Frequently Asked Questions

Seattle Children's Hospital WSNA Contract Negotiations

Tentative Agreement Educational Meetings

VOTING PROCESS & TIMELINE

Q1: What is the threshold to meet in order for a TA vote to succeed?

A: A simple majority (50% + 1) of those voting is needed to ratify the Tentative Agreement. This is standard for contract ratification votes.

Q2: When and how is the vote being held?

A. Voting will open at 9:00PM on Thursday 1/29 and close at 9:00PM on Saturday 1/31. Voting will take place through the election buddy system. Your ballot will go directly to your personal email when polls open. If you experience any difficulty or do not receive your ballot by Friday morning, please email SCHnurses@wsna.org.

Q3: Will you be disclosing results of the votes?

A: Results about whether the contract is ratified or not will be shared with the membership. Details about the number of nurses who voted or the percentage who voted in favor or against will not be shared with the membership.

WHAT HAPPENS AFTER THE VOTE?

Q4: If the TA is ratified, what happens next?

A. **Your bargaining team fully recommends a YES vote**. If the TA is ratified, the contract will go into effect on 2/2/26 and members will begin receiving the wages, premium increases, sick leave accruals, rights, and other protections the contract provides, including all economic terms and the protections of the grievance procedure. New wage rates are effective the first full pay period after ratification. Retro pay back to 9/1/25 and the one-time sick leave deposits are due within two full pay periods after ratification. We expect those to be issued on or before March 6. Nurses will no longer have to worry about the financial and other impacts of an open ended strike this year.

Q5: If the TA is voted down, do we give the hospital a 10-day notice and go on strike?

A: Not automatically. If members vote no on the TA, the bargaining team would need to assess why the CBA failed to ratify with input from members. The parties would return to the bargaining table to try to reach a ratifiable TA before any strike would occur. Any strike action would require a separate strike authorization vote and proper notice to the hospital. The decision would be strategic and based on the circumstances at the time. It is likely that, if a strike becomes necessary, the team would request authorization for a

strike of unlimited duration (or an open-ended strike). Hospitals can carry strike insurance that may provide temporary staffing coverage, but such arrangements are expensive and unsustainable long-term, and we don't know what the terms of the hospital's policy are. The strength of our position in any strike depends on our solidarity, preparation, and strategic approach to any potential action. We have been mindful of the economic impacts an open-ended strike would have on our nurses.

WAGES & COMPENSATION

Q6: How do wages work - what are ratification increases vs. yearly increases?

A: The wage scale has three implementation dates: (1) Ratification (effective first full pay period after ratification with full retro to 9/1/25), (2) March 1, 2027, and (3) March 1, 2028. Each date brings wage increases for all steps. Additionally, nurses move up one step each year based on their anniversary, creating cumulative raises. For example, a Step 1 nurse sees $9.75/hour increase from the scale changes alone, but gains $14.70/hour total over three years due to step progression.

Q7: What quantitative wage increases are we getting per year of experience?

A: Wage increases vary by step and year. The scale shows: Steps 1-11 average 17.6% increase by March 2028; the overall scale averages 15% increase. At ratification, 96% of nurses receive between $4.00-$8.25/hour increases with full retro to 9/1/25. Step 1 goes from $47.60 to $57.35 (20%+ increase), while mid-career steps see raises ranging from $4-8/hour initially, then continue increasing each contract year. Here is a chart that lays it out:

