Employer. Nurses who serve as jurors or a witness on behalf of the Employer will be administratively assigned to the day shift for the duration of the jury duty. Nurses subpoenaed for proceedings not involving the Employer will be given unpaid release time.

12.8 Unpaid Educational Leave. After one (1) year of continuous employment, permission shall be granted for leave of absence for a maximum of one (1) year without pay for study, without loss of accrued benefits.

12.9 Continuing Education. The Hospital recognizes the value of continuing education to the nurse. When the nurse participates in an educational program at the request of the Hospital, the nurse shall not incur any reduction in pay and any direct expenses will be paid. All full-time nurses shall be allowed five hundred dollars (\$500) per calendar year (prorated for part-time nurses) to use for work-related educational opportunities and related expenses, i.e. reimbursement for tuition and salary. Requests for continuing education time off on scheduled work days must be applied for at least twenty-one (21) days in advance on a form provided by the Employer. The employee will be allowed three (3) shifts without pay for education. The employee may receive up to 24 hours of paid time to attend educational offerings. The employee's request shall be subject to scheduling requirements and certification of attendance and/or completion of the educational program. Once unpaid education time has been approved it will not be cancelled absent an emergency. If the continuing education offering is above the RN's regular FTE, that time will be paid at straight time.

12.10 Union Leave. Employees will be afforded an option of requesting an unpaid leave of absence to attend Union Executive Board meetings, officer meetings, Shop Steward meetings, annual lobbying day and training sessions or Union conventions. Such leaves may be approved subject to unit/department and patient care.

12.11 Benefit Accrual During Leave. Leave without pay for a period of three (3) calendar months or less shall not alter a nurse's anniversary date with regard to the wage schedule. Annual

leave and sick leave is accrued on the basis of hours paid and shall not accrue during an unpaid leave of absence. Leave without pay for a period in excess of three (3) calendar months will result in the nurse's anniversary date of employment being adjusted to reflect the period of leave, and no benefits shall accrue during such leave unless specifically agreed to by the Hospital.

12.12 Leave with Pay. Leave with pay shall not alter a nurse's anniversary date of employment or otherwise affect the nurse's compensation or status with the Employer. Except as otherwise provided for herein, nurses returning to work following a period of approved leave of absence shall return to their previous unit, shift, benefit premiums, and former full-time or part-time status.

12.13 Return from Leave. Except as otherwise provided in Article 13, if a nurse's absence from work (including unpaid leave time and any form of paid time off) does not exceed six (6) weeks total time away from work, the nurse shall be allowed to return to the nurse's prior position and shift. Nurses returning from an approved personal leave of absence exceeding six (6) weeks in duration shall be reassigned to their former position, if open. If the former position has been filled, the returning nurse shall be assigned to the first available similar opening on the same shift for which the nurse is qualified.

ARTICLE 13 - MEDICAL, DENTAL AND OTHER INSURANCE

BENEFITS

13.1 Flexible Benefits (Medical, Dental and Life) Insurance. For new hires and transfers into the bargaining unit as of January 1, 2019, benefits eligibility shall be effective beginning the first of the month following thirty (30) days of continuous employment as a benefit's eligible employee. All full-time and all part-time employees regularly scheduled to work 0.75 FTE or greater shall be eligible for the Employer's flexible benefits insurance plan providing medical, dental and life insurance benefits.

Employees will have the option of participating in a MultiCare sponsored Wellness Plan. Those who choose not to participate will be subject to health insurance premium surcharge.

The Employer will develop and implement a dental fee schedule option beginning in 2012 for employees who wish to use Dentists who are willing to provide care under that arrangement. The fee schedule option will be cost neutral to the Employer as compared with the current dental plan.

13.1.1 In the event the Employer modifies its current Plans or provides an alternative plan Plan(s), the Employer will negotiate the proposed Plan changes with the Union. The Employer will shall notify the Union at least ninety (90) days prior to the benefit election period.

13.1.2 Part-time employees regularly scheduled to work 0.4 to 0.74 FTE or more hours per week and desiring medical, dental and life insurance may sign up for the Hospital's flexible

benefits plan and the Hospital will pay for one-half (1/2) of the employee only premium, with the remainder to be paid by the employee.

13.1.3 Health Plan Premiums. Premiums for the Employer's health benefit plans for 2018 and 2019 will be as outlined on Appendix (I) except that employees enrolled in the PPO as self-only for calendar year 2018 shall continue to pay a forty-five (\$45) self only premium (fifteen dollars (\$15) with the Healthy at Work discount) for calendar year 2018. Premiums for subsequent years shall be as outlined in Appendix (I), this Article and subject to the terms of Article 13.6.

