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 opened at 9:00PM on Thursday 1/29 and closes at 9:00PM on Saturday 1/31. Voting will take place through the election buddy system. Your ballot will went directly to your personal email when polls opened. 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.

WHY THE BARGAINING TEAM SAYS VOTE YES!

Q4: We were ready to strike. Why should we take this deal?

A. The goal was always to reach an agreement without having to strike if that was possible. The team harnessed your incredible collective power and the credible strike threat to reach a deal on a contract we can all be proud of. We are confident we left NOTHING on the table. We would not be bringing you this TA if we believed there was more to squeeze out of the Hospital into this deal. **Make no mistake, your bargaining team says VOTE YES to this contract.**

Q5: OK, but do you really believe that?

A: We absolutely believe voting YES is best for our nurses because 1) objectively, this is a really good contract; 2) the 3-year raises are almost as high as the historic raises we brought you last contract when the wage scale was our only major issue. Here, we got historically high wages again PLUS economic and language improvements that are going to make a real difference on issues you told us to fight for, including sick leave, workplace violence, night shift differential, other premiums, schedules, and more; 3) it secures full back pay – something this team cannot remember getting in prior contracts; 4) it breaks ground in areas affecting nurses nationally, like workplace violence protections and technology impacts. This TA makes us the ones to watch.

WAGES & COMPENSATION

Q6: How does the wage scale work?

A: Nurses move up one step to the next on their work anniversary or on the anniversary of their last wage increase. Under this TA, there are no more "ghost steps," so nurses will see a wage increase on their anniversary date at all steps. In addition, the wage rates that apply to each step of the scale go up three times: (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. On those effective dates, your wage rate will go up then, again. To see how your wages will go up over the life of the contract do not read across any one step – look at the wage rate corresponding to the next steps on the scale that you will advance to based on your anniversary date.

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

A: Wage increases vary by step and year. The chart below shows the percentage and dollar increases at each step. Blue shows % increase at each wage scale step year over year and then the total (e.g., Step 1 goes up 20.48% over the contract). Orange shows the dollar increase from current each year of the contract (e.g., Step 1 goes up 9.75 by year 3). Green tells you, based on your step, the total wage increase you will see during this contract if it ratifies, taking into account your advancement on the steps of the scale (e.g., a nurse at step 1 will see a total raise of $14.70 over the life of the contract).

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 are “ghost steps” and what happened to them?

A: There are ten places in the current scale where there is no wage rate increase from one step to the next. In other words, where nurses see no raise when they move up a step on their anniversary date. This TA eliminates all ghost steps, so all nurses see a raise each year.

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 overall 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., nurses at the bottom of the scale were 40% behind, while top step were about 10% behind the West Coast Pediatric market).

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.

Q17: Why are we emphasizing the shorter pay scale as a benefit? What happens when nurses reach that, potentially earlier in their career?

A: We made a structural change to the scale that accelerates the scale by six years. We shortened the scale from 37 to 31 steps. This 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 years, preventing stagnation at top step.

We absolutely understand how this change could be perceived as not valuing our nurses with more experience, because top step nurses 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.

CONTRACT STRUCTURE & DURATION

Q18: 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.

Q19: 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.

Q20: 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.

Q21: When will we see the actual contract language?

A: The full Tentative Agreement document has been available 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.

Q22: 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

Q23: 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.

Q24: Are per diem nurses eligible to receive the 8 hour 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.

Q25: 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.

Q26: 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.

Q27: 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!

Q28: 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

Q29: 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.

Q30: 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.

Q31: 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.

Q32: 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.

Q33: 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

Q34: 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.

Q35: 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.

RETROACTIVE PAY

Q42: 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.

Q43: 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.

Q44: 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

Q45: 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.

Q46: 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

Q47: What union protections were strengthened?

A: Multiple union protections gained or preserved: (1) Narrowed 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.

Q48: 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 TA is different than the last, best offer the LEC strike authorization addresses. It is an overall agreement between both sides, not a one-sided take it or leave it offer from the Hospital.**

Q49: 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.

Q50: If the TA is voted down, do we automatically go on strike?

A. No. A decision to strike would be strategic and based on the circumstances at the time. A new LEC authorization would be required. To be clear, we think this TA'd agreement is far better than an open-ended strike. We recommend a YES vote!

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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