

Your bargaining team recommends a “YES” vote.

<u>Ratification Vote Details</u>	
<u>When:</u>	<ul style="list-style-type: none"> E-Voting opens <u>Wednesday, March 4 at 2000 and closes Thursday, March 5, at 2000.</u> You can vote any time during that 24-hour period using the link sent to your personal email. Local unit officers and WSNA staff will hold virtual office hours sessions on <u>Thursday, March 5, from 0600 to 0800 and again from 1700 to 1900.</u>
<u>Where:</u>	<u>E-Vote from anywhere!</u> Officers and WSNA staff will be available at virtual office hours and on call throughout the day to answer questions about the contract, and we’ll have dedicated tech help all day long if you need help voting.

HIGHLIGHTS

- First-year wage increases that **put more money in nurses’ pockets than any other contract in our region.**
- Annual increases that keep pace with our competitors, increasing wages by an average of 23.45% across our entire bargaining unit by the end of the 2026-29 contract term.
- A new wage scale that helps nurses **maximize their hourly pay rates and retirement contributions seven years sooner** in their career and **eliminates all remaining ghost steps.**
- A step adjustment plan for Home and Community RNs **that credits their non-acute nursing experience and increases their wage step placement** accordingly within the first 120 days of our contract term.
- A new break nurse program that values nurse input; gives us room to update and improve our units’ break nurse strategies over time; and **ensures break nurses will become genuine break relief, not just another shift on the staffing plan.**
- An EIB replacement plan that **protects our existing EIB, increases our PTO, and makes it easier to take time off** for longer periods earlier in our careers.

WAGES

Cumulative Gains	Nurses will earn 23.5% by the end of the 2026-29 contract term
Effective Date	Increase
First full pay period after March 1, 2026	11.2% average increase across our bargaining unit (See your step’s new wage rate on page 9!)
First full pay period after March 1, 2027	3.5% increase to all steps (Page 10)
First full pay period after March 1, 2028	3.5% increase to all steps (Page 11)

CHANGES IN THE 2026-2029 CONTRACT

WSNA is preparing a redline copy of our contract to show nurses the exact language we negotiated before our e-voting period starts on March 4 at 20:00. A copy of that redline draft will also be attached to the ballot. In the meantime, here are the changes you'll find in that redline copy.

Wages:

- In year 1 of our contract, the course of our contract, **wages for each step will increase by an average of 11.2%** -- with 9% increases to our base rate, 11% average increases at step 10, and 14.5% average increases at step 25.
- As nurses move up the pay scale annually over the next three years, they'll earn on average **23.5% more by the end of our contract term** than they're earning now.
- Starting the first full pay period after March 1, 2026, we'll use a **new accelerated wage scale** that gives every nurse a step increase on their anniversary date until they hit our new market-leading top wage rate at step 25. Here's how that will work across all grades:
 - Base step will see a first-year increase of 9%.
 - Nurses will earn annual step increases of 2.4% on their anniversary date until they hit step 3.
 - Nurses will earn annual step increases of 2.3% on their anniversary date until they hit step 7.
 - Nurses will earn annual step increases of 2.2% on their anniversary date until they hit step 10.
 - Nurses will earn annual step increases of 1.25% on their anniversary date until they hit step 25.
- Starting with the **first full pay period after March 1, 2027**, all nurses' hourly base wages will increase by another 3.5%.
- Starting with **the first full pay period after March 1, 2028**, all nurses' hourly base wages will increase by another 3.5%.
 - **Q: Why would we want to stop getting anniversary increases at step 25?**
A: Because it puts more money in our pockets – and retirement accounts – sooner. Our current wage scale pays the top step – step 32 – about 48% more than the base step. Our new wage scale pays the top step 51% more than the base step, and it pays that rate **seven years sooner in a nurse's career**. That means nurses will climb the wage scale more quickly and **earn much more over the course of their careers**.

