

EMPLOYMENT AGREEMENT

Between the

KITTITAS VALLEY HEALTHCARE

**(Kittitas County Public Hospital District No. 1)
Ellensburg, Washington**

and the

WASHINGTON STATE NURSES ASSOCIATION

(January 1, 2026 – December 31, 2028)

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(January 1, 2026 - December 31, 2028)

EMPLOYMENT AGREEMENT

Between the

KITTITAS VALLEY HEALTHCARE

(Kittitas County Public Hospital District No. 1)

Ellensburg, Washington

and the

WASHINGTON STATE NURSES ASSOCIATION

This Agreement is made and entered into by and between Kittitas County Public Hospital District #1 (d.b.a. Kittitas Valley Healthcare), Ellensburg, Washington, and the Washington State Nurses Association as the professional organization representing the Registered Nurses employed by the above named Hospital.

ARTICLE 1 – PURPOSE

The main purpose of this Agreement is to facilitate the achievement of the mutual goal of providing quality patient care by establishing equitable employment conditions and an orderly system of employer-employee relations, which will facilitate joint discussions and cooperative solutions of mutual problems by Hospital administrators and representatives of the nurses.

ARTICLE 2 – RECOGNITION

The Hospital recognizes the Association as the sole bargaining representative for all registered nurses whose classifications appear in Article 3 of this Agreement, and will deal with its representatives with respect to wages, hours, working conditions, adjustment of grievances and other pertinent matters as specified in this Agreement.

ARTICLE 3 – DEFINITIONS WITHIN THE BARGAINING UNIT

3.1 Employees Covered. The employees of Kittitas Valley Healthcare covered by this Agreement are all non-supervisory professional Registered Nurses and temporary licensed nurses employed by the Employer as resident nurse, staff nurse, or charge nurse.

3.2 Resident Nurse. A Registered nurse whose clinical experience after graduation is less than twelve (12) months, or a Registered Nurse who is returning to practice with no current clinical training and experience. “No current clinical training and experience” is defined as a break in clinical practice of twenty-four (24) months or more as described in Section 5.3. Such a nurse shall be assigned as a team member under close and direct supervision of a more experienced Registered Nurse. Close and direct supervision shall be defined as working in conjunction with other Registered Nurses. Residency shall not exceed six (6) months unless mutually agreed to by the Patient Care Services Administrator/CNO, and the individual nurse involved.

3.3 Staff Nurse. A Registered Nurse who is responsible for the direct and/or indirect total nursing care of the patient.

3.4 Charge Nurse. A Registered Nurse who is assigned by the nurse manager or supervisor to be responsible for coordinating nursing operations on a nursing unit for a specific shift.

3.5 Full-Time Nurse. A Registered Nurse who is regularly scheduled on a forty (40) hour per week or eighty (80) hour per fourteen (14) day basis. Such a nurse shall share fully all benefits outlined in this Agreement. No nurse shall work more than six (6) consecutive days unless the individual nurse agrees otherwise.

3.6 Part-Time Nurse. An RN regularly scheduled for less than eighty (80) hours per pay period. Such a nurse will be compensated the same as a full-time nurse, except that pay in benefits, holidays, vacation, and sick leave are to be reduced according to reduced work. A part-time nurse shall be eligible for an annual step increase based on designated FTE status per Section 5.1 herein. Part-time nurses scheduled with an FTE of less than .6 may elect a salary premium of fifteen percent (15%) of their present step in lieu of all fringe benefits (Medical Insurance, Dental Insurance, Vision Insurance, Vacation, Holidays, Sick Leave, Life Insurance, Long Term Disability, Education Leave/Professional Leave, Pension and Paid Emergency Leave) except standby pay, worked holiday pay, weekend differential, shift differential and unpaid Emergency Leave. Part-time nurses who on average work thirty (30) or more hours per week each month will be offered enrollment in health insurance coverage to the extent required by the Affordable Care Act and the Hospital's Plan guidelines then in effect. If such part time nurse elects coverage, they shall, in addition to such health insurance, receive a nine percent (9%) premium above their presently earned step in lieu of all the fringe benefits listed above, except Medical Insurance, standby pay, shift differential, unpaid emergency leave, weekend differential, and worked holiday pay. If such part time employee declines coverage, and, to the extent required by law, provides reasonable evidence that the nurse has minimum essential coverage during the period in which the opt-out arrangement applies, they shall receive fifteen percent (15%) of their presently earned step as a salary premium in lieu of all fringe benefits (Medical Insurance, Dental Insurance, Vision Insurance, Vacation, Holidays, Sick Leave, Life Insurance, Long Term Disability, Education Leave/Professional Leave, Pension and Paid Emergency Leave), except standby pay, shift differential, unpaid emergency leave, weekend differential, and worked holiday pay.

The election of either option must take place by the end of the first full pay period of employment. The part-time nurse may change to the other benefit option at any time during the year but not more than once per calendar year.

No nurse shall work more than six (6) consecutive days unless the individual nurse agrees otherwise.

3.7 Per Diem Nurse. An RN who works on a non-regularly scheduled basis. Such nurses may also be assigned to a regularly scheduled position on a temporary basis, not to exceed six (6) months, with Administrative approval.

3.7.1 Except as provided here, per diem nurses shall not be eligible for any other fringe benefits except for standby pay, shift differential, and worked holiday pay. Per Diem nurses shall receive fifteen percent (15%) of their presently earned step as a salary premium in lieu of all fringe benefits (Medical Insurance, Dental Insurance, Vision Insurance, Vacation, Holidays, non-statutory Sick Leave, Life Insurance, Long Term Disability, Education Leave/Professional Leave, Pension and Paid Emergency Leave), except standby pay, shift differential, unpaid emergency leave, weekend differential, and worked holiday pay. Per diem nurses who work for the Employer in any capacity on average thirty (30) or more hours per week each month will be offered enrollment in health insurance coverage to the extent required by the Affordable Care Act and the Hospital's Plan

guidelines then in effect. If such per diem nurse elects coverage, they shall, in addition to such health insurance, receive a nine percent (9%) premium above their presently earned step in lieu of all the fringe benefits listed above, except Medical Insurance, standby pay, shift differential, unpaid emergency leave, weekend differential, and worked holiday pay. If such per diem employee declines coverage, and, to the extent required by law, provides reasonable evidence that the nurse has minimum essential coverage during the period in which the opt-out arrangement applies, they shall receive fifteen percent (15%) of their presently earned step as a salary premium in lieu of all fringe benefits (Medical Insurance, Dental Insurance, Vision Insurance, Vacation, Holidays, Sick Leave, Life Insurance, Long Term Disability, Education Leave/Professional Leave, Pension and Paid Emergency Leave), except standby pay, shift differential, unpaid emergency leave, weekend differential, and worked holiday pay. The prorated benefit option is not available to per diem nurses.

3.7.2 Per diem nurses must work at least forty-eight (48) hours on a rolling three-scheduling-period basis to retain status as a per diem Employee. Nurses whose units are open over weekends must work at least two weekend shifts on a rolling three-scheduling period basis. Shifts worked on scheduled call and all low census hours shall count toward a nurse's hours minimum requirement for the purposes of this section. A per diem nurse shall also be available to work at least two (2) major holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) each calendar year, as defined in Article 13 – Holidays.

A Per Diem Nurse may request to be temporarily unavailable for scheduling for up to three (3) scheduling periods per calendar year. Periods of unavailability may be requested consecutively (e.g., seasonal relocation). Requests shall be made in writing to the Nurse's direct manager and must be submitted no later than the vacation request deadlines set in Article 7.1.1. Approved requests will not affect Per Diem status.

3.7.3 Benefitted nurses, regardless of union affiliation, who pick up additional hours in other departments on a non-regularly scheduled basis shall not be considered Per Diem for pay status for the Hospital, but may be considered Per Diem for scheduling purposes. Additionally, a benefitted nurse who picks up per diem hours in other departments shall not be subject to the provisions in 3.7.1.

3.7.4 The Hospital may schedule per diem nurses for stand-by and on-call for up to twelve (12) hours per scheduling period unless mutually agreed upon by the employee and their direct manager.

3.8 Preceptor. A preceptor is an experienced nurse proficient in clinical teaching who is specifically responsible for planning, organizing, and evaluating the new skill development of a nurse or nurses, traveling nurses, nurse students or surgical technologists, the parameters of which have been set forth in writing by the Employer. Inherent in the preceptor role is the responsibility for specific, criteria-based, and goal-directed education and training for a specific period. Nursing management will determine the need for preceptor assignments. It is understood that staff nurses in the ordinary sense of their responsibilities will be expected to participate in the general training orientation process (and this shall not constitute a preceptor assignment) of newly hired nurses, float nurses, agency nurses, and ancillary personnel.

ARTICLE 4 – MEMBERSHIP

4.1 Membership. The Employer agrees to remain neutral with respect its employee's decisions about union membership and payroll deduction. The Employer agrees to direct all communications from employees regarding union membership or payroll deduction to the Association and agrees to immediately forward all requests from employees directing the Employer to cease dues deduction. Within the first seven

(7) days of employment, the Employer shall transmit to the Association the employee's available contact information.

4.2 Dues Deduction. The Employer shall deduct dues/fees from the pay of those nurses covered by this Agreement upon evidence of the nurse's authorization. The nurse's authorization will be honored in accordance with its terms. Deductions will be promptly transmitted to the Association by check payable to its order. The Association will indemnify and hold the Employer harmless from any and all claims, demands, suits or any other forms of liability that shall arise against the Hospital for actions taken consistent with the requirements of Section 4.2.

4.3 Voluntary PAC Contribution Deduction. Within sixty (60) days of ratification of the 2026-2028 Agreement, the Employer will deduct the sum specified from the pay of each member of the Union who voluntarily executes a Washington State Nurses Association Political Action Committee (WSNA PAC) wage assignment form. When filed with the Employer, the authorized form will be honored in accordance with its terms. The Union will provide a monthly report of any changes to the fixed WSNA PAC amounts.

4.4 Contract Distribution. Kittitas Valley Healthcare will distribute a copy of this Agreement and a membership application/payroll deduction card as supplied by WSNA to newly hired RNs. The Hospital will make a good faith effort to notify the local unit chairperson (LUC) immediately following the completion of their new hire paperwork.

4.5 Roster. Twice annually, in the months of January and July, the Hospital's Human Resource office will provide the Association with a roster via an excel spread sheet attachment to e-mail containing the name, address, phone number, employee identification number, unit, FTE, regular rate of pay, date of hire and most recent date of hire of all nurses employed at the Hospital and covered by this Agreement. A written copy of this document will be provided to the Local Unit Chairperson or designee. On the fifteenth day of each month the Hospital's Human Resource office will provide the Association and the Conference Committee Chairperson or designee with a list, containing the above information, of newly hired and terminated registered nurses in the bargaining unit. This list shall also include nurses who have moved into or out of the bargaining unit through transfer or promotion. Nurses will keep the Employer informed of any changes of address or phone number.