Other costs such as deductibles, co-pays, co-insurance, out of pocket maximums, etc. for the health benefit plans shall remain unchanged for calendar years 2018 and 2019. Any premium increases for 2020 to the monthly health insurance premiums will be shared equally by the employee and Employer, except that the employee share shall not exceed a maximum of fifty dollars (\$50.00) per month.

13.1.4 Grandfathered Employees. For the term of this agreement, Employees in a UFCW bargaining unit before January 1, 2019, shall remain fulltime benefits eligible at 0.6 FTE so long as the employee remains employed with MHS.

13.2 Retirement Plan. Nurses shall be covered by the Employer's retirement policies. There shall be no changes to the two retirement plans (the grandfathered defined benefit plan for nurses hired prior to July 31, 2002 and the Retirement Account Plan) through December 31, 2015. Effective January 1, 2016, all nurses shall participate in MultiCare's Retirement Account Plan in accordance with the terms of the Plan. All grandfathered defined benefit plan participants will enter the Retirement Account Plan (RAP) at the 6% contribution level in 2016. The contribution will be no less than 6% through February 28, 2018.

- *Annuitization: A one-time election upon the nurse's retirement and only applies to grandfathered DB participants.*
- *One extra year of service for DB participants if the nurse meets 1,000 hours of service in 2016.*

ARTICLE 14 - GRIEVANCE PROCEDURE

14.1 Grievance Defined. A grievance is defined as any alleged breach by the Employer of any express term of this Agreement. If any such grievance arises, it shall be submitted to the following procedure. In order to be subject to the following procedure, any grievance must be submitted at the first applicable step within fourteen (14) calendar days from the date when the nurse or the Union was aware, or reasonably should have been aware, that a grievance existed. All grievances not filed within the fourteen (14) day period are deemed waived by the aggrieved party.

14.1.1 Time Limits. Time limits set forth in the following steps may only be extended by mutual written consent of the parties hereto. Failure of a nurse to file a grievance on a timely basis or to timely advance a grievance in accordance with the time limits set forth below will constitute a withdrawal of the grievance. Failure of the Employer to comply with the time limits set forth below shall result in the grievance being automatically elevated to the next step without any action necessary on the part of the nurse.

14.1.2 Mutually Agreed Mediation. The parties may agree to use mediation in an attempt to resolve the grievance. Both parties must mutually agree to use mediation and neither party may require that any grievance be sent to mediation. Mediation shall not be considered a step in the grievance process.

14.1.3 Step One Written Warnings. The Employer and Union agree that should the Union not grieve a Step One Written Warning, the Union reserves the right to challenge the basis for the Step One Written Warning if the Step One Written Warning is used as the basis for further discipline up to and including discharge.

14.2 Step 1. Nurse and Immediate Supervisor and/or Department Head. If a nurse has a grievance, the nurse and the Unit/Union Representative, must first present the grievance in writing to the immediate supervisor (or Department Head) within fourteen (14) calendar days from the date the nurse was or should have been aware that the grievance existed. Upon receipt thereof, the immediate supervisor and/or Department Head shall meet with the nurse (and Unit/Union Representative) in an attempt to resolve the problem. The immediate supervisor (or Department Head) shall respond in writing to the nurse within fourteen (14) calendar days following the meeting with the nurse. Should the immediate supervisor and/or Department Head and the nurse meet to resolve the grievance, a Unit Representative and a Human Resources representative may attend the meeting.

14.3 Step 2. Nurse and Director of Employee/Labor Relations and Chief Operating Officer (and/or designated clinical representative). If the matter is not resolved to the nurse's satisfaction at Step 1, the nurse and Union shall present the grievance to the Director of Employee and Labor Relations (and/or designated representative) within fourteen (14) calendar days of the immediate supervisor's decision. A conference between the nurse (and the Unit or Union Representative) and the Director of Employee and Labor Relations (and/or designated representative) shall be held. The Director of Employee and Labor Relations (or designated representative) shall issue a written reply within fourteen (14) calendar days following the grievance meeting.

14.4 Step 3. Arbitration. If the grievance is not settled on the basis of the foregoing procedures, and if the grievant and the Union have complied with the specific time limitations specified in Steps 1 and 2 herein, the Union may submit the issue in writing to arbitration within fourteen (14) calendar days following the receipt of the written reply from the Director of Employee Relations and Employment or designee. After notification that the dispute is submitted for arbitration, the

Employer and the Union shall attempt to agree on an arbitrator. If the Employer and the Union fail to agree on an arbitrator, the Union shall promptly request a list of seven (7) arbitrators from the Federal Mediation and Conciliation Service. The parties shall thereupon alternate in striking a name from the panel until one (1) name remains. The person whose name remains shall be the arbitrator.