Step	Current Wage Scale	TA Wage Scale							Difference Between TA and Current			Hourly Increase by End of Contract with Step Adjustments
	Current SCH	Year 1	Year over Year % Increase	Year 2	Year over Year % Increase	Year 3	Year over Year % Increase	Total % Increase from Current to Year	Year 1	Year 2	Year 3	
1	$47.60	$51.60	8.40%	$54.85	6.30%	$57.35	4.56%	20.48%	$4.00	$7.25	$9.75	$ 14.70
2	$49.24	$53.24	8.12%	$56.49	6.10%	$58.99	4.43%	19.80%	$4.00	$7.25	$9.75	$ 14.73
3	$50.93	$54.93	7.85%	$58.18	5.92%	$60.68	4.30%	19.14%	$4.00	$7.25	$9.75	$ 14.69
4	$52.55	$56.55	7.61%	$59.80	5.75%	$62.30	4.18%	18.55%	$4.00	$7.25	$9.75	$ 14.78
5	$54.22	$58.22	7.38%	$61.47	5.58%	$63.97	4.07%	17.98%	$4.00	$7.25	$9.75	$ 14.76
6	$55.87	$59.87	7.16%	$63.12	5.43%	$65.62	3.96%	17.45%	$4.00	$7.25	$9.75	$ 14.76
7	$57.58	$61.58	6.95%	$64.83	5.28%	$67.33	3.86%	16.93%	$4.00	$7.25	$9.75	$ 14.69
8	$59.23	$63.23	6.75%	$66.48	5.14%	$68.98	3.76%	16.46%	$4.00	$7.25	$9.75	$ 14.70
9	$60.88	$64.88	6.57%	$68.13	5.01%	$70.63	3.67%	16.02%	$4.00	$7.25	$9.75	$ 14.11
10	$62.52	$66.52	6.40%	$69.77	4.89%	$72.27	3.58%	15.60%	$4.00	$7.25	$9.75	$ 13.23
11	$64.18	$68.18	6.23%	$71.43	4.77%	$73.93	3.50%	15.19%	$4.00	$7.25	$9.75	$ 12.54
12	$64.99	$70.74	8.85%	$72.99	3.18%	$74.99	2.74%	15.39%	$5.75	$8.00	$10.00	$ 12.70
13	$65.80	$71.50	8.66%	$73.75	3.15%	$75.75	2.71%	15.12%	$5.70	$7.95	$9.95	$ 12.75
14	$66.77	$72.47	8.54%	$74.72	3.10%	$76.72	2.68%	14.90%	$5.70	$7.95	$9.95	$ 12.78
15	$67.74	$73.44	8.41%	$75.69	3.06%	$77.69	2.64%	14.69%	$5.70	$7.95	$9.95	$ 12.81
16	$68.61	$74.30	8.29%	$76.55	3.03%	$78.55	2.61%	14.49%	$5.69	$7.94	$9.94	$ 12.94
17	$69.46	$75.30	8.41%	$77.55	2.99%	$79.55	2.58%	14.53%	$5.84	$8.09	$10.09	$ 13.09
18	$69.46	$76.30	9.85%	$78.55	2.95%	$80.55	2.55%	15.97%	$6.84	$9.09	$11.09	$ 14.09
19	$71.23	$77.30	8.52%	$79.55	2.91%	$81.55	2.51%	14.49%	$6.07	$8.32	$10.32	$ 13.32
20	$71.23	$78.30	9.93%	$80.55	2.87%	$82.55	2.48%	15.89%	$7.07	$9.32	$11.32	$ 14.32
21	$73.08	$79.30	8.51%	$81.55	2.84%	$83.55	2.45%	14.33%	$6.22	$8.47	$10.47	$ 13.47
22	$73.08	$80.30	9.88%	$82.55	2.80%	$84.55	2.42%	15.70%	$7.22	$9.47	$11.47	$ 14.47
23	$74.93	$81.30	8.50%	$83.55	2.77%	$85.55	2.39%	14.17%	$6.37	$8.62	$10.62	$ 13.62
24	$74.93	$82.30	9.84%	$84.55	2.73%	$86.55	2.37%	15.51%	$7.37	$9.62	$11.62	$ 14.62
25	$76.89	$83.30	8.34%	$85.55	2.70%	$87.55	2.34%	13.86%	$6.41	$8.66	$10.66	$ 13.66
26	$76.89	$84.30	9.64%	$86.55	2.67%	$88.55	2.31%	15.16%	$7.41	$9.66	$11.66	$ 14.66
27	$78.89	$85.30	8.13%	$87.55	2.64%	$89.55	2.28%	13.51%	$6.41	$8.66	$10.66	$ 13.66
28	$78.89	$86.30	9.39%	$88.55	2.61%	$90.55	2.26%	14.78%	$7.41	$9.66	$11.66	$ 16.66
29	$80.94	$87.30	7.86%	$89.55	2.58%	$91.55	2.23%	13.11%	$6.36	$8.61	$10.61	$ 14.61
30	$80.94	$88.30	9.09%	$90.55	2.55%	$92.55	2.21%	14.34%	$7.36	$9.61	$11.61	$ 14.61
31	$83.05	$91.30	9.93%	$93.55	2.46%	$95.55	2.14%	15.05%	$8.25	$10.50	$12.50	$ 12.50
32	$83.05	$91.30	9.93%	$93.55	2.46%	$95.55	2.14%	15.05%	$8.25	$10.50	$12.50	$ 12.50
33	$85.23	$91.30	7.12%	$93.55	2.46%	$95.55	2.14%	12.11%	$6.07	$8.32	$10.32	$ 10.32
34	$85.23	$91.30	7.12%	$93.55	2.46%	$95.55	2.14%	12.11%	$6.07	$8.32	$10.32	$ 10.32
35	$87.49	$91.30	4.35%	$93.55	2.46%	$95.55	2.14%	9.21%	$3.81	$6.06	$8.06	$ 8.06
36	$87.49	$91.30	4.35%	$93.55	2.46%	$95.55	2.14%	9.21%	$3.81	$6.06	$8.06	$ 8.06
37	$89.80	$91.30	1.67%	$93.55	2.46%	$95.55	2.14%	6.40%	$1.50	$3.75	$5.75	$ 5.75