4.6 New Employees. The Employer will notify the Association of the date, time and location of new employee orientations for employees hired into the bargaining unit. The Employer will provide Association representatives and/or local unit officers up to thirty (30) minutes at the conclusion of the orientations to meet with the new hires, or if an Association representative does not attend the orientation, reasonable access for up to thirty (30) minutes during work time to discuss the Association. The new hire and local unit officer shall be paid for such meeting time.

4.7 Public Records Requests and Privacy. The Employer will notify the Association of public records requests for information received by the Employer that concern WSNA as a whole.

4.8 Bulletin Board A bulletin board in a prominent location shall be designated by the Employer for the use of the local unit in the hospital. The bargaining unit may also utilize bulletin boards in the nurses' break room on each unit where bargaining unit nurses are assigned. Use may be on a shared space basis.

ARTICLE 5 – SALARY AND WAGES

5.1 Step Increases. For purposes of computing longevity (wage) increments (steps), a nurse shall be credited with a year of service and moved to the next step after a twelve (12) month period following the nurses most recent step advancement. Placement on a newly created step shall not be considered a step

advancement. Service increments shall become effective at the beginning of the first payroll period following completion of one (1) year of employment as defined above.

5.2 Compensation. Wage rates under this Agreement are set forth in Appendix A. Step advancements shall be effective at the start of the payroll period following the nurse's hiring anniversary date. All other compensation changes, as well as vacation accrual changes, shall be effective beginning the first day of the first pay period on or after the effective date of this Agreement. Annual increases shall be effective beginning the first day of the pay period following each anniversary of the effective date of this Agreement.

5.3 Recognition of Experience. Nurses hired during the life of this Agreement shall be placed on the salary schedule in the following manner:

Nurses shall be given full credit for their recent continuous experience for the purposes of step placement.

For the purpose of this section, recent continuous experience shall be defined as clinical nursing experience in any role that required RN licensure without a break in nursing experience of more than two (2) years which would prevent an employee from meeting the standards identified in Section 11.3.3 ("Qualified") of this Agreement. It is agreed that the nurse's experience shall be reviewed and evaluated by the nurse and the Patient Care Services Administrator/CNO.

5.3.1 2023 Step Adjustment. Nurses hired prior to the effective date of the 2023-2025 Agreement may request that the Hospital examine their experience prior to their hire date in order to adjust their step placement to a maximum of two (2) additional steps. Nurses seeking adjustments of their step placement must submit a request to the Hospital in writing within ninety (90) days of the 2023-2025 Agreement's effective date. The Hospital shall review each nurse's experience prior to hire, adjust nurses' step placement one (1) step at the next qualifying step increase and a second (2nd) additional step at the subsequent qualifying step increase during this contract period. The Association may request an update of the results of the review.

5.3.2 Additional Step Adjustments. The Association may request further review by Human Resources for extraordinary circumstances within ninety (90) days of the effective date of the contract.

ARTICLE 6 – PREMIUM PAY

6.1 Shift Differential. The premium for evening shift (3 p.m. - 11 p.m.) is three (\$3.00) per hour over the hourly contract rate of pay. The premium for night shift (11 p.m. - 7 a.m.) is twelve percent (12%) of the hourly base rate of pay.

6.1.1 Innovative Shifts. Innovative shifts of ten (10) and twelve (12) hour duration will be compensated for including shift differential for the hours worked within that shift (i.e. 7:00 a.m. to 7:00 p.m., receives eight (8) hours at day rate and four (4) hours at the evening rate). Nurses working a ten (10) or a twelve (12) hour shift with a majority of hours worked on the night shift shall receive night shift differential for all hours worked.

6.2 Standby Pay. Regular standby pay shall be at the rate of five dollars (\$5.00) per hour for the remainder of the contract. Holiday standby pay shall be at the rate of five dollars and fifty cents (\$5.50) per hour for those holidays set forth in Section 10.1 herein. Standby duty shall not be counted as hours worked for purposes of computing overtime or eligibility for service increments or fringe benefits.

6.3 Call Back. Any time actually worked on call back or when called in on standby call shall be compensated at the rate of time-and-one-half (1 1/2) the regular rate for a minimum of three (3) hours. Any time actually worked on call back or when called in on standby call on a holiday shall be compensated at a rate of two times (2x) the regular rate of pay for a minimum of three (3) hours. Standby premium shall be paid only during the actual time the nurse is on standby, and shall not be applicable while the nurse is on call back on the Hospital premises.

6.4 Temporary Assignment to a Higher Position. A nurse assigned to a higher position for a period of one (1) day or more shall be compensated for such work at the rate of pay applicable to the higher position. Provided, however, that a nurse who is regularly assigned to a higher position on a given shift who is asked to perform the duties of a lesser position during that shift, shall continue to receive pay at the rate for the higher position.

6.5 Degree Premium. A registered nurse with a Bachelor of Science Nursing Degree or its equivalent shall receive an additional two dollars (\$2.00) per hour over the contract rate of pay. Nurses with a Master of Science Nursing Degree or higher shall receive three dollars (\$3.00) per hour over the contract rate of a pay. A nurse shall receive the higher of degree premiums they are eligible for but not both.

6.5.1 Certification Premium. Nurses who become and remain nationally certified in recognized clinical specialties, as set forth in Section 6.5.2 below, will receive a premium of one dollar (\$1.00) per hour. Nurses may receive both a certification and degree premium. Nurses who do not maintain a certification will not receive the additional one dollar (\$1.00) for it. Nurses are responsible to provide documentation of re-certification to Human Resources and failure to provide documentation shall result in removal of this premium pay.

6.5.2 Recognized Certification Includes. All certifications listed below and any other certifications as mutually agreed by the Association and the Hospital during the term of this Agreement. Nurses are eligible to premium pay for up to two (2) certifications from the list below at a time.

Academy of Medical Surgical Nurses:

Medical Surgical Nursing

American Nurses Credentialing Center:

Ambulatory Care Nursing

Cardiac-Vascular Nursing

Nursing Case Management

Forensic Nursing - Advanced

Gerontological Nursing

Informatics Nursing

Medical-Surgical Nursing

Nursing Professional Development

Pediatric Nursing

Psychiatric-Mental Health Nursing

American Association of Critical-Care Nurses Certification:

CCRN

Critical Care RN-E

Critical Care RN-K

PCCN Progressive Care Nursing

Emergency Nurses Association Certification:

CEN
CPEN
TCRN

Association of PeriOperative Registered Nurses Certification:

CNOR

American Society of PeriAnesthesia Nurses Certifications:

CPAN
CAPA

Home Health and Hospice:

CHPN – Certification Hospice and Palliative Nurse
COCN – Certified Ostomy Care Nurse
CWON – Certified Wound Ostomy Nurse
CWCN – Certified Wound Care Nurse

National Certification Corporation:

Electronic Fetal Monitoring
Inpatient Obstetric Nursing
Low Risk Neonatal Nursing
Maternal Newborn Nursing
Neonatal Intensive Care Nursing

International Association of Forensic Nurses:

SANE-A
SANE-P

Infusion Nurses Society:

Certified Registered Nurse of Infusion
Vascular Access Certification Corporation:
VA-BC

6.6 Weekend Premium. Nurses will receive a premium of three dollars and fifty cents (\$3.50) per hour for any hours worked on a weekend as defined in Section 9.11.

6.7 Preceptor Pay. Any nurse assigned as a preceptor pursuant to Section 3.8 shall receive a premium of two dollars (\$2.00) per hour. This is to be based on hours worked as a preceptor only.

6.8 Charge Nurse. Any nurse assigned as a Charge Nurse shall receive a premium of three dollars and fifty cents (\$3.50) per hour during the period of assignment.

6.9 Floating. Floating will be spread equitably among all nurses in a given unit to the extent reasonable. Nurses who are qualified per Section 11.3.3 (“Qualified”) of this Agreement shall receive a float premium of four dollars (\$4.00) per hour for all such work.

6.10 SANE Nurse. A nurse who is assigned to conduct a sexual abuse or assault forensic examination shall receive a \$350 stipend per examination.

ARTICLE 7 – VACATIONS

An annual vacation is granted for the nurse’s recreation and health, and to enable the nurse to return to the job with renewed strength and vigor. Vacation schedules will be developed by the appropriate Department Head. Every effort will be made to schedule vacation periods at times mutually agreeable to the Department Director, and the nurse involved, according to the following schedule:

7.1 Schedule of Vacation Time in Relation to Tenure of Employment.

Tenure	Vacation Hours	Vacation Days (8-hour shift)
Through 2nd Year	96 hours	12
3rd and 4th Years	112 hours	14
5th and 6th Years	136 hours	17
7th and 8th Years	152 hours	19
9th and 10th Years	176 hours	22
11th Year and on	216 hours	27

Nurses may accrue up to four-hundred (400) hours. Nurse’s annual anniversary date shall be used to determine accrual levels. Any days over the maximum accrual levels shall be paid down to that level. Time worked, which is paid on an overtime basis, shall count as time worked for purposes of computing vacation accrual, not to exceed two thousand eighty (2080) hours within any twelve (12) month period.

7.1.1 Vacation Requests Leave for vacation may be requested four (4) times per year and approvals provided by management in accordance with the following schedule:

Vacation time period	Requests submitted by	Requests approved by
March 1 – May 31	December 1	January 1
June 1 – Labor Day weekend	March 1	April 1
September 1 – November 30 (excluding Labor Day weekend)	June 1	July 1
December 1 – February 28 or 29	September 1	October 1

7.1.1.1 Conflicting Requests. In the event of conflicting requests for vacation time by two or more nurses within a unit during the request period, seniority shall prevail, except with normal rotation of holidays and Spring Break.

7.1.1.2 Late Requests. Requests for vacation submitted after the request submission deadline in Article 7.1.1 will be considered on a first-come-first-served basis. The Employer will make a good faith effort to respond to the nurse as soon as practical, but not more than the fourteenth (14th) calendar day of the first full calendar month following the date of the requests.

7.1.1.3 Prime Time Requests. As a general rule, during prime time (June 1 through Labor Day weekend) a single request of greater than 14 consecutive calendar days may not be granted if scheduling conflicts occur. Any additional time above the 14 days may be considered after all vacation requests for prime time have been scheduled.

