

COLLECTIVE BARGAINING AGREEMENT

By and Between

WASHINGTON STATE NURSES ASSOCIATION

and

**PEACEHEALTH ST. JOSEPH MEDICAL CENTER
Bellingham, Washington**

June 1, 2025, through March 31, 2028

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THIS AGREEMENT is made and entered into by and between PEACEHEALTH ST. JOSEPH MEDICAL CENTER (hereinafter referred to as the "Medical Center" or "Employer"), and the WASHINGTON STATE NURSES ASSOCIATION (hereinafter referred to as the "Association").

PREAMBLE

WHEREAS, the Medical Center is engaged in furnishing an essential public service of the highest quality, vital to the health and safety of the population of the communities the Employer services; and

WHEREAS, both the Medical Center and its licensed professional registered nurses have a high degree of professional responsibility to serve the public; and

WHEREAS, both parties recognize this mutual responsibility and acknowledge the need for flexibility and innovation in meeting the current and future challenges facing health care providers and their employees. They have entered into this professional Agreement as a means to permit them to fulfill this responsibility, and with the desire to foster stable, peaceful and harmonious relations between the Employer and the Association; and

WHEREAS, the Medical Center and the Association jointly recognize that, in order for the Medical Center to survive and achieve long-range prosperity and growth, and for its employees to maintain secure employment, the parties must work closely together in a cooperative relationship to solve problems quickly and in a cooperative manner. To achieve this goal, the Medical Center and the Association agree to the following principles:

- We are dedicated to the Medical Center being a leading provider of healthcare services through continuously improving levels of service, quality, safety, value and innovative work design.

- Our mutual survival depends on our ability to deliver safe quality healthcare efficiently and cost effectively.
- We must be dedicated to continuous improvement and a collaborative relationship model in support of high quality and affordable healthcare.
- We must be dedicated to creating a transparent environment that supports continuous learning and safety.
- When barriers to our mutual success occur, the appropriate people from both parties will work together to attempt to resolve problems and recommend solutions to our mutual benefit.
- The success of our collaborative relationship is a shared responsibility between the Medical Center and the Association, including each member of the WSNA bargaining unit and Association staff.

Accordingly, the Medical Center and the Association, including all members of the bargaining unit, shall seek to develop and further a positive, collaborative alliance. We want such an alliance to foster an environment in which all are encouraged to engage with each other on problems, errors and near-errors, to learn from their experiences, and to work toward creative solutions. We believe that such an alliance will help to promote high quality and accessible and affordable health care, as well as the fulfillment of PeaceHealth's mission, vision and business strategies. In furtherance of these interests, it is to our mutual benefit that the registered nurses in this bargaining unit become key contributors and active participants in organizational planning, nursing practice, and redesign of our patient care delivery models and systems.

NOW, THEREFORE, in consideration of the mutual promises and obligations herein assumed, the parties agree as follows:

ARTICLE 1 – RECOGNITION

1.1 Bargaining Unit. The Employer recognizes the Association as the sole and exclusive bargaining agent for, and this Agreement shall cover, all registered nurses employed by the Employer as Staff Nurse, Nurse Team Leader, Per Diem Nurse at its hospital, and Hospice Nurse, Palliative Care Nurse, and Oncology Infusion Nurse, but excluding supervisors and all other employees.

ARTICLE 2 – ASSOCIATION MEMBERSHIP

2.1 Association Membership. All nurses whose date of hire is on or after April 5, 1998 shall, on or before the thirty-first (31st) day following the commencement of their employment, become and remain members of the Association as a condition of employment. Newly hired nurses shall be made aware of this provision at the time of orientation.

All nurses whose date of hire is prior to April 5, 1998, who are either members of the Association or voluntarily become members of the Association during their employment with the Employer, shall remain members, as defined below, as a condition of employment. Nurses whose date of hire is prior to April 5, 1998 who are not members of the Association shall not be required to become members as a condition of employment.

Membership in the Association shall be defined as the obligation to pay periodic dues and initiation fees, or upon a request of an employee who wishes to pay an agency fee in lieu of membership in the Association, to pay that portion thereof which represents the Association's costs of representing employees.

Nurses who are required to join or maintain membership in the Association and who fail to do so shall, upon written request to the Employer from the Association, be suspended until such time that all financial obligations have been met. Failure to meet such obligations may result in termination.

2.2 Dues Deduction. During the term of this Agreement, the Employer shall deduct dues from the pay of those nurses covered by this Agreement who voluntarily execute a wage assignment authorization form. When filed with the Employer, the authorization form will be honored in accordance with its terms. A copy of the authorization form to be used by nurses is set forth as Appendix "A" to this Agreement. Deductions will be promptly transmitted to the Association by check payable to its order. Upon issuance and transmission of a check to the Association, the Employer's responsibility shall cease with respect to such deductions. The Association and each nurse authorizing the assignment of wages for the payment of Association dues hereby undertakes to indemnify and hold the Employer harmless from all claims, demands, suits or other forms of liability that may arise against the Employer for or on account of any deduction made from the wages of such nurse. The Employer shall be obligated to honor only an authorization to deduct a specific dollar amount specified in writing by either the nurse or Association. The Employer shall have no obligation or responsibility for calculating, computing or verifying the amount to be deducted.

2.2.1 Voluntary PAC Contribution Deduction. Within sixty (60) days of ratification of the 2025-2028 Agreement, the Employer will deduct the sum specified from the pay of each member of the Union who voluntarily executes a Washington State Nurses Association Political Action Committee (WSNA PAC) wage assignment form. When filed with the Employer, the authorized form will be honored in accordance with its terms. The Union will provide a monthly report of any changes to the fixed WSNA PAC amounts.

ARTICLE 3 – NONDISCRIMINATION

3.1 No Employment Discrimination. The Employer and the Association agree that there shall be no harassment or discrimination against any nurse or applicant for employment on the basis of race, color, creed, national origin, religion, sex, age, marital status, sexual orientation, veteran status, citizenship (provided the nurse meets the definition of a protected individual under 8 U.S.C. § 1342(b)(a)(3)), affiliation or non-affiliation with the Association, handicap or disability. In the event that the Americans With Disabilities Act (ADA), the Washington Law Against Discrimination (WLAD) or any other law requiring accommodation of employees conflicts with

the provisions of this Agreement, such law shall control. Where possible, the Association shall be notified of any perceived conflict, and upon request, the Medical Center shall meet with the Association to discuss the conflict. No nurse shall be discriminated against for lawful Association activity.

ARTICLE 4 – ASSOCIATION REPRESENTATIVES

4.1 Access to Premises. Duly authorized representatives of the Association shall be permitted at all reasonable times to enter the hospital operated by the Employer for the purpose of transacting Association business and observing conditions under which nurses covered by this Agreement are employed; provided, however, that the Association's representative shall upon arrival at the hospital notify the Director of Human Resources or designee of the intent to transact Association business. The Association representative shall advise the Director of Human Resources or designee as to which department or areas they wish to visit, and confine their visits to such department or areas as agreed upon. Transaction of any business shall be conducted in an appropriate location and shall not interfere with the work of nurses.

4.2 Local Unit Chairperson. The Association shall have the right to select a Local Unit Chairperson or Co-Chairpersons from among the nurses in the bargaining unit. The Local Unit Chairperson or designee may investigate circumstances of grievances under this Agreement within the hospital during released time without pay and may contact other nurses briefly during their on-duty hours pursuant to the investigation.

4.3 Rosters. Semi-annually (in the months of January and July), the Employer shall provide the Association electronically and attached to email a list of all nurses covered by this Agreement. This list will contain each employee's name, home address, home telephone number, employee identification number, last four digits of social security number, work status (full-time, part-time or per diem), FTE, unit, shift, rate of pay and first paid working day in a bargaining unit position. In addition, on the first day of each month, the Employer will provide the Association electronically with a list, containing the same information, of any employees hired or moved into a position covered by this Agreement during the previous month. The list shall also identify all

employees who left the bargaining unit for non-bargaining unit positions or who were terminated during the previous month.

4.4 Bulletin Board. A bulletin board in a prominent location shall be designated by the Employer for the use of the local unit in the hospital. The bargaining unit may also utilize bulletin boards in the nurses' lounges on each unit.

4.5 Distribution and Introduction of Agreement. During the orientation of new nurses, the Employer shall provide the Local Unit Chairperson or designee with an opportunity, on release time without pay, to introduce this Agreement to the new nurses and shall include the introduction meeting on all new hire orientation calendars. The Employer shall post a digital copy of this Agreement and any applicable memoranda of understanding or addenda (which shall be provided by the Association to the Employer) to its intranet for access by each nurse presently employed and all newly hired nurses. Digital copies of a cover letter, membership application, and payroll deduction card, and voluntary PAC contribution deduction form supplied by the Association will be posted with the Agreement.

4.6 Meeting Rooms. The Association shall be permitted to use designated premises of the Employer for meetings of the local unit for professional/educational purposes only.

4.7 Negotiating Team. Time spent by members of the Association's negotiating team in negotiation sessions which occur during their regularly scheduled period of work shall count for purposes of accrual of benefits.

ARTICLE 5 – DEFINITIONS

5.1 Staff Nurse. A Registered Nurse who is responsible for the direct and indirect nursing care of hospital patients.

5.2 Nurse Team Leader. A nurse team leader is responsible for the supervision of patient care and operations for their shift or team. Establishment of the nurse team leader position is intended to create additional resources on a shift or team, not to transfer existing management

responsibilities to the bargaining unit. Nurse team leaders report to the manager or director of their respective unit, assist in providing leadership for their shift or team, and participate in performance appraisals in a non-supervisory capacity. Notwithstanding any other provision of this Agreement, nurse team leaders shall not be subject to floating except by mutual agreement. The nurse team leader for all shifts will be indicated on the schedule.

5.2.1 Positions. All nurse team leader positions will be posted. The Medical Center maintains the right to select the nurse for the position pursuant to the provisions of Article 13.2. The right to fill and maintain nurse team leader positions in any particular unit is reserved to the Medical Center, provided that the Medical Center treats the addition or deletion of any such position as a “staffing change” in accordance with Article 18.3.

5.2.2 Performance of direct patient care. The Medical Center shall make a good faith effort to reduce the nurse team leader’s level of direct patient care in relation to their other nurse team leader duties, in accordance with workload demands, and the level of skill and experience of the nursing personnel working that shift, of which management has been notified. Nurse team leaders will be scheduled to and will perform the duties of a staff nurse at least two (2) shifts per month. When a nurse team leader is granted voluntary low census from a staff nurse shift, the Employer may decide not to count the shift towards the monthly minimum, depending on the circumstances.

5.2.3 Relief nurse team leader. A registered nurse who is assigned, on a temporary basis, to perform the duties of a nurse team leader shall be referred to as a relief nurse team leader.

5.3 Preceptor Nurse. A preceptor is a regular full-time or part-time nurse who is selected by their manager to participate in the planning and implementation of new skill development for designated nurses and/or students (excluding student observers) who are providing direct patient care. Preceptors must demonstrate clinical expertise in patient care, communication and leadership skills and interpersonal relationships, and be able to teach these skills in a close one-on-one relationship with newly hired nurses. Preceptors are assigned by their manager to a designated

nurse and/or student without a clinical instructor on a consistent basis. Nurses who are precepting will have those additional responsibilities considered in their work assignments and, where appropriate, will have their patient load reduced accordingly. Nurses who are precepting PeaceHealth employees will be provided formal preceptor training. Any preceptor may request, and will be provided, preceptor training.

5.4 Per Diem Nurses. A per diem nurse is a nurse who may be regularly scheduled after full and part-time nurses are scheduled for their assigned FTE or who is called to work when needed.

5.4.1 Compensation. Per diem nurses shall be paid in accordance with the wage rates set forth in Appendix B of this Agreement. In addition, a per diem nurse shall receive a differential in lieu of the benefits contained in Articles 9 and 10 of fifteen percent (15%). Per diem nurses shall receive longevity increments and shall be eligible for standby pay, preceptor pay, relief team leader pay, callback pay and shift differentials.

When a nurse transfers from full-time or part-time status to per diem status, all of the nurse's accrued PTO shall be cashed out.

5.4.2 Minimum requirements. Per diem nurses must be available to be scheduled to work a minimum of two (2) weekend shifts per month and a minimum of two (2) additional shifts per month. Each nurse must provide notice to the Medical Center of their availability in accordance with Section 7.10. Per diem nurses shall provide availability in accordance with the unit's established full shift lengths. Per diem's first four shifts worked each month shall be at their regular rate of pay. Per diem nurses with ten (10) or more years of service at the Medical Center may satisfy their minimum requirements on an aggregate calendar quarterly basis. Per diem must work at least 96 hours during the six-month period beginning on January 1 and July 1 each year. Per diem nurses who are scheduled to work a shift and are called off on Mandatory Low Census shall have those hours counted as worked.

5.4.3 Holiday scheduling. The scheduling of nurses to work Christmas Eve, Christmas Day and New Year's Day, in accordance with mutually established guidelines and Section 9.4, shall apply equally to regularly scheduled nurses and per diem nurses.

Per diem staff must inform their manager of holiday availability for the Christmas Eve, Christmas, and New Year's workdays by January 31 via electronic request. Included in the holiday request form emailed to all RNs will be a section dedicated for per diem RNs to indicate their holiday availability. Newly hired per diem RNs must fill out a holiday availability form within two (2) weeks of hire.

5.4.4 Position review. Per diem nurses who feel that their work schedule calls for a review of the assigned positions in a unit shall have the right to require such a review and, if not satisfied, may submit the dispute to the grievance procedure. If the review process results in a determination that an additional position in the unit is warranted, the position shall be posted.