Q8: Why are raises starting in March instead of September?

A: The March start dates for contract years 2 and 3 are strategic. This structure unlocked additional funding from Seattle Children's that wouldn't have been available with a contract ending in August of 2028 and raises on a traditional September timeline. It spreads increases over a slightly longer period but results in much MORE total compensation invested in the wage scale than we could have achieved otherwise. Importantly, you still get full retro pay back to September 1, 2025 for year 1.

Q9: What is the new wage scale?

A: The complete wage scale is in the Tentative Agreement Article 8. It shows 31 steps (down from 37) and eliminates all 10 ghost steps that are in our current wage scale). Ratification rates range from $51.60 (Step 1) to $91.30 (Step 31/Year 30). By March 2028, rates range from $57.35 to $95.55. Every step gets an increase in each contract year—no more ghost steps where you work a year with no raise on your anniversary unless you are already at the top of the scale. See above chart for more detail.

Q10: Why is every step on the wage scale getting a different percentage increase?

A: The varying percentages reflect market-based adjustments needed to stay competitive at different career stages. Steps 1-11 needed the largest percentage increases (averaging 17.6%) to address the most significant market gaps. Mid-career steps also get substantial increases. This approach targets the areas where we were furthest behind our competitors while still improving compensation across the entire scale.

Q11: How does this wage scale compare to Mary Bridge and Doernbecher?

A: Our current scale has us behind Mary Bridge at 34 steps and behind Doernbecher at 32 steps. The new TA scale puts us ahead of Mary Bridge at 14 steps and ahead of Doernbecher at 17 steps, while tightening the gap on remaining steps. Mary Bridge and Doernbecher have opposing philosophies (Doernbecher starts higher/plateaus early; Mary Bridge starts lower/climbs higher). Our new scale competes better with both.

Q12: What is the highest wage step in the new contract?

A: Step 31 (Year 30) is the top step: $91.30 at ratification, $93.55 in March 2027, and $95.55 in March 2028. This is reached 6 years faster than the current 37-step scale.

Q13: For people at Step 12 and above for years 2 and 3, how do the wage increases compare?

A: While the dollar increases at upper steps appear smaller, these nurses also benefit from: (1) elimination of ghost steps—guaranteed raise every year, (2) reaching top step 6 years faster, (3) increased premiums (night differential, charge pay, etc.), and (4) the improvements still keep us competitive with other hospitals. Steps 12-20 still receive $9.94-$11.32 total over the contract life, and more of that increase comes up front, in comparison to the lower steps.

Q14: WSNA frequently emphasizes equity, yet this contract uses flat dollar increases that result in significantly different percentages at different steps. Can you explain this approach?