7.1.1.4 All vacation leaves are subject to the Employer's staffing requirements and must be approved by the Department Director.

7.1.1.5 Major Life Events. Requests for vacation time involving rare major life events may be submitted up to a year in advance. Major life event requests for vacation time will be considered for approval on a case-by-case basis.

7.1.2 Vacation Coverage. To assist in providing for vacation coverage, schedules posted pursuant to Section 9.7 shall include all unfilled shifts known at that time. Nurses may submit through an employer approved process their interest for additional shifts and do so at least fourteen (14) days prior to the posted schedule for the shift requested by the nurse. The Employer reserves the right to final assignment of these additional shifts but shall consider interest expressed by individual nurses, financial impact, quality patient care, and the health and welfare of the Nurse.

7.2 Pay Rate. Vacation pay shall be the amount which the nurse would have earned had the nurse worked during that period at the regular rate on the regular shift.

7.3 Eligibility. A nurse is eligible for vacation after six (6) months of continuous employment.

7.4 Payment Upon Termination. Provided a nurse has complied with the requirements of Section 11.2 Notice of Resignation, accrued vacation pay shall be granted where employment has been continuous for at least six (6) months.

7.5 Vacation Cash-out. Upon written request by the nurse, the Hospital will cash out up to one hundred twenty (120) hours of accrued vacation hours per calendar year provided that the nurse has accrued at least one hundred twenty (120) hours of vacation at the time of the request.

ARTICLE 8 – SICK LEAVE

8.1 Accumulation. A nurse holding a 0.9 FTE position or more shall accrue eighty (80) hours of paid sick leave per year of continuous employment (6.66 hours of sick leave per month). Nurses holding an FTE position less than 0.9 FTE shall accrue sick leave on a pro rata basis. Sick leave benefits shall accumulate from the date of hire. Employees may accrue up to 720 total sick leave hours. Sick leave shall be paid at the nurse's regular rate of pay for any purpose authorized by RCW 49.46.210 (Washington Paid Sick Leave Act) or RCW 50A.05 et seq. (Paid Family and Medical Leave), including:

- (1) An illness or injury which has incapacitated the nurse from performing normal duties;
- (2) A disability due to pregnancy, miscarriage, abortion, childbirth and recovery;
- (3) An absence resulting from an employee's mental or physical illness, injury, or health condition; to accommodate the employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or an employee's need for preventive medical care;
- (4) For parental leave during the period of actual disability of the nurse;
- (5) To allow the employee to provide care for a family member with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or care for a family member who needs preventive medical care;

- (6) When the employee’s place of business has been closed by order of a public official for any health-related reason, or when an employee’s child’s school or place of care has been closed for such a reason;
- (7) For absences that qualify for leave under the domestic violence leave act, chapter 49.76 RCW.

8.1.1 For purposes of this section, “family member” means any of the following:

- (a) A child, including a biological, adopted, or foster child, stepchild, or a child to whom the employee stands in loco parentis, is a legal guardian, or is a de facto parent, regardless of age or dependency status;
- (b) A biological, adoptive, de facto, or foster parent, stepparent, parent-in-law or legal guardian of an employee or the employee’s spouse or domestic partner, or a person who stood in loco parentis when the employee was a minor child;
- (c) A spouse;
- (d) A domestic partner;
- (e) A grandparent;
- (f) A grandchild;
- (g) A sibling; or
- (h) Any individual who regularly resides in the employee’s home or where the relationship creates an expectation that the employee care for the person and that the individual depends on the employee for care.

8.2 Verification. For absences of three (3) days or less, the Employer may not require verification that an employee's use of sick under this section is for an authorized purpose. For absences of more than three (3) days, the Employer may require verification that the use of sick leave was for an authorized purpose, but shall not require that the information provided explain the nature of the condition.

8.3 Absenteeism. Nurses will not be disciplined or downgraded on their evaluations for legitimate use of pre-planned and pre-approved accrued vacation, leave or legitimate use of sick leave or EIB. In cases of excessive absenteeism that are not protected by law, the Employer may take appropriate action, e.g., counseling, referral, leave status and/or discipline.

8.4 Cashout/Conversion.

(a) Employees may exercise the option to convert any hours in excess of 360 to additional vacation days on the basis of two (2) sick leave hours for one (1) vacation hour. This conversion shall take place on the employee’s anniversary date. The employee must notify payroll in writing at least fourteen (14) days in advance of the employee’s anniversary date of this election.

(b) Employees hired as of December 20, 2002, shall be eligible to receive a one-time, lump sum, cash pay-out of a percentage of all accrued, unused hours in excess of 720, at age 65 or official retirement, whichever comes first. The cash pay-out percentage will be determined by the employee’s longevity based on the following schedule:

Employees with 30 years of service and above	50% of accrual
Employees with 20-29 years of service	40% of accrual
Employees with 10-19 years of service	30% of accrual

Employees who are eligible for this provision of the sick leave benefit but elect to terminate their employment relationship will be eligible for a cash payout equal to 50% of the above- referenced retirement benefit payout. Any employee who fails to give the Employer twenty-one (21) days written notice of resignation or is discharged for cause shall surrender all rights to this benefit.

8.5 Physician Statement for Return to Work. If a nurse has been absent due to sickness or injury, the Hospital can require a physician's statement showing that the nurse is able to return to a nurse's normal duties. The Hospital will pay for the cost of that examination. The Hospital reserves the right to choose a physician, as permitted by law. (This section does not apply to a nurse returning from a FMLA leave. FMLA leaves are addressed through section 12.5, Family and Medical Leave.)

8.6 No Discrimination or Retaliation. The Employer will not discriminate or retaliate against an employee for his or her exercise of any rights under this section including the use of sick leave.

8.7 Notification. If the need for use of paid sick leave is foreseeable, the nurse must provide notice at least seven days, or as early as practicable, in advance of the use of such paid sick leave. If the need for paid sick leave is unforeseeable, unless the leave is taken for purposes authorized under the domestic violence leave act, chapter 49.76 RCW, then the nurse must provide notice to the Employer as soon as possible before the scheduled start of their shift, unless it is not practicable to do so. If it is not practicable for the nurse to provide notice, the nurse's designee may do so. If the need for paid sick leave is unforeseeable and is for purposes authorized under the domestic violence leave act, chapter 49.76 RCW, then the nurse or his or her designee must give oral or written notice to the Employer no later than the end of the first day that the nurse takes such leave unless it is not practicable to do so.

8.8 Worker's Compensation. A nurse with an occupational illness or injury is eligible to use accumulated sick leave to make up the difference between Worker's Compensation benefits and the nurse's regular pay or until eligibility for Worker's Compensation is determined, provided that the nurse shall return any overpayment to the Hospital. The nurse shall bring the check from the Worker's compensation program to the Human Resource office and the nurse's sick leave accrual shall be reimbursed for an amount equivalent to the amount of the check.

ARTICLE 9 – HOURS OF WORK AND OVERTIME

9.1 Work Period. The basic work period shall be eighty (80) hours in a two (2) calendar week period, or forty (40) hours in a one (1) week period.

9.2 Work Day. The standard 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 meal period on the nurse's own time, if the nurse is relieved of duties during this period. If the nurse cannot take his/her rest or meal period due to work requirements of the nurse, the nurse shall be compensated at the applicable rate of pay.

9.2.1 Innovative Shifts. When mutually agreeable in writing to the Employer and nurse, a standard work day may consist of ten (10) hours when the work week scheduled is based on four (4) ten (10) hour days or twelve (12) hours when the work week does not exceed forty hours as defined above. Other innovative work schedules may be established by the employer with the consent of the nurse involved and notification to the local unit chairperson and the Association within five working days of the Agreement. The maximum benefits allowed by such innovative schedules shall be in accordance with the written agreement between the Employer and nurse in relation to the individual nurse's worked FTE allocation up to a maximum of eighty (80) hours per two-week period.

Nurses working six-12 hour shifts (72 hours) per pay period are considered full-time nurses and receive full-time benefits except that sick leave and vacation time shall be calculated on the actual hours worked up to a maximum of eighty (80) hours per two-week work period.

Nurses who work at least one (1) innovative shift during the course of a pay period shall be considered full-time and receive full-time benefits if they work at least 0.9 FTE or greater.

9.3 Overtime. Any time actually worked beyond the standard workday shall be paid at the rate of time and one-half (1 1/2x) the regular rate of pay. Regular pay is to include shift differential and any special service premium. Overtime shall be considered in effect after the end or prior to the scheduled workday. Overtime pay shall begin as of the end of the scheduled workday or after forty (40) hours has been worked in a workweek or eighty (80) hours in the pay period (depending on whether an employee is working under a 8/80 or forty (40) hour work week schedule) and shall be calculated to the nearest minute. The House Supervisor or Department Director must approve all overtime hours. For a nurse working an eight (8) hour shift, they shall receive two times (2x) his or her regular rate for all hours worked beyond twelve (12) hours. For a nurse working a ten (10) or twelve (12) hour shift, they shall receive two times (2x) his or her regular rate for all hours worked beyond fourteen (14) hours.

9.4 Overtime Discouraged. The representatives of both the Hospital and the nurses concur that overtime should be discouraged. Any overtime requirements shall be in compliance with RCW 49.28.130-150.

9.5 Rest Periods. Rest periods shall be permitted in accordance with the rules and regulations of the State of Washington; a minimum of fifteen (15) minutes in each four (4) hour period. Restrooms and lockers are to be provided on the same basis.

9.6 Meal Periods. Except for a nurse scheduled to work longer than an eight (8) hour day, a thirty (30) minute unpaid meal period shall occur within five (5) consecutive hours of the start of the workday. For a nurse scheduled to work longer than an eight (8) hour day, a thirty (30) minute unpaid meal period shall occur near the approximate middle of the workday.

9.7 Posting of Schedules. Time schedules and days off will be posted at least two (2) weeks in advance. After posting, the schedule may be changed by the Hospital only after consultation with the nurse scheduled. The schedule may be changed at the request of the nurse, only with the approval of the Assistant Administrator, Patient Care Services, or Department Director.

9.8 Low Census. In the event it is determined that nurses will be asked not to report to work because of low census, the Hospital will implement low census in the following order:

- 1) Eliminate overtime whenever possible;
- 2) Volunteers will be sought;
- 3) Return to regularly scheduled FTE status;
- 4) Per Diem nurses;
- 5) Agency (Traveling Nurses);
- 6) Regular part-time and full-time nurses based on seniority and rotated equitably.

Nurses shall be subject to low census in the outlined order, provided other nurses remaining on the unit, in the judgment of the employer, possess substantially the same skills, ability and experience to perform the required work, and patient safety is not an overriding factor. The employer may reassign a nurse subject to low census to any other nursing unit that is not subject to low census, or to special project work, or may utilize the nurse in any other capacity outside the nursing division.