5.5 Full-Time Nurse. Nurses who are regularly scheduled to work thirty-six (36) or more hours within a seven (7) day period or seventy-two (72) hours within a fourteen (14) day period.

5.6 Part-Time Nurse. Nurses who are regularly scheduled to work less than thirty-six (36) hours within a seven (7) day period or less than seventy-two (72) hours within a fourteen (14) day period. Part-time nurses who feel that their work schedule calls for a review of the assigned positions in a unit shall have the right to require such a review and, if not satisfied, may submit the dispute to the grievance procedure. If the review process results in a determination that an increase in FTE within the unit is warranted, a position shall be posted.

5.7 Rates of Pay.

5.7.1 Straight time rate of pay. Base pay in accordance with Appendix B plus, where applicable, nurse team leader position differential, BSN/MSN differential, certification differential, per diem differential, and PNAP premium.

5.7.2 Regular rate of pay. Average rate of pay within the applicable work period based on the straight rate of pay plus, where applicable, shift differential, relief nurse team leader differential and preceptor differential.

ARTICLE 6 – PROBATION AND TERMINATION

6.1 Probation. The first 120 calendar days of continuous employment shall be considered a probationary period. The probationary period may be extended up to an additional 60 calendar days by the mutual written agreement of the Employer and the nurse involved. A nurse shall attain regular nurse status upon successful completion of the probationary period.

6.2 Notice of Termination. Regular nurses shall give not less than fourteen (14) calendar days' prior written notice of intended resignation.

6.3 Discipline and Discharge. Non-probationary nurses shall not be disciplined or discharged without just cause. Non-probationary nurses disciplined or discharged shall be entitled to utilize the provisions of the grievance procedure. Discipline shall be administered on a progressive and corrective basis. Disciplinary steps prior to discharge may be bypassed in appropriate cases. The nurses shall be given a copy of all written warnings. When verbal action taken by the Employer constitutes the first step in the disciplinary process, the Employer shall notify the nurse prior to or concurrent with the disciplinary meeting. The nurse may request the attendance of the Local Unit Chairperson or designee at disciplinary meetings.

ARTICLE 7 – HOURS OF WORK AND OVERTIME

7.1 Work Period and Work Day. The normal work period shall consist of forty (40) hours within a seven (7) day period or eighty (80) hours within a fourteen (14) day period. The normal work day shall consist of eight (8), ten (10), or twelve (12) hours plus unpaid meal period(s) of one-half (1/2) hour in accordance with Section 7.6, below.

7.1.1 Six-Hour Shifts. The Medical Center may post 6-hour shifts. Nurses who are scheduled to work six (6) hour shifts will be paid time and one-half for all hours worked in

excess of eight (8) hours. A six-hour nurse who takes PTO will not count toward any PTO limits/caps on approved PTO requests within each department/unit.

7.1.2 Other innovative work schedules. Other innovative work schedules may be established when mutually agreeable to the Employer, the Association and the nurse concerned with written notice to the Local Unit Chairperson.

7.1.3 Broad-based implementation and/or discontinuance. Notwithstanding the foregoing, in the event that the Employer seeks to implement extra length shifts for an entire nursing unit or on a hospital-wide basis, the Employer may, in lieu of receiving mutual consent from all affected nurses, notify and, upon request, bargain with the Association regarding the proposed work schedule, which shall be agreed to between the parties prior to implementation. The Association shall respond within fourteen (14) calendar days after receiving notification from the Employer.

7.2 Definition of Overtime. All time worked in excess of forty (40) hours during any one (1) week shall be considered overtime, unless the employee is assigned to work eighty (80) hours during a two (2) week period, in which case all time worked in excess of eight (8) hours during any one (1) day and in excess of eighty (80) hours during the two (2) week period shall be considered overtime. All overtime must be properly authorized by the Employer. A regularly scheduled nurse (i.e., excluding per diem nurses) who works an eight-hour shift shall be paid time and one-half for all hours worked in excess of eight (8) hours. Nurses who are scheduled to work ten (10) hour shifts will be paid time and one-half for all hours worked in excess of ten (10) hours. Nurses who are scheduled to work twelve (12) hour shifts, and per diem nurses, will be paid time and one-half for all hours worked in excess of twelve (12) hours.

7.3 Overtime Computation. All overtime shall be paid at the rate of one and one-half (1½) times the nurse's regular rate of pay. All time worked in excess of twelve (12) consecutive hours shall be paid at the rate of double the employee's straight time hourly rate of pay, except that nurses working 10-hour and 12-hour shifts shall be compensated at the rate of double the employee's straight time hourly rate of pay for all time worked in excess of fourteen (14)

consecutive hours. Overtime shall be computed based on actual time worked to the minute (i.e., without rounding).

7.4 Mandatory Overtime. Overtime shall not be mandatory unless implemented in accordance with state law.

7.5 Paid Time. Time paid for but not worked shall not count as time worked for purposes of computing overtime. There shall be no pyramiding or duplication of overtime pay or premium pay for the same hours worked. All time paid at the contractual overtime rate during a pay period (one week for 40 hour nurses, two weeks for 8/80 hour nurses) may be credited as overtime for purposes of compliance with State and Federal Law, providing (1) under no circumstances shall any nurse be denied contractual overtime or double time provide under this Agreement and (2) time on call back shall be counted towards statutory overtime.

7.6 Meal Periods and Rest Breaks. Nurses shall receive an unpaid meal period of one-half (1/2) hour for every shift longer than five (5) hours; on any shift longer than ten and one-half (10.5) hours, the nurse is entitled to an additional meal period and nurse shall not go more than five (5) hours without the opportunity for a meal period. A nurse working a shift that entitles the nurse to more than one meal period may waive the second meal period and the timing requirements pertaining to the first meal period. If the nurse does not waive the second meal period, the additional half hour will be added to the end of the nurse's shift. A nurse may revoke the waiver at any time. Nurses are required to take their full meal period unless they cannot be relieved or their meal period is interrupted because of an unforeseeable emergent circumstance, or unforeseeable clinical circumstance that may lead to a significant adverse effect on the patient. Nurses must document the reason they could not be relieved during their meal period on the Employer's designated tracking system. Nurses required to work during the meal period shall be compensated for such work at the appropriate rate.

Nurses shall receive a paid rest break of fifteen (15) minutes in each four (4) hour period of work. Nurses are responsible for taking their rest breaks and meal periods when offered. The Employer is responsible for providing adequate staffing so that nurses may take their permitted

breaks. If a nurse requests and is denied the opportunity to take a rest break, the Employer will work with the nurse to schedule an alternate break time. If a nurse is unable to be rescheduled to take a break, then the nurse shall be compensated for such break time at one and one-half (1½) times the nurse's regular rate of pay. Nurses shall promptly and accurately report to the Employer whenever they do not receive a rest period and must document the reason they could not be relieved on the Employer's designated tracking system.

7.7 Weekends. The Employer will make all reasonable efforts to schedule nurses so that they have at least every other weekend off. In the event a nurse is required to work on either Saturday or Sunday on two (2) consecutive weekends, all time worked on the second weekend shall be paid for at the rate of one and one-half (1½) times the nurse's regular hourly rate of pay, unless the nurse voluntarily agrees to work on the weekend either at the time of hire or thereafter (including any trading of weekend work). The next regularly scheduled weekend shall be paid at the nurse's regular rate of pay. The weekend shall be defined as commencing at 11:00 p.m. on Friday and concluding at 11:00 p.m. on Sunday (for 12-hour shift nurses, from 7:00 p.m. on Friday to 7:00 p.m. on Sunday) for a night shift nurse unless mutually agreed otherwise.

7.7.1 In the event that a nurse who is scheduled to work every third weekend is required to work consecutive weekends, the nurse shall be paid at the rate of one and one-half (1½) times the nurse's regular hourly rate of pay for all hours worked on the nurse's unscheduled weekend. Any such nurse who is required to work on the weekend immediately preceding their regularly scheduled weekend shall notify their supervisor of any event, as soon as the nurse becomes aware of such event, causing the nurse not to work on the regularly scheduled following weekend.

7.8 Work on Day Off. All nurses with a .9 FTE or above who have worked their scheduled shifts during a workweek and are called in on their scheduled day off during the same week shall be paid at the rate of one and one-half (1½) times the regular rate of pay for the hours worked. Low census, prescheduled PTO, and mandatory education shall count towards hours worked for purposes of this article. Except in cases of emergency, part-time nurses will not be required to work on a non-scheduled day.

7.9 Rest Between Shifts. Unless performing standby duty, each nurse shall be entitled to an unbroken rest period of at least ten (10) hours between shifts. Any time worked without the required rest shall be paid at the premium rate of time and one-half the regular rate of pay. For purposes of this paragraph, (1) working at the request of other nurses or as a result of trades, (2) working a shift as a result of voluntary sign-up not initiated by the Employer, or (3) attending a non-mandatory meeting, non-mandatory in-service or non-mandatory education day shall not be deemed an event that disrupts an otherwise unbroken rest period.

7.10 Work Schedules. Work schedules shall be issued every four (4) weeks and will be posted at least sixteen (16) days in advance. Requests for scheduled days off must be submitted by the nurse at least thirty (30) days prior to the start of the schedule. By the twenty-sixth (26th) day prior to the start of the schedule, per diems must provide availability and be available to be scheduled for four shifts in accordance with Article 5.4.2. By the twenty-fifth (25th) day prior to the start of the schedule, per diem nurses may be prescheduled for up to one half of their shift requirements, after which regular full-time and regular part-time nurses (including qualified float nurses) shall have the opportunity to fill vacant available non-premium shifts. As of the twenty-second (22nd) day prior to the start of the schedule, per diem nurses shall be scheduled for their remaining nonpremium shifts based on their earlier declared dates of availability and their desire to work additional shifts. (The applicable dates in 2025 are provided at Appendix C) Management shall approve or deny any non-premium shift requests by the time the schedule is released or within seven (7) days of the request, whichever is later. The Medical Center will provide notice to nurses prior to posting of the work schedule regarding any change from their normal scheduling pattern. Posted schedules may be amended by mutual agreement at any time. Attempts will be made to maintain a master schedule (i.e., scheduling patterns) for regularly scheduled part-time and full-time nurses. Absent the nurses' agreement, nurses shall not be scheduled to work above their FTE.

7.10.1 Shift trades and shift "pick-ups" for RNs willing to work above their FTE, may be submitted up to three (3) months in advance and nurses shall be notified within twenty-one (21) days if their request is granted or denied.

7.11 Shift Rotation. Unless mutually agreeable by the Employer and the nurse involved, shift rotation will be used only when necessary as determined by the Employer. If shift rotation is necessary, and if skill, ability, experience, competency, and qualifications are not overriding factors as determined by the Employer, volunteers will be sought first, and if there are insufficient volunteers, shift rotation will be assigned on the basis of seniority, least senior person first. There shall be no posting of shift rotations. The Employer shall notify the Association of the need to assign shift rotation prior to implementation.

7.12 Variable Schedules. For nurses hired into a position with variable shift lengths and/or start times, normal workday shift lengths and start times may vary. Shifts shall be scheduled for eight, ten, or twelve hours, and are subject to the applicable overtime rules for the scheduled shift length.

7.13 Consecutive Work Days. Upon request by the nurse, the Employer shall make all reasonable efforts to avoid scheduling the nurse for work weeks consisting of more than five (5) consecutive work days for eight (8) hour shifts, four (4) days for ten (10) hour shifts, three (3) days for twelve (12) hour shifts.

7.14 Work in Advance of Shift. When a nurse, at the request of the Employer, reports for work in advance of the assigned shift and continues working during the scheduled shift, all hours worked prior to the scheduled shift shall be paid at one and one-half (1-1/2) times the regular rate of pay. All hours worked during the scheduled shift shall be paid at the nurse's regular rate of pay, unless the nurse is entitled to premium pay pursuant to Article 7.10.

7.15 Floating. In the event that floating is necessary for reasons other than low census, scheduled personnel from the float unit who are qualified to perform the work shall be utilized first. In the event that the need cannot be met from the float unit, floating will be spread on an overall equitable basis among nurses in a given unit, in accordance with that unit's operational needs and patient care demands. Volunteers will be sought first. Agency and traveler nurses will float next, provided that they are qualified to work in the area to which floating is required. Any staff nurse working a six-hour shift will be floated next. Per diem nurses and nurses working above

their scheduled FTE, to the extent they are qualified to work in the area to which floating is required, will be floated before regular full-time and part-time nurses scheduled to work a shift longer than six-hours. A nurse shall not be required to float to an area for which the nurse has not received adequate current training or work experience to safely perform the duties associated with the float assignment. If, however, a nurse is floated to a unit for which they have not met the established competencies, the nurse shall receive a modified assignment consistent with their abilities and training.

7.16 Report Pay. Nurses who report for work as scheduled shall be paid a minimum of four (4) hours' report pay at the straight time rate, unless the Employer makes a reasonable effort to notify the nurse by telephone no less than one (1) hour prior to the beginning of the scheduled day shift, or one and one-half (1½) hours prior to the beginning of the scheduled evening or night shift, that they should not report. Calling the nurse at the nurse's most recently furnished telephone number and, if there is a voicemail box, leaving a message constitutes a reasonable effort to notify under this paragraph, provided that such call is documented.

ARTICLE 8 – COMPENSATION

8.1 Wage Rates. Nurses covered by this Agreement shall be paid in accordance with the provisions contained herein and the applicable wage rates in Appendix B.

8.2 Salary and Benefit Computation. For purposes of computing years of service under Articles 8.1 and 9.2, one (1) year of employment shall include at least twelve (12) calendar months. For purposes of computing other benefits, one (1) year of employment shall be computed on the basis of two thousand eighty (2,080) paid hours per year (173.33 per month). Paid hours including both full-time and part-time hours, but excluding standby hours, shall be regarded as time worked for purposes of computing wage and benefits.