A: Flat dollar increases in later years provide equity in absolute purchasing power while percentage-based increases in early years address market competitiveness gaps. Early-

career nurses needed larger percentage increases to catch up to market. The combination creates a progressive structure that: lifts all boats, addresses the most critical gaps, maintains competitive positioning throughout the scale, and eliminates ghost steps for everyone. Equal percentages applied across the scale result in different dollar increases that depend on the employee's wage rate. Over time, this has had the effect of widening our wage scale, which has led to the earlier steps being more significantly behind the market and later steps being more on target with the market (e,g. When we told you all we were 10-40% behind the market, that 40% was at the earlier steps and the 10% was at the later steps).

Q15: Why is there a pay difference between the middle of the scale and the ends?

A: The scale design reflects labor market realities and strategic investment. Early career (Steps 1-11) needed the largest investment to be competitive for recruitment and retention. Mid-career nurses receive substantial increases but face different market dynamics—they're less likely to leave for small pay differences. Upper steps received increases that maintain competitive positioning while allowing resources to flow where recruitment/retention pressures are highest.

Q16: Why did you agree to postpone our first raises to March of 2027?

A: While this creates a timing difference, you still come out ahead financially: (1) You receive full retro pay dating back to September 1, 2025; (2) The March structure allowed the team to secure much MORE money from the hospital toward the wage scale than would have been available with a September or October start; and (3) By March of 2028, cumulative compensation exceeds what would have been achieved with traditional timing. The retro pay compensates for the interim period.

CONTRACT STRUCTURE & DURATION

Q17: Why is the contract longer (expires February 28, 2029)?

A: The slightly longer contract duration (3 years, 1 months from ratification) provided strategic advantages: (1) Unlocked more money from Seattle Children's, (2) Gives time to recover and rebuild strength after this intense fight, and (3) Syncs our contract expiration with other major hospitals including Mary Bridge, Sacred Heart, Doernbecher, and Swedish facilities—creating potential for harnessing collective nurse power in 2029.

Q18: Why are there three different dates on the wage scale (Ratification, 3/1/2027, 3/1/2028)?

A: These are the three implementation dates for wage increases. Ratification increases happen immediately (first full pay period after ratification) with retro to 9/1/25. March 1, 2027 and March 1, 2028 are the next two contract year adjustment dates. This structure maximized the total compensation the hospital was willing to provide.

Q19: When does the current contract expire and when does the new one start?

A: The previous contract expired August 31, 2025. The parties extended the old contract several times, and the last extension agreement expired on November 21, 2025. We've been out of contract since then. If ratified, this new contract is effective upon ratification with retroactive pay to September 1, 2025, and expires February 28, 2029.

Q20: When will we see the actual contract language?

A: The full Tentative Agreement document has been availalbe for review since Wednesday. It includes all contract language changes, the complete wage scale, and all negotiated provisions. Your should have received it by email. If you did not, contact your local leadership.

Q21: What didn't we achieve?

A: This is a difficult question to answer because the list of things we wanted included in the contract in the beginning has resulted in pieces of many of the items we ultimately got. Some things may look different from what we proposed, but we were able to meet the members' top priorities. Unions never get everything they ask for – we will continue to fight for break relief nurses, increased and new premiums, and market wages, among other things. That said, the bargaining team presented its priorities in member meetings throughout negotiations. Major wins secured include: competitive wages (15% avg increase), full retro pay to 9/1, sick leave improvements in the short and long term, eight increased premiums including an experienced nurse night shift differential, robust workplace violence protections, and no mandatory arbitration. Items not fully achieved often involved proposals where the hospital wouldn't move or where trade-offs were necessary. The team also successfully fought off a long list of aggressive anti-union, anti-nurse takeaways, including attempts at mandatory arbitration and waiver of class actions, easier layoffs, and benefit reductions.

BENEFITS & LEAVE

Q22: I'm curious about sick time accrual rate for per diem nurses. Does it go up at all?

A: Per diem nurses are not eligible for the sick leave accrual increase or the one-time sick leave deposit. These benefits apply to full-time and part-time nurses only. However, per diem nurses did gain wage increases and other contract improvements unique to them, including the ability to be brought up to your correct step if you take an FTE.