Break Nurse Processes That Value Our Input and Oversight

- Our new contract establishes a break nurse plan that takes our input seriously by giving nurses both (1) a say in the break nurse structure that will work best for our units moving forward and (2) regular opportunities to course correct if the plan needs tweaks down the line.
- Each unit will have three main options to provide break relief:
 - (1) a break nurse rotation that treats the break nurse role like a rotating assignment each shift
 - (2) a dedicated break nurse position that will be hired into like any other staff nurse position.
 - (3) a hybrid model that uses a combination of the break nurse rotation and dedicated break nurse role or builds in time for breaks between patient visits or procedures in units where this wouldn't violate the staffing plan.
- Within 30 days of ratification, **every unit** in our bargaining unit will give nurses an opportunity to weigh in on the break model that works for them.
- Every quarter, we'll hold committee meetings where nurses can weigh in on whether their unit's model is working well, fix it if it isn't, and trade ideas on how to make sure break relief works well across the bargaining unit.
- Regardless of the model each unit chooses, break nurses will not take a patient care assignment of their own while providing break relief and must work at least one shift per pay period on the floor to maintain vital competencies.

Premium Pay:

- The rules for CES shifts now make them **a much more powerful tool to ensure we're fully staffed:**
 - CES shifts will be posted **at least** 72 hours in advance wherever possible.
 - Management agreed to clarify that nurses will need to meet their FTE requirements **during the pay period they pick up CES**, not **before** picking up CES.
 - Per diems will need to work two shifts **during** the pay period they pick up CES to qualify, not during the pay period **before** they pick up CES.
 - There will be more straightforward ways for managers to get **approval to lift the 48-hour cap** on CES each pay period.
 - CES will be available in **increments as short as four hours**, making this premium more flexible.
- **Night shift differentials will increase to \$7.75/hour.**
- All nurses who lost shift differential hours after Symplr rolled out last winter will **receive full back pay through the effective date of our new contract** (the first full pay period after ratification).
- Shift differential language that **pays nurses for their full shift at the shift differential rate** that applied to the majority of the hours they worked. (**Nurses who work 3 pm to 3 am in the E.D. will be paid night shift differentials for all hours worked.**)

This will mean day shift nurses typically won't earn a shift differential rate starting in March. **We made it clear to management that nurses would need to see this money – usually about \$10/shift – elsewhere in our wages to make up for this gap.** After this conversation, management's wage proposal increased by well over \$10/shift for every nurse in the bargaining unit this year (a number that increases as nurses climb the wage scale and when annual increases kick in each year). While we know nurses may dislike this change on principle, **we agreed to this change because it puts more money in everyone's pockets, including day shift nurses.**
- Nurses will once again qualify for **rest between shift premium rates when they trade or pick up call shifts** that don't create a brand-new opportunity to work on short rest.
 - Nurses in procedural units will now earn **an additional \$10/hour on top of their existing call rates** when they're assigned a call/standby shift with less than 24 hours' notice.

Protections for your legal rights at work and beyond

- Management will not impose immigration documentation rules or employment eligibility verification processes that exceed the legal minimum requirements.
- Workers who need to miss work for issues related to immigration proceedings or immigration requirements will have **easier access to PTO time.**
- A union representative can be present to support employees when they verify or reverify their eligibility for employment in the U.S.
- If an employee's eligibility lapses and they can no longer work, they will **maintain seniority and be treated as an internal applicant** when they apply for a new position if their eligibility is restored within six months of discharge.
- Employees will be able to change their name, social security number, work authorization documents, and other items in their personnel file upon request as long as management isn't legally required to maintain the original record.
- **Management will notify the union** as soon as they know immigration enforcement activity may take place on-site or nearby.
- Before issuing discipline for reasons related to law enforcement activity, **managers will submit a written explanation for the discipline to HR for review.**
- Nurses will **not be subject to discipline for refusing to comply with an unlawful request** from law enforcement.
- Nurses will **never be required to assess a warrant, subpoena, or judicial order presented by law enforcement**, and nurses won't have to communicate management's decisions about those documents to law enforcement either.
- Management will post **workplace safety commitments in all public areas and every patient room** where bargaining unit nurses work.
- Our union representatives will be able to **access non-public areas of the facility with a bargaining unit nurse** as long as they do not enter patient care areas and provide notice to management.