14.4.1 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 that the Employer was not limited by this Agreement from taking the action grieved, the Arbitrator shall have no authority to limit the Employer's action and shall not substitute his or her judgment for the Employer's so long as that judgment was reasonably exercised. Any dismissal by the Arbitrator, whether on the merits or procedural grounds, shall bar any further arbitration.

14.4.2 Each party shall bear one-half (1/2) of the fee of the Arbitrator and any other expense 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.

14.4.3 Except where specifically provided elsewhere in this Agreement, neither party shall be required during the term of this Agreement to provide the other party with any data, documents or information in its possession or under its control for any purpose except insofar as it may be relevant to a pending grievance or to pending negotiations for a renewal collective bargaining agreement. If necessary, the Arbitrator shall resolve discovery rights of the parties as to grievances submitted to arbitration.

ARTICLE 15 - NO STRIKE--NO LOCKOUT

15.1 No Strike. The parties to this Agreement realize that the Hospital provides special and essential services to the community, and that for this and other humanitarian reasons, it is the intent of the parties to settle disputes by the grievance procedure provided for herein. It is, therefore, agreed that during the term of this Agreement, there shall be no strikes, including any sympathy strikes, work stoppages, picketing, handbilling, walkouts, slowdowns, boycotts or any other activity that interrupts or impedes work, or the delivery of goods, services or patients to the Hospital. No officers or representatives of the Union shall authorize, instigate, aid or condone such activity. In the event of any such activity, the Union and its officers and agents shall do everything within their power to end or avert the same. Any nurse participating in any of the activities referred to above, 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 lesser discipline, at the Hospital's discretion.

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

ARTICLE 16 - CONFERENCE/PATIENT CARE COMMITTEE

A representative from each clinical unit will be elected by the general duty nurses of the unit shall constitute the Conference/Patient Care Committee. One representative from each of the following clinical units shall be elected to the Committee: Med/Surg, PICU, ED, IV Team, ASAP, Clinics and Resource. The Conference/Patient Care Committee shall meet monthly with representatives of the Hospital, one of whom shall be the Chief Operating Officer, to discuss matters relating to nursing care and difficulties that may arise over this Agreement. By mutual agreement of both parties, existing provisions of this contract may be modified to implement solutions to, and the resolution of, staffing needs. Time spent at Conference/Patient Care Committee Meetings shall be paid for at the applicable rate of pay. During the course of this contract, the Committee will engage in an FMCS labor management committee training on the use and function of the committee.

ARTICLE 17 -GENERAL PROVISIONS

17.1 State and Federal Laws. This Agreement shall be subject to all present and future applicable federal and state laws, executive orders of the President of the United States or the Governor of the State of Washington and rules and regulations of governmental authority. Should any provision or provisions become unlawful by virtue of the above or by declaration of any court of competent jurisdiction, such action shall not invalidate the entire Agreement. Any provision 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 immediate negotiations for the purpose, and solely for the purpose, of arriving at a mutually satisfactory replacement for such provision.

17.2 Contract Minimums. Nothing contained herein shall prohibit the Hospital, at its sole discretion, from paying wages and/or benefits in excess of those provided herein.

17.3 Waiver. During the life of this Agreement, the Union agrees that the Hospital shall not be obliged to bargain collectively with respect to any subject or matter specifically referred to or covered by this Agreement or discussed during the negotiations which resulted in this Agreement.

17.4 Past Practices. Any and all agreements, written and verbal, previously entered into between the parties hereto are mutually cancelled and superseded by this Agreement. Unless specifically provided herein to the contrary, past practices shall not be binding on the Employer.

ARTICLE 18 -DURATION AND TERMINATION

This Agreement shall be effective upon date of ratification and shall remain in full force and effect until August 14, 2024 and annually thereafter unless either party serves notice on the other to amend or terminate the Agreement by giving written notice to the other party not less than ninety (90) days in advance of the expiration date.

Signed this _____ day of _____, 2022.

MULTICARE HEALTH SYSTEM
COMMERCIAL

Scott Allan

Scott B. Allan
Director, Labor and Employee Relations

Erika Skoog

Erika Skoog
Manager, Labor and Employee Relations

UNITED FOOD AND
WORKERS UNION, LOCAL 21,

Faye Guenther

Faye Guenther
President

David Barnes

David Barnes,
Negotiator

APPENDIX A

MARY BRIDGE CHILDREN'S HOSPITAL & HEALTH CENTER TEN (10) HOUR SHIFT SCHEDULE

In accordance with Section 8.3 of the Agreement between the Hospital and the Union, nurses may, on an individual basis, agree to work a ten (10) hour shift schedule with the consent of the Employer. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The ten (10) hour shift schedule shall provide for a ten (10) hour work day consisting of ten and one-half (10-1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each five (5) hours of work. Shift start times shall be determined by the Employer.