Regular full-time and part-time nurses who are asked not to report for work as scheduled because of low census shall also have their low census day hours count for purposes of computing service increments and accrual of benefits. Nurses shall be eligible to receive service increments

and accrued benefits as defined above. Service increments shall become effective the beginning of the first payroll following completion of twelve (12) calendar months.

8.3 Recognition for Previous Experience. Nurses first employed during the term of this Agreement shall be compensated at a salary level equal to the nurse's number of years of experience in nursing. For purposes of this section, experience shall be defined as relevant clinical nursing experience, with due consideration to breaks in nursing experience which would impact the level of nursing skills, as determined by the Employer.

8.4 Nurse Team Leader. A registered nurse who occupies the position of nurse team leader as described in Article 5.2 shall receive a differential of \$4.25 for all compensated hours. A staff nurse who is assigned the responsibilities of a relief nurse team leader in accordance with Article 5.2.3 shall be compensated at the rate of \$4.25 per hour during the period of assignment.

8.5 Standby and Callback.

8.5.1 Standby pay. Nurses placed on standby status off hospital premises shall be compensated at the rate of \$4.75 per hour under 40 hours per pay period; \$7.50 per hour for every hour of standby at or above 40 hours per pay period. Standby pay for any holiday listed in Section 9.8 shall be paid at one and one-half (1½) times the regular standby rate. Standby duty shall not be counted as hours worked for purposes of computing overtime or eligibility for service increments or benefits.

8.5.2 Assignment of standby status. The Employer may assign scheduled call to nurses working in OR, PACU, Special Procedures (Interventional Radiology), Cath Lab, Imaging/Endoscopy, Electrophysiology Lab, Cardiac Recovery, Labor & Delivery and any new department in which scheduled call is warranted, as well as to Sexual Assault Nurse Examiner ("SANE") nurses.

The Employer may offer callback pay at one and one-half (1½) times the nurse's regular rate of pay to encourage nurses to volunteer for low census standby. Low census

standby shall be voluntary, except for part-time, full time nurses working in the above-referenced departments.

8.5.3 Callback. A nurse called back to work after the completion of the nurse's regular work day shall receive a minimum of two (2) hours of pay at the appropriate rate. A nurse working in any of the departments referenced in Section 8.5.2 who is called to work from either pre-scheduled or mandatory low census standby status shall receive a minimum of three (3) hours' pay at one and one half (1 ½) times the nurses' regular rate of pay. The performance of standby duties is treated as continuing during a callback; accordingly, standby pay shall be in addition to callback pay.

8.5.4 Paging Devices. The Employer shall continue its past practice with respect to the availability of paging devices.

8.5.5 Repeated or lengthy callbacks. Where a nurse has experienced repeated or lengthy callbacks prior to the nurse's next scheduled shift, the nurse may request to be relieved from working any of or a portion of the next scheduled shift. The Medical Center will make a good-faith attempt to arrange for coverage so that the nurse's request may be granted. The adjustment in work schedule will not count as an occurrence under the attached Memorandum of Understanding #1. The nurse may use PTO at the nurse's discretion.

8.6 Shift Differential. For each hour worked on the second (evening) shift, nurses shall receive a premium pay of eleven percent (11%) of the "base" rate designated in Appendix B. For each hour worked on the third (night) shift, nurses shall receive a premium pay of nineteen percent (19%) of the "Base" rate designated in Appendix B.

8.7 Certification Differential. Nurses who attain certification and who are working in their area of certification shall receive a differential of \$1.25 for all compensated hours. For purposes of this paragraph, certification is defined as the achievement of a passing score in an examination for certification established by a national nursing organization in that specialty. Nurses holding an Advanced Registered Nurse Practitioner designation shall be treated as nurses

qualifying for certification pay under this paragraph. There shall be recognition for no more than one certification of an individual nurse at any given time. To qualify for continuing eligibility for the certification premium under this paragraph, the nurse shall be required to provide documentary proof of continuing certification prior to the expiration date of the current certification.

The nurse is responsible for providing the Employer with documentary proof of initial certification. Once proof is provided to Talent Acquisition or the HR Service Center, the differential will be implemented the first day of the first full pay period following verification. For new nurses who provide verification during their first pay period, the premium will begin on their first day. The differential is eligible for retroactive payment only if the nurse can provide verification that certification documents were provided on a previous date.

8.8 Bachelor's and Master's Differential. Nurses who have a Bachelor's degree in nursing shall receive a differential of \$1.25 for all compensated hours. Nurses who have a Master's degree in nursing or equivalent degree (including PhD in nursing or DNP) shall receive an additional differential of \$1.25 for all compensated hours.

The nurse is responsible for providing the Employer with proof of degree through transcripts, diploma, official letter, or other acceptable documentation to verify the authenticity of the degree. Once proof is provided to Talent Acquisition or the HR Service Center, the differential will be implemented the first day of the first full pay period following verification. For new nurses who provide verification during their first pay period, the premium will begin on their first day. The differential is eligible for retroactive payment only if the nurse can provide verification that education documents were provided on a previous date.

8.9 Preceptor Pay. Nurses assigned as preceptors shall receive a premium of \$2.25 for each hour that the nurse is assigned to perform the duties of preceptor.

8.10 Mileage. When a nurse covered by this Agreement is required by the Employer to use the nurse's personal vehicle to perform patient care services, the nurse shall be considered in

the employ of the Employer, all provisions of this Agreement shall apply, and the nurse shall be reimbursed for mileage at the rate established by the Internal Revenue Service.

8.11 Float Unit Differential. Full-time and part-time nurses assigned to the Float Unit will receive a differential of \$4.50 for all compensated hours. This will include Patient Care Support Resource, Pediatric Resource, and Stat RNs.

8.12 Floating Outside of Float Unit. Nurses outside the Float Unit, who are not per diem shall receive a premium of \$3.50 per hour for hours floated to departments outside of their clinical grouping (as defined below). If RNs float to a different department to perform a procedure that is part of their normal duties, they will not receive the float differential.

Clinical Groupings:

- Labor & Delivery, Mother Baby Unit, Pediatrics, and Special Care Nursery

ARTICLE 9 – PAID TIME OFF

9.1 Purpose. The purpose of a Paid Time Off (“PTO”) program is to provide all eligible employees with compensation during holidays, vacation time, and periods of illness or injury (including care for a qualified family member as defined by law). It is intended to allow each eligible nurse to utilize paid time off as they determine that it best fits their personal needs or desires, in accordance with the parties’ mutually established guidelines. The Employer shall maintain staffing levels sufficient to assure Nurses may take approved leave. Nurses must use PTO (unless extended illness pay may be accessed pursuant to Article 10) for any requested time off which places the nurse below their FTE level for the payroll period, except as otherwise provided herein and in Article 12. This provision will not apply to voluntary or mandatory low census.

9.2 Rate of Accrual. PTO is accrued on the following schedule, provided that the employee is paid for at least two thousand eighty (2,080) hours per year.

Years of Service	Hours Accrued Annually		
1-3	200 (25 days)	-	.09615 per hour
4-5	240 (30 days)	-	.11538 per hour
6-7	248 (31 days)	-	.11923 per hour
8-9	256 (32 days)	-	.12308 per hour
10-14	280 (35 days)	-	.13462 per hour
15 or more	304 (38 days)	-	.14615 per hour

PTO is accrued on all hours paid , excluding standby hours, hours cashed out pursuant to Section 9.9, and hours donated pursuant to Section 9.12. All part-time employees accrue PTO on a prorated basis.

9.3 Eligibility. The benefits of this article are available only to full-time and parttime nurses regularly scheduled at .5 FTE and above. Nurses with an FTE level of .1-.49 will receive a 15% differential in lieu of PTO accrual and EIB. The FTE .1 to .49 nurses shall be allowed time off to the same extent and through the same processes as other FTE nurses.

Available PTO hours will appear on each payroll statement.

9.4 Scheduling of PTO.

9.4.1 Form of request. PTO must be requested through the Medical Center's electronic scheduling and timekeeping system.

9.4.2 Winter holidays. PTO requested during the Christmas or New Year's holiday periods shall be assigned on a rotational basis provided that either Christmas Day, Christmas Eve or New Year's Day is worked by the nurse. Nurses shall be scheduled to work Christmas Eve, Christmas Day and New Year's Day in accordance with the guidelines in this Agreement. Every effort will be made to not schedule staff for both Christmas Eve and Christmas Day. For staff that are scheduled to work both, management will provide priority in granting the nurses low census, if available.

Each unit that operates at full capacity on Christmas Eve, Christmas Day, and New Year's Day will follow the process outlined below. Because schedule patterns may change during the pay periods spanning these holidays, it is the responsibility of the nurse to check their schedule for December and January. Every effort will be made to establish the December and January schedules by JULY first.

- a) Time off for the three major holidays will be granted by 1st, 2nd & 3rd choice. If unable to grant a choice, then the decision will be based on who worked it the previous year and then by seniority.
- b) Holiday Request forms (for the following holiday season) will be available no later than January 5th with the submission deadline of midnight January 31st. The Employer will send out an electronic link to the Holiday Request forms to all nurses as soon as the Holiday Request form becomes available. Nurses hired after Jan 31st can put in holiday preferences by filling out electronic form on staffing website. These requests will not be included with requests made during the January request period but will taken into consideration when building holiday schedule.
- c) If a nurse does not submit a holiday request form, holidays will be assigned with preference to those who submitted forms and on unit needs.
- d) All PTO requests that span any of the above holidays will not be acted upon until Feb 1st of the year including those holidays.
- e) If an employee transfers during the year after approval of a holiday schedule, every effort will be made to honor the original request. However, if the unit is unable to honor the request due to previously approved Holiday requests and unit needs, the employee may be scheduled to work a holiday that is not a first or second choice.

9.4.3 PTO requests. All requests for PTO may be submitted electronically up to one (1) year in advance and until thirty (30) days prior to the start of the next schedule period. Such requests will be granted based on the date the request was submitted, then bargaining unit seniority, provided the skills and abilities of the nurses affected are not significant factors as determined by the Employer. Nurses will be notified in writing as to whether the PTO is approved within 21 days or the date the work schedule is posted, whichever occurs first, after the request is submitted. Current status of unit time off schedules will be accessible to staff.

9.4.4 Limitations on granting of PTO. Requests may be submitted for any amount of time, as long as there is or will be sufficient PTO balance at time of use (plus 3 unpaid personal days annually) to cover the nurse's requested time off on the requested dates.

Except on major holidays (e.g. Christmas Eve, Christmas Day, New Year's Day), at least 1 staff member within each work group (unit/shift) will be granted discretionary time off (PTO, education, personal leave, etc.). Units with adequate coverage to do so shall establish guidelines to grant more than this minimum.

9.4.5 Approved PTO. Approved PTO shall not be affected by later requests unless mutually agreeable. Once approved, a nurse shall not later be required to find a replacement for PTO granted. However, if there is insufficient PTO at the time of intended use to cover the previously requested time off, the nurse's PTO request will not be converted to a request for unpaid time off absent approval by the Employer. Nurses who apply to transfer to a different unit with previously approved PTO shall let the manager of that unit know about any previously approved PTO, and the manager will then notify the nurse whether the previously approved PTO can carry over to the unit, or if it would be cancelled as a result of the transfer. Such notice will be provided at the time the transfer is offered, or sooner.

9.4.6 Denied PTO. For denied PTO requests, a nurse may seek time off as follows:

9.4.6.1 Submit Shift Trade Form in accordance with Section 7.10.1, documenting appropriate coverage arrangements. For approval, coverage arrangements must provide comparable patient care skills and avoid overtime.

9.4.6.2 Nurses should first attempt to arrange a trade or extra shift by someone in the department with an FTE position. If no staff with FTE positions will work the shift, arrangements for coverage by per diem staff may be made. The per diem nurse must be willing to provide the coverage in addition to their minimum contractual availability for hospital scheduling.

9.4.7 Cancellation. After the deadline for PTO requests, an employee who wants to work instead of taking approved time off should inform the Employer of their "available" status or arrange an exchange of shifts with someone scheduled to work.

9.4.8 PTO increments. Generally PTO may not be taken in increments of less than the nurse's regular workday. Under special circumstances and only when approved by supervision, partial days may be granted.

9.5 Unscheduled Time Off. When time off is requested without prior approval due to an emergency or illness, the nurse must specify if they are requesting time off due to personal or qualifying family illness. A nurse requesting time off without prior approval and on short notice will make a reasonable effort to contact the Employer at least one and one-half (1½) hours before their scheduled start time if working the day shift, and at least two (2) hours before their scheduled start time if working the evening or night shift. Leaving a message constitutes a reasonable effort to notify under this paragraph. The nurse must provide such notification each day of absence unless prior arrangements have been made with the nurse's manager.

9.6 Payment. PTO shall be paid at the straight time rate of pay. Inclusion of shift differential in said rate of pay shall be determined in accordance with the hours normally worked by the nurse on the nurse's assigned shift.

9.7 Maximum Limit. The maximum PTO accrual is 600 hours. No future PTO may be accrued or vested until the nurse's maximum accrued unused PTO has been reduced below the maximum, at which point PTO can again be accrued to the maximum. In the event, however, that a leave request has been denied at least 60 days but no more than six (6) months earlier, where granting the request would have avoided reaching the maximum limit, a nurse may accumulate above the accrual cap until the granting of a PTO request brings the nurse below the cap no more than six (6) months thereafter; provided that the nurse notifies their supervisor at the time of the leave request that denial of the request will result in an accumulation above the cap.

9.8 Holidays. All hours worked on the following recognized holidays will be paid at the rate of time and one-half times the regular rate of pay:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas
- Christmas Eve

Holiday pay shall apply for all hours worked from 11:00 p.m. on the day preceding the holiday until 10:59 p.m. on the actual holiday.