Improvements to the Designated Charge Nurse Program

- Designated charge nurses will need to be **scheduled for at least three shifts on the floor each scheduling period**, at least one of which they must work. Evaluations for designated charge nurses will also take into account whether the nurse worked their minimum floor shifts. This change should ensure charge **nurses maintain important competencies on their own units without sacrificing flexibility.**
- Internal applicants who are not hired into open charge nurse roles will receive **notice of the skills and experience they'll need to build to be a stronger candidate in the future.**
- Nurses will have the option to **provide feedback about their unit's charge nurses** annually for at least two full pay periods using a digital form.
- The reasons a charge nurse can be removed from their position will also apply to relief charge nurses.
- Nurses will **no longer be floated away from their home unit** while acting as either designated charge or relief charge.

Updated language on low census and reductions in force

- **NEW:** we'll test out a **mandatory low census cap through a pilot program at the Ray Hickey Hospice House!** Nurses at Ray Hickey will be limited to a maximum of 96 hours of mandatory low census **during** each six-month measuring period. This pilot program will help us test out what might work in other units down the line.
- We made additions to the low census clinical groupings that will **help IMCU get the support they need** from the Med/Surg resource team, mitigating low census in the IMCU in the long run.
- We've codified **status quo rules for how low census is assigned** before a shift starts and during a shift.
- Management will update the Conference Committee monthly on progress toward **a more equitable low census program** that measures low census in relation to each nurse's FTE, not just the number of hours worked. This system, which works well at PeaceHealth St. John, is difficult to scale for a facility as large as Southwest, but management agreed that it would be a more fair way to assign mandatory low census time and will begin working with the central staffing office to make it a reality as soon as possible.
- We codified the status quo rules that set limits on low census hours for travelers. These nurses will still be the first people low censused as long as their contract permits it.
- The rules for reductions in force will now cause **less disruption in each unit** by specifically limiting bumping to the **least** senior nurse in a unit.
- The names for each unit are now up to date, with new additions to our bargaining unit incorporated into the low census groupings, job classifications list, and RIF groupings.

Protections for nurses who transfer to a new unit

- Before transferring to a new unit, nurses will be given a copy of the **Competency Based Orientation skills checklist** for the position upon request.
- Nurses will have a **new 480-hour orientation period after transferring to a new unit.** Performance feedback provided during this period **will not be used for the purposes of discipline** if it relates to the nurse's orientation in the new role.
- Nurses may elect to **leave the position without penalty during the 480-hour orientation period.** Nurses who decide to leave post-transfer can return to their previous position if it is still open or accept any other open position for which they are qualified. If neither option is available, they will be added to the recall list for their previous unit and have all the recall rights that apply during a layoff.
- During that period, management will provide feedback on the nurse's performance and give them an opportunity to meet the required competencies in their new role. If the nurse does not meet the required competencies after having a reasonable period to improve, management may remove the nurse from the position. **The same options would be available to the nurse: they can return to their previous job, accept another open position, or join the recall list for their previous position.**

Changes that improve Home and Community RNs' wages and workloads

We fought hard to restore the wages Home and Community RNs earned as part of the acute care wage scale until our 2024-26 contract term began. As we approached the last few hours of negotiations, we consulted the bargaining team members, activists, subject matter experts, and observers from our representatives from home and community units to help us pick what to prioritize if we couldn't close the gap between Grades 1/2/3 and Grades 4/5 this cycle.

They identified these three issues, and we presented management with two ideas to solve each of them:

- **Problem 1:** Home and Community RNs aren't paid acute care wages on our current scale, but they're only credited for their acute care nursing experience when they're placed on the wage scale.
 - **Idea 1:** merge the wage scales, which we proposed from day 1 onward.
 - **Idea 2:** review pre-hire experience and step placement for all nurses in Grades 1, 2, and 3, and credit them moving forward for all of their nursing experience, not just acute care experience.
- **Problem 2:** Home and Community RNs often clock in and out at home because they perform work before they drive to their first patient visit or from their last patient visit of the workday. However, they're not always paid for this drive time because it's considered commute time.
 - **Idea 1:** Make room for every nurse to start their day by clocking in at the Home and Community offices, even if that requires more driving time than starting from home.
 - **Idea 2:** Pay nurses for their time spent driving to their first patient visit and from their last patient visit each day when they clock in at home or clock out at home.
- **Problem 3:** Home and Community RNs aren't paid daily overtime, but their workloads and productivity expectations are often the same regardless of their normal FTE or shift length. This has led to burnout, low morale, and long workdays without access to overtime pay.
 - **Idea 1:** Pay daily overtime to Home and Community RNs.
 - **Idea 2:** Scale Home and Community RNs' workloads according to their duties, shift length, and FTE, which will prevent nurses from working past the end of their scheduled shift in the first place.