Q23: Are per diem nurses eligible to receive the 8 hr deposit of sick time into our banks?

A: No, the one-time sick leave deposit applies only to full-time and part-time RNs: 12 hours for nurses at 0.6 FTE or above, and 8 hours for nurses at 0.59 FTE or below. Per diem nurses are not eligible for this benefit. For some reason, the hospital fights tooth and nail over per diem nurse wage and benefits, and we were able to secure some per diem improvements but not for sick leave, unfortunately.

Q24: Will wage premium employees also receive 12 hours of sick time?

A: Wage premium employees (those who elected 15% premium in lieu of benefits) will receive the sick bank deposit per the FTE requirements. 12 hours for FTE >0.6 and 8 hours for FTE < 0.6.

Q25: Can you further explain the changes to WA PFML Supplementation Flexibility to Extend Medical Coverage?

A: At the start of WA PFML leave, nurses may elect to supplement with previously accrued sick leave and annual leave. NEW: After exhausting WA PFML, nurses who did NOT initially elect to supplement may now elect to use their accrued sick and annual leave during the remainder of their birth, health, and welcoming leave. This flexibility can extend health insurance coverage beyond what's required by law. Prior to this, the hospital only allowed nurses to make this selection at the beginning of their WAPFML period. This often caused nurses to use up their accrued leaves before reaching the non-WAPFML portion of their contractual leaves and resulted in them losing their benefits during that time. Being able to not supplement during WAPFML and only supplement during the non-WAPFML portion of contractual leave allows nurses to utilize their accrued leaves when it will have the greatest impact on their ability to continue their health insurance.

Q26: For people who didn't waive second lunch, can the extra 30 minutes be completed at the beginning of the shift with the new contract?

A: Break and meal period timing must comply with Washington State labor laws. The contract language has been updated to reflect these legal requirements. Specific break timing should be discussed with your unit leadership and charge nurses, as it may vary by unit needs and staffing. The contract now includes stronger protections for break relief and non-retaliation for taking breaks. We proposed but the Hospital rejected our proposal that the extra 30 minutes could be completed at the start or end of the shift. It is already on our list for 2029!

Q27: What improvements were made to sick leave?

A: Three major sick leave improvements: (1) 8% increase in accrual rate to 0.05 per hour paid (8 hours per year for 1.0 FTE), which the Hospital represents is the highest among WSNA-represented nurses, (2) One-time deposit of 12 hours for full-time/part-time RNs at 0.6 FTE or above, or 8 hours for those at 0.59 FTE or below, (3) Four new protected leaves (workplace violence, on-the-job injury, post-shift fatigue, death of patient) plus PFML supplementation flexibility—all reducing strain on sick leave banks.

WORKPLACE SAFETY & PROTECTIONS

Q28: With the protected leave for workplace violence, does this include times of sexual assault at work?

A: Yes, workplace violence leave would cover sexual assault occurring in the workplace. The contract includes new comprehensive workplace violence protections: dedicated leave, safe environment provisions, prevention and training, response protocols, nurse participation in safety committees, and non-retaliation protections. Sexual assault in the workplace would fall under these protections.

Q29: What are the four new protected leaves?

A: Four new protected leaves have been added: (1) On-the-job Injury Leave, (2) Workplace Violence Leave, (3) Post-shift Fatigue Leave, and (4) Death of a Patient Leave. These provide job-protected time off for specific circumstances without requiring use of sick leave immediately.

Q30: What are the PBMU security improvements?

A: The TA secures 2 dedicated security personnel on the Psychiatry and Behavioral Medicine Unit (PBMU). This was a major safety win addressing long-standing concerns about violence and security on this high-risk unit. Memorializing this in the contract means they can't take away this resource even if your leadership or model of care were to change.

Q31: What technology protections were added?

A: A lengthy new section with technology protections was added to the contract, including language that: (1) Preserves RN exercise of clinical judgment, (2) Technology will complement not diminish RN skills, judgment, and decision-making, (3) Paid training for new technology, (4) Non-retaliation protections for raising concerns, and (5) Other safeguards ensuring technology serves nurses and patients, not the other way around.