Regular part and full-time nurses will be allowed to work in units other than those to which they are permanently assigned to maintain an equitable rotation of low census if they are qualified to perform the work needed in those other units. The rotation of low census will be calculated equitably.

9.8.1 Low Census Cap. Regular part and full-time nurses will not be required to take more than sixty (60) hours of unpaid involuntary low census per six (6) months (July-January). To count as “involuntary low census” for purposes of this Agreement, the nurse must first contact the House Supervisor to determine whether there is other work available.

9.8.2 Low Census Standby Call. Nurses notified not to report for work because of low census may be asked to be on standby call for that shift, provided that standby call may be required to maintain regulatory requirements /standards (RCW, WAC, USC, CFR, AWHONN).

9.8.3 Callback From Low Census. It is the intent of the Hospital, whenever possible, to restore staff to their scheduled FTE by returning staff to work from low census standby call when there is a need. When more than one (1) department has low censused staff and there is a need to call staff back to work:

- 1) First priority, provided skills and ability are equal as determined by the Employer, shall be given to full-time and part-time regularly scheduled staff, who by taking low census standby call, would have lost regularly scheduled hours.
- 2) Second priority shall be given to those staff who have scheduled extra shifts over and above their FTE, provided this would not cause an overtime situation.
- 3) Last priority will be given to per diem staff and agency/traveler staff. Low census hours taken shall count toward the accrual of all benefits.

Registered nurses readily available by phone, who are not notified at least two (2) hours prior to the scheduled shift not to report to work, and who report as scheduled, and are released by the Employer because of low census, shall receive a minimum of two (2) hours work or two (2) hours pay at straight time for an eight (8) hour shift, two and one-half (2 1/2) hours pay for a 10-hour shift, and three (3) hours pay for a 12-hour shift. The Employer may assign the nurse to other nursing duties for which the nurse is qualified anywhere in the Hospital.

9.9 Rest Between Shifts. In scheduling work assignments, the Employer will make a good faith effort to provide each nurse with at least ten (10) hours off duty between shifts. In the event a nurse is required to work with less than ten (10) hours off duty between shifts, all time worked until the nurse receives the required rest shall be paid at time and one-half (1 1/2x) the nurse’s regular rate (e.g., where a nurse works beyond his or her scheduled shift at the request of management and as a result, does not receive at least ten (10) hours off duty between shifts). For purposes of this Section 9.9, a nurse who attends a mandatory meeting or education day, the time and date over which the nurse has no control, shall be deemed an event that disrupts an otherwise unbroken rest period.

This Section 9.9 shall not apply when a nurse trades a shift with another nurse, or to nurses receiving Standby (Section 6.2), or to Call Back (Section 6.3). However, if a nurse works in a callback capacity and is scheduled to return to work without the rest specified above, the Employer, if possible, will not require the nurse to work the scheduled shift or will send the nurse home as soon as possible. In either event, the Employer shall pay the nurse at his or her regular rate of pay for the entirety of the scheduled shift. Nothing in this paragraph shall relieve a nurse from the requirement to report to work unless otherwise notified by management.

9.10 Weekend Scheduling. The Employer will make a good-faith effort to schedule all full-time and part-time nurses so that they have at least every other weekend off. Should staffing in the department allow nurses to have more than every other weekend off, preference will be given to nurses with greater seniority, providing required skill mix and safe patient care can be achieved. Except in emergency situations, all full-time and part-time nurses shall be scheduled off at least every other weekend. In the event a nurse is required to work either Saturday or Sunday on two (2) consecutive weekends, all time worked on the second weekend shall be paid for at the rate of time-and-one-half. This section shall not apply to part-time or full-time nurses who voluntarily agree to more frequent weekend work. The weekend shall be as defined in Section 9.11, or be mutually agreed upon by the nurse and supervisor. For the purposes of the section, the nurse will be deemed to have worked a weekend if the nurse was scheduled to work both days of the weekend but did not work one or more days due to low census. Standby call shall not constitute a worked weekend under the guidelines set forth in Section 9.10 Weekend Scheduling.

1. Nurses With Twenty (20) Years Seniority, As of January 1, 2014. Nurses with twenty (20) years seniority, as of January 1, 2014, will not be required to work weekends, as soon as the Department Director has determined that a non-weekend schedule is available, in accordance with Section 11.8.1, Job Posting/Change of FTE.

2. Nurses With Fifteen (15) Years of Seniority, As of January 1, 2014. As soon as the Department Director has determined that a non-weekend schedule is available, in accordance with Section 11.8.1, Job Posting/Change of FTE, nurses with fifteen (15) years of seniority, as of January 1, 2014, will be required to work no more than one (1) weekend out of each four (4) successive weekends, unless:

- a) No other less senior qualified RN (s) can be scheduled to work a given weekend; or
- b) Scheduling a less senior nurse would result in an overtime situation, or the use of agency personnel for working such weekend shift(s).

The senior nurse will be notified as far in advance as possible when needed to work a second weekend within four (4) successive weekends.

9.11 Weekend. For purposes of this contract, the weekend shall be defined as follows:

When the majority of the worked hours fall on the day (0700-1530) and evening (1500-2330) shifts, the weekend shall be defined as Saturday and Sunday day and evening shifts.

When the majority of the worked hours fall on night (2300-0730) shift, the weekend shall be defined as Friday and Saturday night shifts.

9.12 Work on Day Off. Full-time nurses who are at least .9 FTE and work an innovative schedule, and those part-time nurses working eighty (80) hours per two-week period, called in on their day off shall be paid at double (2x) time for additional hours worked. Regularly scheduled nurses working less than .9 FTE who are called in on their day off shall be paid at time-and-one-half (1 1/2x) for their hours worked. Nurses must work their regularly scheduled shifts during the same workweek to qualify for the work on day off premium. Use of pre-scheduled PTO, protected leave, voluntary low census, and pre-approved education hours shall qualify as hours worked for the purposes of this section.

9.12.1 Any nurse called in under either of the above provisions shall receive a minimum of three (3) hours pay at the premium rate.

9.13 Shift Rotation. There shall be no regular rotation of shifts on a routine basis unless agreed upon by the nurse and the department head. In cases of extreme emergencies (e.g. unpredictable influx of patients or reduction of staff) shifts may be rotated for periods not to exceed three (3) pay periods. If rotation becomes necessary, volunteers will be sought first. If there are insufficient volunteers, all nurses will share rotations change.

9.14 No Pyramiding. There shall be no pyramiding or duplication of overtime pay or premium pay paid at the rate of time and one-half (1 1/2x) or double time (2x). When a nurse is eligible for two (2) or more premium rates (i.e., 1 1/2x or 2x) for the same hours worked, the nurse shall receive the higher of the two rates.

9.15 Home Health.

Except as set forth in this Addendum, the remaining provisions of the Collective Bargaining Agreement referenced herein shall remain in full force and effect for all nurses working in the Home Health Agency.

9.15.1 Shift Hours. The evening shift shall be defined as 4:30 p.m. to 11:00 p.m. The night shift shall be defined as 11:01 p.m. to 8:00 a.m.

9.15.2 Standby Pay. Home Health Agency Staff Nurses will receive standby pay as defined in Section 6.2 herein when they are placed on standby.

9.15.3 Phone Calls. Time spent responding to phone calls shall be compensated separately from Call Back for Home Visits pursuant to Section 9.17. Time spent on standby shall not count towards hours worked for purposes of compensation paid for Call Back for Home Visits.

9.15.4 Call Back. Any time actually worked on call back or when called in on standby call shall be compensated at the rate of time and one half (1 1/2) the regular rate for a minimum of three (3) hours. Standby premium shall be paid only during the actual time the nurse is on standby, and shall not be applicable while the nurse is working on call back or while completing a visit. Call Back for Home Visits shall include travel time, actual visit, documentation and arrangements.

9.15.5 Referral. A nurse may refer a visit to a nurse that lives closer to the location of a patient. If that nurse is willing to pick up the visit it shall be considered as "volunteering" for the visit and all such time spent in responding to the visit shall be excluded from the limitations, restrictions and all related provisions of Section 9.10 (Weekend Scheduling) and Section 9.12 (Work on Day Off).

9.15.7 Weekend Premium. Weekend premium shall apply to the hours between 5:30 p.m. Friday and 8:00 a.m. on the following Monday.

9.15.8 Additional Information. Home Health Nurses may complete a variable number of visits per day, based on patient need. Regular, part and full-time nurses will not be required to take more than sixty hours of unpaid involuntary low census per six (6) months (July-January).

9.15.9 Mileage and Liability Insurance. Mileage reimbursement for travel by nurses shall be at the published IRS rate. All nurses shall carry automobile liability insurance for at least the minimum amounts stipulated in RCW 46.29.490, Financial Responsibility, Proof of Financial Responsibility for the Future. Home Health nurses shall receive their reimbursement checks for normal job related mileage (excluding mileage to attend educational offerings) on the regular pay date following each pay period provided the nurse has submitted his/her mileage totals in a timely manner.

9.16 Off Duty Phone Calls. Time spent responding to work-related phone calls or contacts while off duty (including while not on standby) shall be compensated at the regular rate for no less than fifteen (15) minutes or actual time, whichever is greater. However, a nurse will not receive additional compensation for handling multiple calls within the same fifteen (15) minute period. Between 11:00 p.m. to 6:00 a.m., any calls subject to this section shall be compensated at thirty (30) minutes or actual time, whichever is greater; however, in such event, a nurse will not receive additional compensation for handling multiple calls within the same thirty (30) minute period. Time worked under this section shall count toward hours worked for the purposes of calculating overtime and regular rate of pay. This section is not intended to compensate a nurse for calls or contacts related to notification of or responding to open shifts, call backs, inability to report for work, or similar calls related to the nurse's own attendance at work.

ARTICLE 10 – HOLIDAYS

10.1 Holidays. Each full-time nurse shall be entitled to accrue 72 hours of holiday pay annually, prorated for part-time nurses. The holidays shall be designated as eight (8) hour days for full-time nurses assigned to the following holidays:

New Year's Day	Labor Day
President's Day	Thanksgiving Day
Memorial Day	Christmas Day
Fourth of July	Veteran's Day
Floating Holiday	

10.2 Work on a Holiday. A regular full-time or part-time (pro-rated) nurse required to work on a holiday shall be paid time and one half (1 1/2x) their regular rate for all hours worked on a holiday, except nurses required to work night shift shall be paid at double time for all hours worked on a holiday. The nurse shall also receive the holiday hours from the accrued holiday bank as designated in Section 10.1. At the nurse's option, stated in writing prior to the holiday, the nurse may take a compensatory day off using the nurse's accrued holiday pay if scheduled and taken after the holiday but before the last pay period of the year. Unused holidays will be cashed out in the last pay period of the year in which they were accrued. Part-time salary premium nurses and per diem nurses are to be paid double time (2x) their regular rate for holidays worked. All work beyond a nurse's scheduled shift on a holiday shall be paid at two times (2x) the nurse's regular rate of pay.