In the event PeaceHealth designates an additional paid holiday, such holiday shall be paid pursuant to this section.

9.9 Cash Alternative. PTO may be taken by a nurse in the form of cash payment in lieu of time off each calendar year, provided that the nurse makes an irrevocable election (1) in the last calendar quarter of the preceding year during Employer's standard benefit enrollment process or (2) during the calendar year itself with the Human Resource's approval conditioned on financial hardship, past use of PTO and current PTO balance. Such cash-out will be paid out at any time after the PTO to be cashed out has accrued during the calendar year, but in no event later than December 31 of that year. PTO taken in cash payment form will be paid at the employee's straight

time rate of pay. Inclusion of shift differential in said rate of pay shall be determined in accordance with the hours normally worked by the nurse on the nurse's regularly assigned shift.

9.10 Full-Time Employee Benefit. All nurses regularly scheduled at .9 FTE or above as of January 1 shall be credited with an additional one day (8 hours) of PTO.

9.11 Payment Upon Termination or Transfer to Per Diem. A nurse shall be paid upon termination of employment for all accrued PTO. When a nurse transfers from full-time or part-time status to per diem status, all of the nurse's accrued PTO shall be cashed out.

9.12 Donation of PTO. A nurse may donate a minimum of one (1) hour and a maximum of 250 hours per year of their accrued PTO for the benefit of other employees who request donated PTO due to medical hardship. A medical hardship consists of a medical condition of the employee or a family member that will require the employee's prolonged absence from duty and will result in a substantial loss of income because the employee will have exhausted all accrued PTO. PeaceHealth shall determine, based on information provided to PeaceHealth, whether a medical hardship exists. Hours of donated PTO for medical hardship are not applied to a receiving caregiver's PTO bank until they have exhausted their own PTO and is made based on the scheduled hours of the caregiver prior to the absence due to medical hardship, on a per pay period basis. The nurse desiring to donate PTO to the PTO donation bank must submit an electronic request. Any hours donated through this process shall be transferred to the PTO donation bank on an irrevocable basis.

ARTICLE 10 – EXTENDED ILLNESS

10.1 Availability. Extended illness pay is available, for illness and temporary disabilities such as maternity, planned surgery, inpatient treatment programs and other anticipated disabilities, and caring for a qualified family member as defined by law, to nurses who have accrued extended illness hours. Extended illness benefits shall accrue at the rate of 4 days (32 hours) per year per 1.0 FTE, and on a prorated basis for part-time employees. The maximum extended illness accrual shall be 600 hours. Extended illness pay is available following completion of thirty-two (32)

consecutive scheduled hours of absence due to illness or injury, or upon the first day of hospitalization or upon the day of any outpatient procedure that requires two (2) days off from work. Nurses sent home or mandated not to be at work during a federally declared pandemic event as a result of symptoms of an influenza-like illness (ILI), as determined by Occupational Health, or directed by Occupational Health to quarantine at home shall also have immediate access to extended illness pay.

10.1.1 A full-time or part-time nurse who changes to per diem status shall retain previously accrued extended illness hours. After return to full-time or part-time status, previously accrued extended illness hours shall be reinstated for benefit eligibility purposes.

10.2 Physician's Statement. Reasonable proof of illness from the nurse's treating health care provider may be required prior to payment of extended illness pay. If extended illness is requested prior to the date of surgery or delivery, a statement from the nurse's treating health care provider is required verifying the disability. After the surgery or delivery, a statement from the health care provider is required verifying the length of disability with an "able to return to work" date. If the nurse is unable to return on the date indicated, the nurse must provide verification from the health care provider establishing a new return to work date.

10.3 Employee Responsibilities. To obtain extended illness pay, the nurse must be sure the supervisor is notified of the illness as soon as possible and is kept informed regularly of the condition. It is the responsibility of the nurse to complete the Extended Illness Request Form available in the nurse's department. The form must be signed and approved by the department manager prior to payment.

10.4 Cash Payout. A nurse who has completed ten (10) years of continuous service and is voluntarily terminating employment after having reached his or her fifty-fifth (55th) birthday, is eligible for payment of one hundred percent (100%) of accrued extended illness in excess of 360 hours' accrual.

10.5 Worker's Compensation. In any case in which a nurse shall be entitled to benefits or payments under the Industrial Insurance Act or similar legislation, the Employer shall pay only the difference between the benefits and payments received under such Act by such nurse and the nurse's PTO and extended illness benefits otherwise payable.

ARTICLE 11 – SENIORITY, LOW CENSUS AND LAYOFFS

11.1 Seniority. Seniority shall be determined by the nurse's most recent date of employment as a full-time, part-time, or per diem registered nurse in the bargaining unit and shall be administered on the basis of hospital-wide seniority. Seniority shall begin on the first paid working day of the most recent date of employment.

11.1.1 Interruption in bargaining unit employment. Bargaining unit nurses who take a non-bargaining unit position and subsequently return to the bargaining unit without a break in employment shall retain previously accrued seniority for all purposes, including but not limited to obtaining a bargaining unit position pursuant to the procedures of Article 13.2.

11.1.2 Per diem nurses. A per diem nurse may use accrued seniority to obtain a bargaining unit position.

11.2 Low Census. The Employer retains the right to determine which nursing units may be combined either prior to or after the start of shift, for purposes of low census. For filling regularly scheduled staffing needs, the Employer will use its best efforts to give priority to regular full-time and part-time nurses working up to their scheduled FTEs over per diem, full and part-time nurses working above their scheduled FTEs and/or registry nurses, provided the fulltime or part-time nurse is available and skill, ability, experience, competency or qualifications are not overriding factors. Within this context, the following guidelines apply to the normal order in which nurses are to be called off due to low census:

1. Nurses working at an overtime or premium rate of pay during a non-regularly scheduled shift.

2. Volunteers. Voluntary low census granted to individual nurses will be subject to staffing needs on the unit.
3. Agency and traveler nurses.
4. Per diem nurses.
5. Nurses working in excess of their scheduled FTE at their straight time rate of pay.
6. Nurses working during their regularly scheduled shift. Placement on mandatory low census will be rotated equitably among such nurses based on total number of low census hours within a six (6) month period, provided that skill, ability, experience, competence or qualifications are not overriding factors.

Nurses will also be offered the option to float to areas where they are needed and qualified as determined by the Employer on the basis of relevant criteria.

Mandatory low census will be limited to no more than forty-eight (48) hours per nurse per six (6) month period of January-June or July-December. Hours count toward the mandatory low census maximum only when low census is assigned pursuant to Paragraph 6 above. Nurses who miss a scheduled shift on a unit treated as "closed" due to a holiday shall be treated as being on voluntary low census.

11.3 Layoff and Recall. The Employer retains the right to unilaterally implement layoffs and/or reductions in FTE status as it deems necessary or appropriate. Subject to this right, the parties agree that the following procedures shall apply to any layoff or mandatory reduction in status.

11.3.1 The Medical Center shall provide no less than thirty (30) days' notice to the Association prior to the event, and shall provide advanced written notice to affected nurses not less than two (2) weeks prior to the event or pay in lieu thereof. A seniority roster will be provided to the Association and the Local Unit Chairperson at the time of the 30-day notice. Contemporaneous with providing a notice of layoff, the Medical Center shall provide the Association with a current roster of nurses in the bargaining unit in inverse order of seniority, listing each nurse's seniority, unit, shift and FTE status.

11.3.2 The parties shall meet and negotiate the details of the procedure to be used, which will include the elements listed below. If the parties reach impasse, the Medical

Center may implement its procedure but the Association and/or individual nurses retain the right to grieve the issues.

11.3.3 Where skill, ability, experience, competence or qualifications are not overriding factors as determined by the Medical Center on the basis of relevant criteria, seniority shall be controlling. Subject to the above qualifications, the principle of seniority shall govern, keeping patient care consideration in mind at all times.

11.3.4 Skill, ability, experience, competence or qualifications will not be considered overriding factors if, in the Employer's opinion, the nurse could become oriented to the position and thereafter function independently at acceptable performance levels within 120 hours.

11.3.5 At the time of a nurse's layoff, all accrued PTO will be paid out in a lump sum. The laid off nurse may also continue group insurance coverage at the nurse's expense, subject to insurance plan eligibility requirements. The Medical Center shall continue to maintain the nurse's extended illness bank during the time the nurse remains on the reinstatement roster.

11.3.6 The names of affected nurses will be placed on a reinstatement roster for a period of up to eighteen (18) months after layoff or mandatory reduction in FTE status. A nurse shall be removed from the roster upon accepting employment in a position with the same shift and status, upon refusal to accept a position with the same shift and status for which the nurse is qualified, or at the end of the eighteen (18) month period. Seniority shall continue to accrue for nurses who remain on the reinstatement roster.

11.3.7 For the purposes of recall, Article 13.2 shall fully apply and nurses on the reinstatement roster shall be treated as if they are "presently employed nurses." No nurses will be newly hired for a position by the Medical Center as long as nurses qualified for and interested in the position remain on the reinstatement roster. A nurse shall not be considered

“not qualified” due to a reason justifying a leave of absence as defined by this Agreement or by law.

11.3.8 Qualified laid off nurses who have notified the Medical Center of a desire to pick up extra shifts shall be given the opportunity to work additional shifts before such shifts are offered to per diem nurses. To the extent feasible, such shifts shall be offered to said nurses in order of seniority up to but not exceeding the nurse’s number of scheduled hours before layoff. An offer to work additional shifts shall not be considered a recall. Nurses working such shifts shall be eligible for holiday pay, standby pay, callback pay and shift differential and shall receive the per diem premium.

11.3.9 Dispute resolution. The parties recognize the importance of resolving disputes regarding qualifications expeditiously. Therefore, at the time of layoff or mandatory reduction in FTE status, the parties will explore methods of timely dispute resolution, which may include an appeals procedure and/or expedited arbitration.

11.4 Loss of Seniority. Seniority shall be broken by termination of employment or eighteen (18) consecutive months of unemployment as a result of layoff. When seniority is broken, the nurse shall, on reemployment, be considered a new employee.

11.5 Restructure. The Employer retains the right to unilaterally implement any restructure of a unit or units within the hospital. As used in this section, “restructure” means the reallocation of nurses within a unit or units due to the merger, consolidation or other overall reorganization of units resulting in a mandatory shift change, a mandatory change in unit assignment and/or an increase in FTE status. If a restructure results in a layoff of one or more nurses, however, the provisions of Article 11.3 shall apply instead of the provisions of this section. Subject to the Employer’s right to implement a restructure, the parties agree that the following procedures shall apply to any restructure the Employer implements:

11.5.1 If the Employer determines that a restructure may be necessary, then the Employer shall so notify the Association in writing prior to submitting a detailed written

proposal. The Association must agree to meet within twenty (20) days of such notice if it desires to provide preliminary input on the contemplated restructure. The Association is free to select those nurses it wishes to be present at this meeting, including members of the WSNA/Management Committee. After incorporating any such input that is provided by the Association, the Employer shall submit a written proposal detailing the restructure to the Association at least thirty (30) days prior to the contemplated implementation of the restructure. The proposal shall outline the shifts currently utilized on the affected unit(s) and describe the total number of FTEs, by shift, required for the new or restructured unit(s).

11.5.2 The Employer shall post the proposal on the affected unit(s) concurrently with submitting the proposal to the Association, to allow input from the affected nurses to the Association.

11.5.3 The parties shall meet within the thirty (30) day period to negotiate the proposed changes prior to implementation.

11.5.4 The nurses affected by the restructure shall bid on the restructured positions in order of seniority. At least 10% of the unit or one nurse, whichever is greater, may also elect to transfer to per diem status.

11.5.5 A seniority roster for the affected nurses shall be posted on the unit(s) not less than fourteen (14) days before the rebid.

11.5.6 No nurse who is affected by a restructure shall be required to increase their FTE status more than .05 FTE.

11.5.7 All nurses in the restructured unit at the time of the restructure will be placed on a unit restructure roster for a period of twelve (12) months following completion of the restructure. During this 12-month period positions within the restructured unit will be posted internally for five (5) days, allowing nurses on the restructure roster the first opportunity to apply. Positions will be awarded to such nurses based on seniority within

the restructure roster. If no nurses from the restructure roster apply for a position, the provisions of Article 13.2 will apply.

ARTICLE 12 – LEAVES OF ABSENCE

12.1 Requests for Leaves. All leaves of absence are to be requested from the Employer in writing as far in advance as possible, stating the reason for the leave and the amount of time requested. A written reply granting or denying the request and stating the conditions of the leave of absence, including conditions upon which the nurse will return, shall be given by the Employer within thirty (30) days.

12.2 Family and Medical Leave (FMLA). Family and medical leaves of absence will be administered by the Employer consistent with applicable state and federal laws. Regularly scheduled full-time and part-time nurses who have been employed for at least twelve (12) months and have worked at least 1,250 hours in the previous twelve (12) months qualify for FMLA Leave. Nurses meeting the criteria for FMLA leave will be granted FMLA leave in accordance with the law. In accordance with the provisions of the Washington Paid Family and Medical Leave (RCW 50A.04), family and medical leave will be available and benefits payable to qualified nurses through the state's family leave plan and Employer's voluntary short-term medical plan. Nurses will have a bi-weekly premium tax deducted from each paycheck for the state's family leave program. All medical leaves of absence must be certified by a healthcare provider on a Medical Certification Form available through the Employer's leave of absence administrator.

PeaceHealth Medical Leave (PHML). PHML is available in situations not covered by any other PeaceHealth policy or by federal/state/local laws. PHML may be granted for up to twelve weeks in a 12-month period. Medical certification is required and will be reviewed by the leave of absence administrator.