Q32: What parking improvements were secured?

A: The contract preserved parking for nurses with 25+ years of service—the hospital had attempted to eliminate this benefit. The team attempted to significantly reduce years of service, but at least successfully fought off this proposed takeaway altogether.

STAFFING & SCHEDULE PROTECTIONS

Q33: What quantitative marker is 'sufficient staffing'? IE 1 break nurse per 10 bedside nurses?

A: The contract does not specify a rigid numerical ratio for break relief staffing, as needs vary by unit, acuity, and census. However, the TA includes: new break coverage protections, non-retaliation language for taking and reporting missed breaks, staffing committee oversight into missed break trends, and stronger language requiring adequate break relief. The staffing committee will monitor and address patterns of missed breaks. If you are missing your breaks, make sure to clock out with the correct codes. This is the best way for the staffing committee to monitor compliance and for the hospital to understand the impact our staffing has on our ability to get our breaks. More education will be coming soon on how to understand the 2026 Staffing Plans and the protections they provide regarding rest and meal breaks.

Q34: For schedule protections it says 'assignment to a normal schedule other than all 8s required individual nurse agreement'—does this imply that all 8's do not have schedule protections?

A: Like the current contract, individual nurse agreement is not required for an all 8s schedule, but now individual nurse agreement is required for all other schedule types and changes to a nurse's schedule. Despite the wide variety in shift lengths and schedules that our nurses have, all 8's is also still the default shift length considered in the contract. If you are hired into a position and there isn't discussion or notice with mutual consent that the schedule is something different than all 8's, the default is all 8's.

Q36: What schedule protections were improved?

A: Multiple schedule protections, including predictability requirements, mutual consent for changes, protections for combination and ambulatory schedules, support for innovative schedules, elimination of restrictions on overtime/double-time earnings, and stronger language around schedule modifications. For example, all nurses will know now how many shifts of a certain length make up their FTE. This schedule cannot be changed without mutual agreement. This means that the hospital is not allowed to switch you from four 9-hour shifts to three 12-hour shifts, three 8-hour shifts to four 6-hour shifts, four 12-hour shifts and three 8-hour shifts (one of the inpatient combination schedules) to two 12-hour shifts and six 8-hour shifts, or to any different combination of shift lengths that would fit within the same FTE, without your agreement.

PREMIUMS & DIFFERENTIALS

Q37: If you work an incentive shift, will you still get time and a half or double time even if you don't work overtime?

A: Overtime pay and incentive pay are different. Overtime pay (time and a half or double time) is based on hours worked over your scheduled shift (contract overtime) or over 40 hours in a week (FLSA/MWA overtime, not on incentive status. Different pay rates are usually attached to different incentive shift postings. If you work an incentive shift and your total hours for the week trigger overtime, you'll be paid at overtime rates for the hours over 40 hours in that week, and/or if you work over your scheduled shift. If you work an incentive shift, that is usually attached to incentive or premium pay (time and one half, double time or something else) whether or not it is on call. If you work a call shift and get called in, you should receive callback and on call pay.

Long answer short – incentive pay (i.e., on call) will be paid for the incentive shift worked. This is regardless of if you work your full FTE in the pay period (say if you called in sick one day and worked call another), or if you work overtime in the week.

Q38: What premiums were increased?

A: Eight premiums increased: (1) Night differential: $5 to $5.75, (2) Experienced Nurse Night Differential: $5.50 to $7 (for RNs at Step 5+), (3) Critical Care Transport: $4 to $5, (4) On-call pay: $4.25 to $4.50, (5) On-call 40+ hrs/week: $5 to $6.50, (6) Charge: $3.25 to $3.50, (7) Relief Charge: $2.25 to $3.50 (parity with charge), (8) ECMO: $3 to $4.

Q39: What is the experienced nurse night shift differential?

A: This is a modified premium for experienced night shift nurses. Nurses at Step 5 or above working the night shift receive a $7/hour differential (up from the $5.50 currently applied to night shift nurses at Step 3 or above). This recognizes and rewards the expertise of experienced nurses working nights and incentives experienced nurses to stay on nights. This is not an additional $7, it replaces the $5.50 with $7.