In the final hours of bargaining, management agreed to address each problem using one of the ideas we'd proposed. Read on to see what Home and Community RNs can expect in this contract moving forward.

- **Step adjustment:** Within the 60 days of ratification, management will notify nurses in grades 1, 2, and 3 whose step placement is lower than their total years of RN licensure, which indicates the nurse may not be receiving credit for all of their years of work as an RN. Nurses will then be able to request a review of their experience and a step adjustment over the following 60 days. Step adjustments will become effective no later than 120 days after ratification, significantly increasing wages for impacted nurses no later July.
- **Paid driving time for home health and home hospice nurses:** For nurses who clock in or clock out at home, the drive time to your first patient visit and last patient visit is working time, not commute time. Our tentative agreement protects that paid time; nurses will no longer be asked to treat drive time like it's a break or feel pressure to chart on unpaid time after their last patient visit.
- **Realistic workloads scaled to each nurse's shift length, duties, and FTE:** Nurses in home and community units are often assigned workloads that can't possibly be completed in a standard 8-hour or 10-hour shift, but they aren't paid daily overtime rates the way acute care nurses would be if their shift runs long. Within the first 90 days of this contract term, our new Home and Community Conference Sub-Committee will review our productivity metrics, correct inaccuracies, and develop standard productivity expectations for each shift length, role in the unit, and FTE. Moving forward, any changes to those standards will need to be approved by a majority vote of the Sub-Committee. That should result in more realistic workloads, fewer extra-long shifts, and less burnout.

Clearer rules that give nurses more control over their schedules

- We added language and a chart that makes it clear when nurses need to submit vacation requests.
- Nurses will now **pick up extra shifts starting the day the schedule is posted rather than the week before**. For the first five days after a schedule is posted, we'll continue to use the list that currently applies before the schedule is posted. For the next seven days, requests will go to the most senior nurse. Then requests will be awarded on a first-come, first-served basis, just like we do now. **This should eliminate errors that arise using the new Symplr scheduling system.**
- FTE reduction requests will be approved or denied **within two pay periods**, and approved FTE reductions will go into effect **within two scheduling periods**, allowing nurses who need a schedule change to make those updates as soon as possible.

An EIB replacement plan that works for *everyone* in our unit

We made it clear at the table that we wouldn't agree to any EIB replacement proposal that wasn't a good deal for nurses. We told management we couldn't recommend a "yes" vote on any program that gave away benefits nurses have already earned or punishes them for working hard. We also considered all EIB proposals on their own terms – not in exchange for any other win we achieved in this contract.

- We think this plan meets every nurse's needs across our bargaining unit and are recommending a "yes" vote because **we believe it's a good deal that works better for all of us**. Here's why:
 - This plan allows nurses to accrue more flexible paid leave time and stretch that leave longer, giving us **more time off without added costs**.
 - The plan also **lets nurses take extended absences throughout their career without losing income**, a vital benefit for nurses who want to grow their families, nurses who have caretaking responsibilities away from work, and senior nurses planning for their own healthcare needs.
 - It guarantees minimum standards for our short-term disability plan, ensuring **nurses can rely on this benefit just like they rely on EIB**.
- Here are the big picture details of the plan and how it will apply starting the first full pay period after ratification:
 - Starting the first full pay period after ratification, **FTE nurses in our unit will accrue PTO at a higher rate and stop accruing EIB**.
 - **Nothing will change about how nurses use the EIB they've already earned**. Nurses who have EIB in their existing banks will get to keep their accrued hours until they either use them or leave the bargaining unit.
 - **PeaceHealth will cover the full cost of a short-term disability plan** for all FTE nurses.
 - Our contract sets **clear minimum standards for the short-term disability plan**, which means the plan can improve over the course of our contract term but can never offer benefits the fall below these rules:
 - Nurses will earn a **weekly benefit of 66.67% of their pre-disability weekly income**, up to a maximum of **\$1,500 per week**.
 - Benefits will kick in on the **eighth calendar day of an absence**, not the eighth work day, which means you'll see short-term disability benefits paid after you've been sick or injured for half a pay period. This roughly aligning with when EIB kicks in for many nurses in our bargaining unit.
 - Nurses will be able to **access benefits for up to 26 weeks**.
 - Nurses will qualify as long as
 - Nurses can **use PTO or their remaining EIB to supplement their short-term disability plan income up to 100% of their earnings**. (For example, if a nurse usually earns \$2,250/week, the short-term disability plan will pay \$1,500/week and the nurse can use PTO to cover the remaining \$750/week.) This means **it will take much less PTO or EIB to cover an extended absence without losing income**, allowing our PTO and EIB to go further.