12.2.1 Available, accrued paid time off benefits (PTO or EIB) must be used for all leave types in which a nurse is not receiving pay through state disability, voluntary short-term disability/long-term disability. A nurse may request in advance of taking family leave

that up to sixty-four (64) hours be allowed to remain in the nurse's PTO bank at the end of said leave. The nurse must submit this request in writing to Human Resources.

When receiving pay through state disability, voluntary short-term disability, a nurse may supplement their pay with PTO or EIB, not to exceed 100% of their FTE.

12.2.2 Nurses shall also be eligible for a medical leave of absence for the period of time that the nurse is sick or temporarily disabled due to pregnancy or childbirth. If the nurse's absence does not exceed the actual period of disability due to pregnancy or childbirth as certified by the nurse's medical provider, the nurse is entitled to return to work with the same unit, shift, and FTE status.

12.2.3 The nurse may request for approval by the Medical Center an extension of the family bonding leave for up to an additional twelve (12) weeks. During this time, the Employer will not be required to continue to provide healthcare coverage, but the employee will be allowed to continue insurance coverage at the group rate.

12.3 Military Leave. Leave required in order for a nurse to maintain status in a military reserve of the United States shall be granted without pay, in accordance with Federal and state law, and shall not be considered part of earned annual leave.

12.3.1 FMLA leave for call-up of active duty service member. To the extent required by applicable law, an eligible nurse is entitled to take up to twelve (12) weeks of FMLA unpaid leave during any 12-month period due to a qualifying exigency, as defined by the Department of Labor, arising out of the fact that the spouse, son, daughter or parent of the nurse is on active duty in the Armed Forces and is being deployed to a foreign country.

12.3.2 FMLA Leave to care for injured service member. To the extent required by applicable law, an eligible nurse who is the spouse, child, parent or next of kin (nearest blood relative) of a covered service member is entitled to take up to twenty-six (26) weeks

of unpaid leave during a single 12-month period to care for the service member if they have a qualifying serious injury or illness incurred in the line of duty while on active duty in the Armed Forces. A covered service member includes a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment recuperation or therapy, is otherwise in outpatient status or is otherwise on the temporary disability retired list, for a serious injury or illness.

12.3.3 Military spouse leave. To the extent required by applicable law, up to fifteen (15) days of unpaid leave per deployment will be granted to a qualified nurse (who averages 20 or more hours of work per week) whose spouse is on leave from deployment or before and up to deployment, during a period of military conflict. A nurse who takes leave under this provision may elect to substitute accrued paid leave to which the nurse is entitled for any part of such leave. The nurse must provide the Medical Center with notice of the nurse's intention to take leave within five (5) business days of receiving official notice that the nurse's spouse will be on leave or of an impending call to active duty.

12.4 Study Leave. After one (1) year of continuous employment, permission may be granted for leave of absence without pay for job related study, without loss of accrued benefits, providing such leave does not jeopardize hospital services.

12.5 Education Leave. Nurses shall be provided paid education time per year for purposes of attending educational meetings pertinent to their role as approved by their manager. These include workshops, seminars, CE Direct online and educational programs. Online education outside of CE Direct must be reviewed and pre-approved by management prior to completion, in at least the following amounts: sixteen (16) hours per year for nurses working an average of less than .5 FTE, twenty-four (24) hours for nurses working an average of .5 to .8 FTE and thirty-two (32) hours for those nurses working an average of .9 FTE and above, provided the number of nurses wishing to attend does not jeopardize hospital services. The term "educational meetings" is defined as those conducted to develop the skills and qualifications of the nurse for the purpose of enhancing and upgrading the quality of patient care and shall not include any meeting conducted for any purpose relating to labor relations or collective bargaining activities.

Upon request, nurses certified by ANA or a specialty nurse organization who are working in the area of their certification shall be provided an additional sixteen (16) hours of paid education time per year pursuant to this provision for the purpose of attending educational meetings directly related to their certification. The Employer will provide tuition reimbursement for continuing education classes and courses necessary to obtain and maintain certification, and for the certification exam when certification is a job requirement. Attendance at courses required by the Medical Center, such as Advanced Cardiac Life Support (ACLS), will be paid at the applicable rate of pay for time worked. Attendance at such courses will be scheduled in advance by management, subject to accommodation for a nurse's previously approved PTO. Where a mandatory class requires mandatory preparation including, but not limited to, reading and/or preclass tests, time devoted to such preparation shall be treated as qualified compensable paid time, based on the recommended guidelines as established by the professional organization, or absent such guidelines as attested to in good faith by the nurse in collaboration with the nurse manager.

12.5.1 Reimbursement for educational expenses. The Medical Center shall make available at least \$350 for each nurse per calendar year for tuition professional certification, seminars, conferences and course materials related to approved education leave, provided that nurses who receive tuition assistance pursuant to PeaceHealth policy shall not be allowed to use such funds for tuition. The parties agree to urgently address and resolve problems with education expense reimbursement process in Conference Committee.

12.6 Jury/Witness Duty. All full-time and part-time nurses who are called to serve on jury duty shall be compensated by the Employer at their normal straight time rate of pay. All full-time and regular part-time nurses who are called to be a witness on behalf of the Employer in any judicial proceeding, including preparation time required by the Employer, shall be compensated by the Employer at their regular rate of pay. To qualify for jury duty pay, a nurse must present the jury duty summons to his or her supervisor immediately after having received the summons, and thereafter must present documentation from the court of time spent on jury duty. If jury duty ends prior to the end of the day shift on the employee's scheduled day, the employee must contact his or her immediate supervisor or designee to discuss whether time remaining on the shift is sufficient to require a return to work that day. Nurses working evening or night shifts shall have the option

of being treated as on day shift during weeks of jury duty. If a nurse has spent the full week in actual jury duty service, then the nurse shall not be required to work any additional hours for that week.

12.7 Personal Leave. All nurses covered by this Agreement shall be granted three (3) days off per year without pay upon request to their manager, provided such leave does not jeopardize hospital service.

12.8 Bereavement Leave. Up to thirty-six (36) hours of paid bereavement leave in lieu of regularly scheduled work hours shall be allowed to a nurse for a death in the immediate family. Immediate family shall be defined to include, but not limited to, a grandparent, parent, spouse, spousal equivalent, brother, sister, child, grandchild, or the step or in-law equivalent of parent, brother, sister or child. If additional time for the leave is necessary, the nurse must request PTO for such additional time and obtain the supervisor's approval in advance.

12.9 Unpaid Leave. A leave of absence without pay guarantees the nurse first choice on the first available similar opening for which the nurse is qualified, except as described elsewhere in this article.

12.10 Worker's Compensation. Nurses receiving industrial insurance benefits for less than ninety (90) days shall be guaranteed reinstatement to their former positions, shift and status. If the position no longer exists, reinstatement shall be guaranteed to a substantially equivalent position. Nurses receiving industrial insurance benefits for more than ninety (90) days shall have the first choice on the first available similar opening on the same shift for which the nurse is qualified.

12.11 Domestic Violence Leave. In accordance with applicable Washington state law, if a nurse is a victim of domestic violence, sexual assault or stalking, the nurse may take reasonable leave from work or intermittent leave to seek related legal or law enforcement assistance or to seek treatment by a healthcare provider, mental health counselor or social services professional. A nurse who is a family member of a victim of domestic violence may also take reasonable leave to help

such family member obtain similar treatment or help. For purposes of this section, "family member" includes a nurse's child, spouse, parent, parent-in-law, grandparent or a person whom the nurse is dating.

ARTICLE 13 – EMPLOYMENT PRACTICES

13.1 Personnel Files. Nurses shall have access to their personnel file. After the completion of the probationary period, the Employer shall either remove and destroy reference verifications and other third party material, or, if such materials are not destroyed, they shall be made available to the nurse concerned. In the case of a filed grievance, nurses and former nurses shall have access to their personnel files. No documents other than routine payroll and personnel records will be inserted in a nurse's file without the knowledge of the nurse. If a nurse believes that any material placed in their personnel file is incorrect or a misrepresentation of facts, they shall be entitled to prepare in writing their explanation or opinion regarding the prepared material. This shall be included as part of their personnel record until the material is removed. Written disciplinary notices for conduct other than theft, dishonesty, unlawful harassment, violation of the substance free workplace policy or assault/violence against another person, shall not be considered for purposes of further disciplinary action after more than twenty-four (24) months if there have been no further occurrences warranting discipline during that twenty-four (24) month period.

13.2 Job Posting. Notice of the new and existing nurse positions to be filled shall be posted on the PeaceHealth website at least seven (7) days in advance of permanently filling the position in order to afford presently employed nurses the first opportunity to apply. Posting should include the full-time equivalent of the position (e.g., .6 FTE), whether the shift is scheduled for days, evenings, nights, or variable, and should indicate, where applicable, that the position may be combined or split with other positions.

13.2.1 Filling of positions. In filling the positions covered by this Agreement, presently employed nurses shall be given first consideration on the basis of length of service as a registered nurse, provided that the skill, ability, experience, competence and qualifications of the applicants are not overriding factors. Subject to the foregoing proviso,

if two individuals have identical seniority, the tie will be broken based on total bargaining unit life hours. The Employer will provide applicants with a copy of the tentative schedule, upon request to the hiring manager, with the understanding that any tentative schedule is subject to change. The Employer shall make every effort to facilitate the movement of nurses to their desired shifts. In no event shall a nurse be held back from transfer to a new position for more than ninety (90) days, unless an extension is made by mutual agreement with the nurse involved. The Employer, following a decision to fill a position covered by this Agreement, will provide a written or electronic response to each applicant for the position. Nurses not selected will be informed as to the reason(s), upon request to the hiring manager.

13.2.2 Temporary positions. The Medical Center may post temporary positions of no longer than six (6) calendar months' duration. If the Medical Center fills a temporary position for longer than six (6) calendar months, it shall provide to the Association, upon request, an explanation of the rationale for such action. If a temporary position is to continue indefinitely beyond the conclusion of the six-month period, the Medical Center will post the position in accordance with Section 13.2 above.

If a current employee fills a temporary position, the employee shall continue to accrue seniority and to retain benefits held or accrued in the prior position. If a new hire fills the position, the employee will accrue seniority and will be eligible for the premium in lieu of benefits described in Section 5.4, but will not accrue benefits.

Every thirty (30) days the Medical Center will provide to the Association a list of all nurses occupying temporary positions.

13.2.3 Postings for Training Positions. Specialty unit Training positions shall be posted as "Name of Department RN – Training" positions. (e.g., ED RN – Training Position). Currently employed nurses will be given first consideration for FTE training positions over new graduate nurse candidates.

13.2.4 Eligibility for transfer. A nurse transferring to a position in a different unit shall not be eligible to transfer to another unit for an additional period that is double the period of the initial orientation or training, provided that the minimum period of such non-eligibility shall be three (3) months, inclusive of orientation. The nurse selected to fill a training position in a different unit shall be allowed to shadow a nurse in that unit for one shift before confirming acceptance. New graduates shall not be permitted to transfer between units for eighteen (18) months, inclusive of orientation. The Medical Center may grant an exception under these provisions in extraordinary circumstances. The restrictions in this paragraph shall be lifted for nurses in any unit for which a notice of layoff pursuant to Section 11.3.1 or a notice of restructure pursuant to Section 11.5.1 has issued.

13.3 Meetings and Inservices. Nurses shall be compensated at the appropriate rate for all time spent at Employer-provided training directly related to the employee's current job position, or at meetings or inservices required by the Employer. If attendance is mandatory and if the meeting exceeds the regular workday or workweek, the nurse will be paid at one and one-half (1½) times the nurse's regular rate of pay. The Employer will make a good-faith effort to offer multiple opportunities for nurses to attend required inservices.

13.4 Employee Facilities. The Employer shall provide restrooms and adequate facilities for meal breaks, and lockers shall be made available if they are currently being provided.

13.4.1 Lactation. The Employer will provide reasonable break time for an employee to express breast milk for her nursing child for twenty-four months after the child's birth each time such employee has need to express the milk. The Employer will provide places in its facilities that are reasonably close to the employee's work area, other than a bathroom, that are shielded from view and free from intrusion from coworkers and the public (including a door that can be locked by the employee), which may be used by an employee to express milk. The private location must include a convenient, clean and safe water source with facilities for washing hands and rinsing breast pumping equipment and a convenient hygienic fridge designated for storing breast milk. Employees should provide as much advance notices as possible of the need to express breast milk. The Employer will

make reasonable efforts to obtain an “infant-friendly” designation as defined in RCW 43.70.640.

13.5 Travel. When a nurse covered by this Agreement is required by the Employer to travel with and accompany a hospital patient off hospital premises, the nurse shall be considered in the employ of the Employer and all provisions of this Agreement shall apply. The Employer shall compensate the nurse for all necessary travel expenses incurred by the nurse under said circumstances. The Employer’s prior approval shall be obtained in writing whenever possible.

13.6 Position Changes. Nurses will be provided written or electronic confirmation of the terms of any change in their work position.

13.7 Orientation and Development. Nurses will be required to work only in those areas within the Medical Center where they have received orientation. Nurses shall not be assigned to perform tasks or procedures for which they are not qualified by training or experience.

13.7.1 Orientation purposes. A regular and ongoing staff orientation and development program will be maintained. The purposes of orientation are (1) to familiarize new personnel with the objectives and philosophy of the Employer; (2) to orient new personnel to policies and procedures, and to their functions and responsibilities; and (3) to assure that newly hired nurses, newly licensed nurses and nurses changing clinical practice areas have the requisite skills and abilities to assume their responsibilities as staff nurses in their areas of practice.