2. Work Period; Overtime Pay. The work period for overtime computation purposes shall be a seven (7) day period, as determined by the Employer. Nurses working this ten (10) hour shift schedule shall be paid overtime compensation at the rate of one and one-half (1-1/2) times the regular rate of pay for the first two (2) hours after the end of the ten (10) hour shift or for any hours worked beyond forth (40) hours in a seven (7) day period. If a nurse works more than two (2) hours beyond the end of a scheduled shift, all overtime hours after twelve (12) consecutive hours of work for that shift shall be paid at double time (2x).

3. Rest Between Shifts. Sections 10.7 and 10.7.1 of the Agreement apply in their entirety with the sole exception being that the length of the rest period shall be ten (10) hours rather than twelve (12) hours.

4. Shift Differential. If the majority of the hours of the nurse's regularly scheduled shift fall within the designated evening (3 -11 p.m.) or night (11 p.m. -7 a.m.) shift period, the shift shall be considered a permanent assignment for that nurse and the nurse shall receive the shift differential for their entire shift. If the evening or night shift is a permanent assignment, shift differential shall be considered to be a part of the nurse's regular rate of pay. This paragraph is meant to be consistent with Article 10.1 of the Agreement.

APPENDIX B

MARY BRIDGE CHILDREN'S HOSPITAL & HEALTH CENTER TWELVE (12) HOUR SHIFT SCHEDULE

In accordance with Section 8.3 of the Agreement between the Hospital and the Union, nurses may, on an individual basis, agree to work a twelve (12) hour shift schedule with the consent of the Employer. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The twelve (12) hour shift schedule shall provide for a twelve (12) hour work day consisting of twelve and one-half (12-1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each four (4) hours of work. Shift start times shall be determined by the Employer.

2. Work Period; Overtime Pay. The work period for overtime computation purposes shall be a seven (7) day period, as defined by the Employer. Nurses working this twelve (12) hour shift schedule shall be paid overtime compensation at the rate of one and one-half (1-1/2) times the regular rate of pay for the first two (2) hours after the end of the twelve (12) hour shift or for any hours worked beyond forty (40) hours in a seven (7) day period.

If a nurse works more than two (2) consecutive hours beyond the end of the twelve (12) hour shift, all overtime hours after fourteen (14) consecutive hours of work for that shift shall be paid at double time (2x).

3. Rest Between Shifts. Sections 10.7 and 10.7.1 of the Agreement apply in their entirety with the sole exception being that the length of the rest period shall be eight (8) hours rather than twelve (12) hours.

4. Shift Differential. If the majority of the hours of the nurse's regularly scheduled shift fall within the designated evening (3 -11 p.m.) or night (11 p.m. -7 a.m.) shift period, the shift shall be considered a permanent assignment for that nurse and the nurse shall receive the shift differential for their entire shift. If the evening or night shift is a permanent assignment, shift differential shall be considered to be a part of the nurse's regular rate of pay. For those employees working the 3 a.m. to 3 p.m. shift, night shift differential shall be paid for those hours worked between 3 a.m. and 7 a.m. This paragraph is meant to be consistent with Article 10.1 of the Agreement.

APPENDIX C

MARY BRIDGE CHILDREN'S HOSPITAL & HEALTH CENTER TWENTY-FOUR (24) HOUR WEEKEND SCHEDULE

In order to ensure adequate weekend coverage, the Union and the Hospital agree that, to the extent the Hospital deems it appropriate, the Hospital may offer positions on a special weekend work program. Employees who are selected for these positions are required to work a schedule consisting of two (2) twelve (12) hour shifts every weekend between the hours of 7:00 p.m. Friday to 7:30 a.m. Monday.

This program is adopted in accordance with Section 8.3 of the Agreement. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The twelve (12) hour shift schedule shall provide for a twelve (12) hour work day consisting of twelve and one-half (12-1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each four (4) hours of work. Shift start times shall be determined by the Employer.

2. Wage Rate. Employees on this schedule shall be paid in accordance with the following schedule:

Day Shift: Base rate times 1.5 equals the wage rate.

Night Shift: Base rate plus night shift differential times 1.5 equals the wage rate.