Here's what will change about PTO:

- **PTO accruals will increase** to match the systemwide PTO accrual rates for workers who don't use EIB programs.

For non-exempt (hourly) nurses:

<u>Length of Service</u>	<u>Accrual Rate</u>	<u>Approximate Hours Accrued Each Pay Period</u>	<u>Approximate Days Per Year</u>	<u>Maximum Accrual</u>
0-48 months (0-4 years)	0.10769/hour	8.6	28 days (+24 hours)	42 days (336 hours)
49-108 months (5-9 years)	0.12692/hour	10.2	33 days (+24 hours)	49.5 days (396 hours)
109-168 months (10-14 years)	0.14231/hour	11.4	37 days (+16 hours)	55.5 days (444 hours)
169-228 months (15-19 years)	0.15000/hour	12.0	39 days (+36 hours)	58.5 days (468 hours)
229+ months (20+ years)	0.15385/hour	12.3	40 days (+24 hours)	60 days (480 hours)

For exempt (salaried) nurses:

<u>Length of Service</u>	<u>Accrual Rate</u>	<u>Approximate Hours Accrued Each Pay Period</u>	<u>Approximate Days Per Year</u>	<u>Maximum Accrual</u>
0-48 months (0-4 years)	0.11538/hour	9.2	30 days	45 days (359 hours)
49-108 months (5-9 years)	0.13462/hour	10.8	35 days	52.5 days (420 hours)
109-168 months (10-14 years)	0.15000/hour	12.0	39 days (+16 hours)	58.5 days (468 hours)
169+ months (15+ years)	0.16154/hour	12.9	42 days (+40 hours)	63 days (504 hours)

- **Caps on PTO accruals will change to align with the amount of PTO a 1.0 FTE nurse would earn in 1.5 years.** That means the cap will go **up** for nurses who have ten years of service or longer, but the cap will go **down** for nurses with less than ten years of service.

We explained to management why that creates a problem for nurses who are near the current cap, would be near the new caps, or who will now accrue PTO so quickly that they'll hit the cap after just a few pay periods. One of these nurses was on our bargaining team, and we had others in the room to help us develop a plan that would work for them. Management agreed to our proposed solution, which we think will address everyone's needs:

- 1) Any nurse who would hit their new PTO accrual cap within five pay periods of ratification will get a chance to **cash out up to 80 hours from their existing PTO bank**. This should give them room to accrue PTO for several months before hitting the cap again.
- 2) **We'll begin a workgroup that sets realistic PTO approval standards for every unit so it's easier for nurses to actually use the PTO they've accrued.** At other PeaceHealth facilities, WSNA has used this method to successfully improve access to PTO. We believe this will be especially helpful to junior nurses, whose PTO caps will go down; rather than seeing their PTO banks get larger while their PTO requests are rejected, they'll actually get a chance to use that PTO.