10.3 Holiday Rotation. It is agreed that holiday work shall be rotated by the Hospital.

10.4 Eligibility. Upon satisfactory completion of the probationary period, a nurse will be paid retroactively for the holidays which occurred during that period.

ARTICLE 11 – EMPLOYMENT STATUS

11.1 Probationary Period. After ninety (90) days of regular employment, a newly employed nurse shall be considered a regular employee unless terminated or her regular employment is otherwise discontinued or modified. No fringe benefits such as sick leave or holidays need be paid during the probationary period. Upon satisfactory completion of the probationary period, sick leave, vacation, holidays, and anniversary date of employment are retroactive to the first day of work performance.

11.2 Notice of Resignation. Regular nurse employees are to give not less than twenty-one (21) days notice of intended resignation. Failure to do so will result in a loss of any of the nurse's accrued vacation benefits; provided, however, this notice requirement shall not apply in those circumstances over which the nurse has no control. In such event, the nurse will be expected to give as much notice as possible.

11.3 Layoff and Recall. The following definitions and procedures shall govern during any layoff of Bargaining Unit nurses.

DEFINITIONS:

11.3.1 Seniority. Seniority, solely for purposes of layoff, recall or as specifically provided herein, shall mean a nurse's continuous length of service as a full-time or part-time Registered Nurse from the nurse's most recent date of hire as a Registered Nurse. A Nurse shall have no seniority for the first three months of employment, or the probationary period whichever is longer, but upon successful completion of this probationary period, seniority shall be retroactive to the date of hire.

If a full-time or part-time nurse changes her/his status to that of a per diem nurse and later returns to full-time or part-time status without a break in service, the nurse will not lose credit for any time spent as a full-time or part-time nurse but will not receive seniority credit for time spent as a per diem nurse.

11.3.2 Layoff. Layoff shall mean any mandatory full or partial reduction in a nurse's hours for an indefinite period of time.

11.3.3 Qualified. "Qualified" shall mean the ability to independently provide safe, direct patient care and supervision and delegation to other care providers for the standard caseload on the unit, to the satisfaction of the Department Manager based on the job description, with up to four (4) weeks of retraining.

11.3.4 Clinical Groups. Clinical Groups are as follows:

Group 1: CCU, Family Birthing Center, ED/CEUCC, OR

Group 2: Med/Surg Inpatient, Home Health and Hospice, Surgical Outpatient, PACU, Medical Outpatient

11.3.5 Comparable Position. For purposes of evaluating a displaced nurse's bumping options, a Comparable Position means a position with the same number of paid hours that the nurse is qualified to assume.

11.3.6 Displaced Nurse. A nurse whose position has been eliminated by the Hospital during a layoff but the nurse's seniority allows the nurse to avoid layoff by bumping into the position of the least senior nurse.

11.3.7 Restructure. Restructure is defined as a reallocation of nurses due to merger or consolidation between nursing units. The Employer shall give at least thirty (30) calendar days notice to the Association in event of any planned restructure.

11.3.8 Bridging of Seniority. It is understood and agreed that in the event a bargaining unit nurse elects to take a non-bargaining unit position (e.g. a Supervisory position) and later wants to return to a bargaining unit position without a break in service to KVH, the nurse bargaining unit seniority as defined in this Agreement shall be bridged such that the nurse shall not lose previously accrued seniority but shall not accrue seniority while in a non-bargaining unit position.

PROCEDURE:

11.4 Layoff Procedure. In the event the Hospital determines a layoff to be necessary, the Hospital shall identify the unit(s), shift(s), and position(s) which will be subject to layoff/reduction.

11.4.1 Notification. The Hospital will give at least thirty (30) calendar days advance written notice of a layoff to the Association, the Local Unit Chairperson and any nurse(s) who may be laid off. The Hospital and the Association will meet following receipt of the notice to discuss the timing and procedure of the impending layoff as well as to consult over any options which may be proposed by the Association to minimize the adverse impact of layoff on the bargaining unit. The position(s) of the least senior nurse(s) on a unit and shift identified for reduction shall be eliminated until the requisite FTE reduction has been accomplished. Decisions regarding bumping shall be made as soon as practical following receipt of notice of layoff.

11.4.2 Bumping Rights. Provided that the operational and staffing needs of the Hospital are fully met, and subject to the provisions hereof, every reasonable effort will be made to allow a Displaced Nurse to maintain, but not increase (except as delineated in paragraph (A) (3)) his/her FTE. Displaced Nurses shall have the following rights to bump into positions of less-senior nurses in the Hospital:

- A) **Within a Unit.** A Displaced Nurse, wishing to remain on his/her unit may look to the position(s) of the least senior nurse(s) on the Displaced Nurses unit on the same or another shift as follows:
 - 1) **Same FTE.** If the least senior nurse's position is comparable to that of the displaced nurse, the displaced nurse may bump into that position; or
 - 2) **Lesser FTE.** If the least senior nurse's position has fewer hours than that previously held by the Displaced Nurse, the Displaced Nurse may also bump into the portion of the next least senior nurse, necessary so that the Displaced Nurse retains a Comparable Position; or
 - 3) **Greater FTE.** If the least senior nurse's position has more hours than the Displaced Nurse's position, the Displaced Nurse may elect to bump into only that portion of the least senior nurse's position required to allow the Displaced Nurse to retain a Comparable Position, unless in doing so, the nurse would be taking only a portion of a shift, in which event, the Displaced Nurse may be required to take either a full shift or give up the portion of a shift. The nurse may not, however, exceed a full-time position; or
- B) **House-wide.** A Displaced Nurse may choose to bump outside his/her unit as follows:
 - 1) **Seniority List.** By seniority, Displaced Nurses shall bump into the position(s), or reasonable combinations of positions for which the nurse is qualified, held by the least senior nurse(s) in the Hospital on the same or another shift. These available positions shall be made up of the positions held by the least senior nurses in the Hospital whose FTEs, combined with any open, posted positions are equivalent to the FTEs which have been eliminated.

a) If the “available” positions of the least senior nurses in the Hospital include positions in Clinical Group One, the positions held by the next least senior nurses in the Hospital shall be made available for bumping.

There shall be a presumption that nurses are not qualified to independently work in a Clinical Group One unit with four weeks retraining, unless the nurse has been regularly scheduled within that specialty area within the last four (4) years.

b) The Hospital shall provide a seniority list of all Bargaining Unit nurses. This list will identify every nurse’s seniority, unit, shift and FTE.

C) Nurses May Choose Layoff. Any nurse may choose to be laid off rather than exercise his/her seniority rights to bump into the position of a less senior nurse without affecting the nurse’s recall rights.

11.4.3 Disputes Regarding Qualifications. A Nurse who is not allowed to bump into a position during a layoff or is not recalled to an open position on recall, based upon the nurse’s alleged lack of qualifications for the new position, may submit the issue directly to Step 3 of the Grievance Procedure outlined in Article 18.

11.4.4 Recall. In the event of a layoff, the names of such nurses relieved from duty shall be placed upon a reinstatement roster for a period of one (1) year from the date of layoff. A nurse shall be removed from the roster only upon re-employment or refusal to accept a comparable position.

When a vacancy is to be filled from the reinstatement roster, the order of reinstatement will be in reverse order of layoff, and the regular staff nurse on such roster shall be first reinstated provided competence and ability are equal.

Upon re-employment from such register within twelve (12) months, the nurse shall have all previously accrued benefits and seniority restored. A nurse shall not accrue benefits or seniority while on layoff.

11.4.5 Loss of Seniority/Recall Rights. Seniority shall be lost if the nurse is not recalled from layoff within twelve (12) months. Nurses shall be terminated from the Hospital and will forfeit their right to recall, as well as their seniority, only for any of the following reasons:

- 1) Voluntary termination;
- 2) Discharge for Just Cause;
- 3) Failure to report from layoff within fourteen (14) days after receiving written notification of a Comparable Position;
- 4) Failure to keep the Hospital informed of current address while on layoff status;
- 5) A nurse who declines a recall to a Comparable Position.

11.4.6 Use of Laid Off Nurses. Nurses on layoff who are qualified and who have notified the Hospital of a desire to pick up extra shifts shall be given the first opportunity to work additional shifts as needed before such shifts are offered to per diem nurses. To the extent feasible, such shifts will be offered to nurses on layoff in order of seniority up to but not exceeding the nurse’s number of scheduled hours before layoff. An offer to work additional shifts shall not be considered a recall.

11.4.6.1 Request to Work Additional Shifts. Full-time or part-time nurses on layoff may complete a form listing the shifts and units where the nurse feels qualified to perform the work normally performed by a per diem nurse.

11.5 Discharge. Except for such reasons as permanent reduction to operations, discharge shall be only for just cause. The Employer reserves the right to discharge any nurse deemed to be incompetent based upon reasonably related established job criteria and exercised in good faith.

Discipline shall be administered on a progressive and corrective basis. Verbal and written warnings and probation may be bypassed in appropriate cases.

11.6 Request for Review Upon Discharge. Whenever a nurse is discharged for just cause, upon request of the nurse who feels they have been discharged without proper cause, a review of the action shall be made through the Conference Committee and the regular grievance procedure.

11.7 Termination Interview. A routine termination interview is recommended, and is to be granted when requested by the nurse concerned.

11.8 Job Posting. Notices of Registered Nurse positions to be filled shall be posted on a previously designated bulletin board at least seven (7) days in advance of filling the position in order to afford presently employed Registered Nurses the first opportunity to apply. These postings will include the name of the unit, FTE, and work shift of the position(s) to be filled. Qualified nurses presently employed at the Hospital shall have the first choice for open positions. If two (2) or more nurses applying for the same position have equal training, experience, skills, abilities and job performance, relevant to the position sought, the position shall be awarded to the nurse with greater seniority. The Department Director reserves the right to deny a transfer to a different department/unit when the nurse has not completed a minimum of six (6) months in their current unit/department. Seniority shall be as defined in Section 11.3.1 herein. Employment opportunities will also appear on the Hospital's website.