To be eligible for this time and one-half (1-1/2) weekend pay, the employee must work the employee's entire weekend work schedule. If the employee takes paid or unpaid leave for any hours on the weekend, the weekend shall be paid at the regular rate of pay, provided that paid or unpaid leave is not due to low census, sick leave or an approved trade.

3. Premium Pay. Employees working the twenty-four (24) hour weekend schedule do not receive weekend premium pay, consecutive weekend premium, holiday premium pay or the rest between shifts premium.

4. Overtime Pay. If a nurse works more than four (4) consecutive hours beyond the end of the twelve (12) hour shift, all overtime hours after sixteen (16) consecutive hours of work for that shift shall be paid at double time (2x).

5. Paid Time Off and Extended Illness Time. Employees who choose to work a twenty-four (24) hour weekend schedule understand the following:

a. In anyone calendar year, the employee is not eligible for more than four (4) weekends' approved and scheduled as time off. The holiday rotation commitments of Section 11.4 shall not apply to this weekend work schedule.

b. Employees accrue paid time off (PTO) at the following rates:

Years	Accrual Rate (per hour worked)
1 year or more	.1442
5 years or more	.1731
10 years or more	.2019
20 years or more	.2308

c. Employees accrue extended illness time (EIT) at a rate of .0346 per hour (example: $.096 \times 1.5 = .1442$)

6. Pay for Non-Weekend Scheduled Hours. If an employee covered by this Appendix works extra shifts during the week, they will be paid at their regular non-weekend rate of pay. Employees understand that department management may choose not to schedule twenty-four (24) hour weekend staff for weekday work due to the inherent potential for that work to interfere indirectly with the weekend commitment.

APPENDIX D

MARY BRIDGE CHILDREN'S HOSPITAL & HEALTH CENTER NINE (9) MONTH POSITIONS

In accordance with section 8.3 of the agreement, between the Hospital and the Union, nurses may, on an individual basis, agree to work a nine (9) month position in units designated by the Employer. The number of 9-month positions, FTE and units in which the positions are available is at management's discretion. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Management will determine the 9-month period for each individual position designated as a 9-month position. For example, a 9-month position may begin each September and run through June of the following year. The specific beginning and end date of each 9-month period will be determined by management on a unit by unit and position by position basis.

2. Each position will include a 3-month hiatus during which the nurse will not be regularly scheduled to work and is not expected to fulfill his or her FTE. The nurse may access his/her PTO bank or take low census hours up to the assigned FTE during the hiatus period. The nurse will be permitted to pick up shifts in any unit in which he/she is competent and qualified to work on an on-call basis during the hiatus period.

3. **Benefits.** The employer will maintain its portion of health and dental benefits during the hiatus period. A nurse who chooses to maintain dependent benefits during the hiatus period may choose from the following options. The nurse may change his/her choice one time per year during open enrollment with an effective date of January of the following year. The nurse will be required to make his or her selection in writing and attend a briefing with Benefits upon acceptance of the position.

a. The nurse may use banked PTO during the hiatus period at a reduced FTE rate to cover dependent benefits costs.

b. The nurse may chose to pay COBRA premiums for the hiatus period in order to continue benefits for dependents.

c. The nurse may choose increased payroll deductions during the 9-month period such that the employee's portion of the annual dependent medical premium is paid over the 9-month period and dependent benefits are continued during the hiatus period.

APPENDIX E

MARY BRIDGE CHILDREN'S HOSPITAL AND HEALTH CENTER THREE (3) MONTH POSITIONS

In accordance with section 8.3 of the agreement, between the Hospital and the Union, nurses may, on an individual basis, agree to work a three (3) month position in units designated by the Employer. The number of 3-month positions, FTE and units in which the positions are available is at management's discretion. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Management will determine the 3-month period for each individual position designated as a 3-month position. For example, a 3-month position may begin each January and run through the end of March. The specific beginning and end date of each 3-month period will be determined by management on a unit by unit and position by position basis.
2. Each position will include a 9-month hiatus during which the nurse will not be regularly scheduled to work and is not expected to fulfill his or her FTE. The nurse will be permitted to pick up shifts in any unit in which he or she is competent and qualified to work on an on-call basis during the hiatus period.
3. **Compensation.** 3-month nurses are paid at a flat hourly rate of \$50.00 per hour during the 3-month period and are not eligible for the 15% premium in lieu of benefits. 3-month nurses are paid at the RN wage and year level appropriate to their years of experience during the hiatus period for hours worked as an on-call nurse.
4. Article 5.9, Benefits Accrual, Article 11, PTO/EIT and Article 14, Medical, Dental and Other Insurance Benefits do not apply to 3-month positions.
5. Article 7 will not apply to 3-month nurses except that the low census rotation outlined in Article 7.5 will be applicable to the 3-month nurse during the 3-month period. During the hiatus period, the 3-month nurse is considered an on-call nurse and on call low census rules will apply.