13.7.2 Assignment of preceptor. Each newly licensed nurse shall be assigned a nurse preceptor for the purpose of direction and support during the orientation period. Other newly hired nurses and nurses changing clinical practice areas shall also be assigned a preceptor if they or management feel it is necessary. The nurse preceptor shall oversee the skills development of the nurse during the orientation period, and be accountable for completing all records documenting skills development.

13.7.3 Orientation. Newly licensed nurses shall receive adequate orientation necessary to perform their assigned tasks. Newly hired nurses and nurses changing clinical practice areas shall receive orientation for a period of time suitable to the nurse's skills and abilities, as evaluated by the preceptor, the nurse director or designee, and the orientee. During the period of orientation, the nurse shall be responsible for the direct care of limited numbers of patients. The Medical Center will annually identify the clinical practice areas to which each bargaining unit nurse is oriented at the nurse's annual evaluation. The nurse will be expected to report any discrepancies to the Clinical Director or designee. The Director and the nurse will then confer regarding the discrepancies. A WSNA-appointed member of the Hospital Staffing Committee may direct staffing complaints concerning orientation to the Conference Committee.

13.7.4 Patient load. The nurse orientee and the preceptor or designee shall not be assigned a total number of patients in excess of the patient load of the preceptor or designee. The Medical Center reserves the right to interrupt the precepting process to provide for other direct patient care that is necessary. In such an event, the Medical Center will make a good-faith effort to maintain the continuity of the orientation process.

13.7.5 The WSNA/Management Committee shall monitor the effectiveness of the nurse preceptor program.

13.8 Payroll Records. Payroll checks, computer printouts or other written records shall be readily available for nurses to determine their number of hours worked, rate of pay, accrued PTO and accrued extended illness hours. Within sixty (60) days of ratification of the 2025-2028 Agreement, management will develop and post an interpretation tool for all codes and deductions listed on employee payroll checks/pay stubs.

13.9 Performance Evaluations. A written performance evaluation shall be conducted at the end of the probationary period and annually thereafter. Nurses shall acknowledge such evaluations by signature; however, such signature will imply neither agreement nor disagreement with the evaluation. Upon request, a copy of the evaluation shall be made available to the nurse.

If a nurse disagrees with the evaluation, then the nurse may object in writing to the evaluation, and such objection shall be retained by the Employer with the evaluation. Where warranted, probationary nurses will be given a preliminary evaluation halfway through their probationary period.

ARTICLE 14 – HEALTH AND WELFARE

14.1 Health Insurance. Eligible full-time and part-time nurses who are regularly scheduled to work twenty (20) hours or more per week shall be eligible to participate in the health insurance benefit program offered by the Employer. Nurses shall be offered benefit options, in accordance with the terms of the program, with regard to medical, dental, vision, life, AD&D, and long-term disability plan and healthcare and dependent care spending accounts.

14.1.1 Premiums. The Employer shall contribute a dollar amount sufficient to cover the following portions of the total premium costs for the medical plans offered:

For nurses working at least 64 hours per pay period, the Medical Center will pay 93% of the cost of the PPO medical plan premiums for employee coverage and 77% of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours but less than 64 hours per pay period, the Medical Center will pay 85% of the cost of the PPO medical plan premiums for employee coverage and 65% of the cost of said premiums for dependent coverage.

For nurses working at least 64 hours per pay period, the Medical Center will pay 100% of the cost of the ABHP medical plan premiums for employee coverage and 82% of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours but less than 64 hours per pay period, the Medical Center will pay 90% of the cost of the ABHP medical plan premiums for employee coverage and 70% of the cost of said premiums for dependent coverage.

14.1.2 Changes in benefits. Participation in the Employer's health insurance benefit program shall be subject to specific plan eligibility requirements. The Employer shall continue the current or a substantially equivalent level of aggregate benefits existing under this new program, including the level of premium contributions, for each of the insurance plans referenced in this Section 14.1. In the alternative, if the Employer does not offer benefits substantially equivalent to the existing plan design, the Employer will notify the Association of the proposed new level of benefits for the applicable plan, and will meet with the Association, upon request, to bargain about the proposed plan changes with the Association prior to implementation. If no agreement can be reached, the provisions of Article 16 shall not apply for a period of thirty (30) days after impasse. In no event shall bargaining unit nurses receive a level of benefits that is less than the level received by a majority of the Employer's non-bargaining unit employees.

14.2 Health Tests. The Employer follows CDC (Center for Disease Control and Prevention) recommendations and guidelines pertaining to TB skin tests for employees. Testing recommended by the above guidelines, or requested annually by the nurse, will be provided without cost to the nurse. Nurses will be screened for tuberculosis at hire and as needed for postexposure monitoring. The Employer shall, at no cost to the nurse, provide a Hepatitis B series to any nurse requesting the series and make available follow-up testing to assess efficacy of the series.

14.3 Retirement Plan. The Employer shall provide during the term of this Agreement a retirement program. In the event the Employer modifies its current plan or provides an alternative plan(s), the Employer will bargain about the proposed plan changes with the Association prior to implementation. If no agreement can be reached, the provisions of Article 16 shall not apply for a period of thirty (30) days after impasse.

14.4 Health and Safety. The Employer and the Association agree to comply with all state and federal regulations pertaining to the health and safety of employees in the workplace. The parties further agree to promote all practices necessary to assure safety in the workplace. Nurses shall not be required to work under unsafe or hazardous conditions. All safety equipment deemed

necessary for a particular job shall be furnished. The Employer shall provide nurses with adequate training on the use of proper work methods and protective equipment required to perform hazardous duties. The Association shall appoint a representative to serve on the Employer's Safety Committee. The representative shall be paid for time spent during Safety Committee meetings. If a nurse is unable to arrange for time off to attend a Safety Committee meeting, the Employer will assist in facilitating the nurse's attendance.

14.5 STD and LTD Insurance. The Employer shall pay one hundred percent (100%) of the premium for the basic Long Term Disability for each nurse regularly scheduled to work twenty (20) hours per week or more (.5 FTE). Subject to plan eligibility requirements, eligible nurses may elect to purchase greater LTD coverage at the nurse's expense.

ARTICLE 15 – WSNA/MANAGEMENT COMMITTEE

15.1 WSNA/Management Committee. The Employer, jointly with the elected representatives of the nurses covered by this Agreement, shall establish a WSNA/Management Committee (Committee) to assist with work force issues and other issues of mutual concern. The purposes of the Committee are to foster improved communications between the Employer and the nursing staff and to discuss and improve professional nursing practices in the Medical Center. The function of the Committee shall be limited to an advisory rather than a decision-making capacity. The Committee shall meet for a minimum of two (2) hours on a monthly basis.

A maximum of seven (7) representatives of the nurses, designated by the Association, shall be compensated for the duration of the Committee meeting. If a nurse is unable to arrange for time off to attend a meeting, the Employer will assist in facilitating the nurse's attendance. By mutual agreement, the parties may designate additional nurses to attend. Such nurses, up to a maximum of three (3), will be compensated for their time. The Committee shall be co-chaired by a nurse representative and an Employer representative. The Employer recognizes that the CNO is a key member of the Committee and will make a good faith effort to attend regularly. At least fifty percent (50%) of the meeting time for this Committee shall be devoted to staffing, nursing practice and patient care delivery issues, unless mutually agreed otherwise.

ARTICLE 16 – NO STRIKE - NO LOCKOUT

16.1 No Strike - No Lockout. The parties to this Agreement realize that the hospital and other health care institutions provide special and essential services to the community, and for this and other humanitarian reasons, it is the intent of the parties to settle disputes by the grievance procedure provided for herein. It is, therefore, agreed that during the terms of this Agreement (a) the Employer shall not lock out its nurses, and (b) neither the nurses nor their agents or other representatives shall, directly or indirectly, authorize, assist or encourage or participate in any way in any strike, including any sympathy strike, picketing, walkout, slowdown, boycott or any other interference with the operations of the Employer, including any refusal to cross any other labor organization's picket line.

ARTICLE 17 – GRIEVANCE PROCEDURE

17.1 Definition. A grievance is defined as an alleged breach of the terms and conditions of the Agreement. If any such grievance arises during the term of this Agreement, it shall be submitted to the following grievance procedure. Time limits set forth in the following steps may only be extended by mutual written consent of the parties hereto.

17.2 Step 1: Nurse and Manager. It is the desire of the parties to this Agreement that grievances be adjusted informally whenever possible and at the first level of supervision. If any nurse has a grievance, the nurse shall first discuss it with their manager or designee within thirty (30) calendar days from the date the nurse was or should have been aware a grievance existed. The manager or designee shall respond within ten (10) calendar days.

17.3 Step 2: Nurse, Local Unit Chairperson and Director. If the grievance has not been resolved informally at Step 1, the nurse shall reduce the grievance to writing and submit it to the Director within ten (10) calendar days from the date of the Step 1 response. The written grievance shall contain a description of the alleged problem, the date it occurred and the corrective action the grievant is requesting. A conference between the nurse (and the Local Unit Chairperson or designee, if requested by the nurse) and Director shall be held. The grievant shall have a full

opportunity to present their position, including any evidence in support thereof, at this conference. The Director shall endeavor to resolve the grievance and will respond in writing within fourteen (14) calendar days of receipt of the written grievance.

17.4 Step 3: Chief Nurse Officer and Association Representative. If the nurse is not satisfied with the reply at Step 2, the nurse shall present the written grievance to the Chief Nurse Officer or designee within ten (10) calendar days from the date of the response of the Director. The Chief Nurse Officer or designee thereafter shall meet with the Association representative within fourteen (14) calendar days for the purpose of resolving the grievance. The Association may initiate a grievance at Step 3 if the grievance involves a group of nurses and if the grievance is submitted within thirty (30) calendar days from the date the nurses were or should have been aware a grievance existed. The Chief Nurse Officer or designee shall respond in writing within fourteen (14) calendar days after the Step 3 meeting.

17.5 Optional Grievance Meeting. After the Step 3 response and before a grievance is referred to arbitration, the Employer and the Association may mutually agree in writing to submit any unresolved grievance to mediation. The parties will seek the services of a mediator from the Federal Mediation and Conciliation Services ("FMCS") at no cost to the parties. At any time during the mediation process either party, through written notice to the other, may terminate the mediation process.

17.6 Step 4: Arbitration. If the grievance is not settled on the basis of the foregoing procedures, the Association may submit the issue in writing to final and binding arbitration within thirty (30) calendar days following the later of the date of the Chief Nurse Officer's or designee's response or the date of notice of termination of mediation. Within ten (10) calendar days of the notification that the dispute is submitted for arbitration, the Association shall request a list from the FMCS of seven (7) arbitrators from Washington. If the parties cannot agree on the arbitrator, the Association and the employer will alternatively strike one name from the list, and the last name remaining will be the arbitrator. The parties will flip a coin to determine who strikes the name first.

17.6.1 The arbitrator's decision shall be final and binding, subject to limits of authority stated herein. The arbitrator shall have no authority or power to add to, delete from, disregard, or alter any of the provisions of this Agreement, but shall be authorized only to interpret the existing provisions of this Agreement as they may apply to the specific facts of the issue in dispute. The arbitrator shall base their decision solely on the contractual obligations expressed in this Agreement. The arbitrator shall issue their written decision within sixty (60) calendar days from the date of the close of the hearing, provided that failure to meet this deadline shall not impact the validity of the arbitrator's decision. If the arbitrator should find that the Employer was prohibited by this Agreement from taking, or not taking, the action grieved, he or she shall have no authority to change or restrict the Employer's action. The arbitrator shall not reverse the Employer's exercise of discretion in any particular instance and substitute their own judgment or determination for that of the Employer.

17.6.2 Any dispute as to procedure shall be heard and decided by the arbitrator in a separate proceeding prior to any hearing on the merits. Any dismissal of a grievance by the arbitrator, whether on the merits or on procedural grounds, shall bar any further arbitration. Each party shall bear one-half (1/2) of the fee of the arbitrator, and any other expense jointly incurred by mutual agreement incident to the arbitration hearing. All other expenses shall be borne by the party incurring them, and neither party shall be responsible for the other party's attorney's fees incurred or for the expenses of witnesses called by the other party.

17.7 Provision of Information. Except as otherwise provided herein, neither the Employer nor the Association shall be required during the term of this Agreement to provide the other party with any data, documents, information or reports in its possession or under its control for any purpose or reason unless they are relevant to a filed grievance or as required by law.

ARTICLE 18 – STAFFING

18.1 Hospital Staffing Committee.

Effective January 1, 2024, the parties established Nurse Staffing Committee (NSC) has been converted to a Hospital Staffing Committee (HSC), in accordance with state law. The HSC shall be responsible for those activities required of it under applicable state law, including:

1. Development and oversight of an annual patient care unit and shift-based hospital staffing plan for all units and departments covered by the Medical Center's hospital license for Registered Nurses, Certified Nursing Assistant, Licensed Practical Nurses, and unlicensed assistive personnel providing direct patient care based on the needs of the patients.

2. Semi-annual review and evaluation of the effectiveness of the staffing plan against patient needs and known evidence based staffing information, including nurse sensitive quality indicators collected by the Medical Center.

3. Review, assessment, and response to staffing variations, concerns, or complaints presented to the committee.

The Association will determine how the Registered Nurse Members of the HSC will be selected, including designated alternate member(s). At least 50% of the non-supervisory direct care nursing staff members of the HSC must be chosen by the Association in its capacity as the collective bargaining representative for registered nurses at the Medical Center, and at no time shall fewer than six (6) registered nurses occupy voting seats on the Committee. The CNO and Chief Financial Officer (CFO), or designee, will attend all meetings. Attendance at HSC meetings or HSC-delegated subcommittee meetings by appointed primary committee or subcommittee members (or alternate in the absence of a primary member) will be on paid time at the RN's regular rate of pay and RNs shall be relieved of all other work duties during meetings. A WSNA staff representative may attend. HSC meetings will be held at least monthly. The committee shall produce the annual hospital nurse staffing plan in accordance with Washington law. The Medical Center shall adopt any staffing plan that is approved by the Committee by a 50%+1 majority vote

that includes at least one bargaining unit nurse, and is then approved by the CEO, all in accordance with the HSC Charter. No RN shall be counseled, disciplined and/or discriminated against for making any report or complaint to the HSC.