11.8.1 Job Posting/Change of FTE. Upon the written request of the nurse, the Hospital will consider requests from nurses to increase or decrease all or part of their FTE within a Department(s), when such an increase or decrease allows the nurse to take all or part of a posted FTE. If adjustments to a current nurse's FTE creates a portion of an FTE that cannot be filled within the facility, or is not a recruitable position, or does not allow for an adequate number of positions to safely staff the Hospital, or does not maintain the integrity of the unit so as to provide quality patient care, the request will be denied. The Employer retains the final decision to allow or deny requested changes to a nurse's FTE, and to allow or deny the splitting of posted FTEs.

11.8.2 Recurring Assignments. If a per diem nurse occupies a position on the schedule of three (3) or more shifts per pay period for six (6) consecutive months, such position will be posted in accordance with the job posting provisions of this Agreement. This does not apply if the per diem is replacing a nurse scheduled to return.

11.9 Notice of Available Benefits. Nurses shall be notified in writing when benefits become available to them (e.g., enrollment in retirement plan, availability to use sick leave, etc.). Where benefits are optional and the nurse has received proper written notification that the nurse has qualified for the benefits, it is the responsibility of the nurse to fill out appropriate forms to receive the benefits. Where benefits are automatic, the written notification shall so state.

11.10 Personnel File. Nurses upon twenty-four (24) hours request to a designated individual, shall have access to their official personnel file during regular office hours. Nurses shall be given copies of all materials to be placed in their files simultaneously with the placement of material.

11.11 Performance Evaluations. Nurses will be evaluated in writing on an annual basis. Interim evaluations may be conducted as necessary. The evaluation is a means of assessing the professional skills of the nurse and for improving and recognizing the nurse's performance. Nurses will participate in the process.

11.12 Orientation and Training. Nurses will not be required to work independently in those areas where they have not been oriented by the Employer. Nurses shall not be required to perform tasks or procedures independently for which they have not been trained. A nurse with concerns about the level of orientation or training received is encouraged to discuss such questions with the Nurse Manager. Additionally, such issues may be an agenda item at Nurse Practice Committee meetings.

ARTICLE 12 – LEAVES OF ABSENCE

All leaves of absence are to be requested from the Employer in writing as far in advance as possible, stating the amount of time requested. A written reply will be given by the Employer in response to the request.

12.1 Educational Leave. After one (1) year of continuous employment, permission may be granted for leave of absence without pay for study not to exceed two (2) calendar years, without loss of seniority and accrued benefits.

12.2 Professional Meetings. Professional meetings are defined as those which enhance the professional skills of the nurse or contribute to the quality of the patient experience. When the Hospital requests the RN to attend a specific meeting, the additional days/hours with pay shall be granted. Coverage of the nursing units and staffing shall be the responsibility of the Department Director or Patient Care Services Administrator/CNO.

Use of the professional days at the Hospital's request does not prevent a nurse from requesting professional leave to attend courses and seminars of his/her own choice, subject to approval by the Employer. The Hospital may require the nurse to provide an inservice following the nurse's return from a professional offering.

12.3 Emergency Leave. For full-time and part-time nurses, emergency leave of up to three (3) shifts with pay, within thirty (30) calendar days, not to exceed the actual time which would have been worked (i.e., 24 hours for 8 hour nurses, 30 hours for 10 hour nurses, and 36 hours for 12 hour nurses), shall be granted for terminal illness or death in the nurse's immediate family. "Immediate family" shall include only the nurse's spouse, domestic partner, mother, father, brothers, sisters, children, grandparents, grandchild, parents of current spouse, and any relative living in the nurse's household.

12.4 Parental/Health Leave. After one (1) year of continuous employment, leave of absence will be granted for six (6) months without pay for parental and/or other health reasons without loss of accrued benefits. In order to receive sick pay, a nurse must provide a physician's statement that the nurse is unable to work due to the nurse's temporary disability. The health insurance benefit will be paid for one (1) month by the Hospital following exhaustion of applicable local, state, or federal protected leave, and may be paid by the nurse for the balance of the leave. Nothing herein shall derogate from or add to an eligible nurse's rights under the federal Family and Medical Leave Act (FMLA), except that all leave taken pursuant to Article 12 shall be part of and not in addition to any leave provided by applicable federal and/or state law or regulation.

12.5 Family and Medical Leave. Pursuant to the federal Family and Medical Leave Act (FMLA), an eligible nurse is entitled to twelve (12) workweeks of unpaid leave during any twelve (12) month period for one or more of the following reasons: (a) birth and care of a newborn child; (b) placement with the nurse of an adopted or foster care child; (c) to care for an immediate family member (i.e., spouse, registered domestic partner pursuant to Washington State Law, child, or parent) with a serious health condition as defined in the law and regulations; or (d) to take medical leave when the nurse is unable to work because of a serious health condition. Such above stated reasons for taking FMLA leave shall be subject to the conditions of that law and its regulations, which are available to any nurse in the Hospital's Human Resources Department.

12.5.1 FMLA Leave to care for an Active Duty Service Member. An eligible nurse is entitled to up to twelve (12) weeks of unpaid leave during any 12-month period because of any qualifying exigency as defined by the Department of Labor arising out of the fact that the spouse, registered domestic partner pursuant to Washington State Law, son, daughter or parent of the nurse is on active duty in the Armed Forces in support of a contingency operation.

12.5.2 FMLA Leave to Care for an Injured Service Member. An eligible nurse is entitled to twenty-six (26) weeks of unpaid leave in a 12-month period to care for a spouse, registered domestic partner pursuant to Washington State Law, son, daughter, parent or next of kin (nearest blood relative) with a serious injury or illness when the injury or illness is incurred by an active duty member of the military while in the line of duty. A covered service member is a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness.

12.6 Military Leave. Military leave shall be granted so that the nurse may maintain status in the military reserve without loss of benefits. Such period of leave shall not be considered in calculating earned annual vacation time, nor shall it be considered part of the earned annual vacation.

12.7 Military Spouse Leave. Up to fifteen (15) business days of leave will be granted to a qualified nurse (nurse who averages 20 or more hours of work per week) whose spouse or registered domestic partner pursuant to Washington State Law is on leave from deployment or before and up to deployment during a period of military conflict. Any combination of leave without pay, compensatory time, vacation leave, sick leave and/or personal holiday may be used, at the nurse's discretion. The nurse must provide KVH with notice of the nurse's intention to take leave within five (5) business days of receiving official notice that the nurse's spouse will be on leave or of an impending call to active duty.

12.8 Active Duty/Active Training Duty Military Leave. A nurse shall be entitled to military leave with normal pay (regular pay on regular shifts missed) not to exceed twenty-one (21) working days during each year, beginning October 1st and ending the following September 30th, in order to report for active duty, when called, or to take part in active training duty in such manner and at such time as they may be ordered to active duty or active training duty in the Washington National Guard or of the Army, Navy, Air Force, Coast Guard, or Marine Corps reserve of the United States or of any organized reserve or armed forces of the United States.

12.9 Leave Without Pay. Leave without pay for thirty (30) days or less shall not alter a nurse's anniversary date of employment, or the amount of vacation pay or sick leave credits which would otherwise be earned. Leave without pay for a period in excess of thirty (30) days shall result in the nurse's effective date of employment for seniority purposes being adjusted to reflect the period of leave, and no benefits shall accrue during such leave except Health Insurance for one (1) month, as covered in Section 12.4 above, unless specifically agreed to by the Hospital. The salary step and benefits accrued at the time of taking an

approved LOA for twenty-four (24) months or less, are regained by the nurse upon return at the end of the approved leave.

A position shall be held open for a minimum of sixty (60) calendar days for a nurse on approved LOA. If after that time the former position has been filled, the returning nurse shall be assigned to the first available opening for which the nurse is qualified. Nothing herein shall derogate from or add to an eligible nurse's rights under the federal Family and Medical Leave Act, except that all leave taken pursuant to Article 12 shall be part of and not in addition to any leave provided by applicable federal and/or state law or regulation.

12.10 Jury Duty. Regularly scheduled nurses who are called to serve on jury duty or who are called to appear in court and/or to provide depositions on behalf of the Hospital shall be compensated at the regular rate of pay. Compensation for jury duty shall be the difference between their jury duty pay and their regular rate of pay. Nurses subpoenaed for non-Hospital cases will be given unpaid release time.

12.11 State Boards. Nurses taking State Board Examinations may elect to take four (4) days unpaid LOA.

12.12 Domestic Violence Leave. If a nurse is a victim of domestic violence, sexual assault or stalking, the nurse may take reasonable leave from work, intermittent leave or leave on a reduced leave schedule to seek related legal or law enforcement assistance or seek treatment by a healthcare provider, mental health counseling or social services assistance. A nurse who is a family member of a victim of domestic violence may also take reasonable leave to help such family member obtain similar treatment or help. This leave is unpaid unless the nurse uses any available paid time off (sick leave, vacation, etc.). The nurse must provide advance notice of his/her need for such leave, whenever possible. In the event of an emergency or unforeseen circumstances precluding advance notice, the nurse or the nurse's designee must provide the Hospital notice of the need for such a leave no later than the end of the first day that the nurse takes such leave. If the Hospital requests, the nurse may be required to provide verification of the need for such leave and familial relationship (e.g., a birth certificate, police report, court order, or documentation from the victim's clergy member, victim advocate, attorney or healthcare provider). For purposes of this section, "family member" includes a nurse's child, spouse, registered domestic partner pursuant to Washington State Law, parent, parent-in-law, grandparent, or a person whom the nurse is dating. The Hospital shall maintain the confidentiality of all information provided by the nurse unless the nurse consents to disclosure or the information is subject to a court order or the release of such information is required by applicable federal or state law.

12.13 Educational Leave/Professional Leave. Nurses shall be granted up to twenty-four (24) hours of paid educational leave and five hundred dollars (\$500) towards costs for educational offerings per calendar year (pro-rated for part-time nurses). However, such leave shall be subject to the approval of the Chief Nursing Officer based upon staffing and subject matter to be studied. Nurses may be granted above \$500 on an individual basis based on the needs of the department, the professional development of the nurse, and the cost of the program. The Hospital may require the nurse to provide an inservice following the nurse's return from a professional offering. Additionally, no less than \$20,000 will be provided annually to the Nurse Clinical Practice Committee to distribute for educational purposes as it sees fit in accordance with the Hospital's accounting policies and procedures.

ARTICLE 13 – HEALTH PROGRAM

13.1 The Hospital shall cover the cost of any state-mandated testing for tuberculosis or other communicable diseases.

13.2 Industrial Insurance. Nurses shall be covered by a plan of industrial insurance, either State Worker’s Compensation and Medical Aid, or a substantially equivalent plan.