Stronger protections and a seat at the table for EVERY nurse in our bargaining unit:

- Updated rules for responding to job offers that reflect tech updates, encourage management to follow up with a phone call when making a job offer, and **give nurses flexibility when they need more time to respond.**
- We've added clearer protections of **our right to bargain over staffing plans** as part of the Hospital Staffing Committee.
- We'll start a new subcommittee focused on **contract administration in our Home and Community units**, guaranteeing the right nurses and managers will be in the room together to address **issues specific to our home health, home hospice, and hospice house nurses.**
- We've also added a **contract-protected** staffing committee for units that aren't covered by PeaceHealth's acute care hospital license, **ensuring staffing plans and complaints are addressed for nurses outside the Medical Center** just like those who are already covered by the state's staffing law.
- Moving forward, nurses will be able to join subcommittees specific to their issues **on paid time.**
- Our **staffing plans will now be required to take into account break coverage requirements** when setting minimum staffing levels.

For all the reasons above – including the gains we've made, the competitive advantages we've preserved, and the tone this contract sets for the years ahead – **your bargaining team enthusiastically recommends a YES vote.**

Questions about the TA and how it impacts you? Join us online for virtual office hours on Thursday, March 5, from 06:00 to 08:00 and 17:00 to 19:00.

Keep an eye on your personal email account at 20:00 on Wednesday, March 4, for a link to your private electronic ballot. Please cast your ballot by 20:00 on Thursday, March 5, to vote.

APPENDIX A

	Starting first full pay period after March 1, 2026								
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9
Base	\$49.78	\$52.95	\$54.65	\$56.92	\$58.64	\$60.50	\$62.14	\$68.26	\$73.25
1	\$50.98	\$54.22	\$55.96	\$58.29	\$60.05	\$61.95	\$63.63	\$69.89	\$75.01
2	\$52.20	\$55.52	\$57.31	\$59.68	\$61.49	\$63.43	\$65.16	\$71.57	\$76.81
3	\$53.45	\$56.86	\$58.68	\$61.12	\$62.97	\$64.96	\$66.72	\$73.29	\$78.65
4	\$54.68	\$58.16	\$60.03	\$62.52	\$64.41	\$66.45	\$68.26	\$74.97	\$80.46
5	\$55.94	\$59.50	\$61.41	\$63.96	\$65.90	\$67.98	\$69.83	\$76.70	\$82.31
6	\$57.22	\$60.87	\$62.83	\$65.43	\$67.41	\$69.54	\$71.43	\$78.46	\$84.20
7	\$58.54	\$62.27	\$64.27	\$66.94	\$68.96	\$71.14	\$73.08	\$80.27	\$86.14
8	\$59.83	\$63.64	\$65.68	\$68.41	\$70.48	\$72.71	\$74.68	\$82.03	\$88.03
9	\$61.15	\$65.04	\$67.13	\$69.91	\$72.03	\$74.31	\$76.33	\$83.84	\$89.97
10	\$62.49	\$66.47	\$68.61	\$71.45	\$73.61	\$75.94	\$78.01	\$85.68	\$91.95
11	\$63.27	\$67.30	\$69.46	\$72.35	\$74.53	\$76.89	\$78.98	\$86.75	\$93.10
12	\$64.06	\$68.14	\$70.33	\$73.25	\$75.47	\$77.85	\$79.97	\$87.84	\$94.26
13	\$64.86	\$69.00	\$71.21	\$74.17	\$76.41	\$78.82	\$80.97	\$88.94	\$95.44
14	\$65.67	\$69.86	\$72.10	\$75.09	\$77.36	\$79.81	\$81.98	\$90.05	\$96.63
15	\$66.49	\$70.73	\$73.00	\$76.03	\$78.33	\$80.81	\$83.01	\$91.17	\$97.84
16	\$67.33	\$71.62	\$73.92	\$76.98	\$79.31	\$81.82	\$84.04	\$92.31	\$99.07
17	\$68.17	\$72.51	\$74.84	\$77.94	\$80.30	\$82.84	\$85.09	\$93.47	\$100.30
18	\$69.02	\$73.42	\$75.78	\$78.92	\$81.31	\$83.88	\$86.16	\$94.64	\$101.56
19	\$69.88	\$74.34	\$76.72	\$79.90	\$82.32	\$84.92	\$87.23	\$95.82	\$102.83
20	\$70.76	\$75.26	\$77.68	\$80.90	\$83.35	\$85.99	\$88.32	\$97.02	\$104.11
21	\$71.64	\$76.21	\$78.65	\$81.92	\$84.39	\$87.06	\$89.43	\$98.23	\$105.41
22	\$72.54	\$77.16	\$79.64	\$82.94	\$85.45	\$88.15	\$90.55	\$99.46	\$106.73
23	\$73.44	\$78.12	\$80.63	\$83.98	\$86.52	\$89.25	\$91.68	\$100.70	\$108.07
24	\$74.36	\$79.10	\$81.64	\$85.03	\$87.60	\$90.37	\$92.82	\$101.96	\$109.42
25	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
26	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
27	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
28	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
29	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
30	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
31	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78
32	\$75.29	\$80.09	\$82.66	\$86.09	\$88.69	\$91.50	\$93.98	\$103.23	\$110.78