APPENDIX F

MARY BRIDGE CHILDREN'S HOSPITAL MTD HEALTH CENTER LOW CENSUS BANK

- 1. Eligibility.** Nurses who maintain a 0.6 FTE and who agree to float as required by the Employer to another unit for which they have been cross-trained or are otherwise competent will accrue low census bank hours on each hour worked. The nurse must declare his or her intent to agree to float in writing in November of each year for the following calendar year. Newly hired nurses are not eligible to declare until the one time per year enrollment process in November. New graduate RNs are not permitted to participate in the low census bank unless the new Grad RN has attained a minimum of 6 months RN experience after completion of the residency program at the time the program is open for new entrants. In individual cases, the manager may approve entry into the program by a new graduate RN who does not meet the 6-month requirement based on an assessment of the RNs experience prior to becoming an RN (for example: previous pediatric LPN experience, pediatric Nurse Tech training) and competency.
- 2. Accrual Rates.** The low census bank will be funded at 3,000 hours per calendar year. Accrual rates will be determined each year based on the number of nurses who declare their intent for the following year. For example, if 30 full time equivalent nurses declare, the accrual rate will be .0544 hours for each hour worked (*see formula illustration, in #7, below). The Union and the Employer will meet in December of each year to determine what percentage of the low census funds will be set aside for cross training and what percentage will be allocated to the low census bank.
- 3. Floating.** Past practice governing rotation of mandatory floats is not affected by the low census bank requirements unless there is not a nurse available who is competent and qualified to float to another unit. In such a case, the nurse who has declared for the low census bank and is competent and qualified to float will be required to float even if the float is out of turn.
- 4. Float Premium.** Nurses who declare their intent to use the low census bank are eligible for a \$3.00 per hour float premium on any occasion in which they float. A nurse who refuses a float at the direction of the Employer to a unit for which he or she is cross trained or otherwise competent will lose the \$3.00 float premium, forfeit rights to access his or her low census bank for that calendar year and further accruals will cease. Resource Nurses who declare for the Low Census bank receive a \$5.00 premium for all hours worked as a Resource Nurse and are not eligible for the \$3.00 low census bank float premium.
- 5.** A maximum of 24 hours of low census banked hours not used in one calendar year may be carried over to the following calendar year. Low census banked hours over the maximum rollover of 24 hours are forfeited at the end of each calendar year.

6. When mandatory low census (as opposed to voluntary low census) hours are required and no float is needed, the Employer will assign other nursing related duties, skill development or cross training consistent with the organizational and patient care needs as determined by the Employer. Low census banked hours may be utilized for non-patient care projects but may involve patient contact. The Employer will determine appropriate projects and will assign these projects to the nurses. Projects appropriate for the nurses utilizing low census banked hours may include, but are not limited to:

- Skill development/cross training
- Patient chart audits
- Non-mandatory continuing education modules
- Department specific projects such as:
 - Re-ordering supplies
 - Organizing equipment rooms
 - QIPI activities
 - Assisting other departments in auditing, organizing follow-up calls to patients.

If, during the course of a shift, the needed staffing hours increase on a unit for which the nurse is competent and oriented, the Charge RN will notify the House Supervisor, the RN will be returned to direct patient care duties and the remaining hours of the RN's shift will be charged to the unit budget rather than to the nurse's low census bank.

7. **Program Start Up.** For the first year of the program, the Employer will create a fund of 1,500 hours for cross training of nurses who declare their intent to participate in the low census bank program. The remainder of the 3000 hours will be allocated as illustrated in paragraph 2, above.

*2080 -240 (average PTO hours/FTE) 1840 hours worked

100 hours per full time equivalent if 30 FTEs declare

100 divided by 1840 = .0544

This illustration assumes no hours set aside for cross training for simplicity of illustration

8. A sub-committee of the established Conference Committee consisting of an equal number of nurses and management will be established to discuss and make recommendations to the Conference Committee and Staffing Committee regarding the following subjects:

- Review and development of cross training plans that include viable cross training programs and ongoing maintenance of competencies for bank nurses.
- Review and development of skills and competency checklists and cross-training standards.

- While the desire of the Employer and Union is to cross train all participants in the LCD Bank, the parties recognize that not all nurses entered into the Bank may be cross trained due to resource limitations and limits on the ability to retain competencies over time.