13.3 Medical, Dental and Vision Insurance. Medical, dental and vision insurance shall be provided by the Hospital for full-time and part-time nurses. The Hospital will pay the total premium for the Hospital designated core plan(s) (medical and dental) for regular full-time nurses and a pro-rata portion of regular part-time nurses working twenty-four (24) or more hours weekly. The Hospital will pay 85% of the total premium for employee plus child and for employee plus spouse coverage in the designated core medical plan and will pay 77% of the total premium for family coverage in the designated core medical plan for regular full-time nurses and nurses working between .75 FTE and 1.0 FTE. For employees working .5 FTE to .74 FTE, the Hospital will pay 90% of the total premium for employee only coverage in the designated core medical plan, 70% of the total premium for employee plus child(ren) coverage in the designated core medical plan and employee plus spouse plan, and 65% of the total premium for employee plus family coverage in the designated core medical plan.

For other offered medical plans, the Hospital will cover premium costs as follows:

- Employee only: 100% of the total premium cost of employee only coverage under the core medical plan
- Employee plus spouse: 85% of the total premium cost of employee plus spouse under the core medical plan
- Employee plus child(ren): 85% of the total premium cost of employee plus child(ren) under the core medical plan
- Family: 77% of the total premium cost of family under the core medical plan

13.3.1 For plan year 2026, there will be no plan design changes in the medical and dental plans. The premium amounts for 2026 shall be as indicated in Appendix “B.” In the event the Employer plans to modify its current medical plan(s) or provide an alternative plan(s), it will provide the Association with thirty (30) days’ written notice of such intended modifications and bargain with the Association over the proposed changes prior to implementation.

13.4 Liability Insurance. The Hospital shall provide liability insurance for all nurses covering work performed while under the employment of the Hospital.

13.5 Retirement Plan. The Hospital retirement plan shall include all benefits eligible nurses working one thousand (1000) or more hours per year, starting the first full month following the nurse’s first (1st) anniversary date of employment. A group tax-deferred compensation plan to supplement retirement income is available to all full-time and part-time nurses.

ARTICLE 14 – EQUAL EMPLOYMENT OPPORTUNITY

The Employer shall not discriminate against any individual with respect to compensation, terms, conditions or privileges of employment because of race, color, religion, national origin, age, sex, sexual orientation, disability, veterans status, or protected union activity.

ARTICLE 15 – CONFERENCE COMMITTEE

15.1 Conference Committee. There shall be established a permanent Conference Committee consisting of up to five (5) representatives of the nurses selected by their own group and up to five (5) management representatives, including the Chief Nursing Officer or a substitute designated by the Chief Nursing Officer. A representative of the Association shall be permitted to attend meetings of the Conference Committee upon invitation by the Local Unit officers. Likewise, the Employer's representative shall be permitted to attend meetings of the Conference Committee upon invitation by Hospital Administration. Each party shall notify the other at least two (2) weeks in advance of any Conference Committee meeting date of the expected attendance of the respective party's representative. Bargaining unit representatives shall be paid for all time spent in Conference Committee meetings.

The purpose of the Conference Committee is to foster problem solving pertaining to this Agreement through improved communications between nursing management and the nursing staff. The function of this committee shall be limited to an advisory capacity. The Conference Committee shall be convened at the request and mutual agreement of the Chief Nursing Officer or Local Unit Chairperson no later than ten (10) calendar days after either party requests a meeting. The Conference Committee shall meet at least quarterly.

ARTICLE 16 – HOSPITAL STAFFING COMMITTEE

16.1 The purpose of this Committee is to develop, oversee and evaluate an annual nurse staffing plan covering each shift and patient care unit in accordance with the provisions of RCW 70.41.410-420.

Nothing in this Section shall be construed as waiving any rights or protection granted to represented nursing staff or the Parties hereto under any applicable federal, state, or local law, regulation, or executive order.

16.2 The Committee will develop a procedure for receiving and responding to complaints from nurses about staffing. The Association will determine how nurses will be selected to serve on the Committee. Nurse representatives to the Committee will be paid for their time while attending Committee meetings and/or engaging in Committee-approved business. Committee-approved business and the time allotted for work outside of Committee meetings will be mutually agreed upon and approved by the Chief Nursing Office and the Committee co-chair. Paid time for Committee-approved business outside of meetings will be provided within the limits of departmental budgets and available resources. The WSNA Nurse Representative may attend meetings of the Committee as a non-voting advisor.

ARTICLE 17 – NURSE CLINICAL PRACTICE COMMITTEE

17.1 Committee Purpose. The parties acknowledge the essential role of nurse input in matters concerning nursing practice, education, and quality. The Nurse Clinical Practice Committee is a key mechanism to ensure nurse perspectives from all represented nursing areas are incorporated when addressing issues impacting nursing practice, education, and clinical standards.

The Chief Nursing Officer or their designee and a bargaining unit nurse shall serve as co-chairs of the Nurse Clinical Practice Committee. Other staff nurses and nurse leaders from different areas of the organization may be asked to attend by mutual agreement of the co-chairs. The scope of this committee shall be to discuss matters pertaining to nursing practice, education, and quality. The function of this committee shall be limited to an advisory capacity. The Committee will set an agenda and keep minutes of each meeting and report out major activities to the Hospital Staffing Committee.

17.1.1 Committee Functions. The Nurse Clinical Practice Committee shall on an advisory capacity basis have the following functions:

1. to promote the safe and competent care of the patient;
2. to develop staff potential and foster professional growth by reviewing and recommending outside educators and continuing education opportunities and inviting bargaining unit nurses to make and/or attend post-education presentations to the committee;
3. to create an environment that stimulates learning, creativity, and personal satisfaction by promoting and developing continuing education, advanced degree programs, grant and scholarship opportunities, and professional development incentives for nursing staff. Continuing education topics offered to bargaining unit members will be determined by discussions between the nursing leadership, staff nurses and the Nurse Clinical Practice Committee;
4. to develop plans for updating clinical practice standards to implement recommendations from continuing education presentations, evidence-based nursing practice and standards, and position specific requirements;
5. to review the philosophy, objectives, and functions of education in light of needs of personnel, nursing department and nursing care; to review current standards of care;
6. to develop a clinical nursing ladder program for the bargaining unit over the 2026-28 term and maintain an approved program on an ongoing basis.

17.1.2 The Nurse Clinical Practice Committee shall meet at least once per month for one hour. Committee members and the WSNA Nurse Representative will be notified of meeting times and dates no less than two (2) weeks in advance of each scheduled meeting. The Committee will set an agenda and keep minutes of each meeting. At least one committee member from each unit shall be relieved of their regular duties and paid at their regular rate for all time spent attending Committee meetings and/or engaging in Committee-approved business. Committee-approved business and the time allotted for work outside of Committee meetings will be mutually agreed upon and approved by the committee's co-chairs. Paid Committee time will be provided within the limits of departmental budgets and available resources. The WSNA Nurse Representative may attend meetings of the Committee as a non-voting advisor.

17.2 Committee Composition. The Committee shall include the Chief Nursing Officer or their designee, members of management who oversee bargaining unit nurses, WSNA Local Unit Officer(s), and at least five (5) bargaining unit nurses, who shall be selected by the Association. The Association shall endeavor to select at least one bargaining unit nurse from each of the following departments to serve on the Committee:

- Medical/Surgical
- Critical Care Unit
- Surgical Outpatient
- Surgical Services/OR
- Home Health
- Emergency Department
- Family Birth Place

17.3 In-service Programs. If nurses are required to attend in-service programs during their off-duty hours, they will be paid at the appropriate rate.

ARTICLE 18 – GRIEVANCE PROCEDURE

A grievance is any dispute or difficulty arising in connection with relationships between nurses and Hospital management. Many contractual issues can be resolved through communication and informal problem solving. In the event of a grievance, the following procedure shall apply, except grievances involving more than one supervisor shall go directly to Step 2. The Human Resources Administrator, may participate in any step of the grievance process.

Step 1. Nurse, Local Unit Officer and Immediate Supervisor.

If a nurse has a grievance involving an alleged breach of contract on the part of the Hospital, the nurse shall reduce the grievance to writing. The nurse and a Local Unit Officer will present the written grievance to the nurse's immediate supervisor.

In order that the grievance be timely, the written grievance must be sent, via hand delivery, email with read receipt, or certified mail/return receipt to the supervisor within twenty-one (21) calendar days of the date that the grievant either knew or should have known that facts existed which constitute the basis for the grievance. The written grievance shall contain a description of the alleged problem, the specific section of the contract that has been allegedly breached, the date it occurred and the corrective action the grievant is requesting. The immediate supervisor shall respond in writing to the grievance within fourteen (14) calendar days of receipt thereof.

Step 2. Nurse, Local Unit Officer, Immediate Supervisor and Patient Care Services Administrator/CNO.

If the matter is not resolved at Step 1 to the nurse's satisfaction, the nurse (and a Local Unit Officer or designee) shall present via hand delivery, email with read receipt, or certified mail/return receipt a copy of the written grievance to the Patient Care Services Administrator/CNO, within fourteen (14) calendar days of receipt of the immediate supervisor's decision. The nurse and a Local Unit Officer or designee shall meet with the Patient Care Services Administrator/CNO or designee and the nurse's immediate supervisor within fourteen (14) calendar days of the Patient Care Services Administrator/CNO's receipt of the written grievance. The Patient Care Services Administrator/CNO, or designee shall issue a written reply within fourteen (14) calendar days following the Step 2 grievance meeting.

Step 3. Nurse, Local Unit Officer, WSNA Representative, Patient Care Services Administrator/CNO, and Chief Executive Officer.

If the matter is not resolved at Step 2 to the nurse's satisfaction, within fourteen (14) calendar days of receipt of the Patient Care Services Administrator/CNO response, the grievance shall be referred in writing, via hand delivery, email with read receipt, or certified mail/return receipt, to the Chief Executive Officer or designated representative. The nurse, a Local Unit officer or designee and a WSNA representative shall meet with the Chief Executive Officer or designee and Patient Care Services Administrator/CNO within fourteen (14) calendar days of the written request to proceed to Step 3. The Chief Executive Officer shall issue a written reply within fourteen (14) calendar days following the Step 3 grievance meeting.

Step 4. Arbitration.