	Starting first full pay period after March 1, 2027								
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9
Base	\$51.52	\$54.81	\$56.57	\$58.91	\$60.69	\$62.61	\$64.32	\$70.64	\$75.81
1	\$52.76	\$56.12	\$57.92	\$60.33	\$62.15	\$64.12	\$65.86	\$72.34	\$77.63
2	\$54.03	\$57.47	\$59.31	\$61.77	\$63.64	\$65.65	\$67.44	\$74.08	\$79.49
3	\$55.32	\$58.85	\$60.74	\$63.26	\$65.17	\$67.23	\$69.06	\$75.85	\$81.40
4	\$56.59	\$60.20	\$62.13	\$64.71	\$66.67	\$68.78	\$70.65	\$77.60	\$83.27
5	\$57.90	\$61.59	\$63.56	\$66.20	\$68.20	\$70.36	\$72.27	\$79.38	\$85.19
6	\$59.23	\$63.00	\$65.02	\$67.72	\$69.77	\$71.98	\$73.93	\$81.21	\$87.15
7	\$60.59	\$64.45	\$66.52	\$69.28	\$71.38	\$73.63	\$75.63	\$83.08	\$89.15
8	\$61.92	\$65.87	\$67.98	\$70.80	\$72.95	\$75.25	\$77.30	\$84.90	\$91.11
9	\$63.29	\$67.32	\$69.48	\$72.36	\$74.55	\$76.91	\$79.00	\$86.77	\$93.12
10	\$64.68	\$68.80	\$71.01	\$73.95	\$76.19	\$78.60	\$80.74	\$88.68	\$95.17
11	\$65.49	\$69.66	\$71.90	\$74.88	\$77.14	\$79.58	\$81.75	\$89.79	\$96.36
12	\$66.30	\$70.53	\$72.79	\$75.81	\$78.11	\$80.58	\$82.77	\$90.91	\$97.56
13	\$67.13	\$71.41	\$73.70	\$76.76	\$79.08	\$81.58	\$83.80	\$92.05	\$98.78
14	\$67.97	\$72.30	\$74.63	\$77.72	\$80.07	\$82.60	\$84.85	\$93.20	\$100.02
15	\$68.82	\$73.21	\$75.56	\$78.69	\$81.07	\$83.64	\$85.91	\$94.36	\$101.27
16	\$69.68	\$74.12	\$76.50	\$79.68	\$82.09	\$84.68	\$86.98	\$95.54	\$102.53
17	\$70.55	\$75.05	\$77.46	\$80.67	\$83.11	\$85.74	\$88.07	\$96.74	\$103.81
18	\$71.44	\$75.99	\$78.43	\$81.68	\$84.15	\$86.81	\$89.17	\$97.95	\$105.11
19	\$72.33	\$76.94	\$79.41	\$82.70	\$85.20	\$87.90	\$90.29	\$99.17	\$106.43
20	\$73.23	\$77.90	\$80.40	\$83.74	\$86.27	\$88.99	\$91.42	\$100.41	\$107.76
21	\$74.15	\$78.87	\$81.41	\$84.78	\$87.35	\$90.11	\$92.56	\$101.67	\$109.10
22	\$75.07	\$79.86	\$82.42	\$85.84	\$88.44	\$91.23	\$93.72	\$102.94	\$110.47
23	\$76.01	\$80.86	\$83.45	\$86.91	\$89.54	\$92.37	\$94.89	\$104.22	\$111.85
24	\$76.96	\$81.87	\$84.50	\$88.00	\$90.66	\$93.53	\$96.07	\$105.53	\$113.25
25	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
26	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
27	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
28	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
29	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
30	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
31	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66
32	\$77.93	\$82.89	\$85.55	\$89.10	\$91.80	\$94.70	\$97.27	\$106.85	\$114.66