The CEO will review and approve the hospital staffing plan, in accordance with Washington law.

18.2 Staffing.

18.2.1. Quality of care and the safety of all patients are of paramount concern to the Hospital and the nursing staff who provide care for our patients. The Hospital is committed to partnering with the nurses to design care delivery that includes appropriate skill mix of the registered nurses and other nursing personnel, layout of the units, patient acuity considerations, national standards and recommendations for the Hospital Staffing Committee.

18.2.2. The Hospital's staffing plan and its implementation shall in no way violate the following commitments. Each unit in the Hospital's facilities shall maintain staffing levels that provide for safe patient care and the health and safety of nurses. In order to provide safe patient care, the Medical Center shall:

- a.** Provide staffing levels that enable RNs the opportunity to receive meal and rest breaks.
- b.** Provide staffing levels that enable RNs to utilize their accrued paid time off.
- c.** Except in emergent circumstances, refrain from assigning RNs to provide care to more patients than anticipated by the agreed staffing plan and relevant safety requirements.

18.3 Individual Staffing or Patient Care Concerns. A nurse questioning the level of staffing and/or identifying a patient care concern on their unit is strongly encouraged to communicate this concern to their team leader or nurse manager on duty in real time, who will utilize available management resources to attempt to resolve the situation. If no resolution occurs at this level for a patient care concern, then the nurse shall escalate through the nursing chain of command. The nurse is encouraged to use the designated Staffing Concern/Assignment Despite

Objection (“ADO”) forms available on both the Association’s website and the Employer intranet page, but may submit the staffing concern in writing to the HSC without using the ADO form. The Employer shall provide a written response to nurses who have submitted written staffing concerns to the HSC, and it will be addressed according to the terms of the HSC Charter. All such written staffing concerns and written responses shall be compiled and reviewed by the HSC at its regular meetings. All forms submitted to the Employer and responses thereto will be simultaneously delivered to a representative of the Association’s choice. The co-chairs of the HSC, or their designees, will present trends and plans to the WSNA/Management Committee on a quarterly basis.

18.4 Staff Development. Inservice education and orientation programs shall be instituted and maintained, with programs posted in advance. Inservice education programs will be scheduled in an effort to accommodate varying work schedules. The procedures and content for such programs shall be appropriate subjects for discussions by the WSNA/Management Committee. Such programs shall be consistent with the standards established by the Joint Commission on Accreditation of Healthcare Organizations. The Employer recognizes that the availability of continuing educational opportunities for its nurses is essential to assure quality patient care. A regular and on-going staff development program shall be maintained and made available to nurses covered by this Agreement. The existence, content, and attendance requirements of the program shall be discussed and considered by the WSNA/Management Committee provided for herein.

18.5 Operating Room Committee. The parties agree to create a Committee committed to addressing scheduling and standby issues in the OR. The Committee will consist of up to three (3) OR nurses selected by WSNA, a designated WSNA representative and management appointees.

18.6 Hospice and Palliative Care Committee. The parties agree to create a Committee committed to reviewing ADOs and staffing concerns in Hospice and Palliative Care. The Committee will consist of up to three (3) nurses from Hospice or Palliative Care selected by WSNA, a designated WSNA representative, and management appointees.

ARTICLE 19 – HOSPICE NURSES

19.1. Except as delineated in Article 19, the Collective Bargaining Agreement applies to Hospice nurses.

19.2 Hospice Nurse Team Leaders. The Hospice House and Community Program will each be assigned their own NTL. After Hours Community Program RNs may report to the leader on call if a NTL is not scheduled.

19.3 Work Period and Work Day. The work day shall begin when a nurse clocks in at the Hospice Administrative Office or Hospice House, as applicable. A nurse may request approval from the Hospice Leader-on-call to begin their work day at an alternate location. Nurses assigned to the Community Program may clock in using employer-provided phones. The work day ends at the end of a scheduled shift or when released by a Hospice supervisor, if earlier. If a nurse completes their scheduled assignments early, they will notify their NTL who will determine if there is an additional assignment or a low census opportunity. If a nurse must stay past the end of their scheduled shift, the nurse will notify the Leader-on-call. Nurses shall remain available by cell phone from the beginning of their work day until the end of their work day, excluding breaks and meal periods. If a nurse believes it is necessary to work beyond their scheduled length of shift, the nurse must contact their Team Lead or Hospice Leader-on-call to receive advance approval, and if unable to make contact leave a message.

19.4 Definition of Overtime. All time worked in excess of forty (40) hours during any one (1) week shall be considered overtime. All overtime must be properly authorized by the Employer.

19.5 Mileage. When a nurse covered by this Agreement is required by the Employer to use the nurse's personal vehicle to perform patient care services, the nurse shall be considered in the employ of the Employer, all provisions of this Agreement shall apply, and the nurse shall be reimbursed for mileage at the rate established by the Internal Revenue Service.

1. When a Community Program nurse begins patient care visits from the main office or authorized work location, mileage reimbursement begins at the main office or authorized work location. When the nurse finishes his or her day at the main office or authorized work location, the mileage reimbursement ends there.
2. Trips to run errands, to go home for lunch or come back to the main office or work location for lunch are not reimbursable.

19.6 Rate of PTO Accrual. PTO is accrued on the following schedule, provided that the employee is paid for at least two thousand eighty (2,080) hours per year;

Time of Service		Hours Accrued Annually			
0-48 months	(0-4 yrs.)	224 hours (28 days)	--	.10769	per hour
49-108 months	(5-9 yrs.)	264 hours (33 days)	--	.12692	per hour
109-168 months	(10-14 yrs.)	296 hours (37 days)	--	.14231	per hour
169-228 months	(15-19 yrs.)	312 hours (39 days)	--	.15000	per hour
229+ months	(20+ yrs.)	320 hours (40 days)	--	.15385	per hour

PTO is accrued on all hours paid, excluding standby hours. All part-time employees accrue PTO on a pro-rated basis.

19.7 EIB Availability. Extended illness pay is available, for illness and temporary disabilities such as maternity, planned surgery, inpatient treatment programs and other anticipated disabilities, and caring for a qualified family member as defined by law, to nurses who have accrued extended illness hours. Hospice Nurses will not accrue extended illness benefits. However, if a Hospice Nurse has extended illness benefits, he or she may utilize those benefits pursuant to the applicable terms of this Agreement. Extended illness pay is available following completion of thirty-two (32) consecutive scheduled hours of absence due to illness or injury, or upon the first day of hospitalization or upon the day of any outpatient procedure that requires two (2) days off from work. Nurses sent home or mandated not to be at work during a federally declared pandemic

event as a result of symptoms of an influenza like illness (ILI), as determined by Occupational Health, or directed by Occupational Health to quarantine at home shall also have immediate access to extended illness pay.

19.7.1 A full-time or part-time nurse who changes to per diem status shall retain previously accrued extended illness hours. After return to full-time or part-time status, previously accrued extended illness hours shall be reinstated for benefit eligibility purposes.

19.8 Seniority. Article 11 "Seniority" applies to Hospice RNs with the following addition: A nurse's hospital wide seniority shall be calculated per Article 11 to include a nurse's most recent date of employment as a PeaceHealth Hospice House or Community Program nurse.

19.9 Personal Leave. The entirety of Article 12.7, "**Personal Leave**," shall not apply to Hospice Nurses.

19.10 Short-term Disability Benefits. The Employer will provide, at its cost, short-term disability benefits substantially equivalent to those currently offered to Hospice Nurses.

ARTICLE 20 – GENERAL PROVISIONS

20.1 Savings Clause. This Agreement shall be subject to all present and future applicable federal and state laws, Executive Orders of the President of the United States or the Governor of the State of Washington, and rules and regulations of governmental authority. Should any provision or provisions become unlawful by virtue of the above or by declaration of any court of competent jurisdiction, such action shall not invalidate the entire Agreement. Any provisions of this Agreement not declared invalid shall remain in full force and effect for the life of the Agreement. The parties shall enter into negotiations to attempt to reach a mutually satisfactory replacement for the unlawful provision(s).

20.2 Past Practices. Any and all agreements, written and verbal, previously entered into by the parties hereto are in all things mutually cancelled and superseded by this Agreement. Unless specifically provided herein to the contrary, past practices shall not be binding on the Employer or the Association, except that ongoing and generally accepted, established practices of the Medical Center which affect the terms and conditions of employment of the bargaining unit shall not be unilaterally discontinued by the Employer without first bargaining about any such proposed discontinuance with the Association.

20.3 Sale, Merger, or Transfer. In the event the Hospital merges, is sold, leased, or otherwise transferred to be operated by another person or firm, the Hospital shall have an affirmative duty to call this Agreement to the attention of such firm or individual and, if such notice is so given, the Hospital shall comply with all laws and statutory requirements in effect at the time of the sale, merger or transfer. The Hospital will also provide notice to the Association of any such sale, lease or transfer at least ninety (90) days prior to the closing date.

ARTICLE 21 – MANAGEMENT RIGHTS AND RESPONSIBILITIES

21.1 Management Rights and Responsibilities. The management of the Employer's hospital and the direction of the working force, including the right to hire, assign, classify, train, orient, evaluate, schedule, suspend, transfer, promote, discharge for just cause and to maintain discipline and efficiency of its employees and the right to relieve the employees from duty because of lack of work; the right to determine the nature and extent to which the hospital shall be operated, and to change methods or procedures, or to use new equipment; the right to establish schedules of service, to introduce new or improved services, methods or facilities, and to extend, limit, curtail or subcontract its operations, including the right to utilize the services of temporary personnel, is vested exclusively in the Employer. The above statement of management functions shall not be deemed to exclude other functions not herein listed. In no case shall the exercise of the above prerogatives be in derogation of terms or conditions of this Agreement; however, nothing in this Agreement is intended, or is to be construed in any way, to interfere with the prerogative of the Employer to manage and control the Medical Center.

21.2 Workplace Violence. The Employer will provide a safe environment free of potential hazards to nurses encompassing a clear policy of zero tolerance of workplace violence (including physical violence and verbal threats) by patients or visitors. Prominent signs shall be posted in the Medical Center in accordance with the recommendations by the workplace violence committee. Sufficient security personnel shall be provided to assure the safety of nurses, patients and visitors twenty-four (24) hours per day, seven (7) days per week. If at any time, a nurse does not feel safe to care for a patient they reasonably believe poses a risk of violence, they may notify their immediate supervisor and request a safety care conference. The Medical center shall cooperate with and comply with all lawful requests from law enforcement.

The Parties will form a Workplace Violence Prevention, Response and Assessment Committee composed of equal members of employees and members of Management which include principal management personnel on security, education and nursing, with a minimum of four RNs selected in partnership with WSNA. The RNs shall have time off arranged by management and be paid at their regular rate of pay for all time in Committee meetings and other committee activities. The Committee shall meet monthly and when requested by either party due to an incident of violence. Every three years, the Committee shall develop and implement a plan to prevent and protect employees from violence at the Medical Center, Hospice House, and any other work settings, by evaluating reported instances of violence and implementing changes which will increase safety. The Committee shall develop, implement and monitor progress on the plan.

The Employer will assure in-person, interactive prevention training as recommended by the Committee, and is provided to all applicable personnel within 90 days of employment.

The Employer shall provide free counseling services for nurses who are subjected to workplace violence, through the employer sponsored employee assistance program. Nurses shall not be retaliated against for reporting incidences of workplace violence.

For any nurse who has been assaulted by a patient or that patient's family member or visitor, the nurse's manager will enter into a collaborative process with the nurse to develop a plan whereby the nurse will not be required to assume the assignment of that patient on a future date without the consent of the nurse, provided the plan is consistent with applicable patient care requirements. If,

after a debrief, it is deemed that a nurse is unable to continue working after an incident of workplace violence, the nurse will be released from duty and paid for the remainder of the shift. If additional time away is needed, the nurse may initiate a leave of absence under PeaceHealth policy or utilize any accrued personal days.

The Medical Center retains full responsibility for providing a safe and secure workplace for all nurses, patients and visitors.

ARTICLE 22 – TERM OF AGREEMENT

22.1 Duration and Renewal. This Agreement shall become effective on the first day of the first full pay period following ratification of this Agreement, and shall continue in full force and effect through and including March 31, 2028 and shall continue in full force from year to year thereafter unless notice of desire to amend the Agreement is served by either party upon the other at least ninety (90) days prior to the anniversary date of the date of expiration.

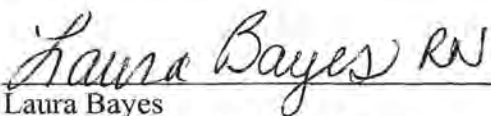
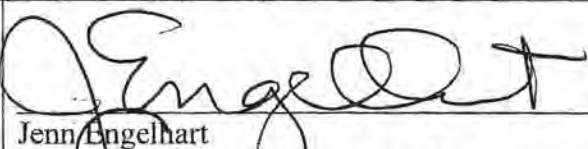
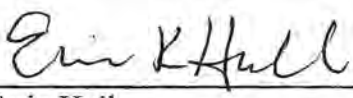
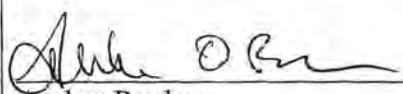
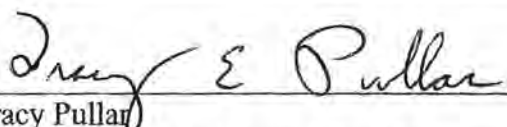
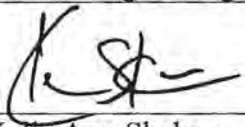
22.2 Notices to Amend and to Terminate. If notice to amend is given, this Agreement shall remain in effect until the terms of a new or amended agreement are agreed upon; provided, however, that if a notice is timely given, either party may at any time thereafter notify the other in writing of its desire to terminate this Agreement as of the date scheduled in such notice to terminate, which notice shall be subsequent to December 31 of the year in which such notice to amend is timely given and at least sixty (60) days subsequent to the giving of such notice to amend.