If the grievance is not resolved at Step 3 above, the Association (not the grievant individually) may refer the grievance to arbitration by written notice, via hand delivery, email with read receipt, or certified mail/return receipt, to the Employer's Chief Executive Officer within fourteen (14) calendar days of the Step 3 decision. If the Association and the Hospital are not able to agree upon an arbitrator, the Association will submit a written arbitration request to the Federal Mediation and Conciliation Service to supply a list of eleven (11) arbitrators from Washington or Oregon. Upon receipt of the FMCS list, the parties shall alternate striking names from such list until the name of one (1) arbitrator remains who shall be the arbitrator. The party to strike the first name shall be determined by coin toss. The arbitrator will not have the authority to amend, add to, or subtract or in any way modify the existing Agreement. The decision of the arbitrator shall be binding on both parties and all fees and expenses of the arbitrator shall be divided equally by both parties. Both parties may be represented by counsel of their choosing.

Time is of the essence in the filing and processing of any grievance, but the Hospital and the WSNA may mutually agree to extend any of these time periods.

Grievances may, by mutual agreement between the Association and the Patient Care Services Administrator/CNO, be commenced at Step 2. The time line for response shall be extended by an additional ten (10) days.

ARTICLE 19 – UNINTERRUPTED PATIENT CARE

It is recognized that the Hospital is engaged in a public service requiring continuous operation and it is agreed that recognition of such obligation of continuous service is imposed upon by both the nurse and the Association. It is, therefore, agreed that during the term of this Agreement (a) the Employer shall not lock out its nurses, and (b) neither the nurses or the Association shall engage in any strike, sympathy strike, picketing, walkout, slowdown or other interruption of work.

ARTICLE 20 – MANAGEMENT RIGHTS AND RESPONSIBILITIES

The Association recognizes that the Employer has the obligation of serving the public with the highest quality of medical care, efficiently and economically, and/or meeting medical emergencies. The Association further recognizes the right of the Employer to operate and manage the Hospital including, but not limited to, the right to require standards of performance and to maintain order and efficiency; to direct nurses and to determine job assignments and working schedules; to determine the materials and equipment to be used; to implement improved operational methods and procedures; to determine staffing requirements; to determine the kind and location of facilities; to determine whether the whole or any part of the operation shall continue to operate; to select and hire nurses; to promote and transfer nurses; to lay off nurses for lack of work; to recall nurses; to require reasonable overtime work of nurses consistent with RCW 49.28.130-150; and to promulgate rules, regulations and personnel policies, provided that such rights shall not be exercised so as to violate any of the specific provisions of this Agreement. The parties recognize that the above statement of management rights and responsibilities is for illustrative purposes only and should not be construed as restrictive or interpreted so as to exclude those prerogatives not mentioned which are inherent to the management function. All matters not covered by the language of this Agreement shall be administrated by the Hospital on a unilateral basis in accordance with such policies and procedures as it from time to time shall determine.

ARTICLE 21 – RETENTION OF BENEFITS

This Agreement shall not operate to reduce or eliminate any benefits which are now enjoyed by nurses employed in the Hospital. Should a benefit be made available to other employees, that benefit will be made available to the nurses on the same terms and conditions, except for those benefits negotiated in other collective bargaining agreements or other employment contracts.

ARTICLE 22 – SAVINGS CLAUSE

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, but shall obligate the parties to enter into negotiations for the purpose of arriving at a mutually satisfactory replacement of such section. Any provisions of this Agreement not declared invalid shall remain in full force and effect for the life of the Agreement.

ARTICLE 23 – HEALTH AND SAFETY

23.1 Health and Safety. The Hospital shall continue to provide a safe working environment in compliance with law and regulation. All health and safety equipment that the Employer deems necessary for a particular job, in the judgment of the Employer, as indicated in the job description or department protocols, shall be furnished. The Hospital shall continue to provide nurses with adequate training on the use of proper work methods and protective equipment required to perform hazardous duties, as required by law and regulation. A nurse with concerns about safe work methods or equipment is encouraged to discuss such concerns with the Nurse Manager. The Hospital will provide a safe environment encompassing a clear policy of zero tolerance for workplace violence (including verbal and nonverbal threats) by patients or visitors. Signage shall be posted within the Hospital stating this policy.

Security needs will be addressed for patients who currently demonstrate high risk behavior or who have a history of violence in the Hospital. The Hospital shall cooperate with and comply with all lawful requests from law enforcement. The Employer will maintain a Workplace Violence Committee to enable staff input on matters of training and responses to acts of workplace violence.

23.2 Safety Committee. A bargaining unit representative shall serve as a member of the Hospitals Safety Committee and shall be paid for all time spent in Safety Committee meetings.

ARTICLE 24 – EFFECTIVE DATE AND DURATION OF THE AGREEMENT

This Agreement supersedes all other contracts of the above nature, and shall become effective January 1, 2026, and shall continue in effect through December 31, 2028.

Signed this 3 day of April, 2020.

KITTITAS VALLEY HEALTHCARE

**WASHINGTON STATE NURSES
ASSOCIATION**

Jim Ash, CEO, 4/3/2026
Jim Ward Board Chair 4/5/2026

E. N. B. 4/2/26

Donna McCune RN 4/2/26

K. Henderson RN 4/2/26

J. Bryant RN 4/2/26

J. H. 4/2/26

J. M. 4/2/26

Lauree Rodriguez April 1, 2026

K. S. March 30, 2026

Kelly Ann Skahan, Labor Counsel, WSNA

APPENDIX A

	Effective first full pay period after 1/1/26		Effective first full pay period after 1/1/27	Effective first full pay period after 1/1/28
		% increase between steps	Increase:	Increase:
			4.00%	4.00%
Base	\$ 44.70		\$ 46.49	\$ 48.35
1	\$ 46.71	4.50%	\$ 48.58	\$ 50.52
2	\$ 48.81	4.50%	\$ 50.77	\$ 52.80
3	\$ 51.01	4.50%	\$ 53.05	\$ 55.17
4	\$ 53.05	4.00%	\$ 55.17	\$ 57.38
5	\$ 55.17	4.00%	\$ 57.38	\$ 59.68
6	\$ 56.28	2.00%	\$ 58.53	\$ 60.87
7	\$ 57.40	2.00%	\$ 59.70	\$ 62.09
8	\$ 58.55	2.00%	\$ 60.89	\$ 63.33
9	\$ 59.72	2.00%	\$ 62.11	\$ 64.60
10	\$ 60.92	2.00%	\$ 63.35	\$ 65.89
11	\$ 62.13	2.00%	\$ 64.62	\$ 67.21
12	\$ 63.38	2.00%	\$ 65.91	\$ 68.55
13	\$ 64.65	2.00%	\$ 67.23	\$ 69.92
14	\$ 65.94	2.00%	\$ 68.58	\$ 71.32
15	\$ 67.26	2.00%	\$ 69.95	\$ 72.74
16	\$ 68.60	2.00%	\$ 71.35	\$ 74.20
17	\$ 69.97	2.00%	\$ 72.77	\$ 75.68
18	\$ 71.37	2.00%	\$ 74.23	\$ 77.20
19	\$ 72.80	2.00%	\$ 75.71	\$ 78.74
20	\$ 73.89	1.50%	\$ 76.85	\$ 79.92
21	\$ 75.00	1.50%	\$ 78.00	\$ 81.12
22	\$ 76.13	1.50%	\$ 79.17	\$ 82.34
23	\$ 77.27	1.50%	\$ 80.36	\$ 83.57
24	\$ 78.43	1.50%	\$ 81.56	\$ 84.83
25	\$ 79.60	1.50%	\$ 82.79	\$ 86.10
26	\$ 79.60	0.00%	\$ 82.79	\$ 86.10
27	\$ 79.60	0.00%	\$ 82.79	\$ 86.10
28	\$ 79.60	0.00%	\$ 82.79	\$ 86.10
29	\$ 79.60	0.00%	\$ 82.79	\$ 86.10
30	\$ 79.60	0.00%	\$ 82.79	\$ 86.10

APPENDIX B

Kittitas Valley Healthcare 2026 Medical Insurance Employee Premiums – Cost per Month

*Employee portion of benefit premiums are only withheld from 24 paychecks per year. Premiums listed below reflect a per month total; i.e., two withholdings per month.

**All plans have a potential monthly Surcharge, see benefit booklet for more information

- \$25.00 for tobacco use
- \$50.00 spousal waiver

Medical Core CDHP – \$1,700/\$3,400 Deductible Plan with HSA (Health Savings Account)								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.50-.74	868.50	96.00	1154.00	495.00	1299.75	557.00	1615.00	869.00
.75-1.0	964.34	0	1404.00	244.00	1582.75	277.00	1920.00	564.00

The Medical High Deductible (HSA) Plan (above) is paired with a Health Savings Account (HSA) managed through Health Equity. At the end of each covered month the PEBB will deposit into your HSA \$58.33 for employee-only plans or \$116.67 for an employee plus one (covers at least one other person, a dependent or spouse).

Medical UMP Select Mid – \$750/\$2,250 Medical								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.50-.74	868.50	116.00	1154.00	515.00	1299.75	598.00	1615.00	969.00
.75-1.0	964.34	20.00	1404.00	265.00	1582.75	316.00	1920.00	664.00

Medical UMP Classic - \$250/\$750 Medical								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.50-.74	868.50	227.30	1154.00	658.00	1299.75	760.00	1615.00	1166.00
.75-1.0	964.34	84.00	1404.00	375.00	1582.75	441.00	1920.00	837.00

Medical is the only benefit in 2026 that allows enrollment for a 0.50—0.59 FTE.

Refer to the **Summary of Benefits and Coverage** or the **Certificate of Coverage** documents available on the intranet and/or the PEBB website for details and all medical plans.

Kittitas Valley Healthcare
2026 Dental and Vision Insurance Employee Premiums – Cost Per Month

Employees – WSNA

*Employee portion of benefit premiums are only withheld from 24 paychecks per year. Premiums listed below reflect a per month total; i.e., two withholdings.

Dental Core								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.60-0.74	49.00	8.00	75.50	32.00	75.50	32.00	103.00	56.00
.75-1.0 FTE	57.00	0	91.60	16.10	91.60	16.10	122.00	36.50

Dental Buy-Up								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.60-0.74	49.00	20.00	75.50	54.50	75.50	54.50	103.00	84.00
.75-1.0 FTE	57.00	10.50	91.60	37.20	91.60	37.20	122.00	68.00

Vision Core								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.60-0.74	7.00	1.26	9.70	4.50	7.35	3.75	11.00	6.00
.75-1.0 FTE	8.26	0	12.00	2.12	9.50	1.64	12.75	3.86

Vision Buy-Up								
FTE	Employee Only		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	KVH	Employee	KVH	Employee	KVH	Employee	KVH	Employee
.60-0.74	7.00	4.00	9.70	8.20	7.35	6.75	11.00	11.25
.75-1.0 FTE	8.26	2.24	12.00	6.04	9.50	4.64	12.75	8.54