	Starting first full pay period after March 1, 2028								
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9
Base	\$53.33	\$56.72	\$58.55	\$60.97	\$62.82	\$64.80	\$66.57	\$73.12	\$78.47
1	\$54.61	\$58.09	\$59.95	\$62.44	\$64.33	\$66.36	\$68.16	\$74.87	\$80.35
2	\$55.92	\$59.48	\$61.39	\$63.94	\$65.87	\$67.95	\$69.80	\$76.67	\$82.28
3	\$57.26	\$60.91	\$62.86	\$65.47	\$67.45	\$69.58	\$71.48	\$78.51	\$84.25
4	\$58.58	\$62.31	\$64.31	\$66.98	\$69.00	\$71.18	\$73.12	\$80.31	\$86.19
5	\$59.92	\$63.74	\$65.79	\$68.52	\$70.59	\$72.82	\$74.80	\$82.16	\$88.17
6	\$61.30	\$65.21	\$67.30	\$70.09	\$72.21	\$74.49	\$76.52	\$84.05	\$90.20
7	\$62.71	\$66.71	\$68.85	\$71.70	\$73.87	\$76.21	\$78.28	\$85.98	\$92.27
8	\$64.09	\$68.17	\$70.36	\$73.28	\$75.50	\$77.88	\$80.00	\$87.88	\$94.30
9	\$65.50	\$69.67	\$71.91	\$74.89	\$77.16	\$79.60	\$81.76	\$89.81	\$96.38
10	\$66.94	\$71.21	\$73.49	\$76.54	\$78.86	\$81.35	\$83.56	\$91.79	\$98.50
11	\$67.78	\$72.10	\$74.41	\$77.50	\$79.84	\$82.37	\$84.61	\$92.93	\$99.73
12	\$68.63	\$73.00	\$75.34	\$78.47	\$80.84	\$83.40	\$85.66	\$94.09	\$100.98
13	\$69.48	\$73.91	\$76.28	\$79.45	\$81.85	\$84.44	\$86.74	\$95.27	\$102.24
14	\$70.35	\$74.83	\$77.24	\$80.44	\$82.88	\$85.49	\$87.82	\$96.46	\$103.52
15	\$71.23	\$75.77	\$78.20	\$81.45	\$83.91	\$86.56	\$88.92	\$97.67	\$104.81
16	\$72.12	\$76.72	\$79.18	\$82.46	\$84.96	\$87.64	\$90.03	\$98.89	\$106.12
17	\$73.02	\$77.68	\$80.17	\$83.50	\$86.02	\$88.74	\$91.15	\$100.12	\$107.45
18	\$73.94	\$78.65	\$81.17	\$84.54	\$87.10	\$89.85	\$92.29	\$101.38	\$108.79
19	\$74.86	\$79.63	\$82.19	\$85.60	\$88.19	\$90.97	\$93.45	\$102.64	\$110.15
20	\$75.80	\$80.63	\$83.21	\$86.67	\$89.29	\$92.11	\$94.62	\$103.93	\$111.53
21	\$76.74	\$81.63	\$84.25	\$87.75	\$90.40	\$93.26	\$95.80	\$105.23	\$112.92
22	\$77.70	\$82.65	\$85.31	\$88.85	\$91.53	\$94.43	\$97.00	\$106.54	\$114.33
23	\$78.67	\$83.69	\$86.37	\$89.96	\$92.68	\$95.61	\$98.21	\$107.87	\$115.76
24	\$79.66	\$84.73	\$87.45	\$91.08	\$93.84	\$96.80	\$99.44	\$109.22	\$117.21
25	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
26	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
27	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
28	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
29	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
30	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
31	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67
32	\$80.65	\$85.79	\$88.55	\$92.22	\$95.01	\$98.01	\$100.68	\$110.59	\$118.67