EQUITY & PARITY IMPROVEMENTS

Q40: What parity improvements were achieved?

A: Three major parity wins: (1) Eastern Washington nurse pay parity—eliminates the current 10% below scale that Eastern WA nurses faced, (2) Relief charge parity—hourly premium increased to $3.50, same as charge nurses, and (3) Per diem adjustment for years of RN licensure/SCH employment upon returning to FTE status—same benefit full-time and part-time nurses received in the last contract cycle. Eastern WA pay parity is important to those nurses, but it is also of particular importance to our future contract fights. Contracts tend to build on one another, not just for one hospital contract-to-contract, but between hospitals as well. Rising tides raise all boats, and that change happens incrementally.

Q41: What racial justice and DEI improvements were made?

A: Multiple DEI and racial justice improvements: (1) Preserved CBA language that racism has no place at Seattle Children's Hospital, (2) Expanded preamble language consistent with ANA code of ethics, (3) Expanded commitment to NOT discriminate on the basis of ANY protected characteristic, (4) Rejection of mandatory arbitration and class action waiver—preserving nurses' ability to address discrimination through multiple channels.

QUESTIONS FROM THOSE CONSIDERING VOTING NO

Q42: What modifications can be made to this TA which would lean people toward a yes vote?

A: The overall TA is a complete package that was reached through mediation after more than eight months of negotiations. Once an overall tentative agreement is signed by both parties, it is submitted for ratification in its agreed form. The choice before members is to accept this complete package or reject it and determine next steps. **Your bargaining team fully recommends a YES vote.**

Q43: The hospital keeps increasing cost to park on campus—why isn't this addressed?

A: Parking is a significant concern. While the TA doesn't address parking costs for all nurses, we did successfully preserve parking for nurses with 25+ years of service (the hospital wanted to eliminate this). Parking and other non-contract benefits could be areas of focus for future organizing and future contract negotiations.

Q44: Why didn't the team press for more money?

A: Rest assured that your bargaining team pushed the Hospital far beyond where they ever thought it would go on economics. The team left NOTHING on the table. If we thought there was more to get, we would not be bringing you this TA. Make no mistake, your bargaining team is saying VOTE YES to this contract, because it is a strong contract on wages and the bargaining unit's other top priorities, including sick leave, workplace violence, night shift differential, and more.

Q45: What is the risk of voting no?

A: Voting no means rejecting this complete package with no guarantee of a securing more. Risks include: (1) Returning to bargaining with changed positions – the employer has already made clear that if a strike notice issues, it will pull retro pay and the one-time sick leave deposits, and its positions on other wins we achieved may change, (2) There is no guarantee the hospital improves their offer with or without a strike, (3) A withdrawal of retroactive pay and one-time sick leave improvements harms thousands of nurses, (4) we may end up with an open-ended strike, where nurses will lose wages for a lengthy period that they may never recoup, and the Hospital may say the costs of the strike reduce the money it can invest in its nurses under the contract, (5) A longer period without a contract, including the protections of a grievance procedure. Members should weigh these risks against their assessment of the current package.

Q46: Some people are skeptical of confidential bargaining and are wondering what happened behind closed doors.

A: Confidential mediation is common in extended bargaining. Mediators like to create a space where both sides can float ideas off the record to try to bridge gaps without being tied to formal bargaining positions. All negotiations involve difficult conversations and compromises from both sides. The bargaining team operated with member priorities as their guide throughout the process.

What happened: months of negotiations, multiple federal mediation sessions, the team fighting for member priorities while resisting hospital takeaways, and ultimately reaching an overall agreement the team fully recommends a YES vote on because it includes a the Hospital finally put a substantial amount of more money invested in the top three

priorities that were left: the wage scale, sick leave, and experienced nurse night shift differential. The team has been transparent about what was achieved and what trade-offs were necessary.

Q47: Why are we emphasizing the shorter pay scale as a benefit? What happens when nurses reach that, potentially earlier in their career?