APPENDIX G
SPOT BONUS INCENTIVE PROGRAM

Mary Bridge Children’s Hospital (“Employer”) and the United Food and Commercial Workers Local 21 (“Union”) (collectively “parties”) hereby enter into this Letter of Understanding to memorialize the parties’ agreement regarding the temporary implementation of the Spot Bonus Incentive Pay Program. The purpose of this agreement is to incentivize employees to pick up extra shifts due to position vacancies, high census, leaves of absence, or other emergent needs. The Employer has discretion to determine the incentive that will be paid for incentive-eligible shifts and discretion to determine which shifts and units will be eligible.

The following terms and conditions apply to Incentive Pay Plan:

1. At its discretion, the Employer may designate individual shifts in certain departments as eligible for the spot bonus incentive pay. If the Employer makes this designation, only those nurses who are working an extra shift (above their assigned FTE) during the pay period will be eligible for spot bonus incentive pay (hereinafter referred to as “Incentive Pay”). For example, the Hospital may designate that on February 20th, the third shift in the Emergency Department is eligible for Incentive Pay, and all nurses working an extra shift during the designated shift will be eligible for Incentive Pay.
 - 1.1 Shifts designated by the Employer to be incentive pay eligible shall be awarded to nurses in accordance with Article 8.6.1 (Extra Shifts) of the parties’ Collective Bargaining Agreement.
 - 1.2 Once the incentive pay shift has been accepted, the Employer may not rescind the shift except as provide for in the low census process set forth in Article 7.5 (Low Census).
 - 1.3 A Nurse who reports to work for a spot bonus shift shall be paid the agreed upon incentive pay regardless of how management or designee elects to assign the Nurse during their shift.

- 1.4 Nurses who accept an extra shift prior to the shift being designated as eligible shall still receive the incentive pay provided, however, the nurse meets all eligibility requirements of this agreement.
- 1.5 Nurses who are already scheduled to work the designated shift as part of their regular shift schedule will not be eligible for Incentive Pay.
2. The Employer will identify the incentive pay amount when communicating to Nurses that a shift is designated for incentive pay. The Employer shall advertise spot bonus incentive shifts through the Employer's mass text message system and email to ensure fair and equitable notification to eligible nurses.
3. Incentive pay will be paid for all hours worked during the shift eligible for incentive pay, as long as the employee also meets their FTE in the pay period in which the incentive shift is worked.
 - 3.1 In determining whether the nurse has met his/her FTE, the following hours paid but not worked shall not count: unscheduled PTO, unscheduled EIT, and voluntary education.
 - 3.2 In determining whether the nurse has met his/her FTE, the following hours paid but not worked shall count: prescheduled PTO, prescheduled EIT, mandatory low census, mandatory education, jury/civic duty, and bereavement.
4. Incentive Pay is subject to the same non-pyramiding rules set forth in the parties' Collective Bargaining Agreement.
5. Per Diem nurses must work the equivalent of a .3 FTE in a non-incentive qualifying shift in the same pay period in order to be eligible to receive incentive pay.
6. It is understood that the Spot Bonus Incentive Program outlined in this agreement is intended to cover intermittent and emergent staffing needs. If the Employer determines that an all-inclusive incentive pay program is necessary (e.g. all bargaining unit employees

incentivized to accept extra shifts), the parties agree to meet and bargain over the new incentive pay program.

APPENDIX H

MultiCare Labor/Management Wellness Committee

MultiCare Health System and UFCW/SEIU Healthcare 1199NW/WSNA recognize the importance of undertaking joint efforts to ensure that employees have access to cost effective quality health care and “bend the cost curve.” Both the Employer and the Unions share a mutual interest in researching best practices in cost containment features and the benefits that ensure quality but also address increasing costs.

To address these issues the parties will establish a MultiCare Labor/Management Wellness Committee. The Unions will appoint up to a total of three (3) representatives from the represented bargaining units including one (1) organizer. The Employer will appoint up to five (5) management representatives.

The committee shall meet monthly, beginning March 1 and more often as mutually agreed. All employee representatives on the committee shall be on paid release time.

The Employer and the Unions agree beginning in 2013, to engage in a fully transparent process of information sharing that will lead to stronger engagement and overall success. The Committee will seek to produce mutually agreed upon recommendations for any changes and the Unions and Management shall convene a process to review data and options. The Committee will concentrate efforts on researching, reviewing and possibility adopting incentive-based wellness programs. In conducting its work, the Committee will focus its efforts on researching and reviewing incentive-based wellness programs, disease management programs, primary care delivery models and generic drug utilization. The Committee’s goal will be to thoroughly research best practices in these subject areas and adopt them when mutual agreement is reached. This Committee is advisory in nature only and is established not to supplant the contractual bargaining process as written in Article 13.4, Plan Changes, but to support and assist the Unions and MultiCare in reaching an agreement on medical benefits.

LETTER OF UNDERSTANDING
THIRD SHIFT YEARS OF EXPERIENCE BONUS

Effective the first full pay period following the date of ratification, nurses who work nights and meet the criteria of this benefit shall be compensated with an annual bonus, as outlined below. This LOU shall expire upon the expiration of the current duration of this Agreement.

Nurses with four (4) or more years of experience, who have worked night shift at Mary Bridge for a minimum of two (2) continuous years shall be eligible for a lump-sum bonus payment in the amount of one thousand, five-hundred dollars (\$1500.00), pro-rated by FTE. Nurses who work a majority of their FTE in the third shift for a minimum of two (2) continuous years shall qualify for this lump-sum bonus. Any approved leave of absence(s) shall count towards the two (2) continuous years' work requirement of this agreement.

The bonus shall be paid on or after the second full pay period following December 31 in each year of the contract. The Hospital will verify employment and FTE on the third shift as of December 31 in each year of the contract and calculate a lump sum bonus, less applicable withholdings and deductions. Current employment is a condition of eligibility for this bonus.

Memorandum of Agreement

BSN Differential

BSN, MN, MSN or Phd Premium. Effective August 1, 2021, RNs who provide satisfactory proof of completion of a Bachelor of Nursing (BSN), Master of Nursing (MN), Master of Science in Nursing (MSN), or PhD in Nursing shall receive a BSN differential of \$ 1.00/hr. For purposes of this agreement satisfactory proof of completion shall mean a copy of the degree or transcripts, that display the degree awarded and the date of completion, from an accredited educational institution.

Implementation. Upon enactment of this agreement, the employer shall notify all nurses and their leaders, via email to their work email, of the agreement and process to submit their satisfactory proof of completion. Employees who submit their satisfactory proof of completion no later than August 1, 2021 shall receive the BSN differential on the August 20th paycheck.

Future Submissions. If employee submits documentation after August 1, 2021 the BSN differential shall commence no later than the first full pay period following the date the satisfactory proof of completion is received.

Process for submission and details. Employees shall submit their satisfactory proof of completion to the Employee Resource Center. For purposes of this agreement the date of received shall mean the date in which the Employee Resource Center received the satisfactory proof of completion.

There shall be no retro payments for the BSN differential.

The differential shall be paid on all hours paid.

THE UNION DIFFERENCE

As a union member, you have certain rights at your workplace:

A Voice at Work

Because you have a union, you have a voice at work. A negotiating committee of union members and staff negotiate with management—as equals—over wages, benefits, working conditions, and other issues. The union committee pushes for the issues that union members choose. The result of negotiations is a proposed contract which members vote on before it takes effect.

Right to Union Representation

Every union member has the right to union representation during an investigatory interview that could lead to discipline. This is called your “Weingarten” right, after a Supreme Court case which established the right to representation.

Just Cause for Discipline

The just cause provision in your union contract ensures you have due process in cases of discipline. The just cause standard is a well-defined set of legal rules that involve several different “tests” of a disciplinary action. The tests of just cause provide considerable protection against retaliation, discrimination, or other unfair actions.

The Security of a Union Contract

As a union member, your wages and working conditions are spelled out in writing in a legally-binding union contract. You are not alone at the workplace—instead, you have the security of knowing that your rights are protected by your union contract and backed up by the 50,000 other members of UFCW 3000.

Union Leadership

UFCW 3000 leadership is provided by the member-elected Executive Board. The Executive Board is made of rank-and-file UFCW 3000 members from diverse workplaces, income levels and backgrounds.

My Shop Steward is:

My Union Rep is:

*Building a powerful Union that fights for economic,
political and social justice in our workplaces
and in our communities.*

Seattle: 5030 First Ave S, Suite 200, Seattle, WA 98134-2438

Mt. Vernon: 1510 N 18th St, Mt Vernon, WA 98273-2604

Des Moines: 23040 Pacific Hwy S, Des Moines, WA 98198-7268

Silverdale: 3888 NW Randall Way, Suite 105, Silverdale, WA 98383-7847

Spokane: 2805 N Market St, Spokane, WA 99207-5553

Spokane: 1719 N Atlantic St., Spokane, WA 99205

Tri-Cities: 2505 Duportail St, Suite D, Richland, WA 99352-4079

Wenatchee: 330 King St, Suite 4, Wenatchee, WA 98801-2857

Yakima: 507 S 3rd St, Yakima, WA 98901-3219

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