A: The 31-step scale (vs. 37 steps) means nurses reach top pay 6 years faster—this is absolutely a benefit as you maximize your earning potential sooner. When you reach Step 31, you continue receiving contract negotiation raises but not anniversary/longevity raises. You'll also benefit from future contract negotiations that will adjust the entire scale upward. The scale will be renegotiated in ~3.5 years, preventing stagnation at top step. We absolutely understand how this can be perceived as not valuing our nurses with more experience, because you won't see an anniversary increase. However, when you do the math, this just isn't the case. In the six years a nurse at step 31 will work to reach the old step 37 without any other changes to the scale that likely will happen in 2029, they will make more than $114,000 more than if they would have been on the old scale working those same steps because they will make the top rate for all of those six years instead of moving up through lower rates until they reach the top rate.

RETROACTIVE PAY

Q51: How does retro pay work?

A: Upon ratification, all nurses receive a one-time retroactive wage payment covering September 1, 2025 through ratification date. The retro payment calculates the difference between: (1) what you were paid under the expired contract rates, and (2) what you are due under the new Article 8.1 ratification wage rates. This includes step increases, straight time, overtime (at 1.5x the difference), and double-time hours (at 2x the difference). Payment will be made via your normal pay method (direct deposit) less taxes and withholdings.

Q52: Does retro pay include step increases?

A: Yes! The retroactive payment accounts for any step increases you received during the September 1, 2025 through ratification period. If your anniversary date fell during this time, the retro pay reflects your step advancement.

Q53: Does retro pay include incentive shifts?

A: Retroactive pay covers all hours worked (straight time, overtime, and double-time) but incentive shift bonuses are typically separate from base wage rates. The retro pay addresses the base wage differential. Check with your union rep about whether specific incentive premiums would be included in retro calculations.

FLOATING

Q54: What are the floating order and clinical groupings?

A: Float order: (1) Float Pool nurses and specific float positions, (2) Volunteers (including traveler/agency), (3) Traveler and agency nurses in rotation, (4) All other nurses consistent with UBSC guidelines. Clinical groupings: (1) Critical Care Units including Critical Care Float Pool, (2) Acute Care Units (Med, Surg, CBDC, CSCU, Rehab, ED, PBMU, Infusion, Acute Care Float Pool), (3) Peri-Op/OR, (4) Ambulatory/Outpatient. Ambulatory/Outpatient nurses will not be assigned outside their grouping unless they volunteer.

Q55: What protections exist around floating?

A: Multiple protections: float order that prioritizes float pool and volunteers, clinical groupings that limit cross-training requirements, prohibition on floating nurses to charge positions without mutual consent, requirement for appropriate orientation based on experience, reasonable attempt to use resources within clinical grouping before floating out, and UBSC-developed guidelines for within-unit float rotation.

UNION PROTECTIONS & RIGHTS

Q56: What union protections were strengthened?

A: Multiple union protections gained or preserved: (1) Expanded no-strike clause (2) preserving union security, (3) Increased union orientation time for new hires, (4) Recognition language improvements, (5) Rejection of 24-hour advance notice requirement for Union rep access and other union limitations.

Q57: What is LEC, and what role did they play?

A: LEC (Labor Executive Council) is the elected labor leadership body of WSNA. It's a committee of WSNA union nurses from across the state, and approval for strike action must come from this governing body. On 1/16, LEC stated that the SCH bargaining team should either reach a tentative agreement or, if the team believed no further progress could be made without a strike, present the hospital's last, best offer to the membership for a vote to determine whether our nurses would go on strike. The team engaged in federal mediation to secure the best possible package, resulting in this Tentative Agreement. This is different than the last, best offer the LEC strike authorization addresses. We are confident we left no money on the table.

Q58: Did we fight off mandatory arbitration?

A: YES. This was a huge win. Seattle Children's pushed hard for mandatory arbitration and class action waivers, which would have severely limited nurses' ability to pursue legal claims for discrimination, harassment, missed rest and meal breaks, and other workplace violations. The team successfully rejected these anti-worker provisions, preserving nurses' full legal rights.

Important Note: *These answers are based on the Tentative Agreement, education materials, and wage comparison data. For specific questions about your individual situation, please consult with your union representative or bargaining team member.*

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