IN WITNESS WHEREOF, the parties here to have caused this Agreement to be duly executed this _____ day of _____, 2025.

PEACEHEALTH ST. JOSEPH MEDICAL CENTER

Roseanna Bell
Chief Nursing Officer

WASHINGTON STATE NURSES ASSOCIATION

 Laura Bayes WSNA Negotiating Team Member	 Kelly Carroll WSNA Negotiating Team Member
 Robin Cully WSNA Negotiating Team Member	 Jenn Engelhart WSNA Negotiating Team Member
 Jennifer Hampton WSNA Negotiating Team Member	 Errin Hull WSNA Negotiating Team Member
 Kristin Malmo WSNA Negotiating Team Member	 Jessica Moran WSNA Negotiating Team Member
 Amber Pouley WSNA Negotiating Team Member	 Tracy Pullar WSNA Negotiating Team Member
 Rhonda Tull WSNA Negotiating Team Member	 MN, RN Jared Richardson WSNA Nurse Representative
 08/18/2025 Kelly Ann Skahan WSNA Labor Counsel	

APPENDIX A

AUTHORIZATION TO MAKE PAYROLL DEDUCTION FOR ASSOCIATION DUES

I hereby authorize my Employer _____ to deduct my Washington State Nurses Association dues from my salary each year in 12, 24, or 26 equal deductions beginning with the next pay period. This money is in payment of annual dues to my professional association and is to be remitted to the Washington State Nurses Association. This card is to be retained by the above named Employer and will remain in force until withdrawn by me in writing.

Date

Signature of Employee

APPENDIX B

The minimum hourly rate of pay for staff nurses covered by this Agreement shall be in accordance with the number of years of continuous service set forth below, and shall be effective the first full pay period following the dates set forth below:

Wage Table Experience Years	First Full Pay Period Following Ratification: + \$4.25, elimination of ghost steps, compressed scale to step 30	First Full Pay Period Following 4/1/2026: + 3.25%	First Full Pay Period Following 4/1/2027: + 3.00%
Base	\$44.34	\$45.78	\$47.15
1 Year	\$46.10	\$47.60	\$49.03
2 Years	\$47.88	\$49.44	\$50.92
3 Years	\$49.59	\$51.20	\$52.74
4 Years	\$51.31	\$52.98	\$54.57
5 Years	\$53.05	\$54.77	\$56.42
6 Years	\$54.77	\$56.55	\$58.25
7 Years	\$56.53	\$58.37	\$60.12
8 Years	\$58.27	\$60.16	\$61.97
9 Years	\$60.05	\$62.00	\$63.86
10 Years	\$61.74	\$63.75	\$65.66
11 Years	\$62.49	\$64.52	\$66.46
12 Years	\$63.23	\$65.28	\$67.24
13 Years	\$64.18	\$66.27	\$68.25
14 Years	\$65.00	\$67.11	\$69.13
15 Years	\$65.85	\$67.99	\$70.03
16 Years	\$66.70	\$68.87	\$70.93
17 Years	\$67.56	\$69.76	\$71.85
18 Years	\$68.31	\$70.53	\$72.65
19 Years	\$69.09	\$71.34	\$73.48
20 Years	\$69.87	\$72.14	\$74.30
21 Years	\$70.74	\$73.04	\$75.23
22 Years	\$71.52	\$73.84	\$76.06
23 Years	\$72.41	\$74.76	\$77.01
24 Years	\$73.22	\$75.60	\$77.87
25 Years	\$74.09	\$76.50	\$78.79
26 Years	\$74.96	\$77.40	\$79.72
27 Years	\$75.84	\$78.30	\$80.65
28 Years	\$76.70	\$79.19	\$81.57
29 Years	\$78.51	\$81.06	\$83.49
30 Years	\$80.37 (max)	\$82.98 (max)	\$85.47 (max)
31 Years	\$80.37	\$82.98	\$85.47
32 Years	\$80.37	\$82.98	\$85.47
33 Years	\$80.37	\$82.98	\$85.47
34 Years	\$80.37	\$82.98	\$85.47

APPENDIX C

Four Week Schedule Cadence					
Schedule start	PTO due 30 days	PD due half 26 days	FTE pick up 25 days	PD rest 22 days	Post 16 days
4/20/2025	3/21/2025	3/25/2025	3/26/2025	3/29/2025	4/4/2025
5/18/2025	4/18/2025	4/22/2025	4/23/2025	4/26/2025	5/2/2025
6/15/2025	5/16/2025	5/20/2025	5/21/2025	5/24/2025	5/30/2025
7/13/2025	6/13/2025	6/17/2025	6/18/2025	6/21/2025	6/27/2025
8/10/2025	7/11/2025	7/15/2025	7/16/2025	7/19/2025	7/25/2025
9/7/2025	8/8/2025	8/12/2025	8/13/2025	8/16/2025	8/22/2025
10/5/2025	9/5/2025	9/9/2025	9/10/2025	9/13/2025	9/19/2025
11/2/2025	10/3/2025	10/7/2025	10/8/2025	10/11/2025	10/17/2025
11/30/2025	10/31/2025	11/4/2025	11/5/2025	11/8/2025	11/14/2025
12/28/2025	11/28/2025	12/2/2025	12/3/2025	12/6/2025	12/12/2025
1/25/2026	12/26/2025	12/30/2025	12/31/2025	1/3/2026	1/9/2026

MEMORANDUM OF UNDERSTANDING #1 Absenteeism

Attendance expectations shall be administered within the requirements of applicable leave laws. For full-time and part-time nurses, work attendance on a regular basis is a condition of continued employment.

After no less than three (3) separate occurrences of unscheduled, and unprotected, absences within a six (6) month period, a mandatory meeting shall occur to determine the underlying circumstances. An unscheduled absence shall consist of any missed work time not preapproved by the nurse's director or designee and shall not include low census time. An occurrence is defined as one (1) or more consecutive days of unscheduled absence. Instances where a nurse is sent home or mandated not to be at work during a federally declared pandemic event as determined by Occupational Health, shall not count as an occurrence.

The nurse, the Local Unit Chairperson or designee if requested by the nurse, and the Clinical Director or designee will work out a written agreement setting forth attendance expectations in light of the employee's particular circumstances. If the nurse thereafter is out of compliance with the terms of the agreement, another meeting will occur and the disciplinary process may commence at that point.

The issue of absenteeism within the bargaining unit shall be the subject of discussion and analysis in regularly scheduled meetings of the WSNA/Management Committee on at least a quarterly basis.

MEMORANDUM OF UNDERSTANDING #2 Temporary Additional Compensation

The following process will occur in the event the Employer determines there is a need to compensate nurses, on a temporary basis, higher than the amounts prescribed by the language of this Agreement. The Employer must notify the Association in writing of the compensation it seeks to implement on a temporary basis. The Association must make itself available to allow the parties sufficient time to meet and negotiate the issue within fifteen (15) calendar days following the notice. The parties may extend this timeline by mutual agreement. The parties will negotiate in good faith to reach an agreement on what the Employer has proposed.

Bonus Shifts. Management may designate unfilled shifts as Bonus Shifts at their discretion. At no time shall two nurses who accepted the same Bonus Shift be paid at different Bonus Shift rates.

MEMORANDUM OF UNDERSTANDING #3 Scheduled Call in Labor & Delivery

The Employer and the Association acknowledge that scheduled call will continue as a practice in the Labor & Delivery Department.

1. The Employer may continue to assign up to eight (8) hours of scheduled call per month to nurses who regularly work in the Labor & Delivery Department.

2. Call will be assigned to nurses utilizing the following procedure:

a. There will be 12 hours of scheduled call coverage Monday through Friday (e.g., from 1700 to 0500) and 16 hours of coverage on Saturday and Sunday (e.g., from 1500 through 0700).

b. The call schedule will be made available for volunteer sign-up as of the 15th of the month that is two months ahead of the scheduled work cycle. All voluntary sign-ups shall occur by the 25th of that month.

c. To the extent that volunteer sign-up does not result in coverage for all scheduled call hours, the remaining call hours necessary for coverage will be assigned in 4-hour blocks to nurses who have not already signed up voluntarily for eight (8) hours of call on the schedule, beginning with the least senior nurse.

MEMORANDUM OF UNDERSTANDING #9 PTO Donation

Hours donated for the benefit of members of the Association's negotiating committee will be transferred by PeaceHealth, per PeaceHealth process, to committee members as designated by the Association and will be restricted to the time period of negotiations for a successor agreement. The parties will use the following PeaceHealth form to ensure nurses who donate understand that they will be taxed on the donation.

MEMORANDUM OF UNDERSTANDING #10

The Washington State Nurses Association ("Association") and PeaceHealth St. Joseph Medical Center ("Employer") agree as follows:

1. Represented nurses shall apply directly to the State of Washington for both medical and family leave in accordance with RCW 50A.04; and
2. The Employer agrees to allow nurses the option to supplement amounts paid under the Washington Paid Family and Medical Leave program up to 100% of their average regular wages with accrued EIB or PTO.

MEMORANDUM OF UNDERSTANDING #12 Student Loan Repayment

PeaceHealth will provide monthly student loan payments for eligible RNs through December 31, 2025.

The benefit allocation will be paid prospectively as soon as the program can be implemented (estimated June 1, 2022).

Caregivers will be eligible for up to \$400 for fulltime (.8-1.0) and \$200 for parttime (.5-.79) per month.

The benefit is nontaxable (through 2025), not to exceed IRS Section 127 limits in combination with tuition assistance program. The 2022 limit is \$5250 inclusive of tuition reimbursement. Payments in excess of \$5250 for calendar year 2022 will be processed as taxable income. Payments over the IRS Section 127 limits in subsequent years will be processed as taxable income.

There is no waiting period or employment length requirements for RNs to apply to the program.

MEMORANDUM OF UNDERSTANDING #13

Professional Nurse Advancement Program (PNAP)

PeaceHealth St. Joseph Medical Center and the Association are committed to the professional development, satisfaction, recruitment, and retention of nursing staff. The Professional Nurse Advancement Program (PNAP) is designed to provide staff nurses more opportunity to grow and advance professionally. Therefore, the parties agree to develop and implement the agreed upon PNAP and the following terms:

- 1. Participation.** All WSNA represented nurses will be eligible to participate in the PNAP. This includes all per diem nurses that are in compliance with their availability requirements.
- 2. Composition of PNAP and Review Committees.** The Chief Nursing Officer (CNO) shall designate a Shared Governance Council (leaders and WSNA nurses) to be responsible for administering the PNAP including the review of applications and program criteria. The Council will be comprised of thirteen (13) individuals, more as the Committee agrees. At least 70% of the council will be comprised of WSNA nurses, three of whom will be selected by the Association. Two co-chairs will lead the Council; one to be selected by management, one to be selected by the WSNA RNs on the PNAP Committee. Once certified/recertified, the RN will retain their level for no less than a period of two years.
- 3. Paid time for PNAP Board and Review Committees.** All time spent by the council members to oversee the program, including review of applications and appeals, shall be paid at the nurse's straight time rate of pay as defined in 5.7.1. Nurses will be relieved of all clinical duties to facilitate their attendance at PNAP Board and Review Committee meetings.

4. Levels of the Program.

- RN 1 – New Grad: from completion of orientation period to graduation from residency program. At this point advancement to RN 2 is automatic.
- RN 2 – (competent)
- RN 3 – (proficient/expert) (\$2 per hour)
- RN 4 – (expert) (\$3 per hour)
- RN 5 – (specialist) (\$5 per hour)

PNAP pay is in addition to differentials outlined in the contract such as certification BSN, MSN.

5. Program review process. The PNAP will be reviewed at least every two years by the designated Shared Governance Councils and that evaluation shall be provided to the WSNA Conference Committee. Discipline will not be an automatic bar to placement on the program and approval by a nurse's manager will not be a requirement for placement in the program.

6. PNAP pay rates will be effective the first full pay period following implementation for current participants.

7. Professional nurse levels will not be used either as a criterion in job postings (pursuant to Article 13.2), nor will any bargaining unit jobs be posted for any particular professional nurse level.

MEMORANDUM OF UNDERSTANDING

Palliative Care Nurses

Washington State Nurses Association ("WSNA" or "Association") and PeaceHealth St. Joseph Medical Center ("Medical Center" or "Employer") (collectively, "Parties") hereby agree to the following terms and conditions for all Palliative Care Registered Nurses and Palliative Care Outpatient Coordinator Registered Nurses ("Palliative Care Nurses") employed by the Medical Center:

1. The Medical Center recognizes that all Palliative Care Nurses have been certified by the National Labor Relations Board as represented by the Association in the existing Registered Nurse bargaining unit at the Medical Center.
2. Except as delineated below, the Collective Bargaining Agreement ("CBA") applies to Palliative Care Nurses:

7.1 Work Period and Day. The normal work period consists of forty (40) hours within a seven (7) day period or eighty (80) hours within a fourteen (14) day period. The normal work day consists of eight (8) hours or ten (10) hours plus an unpaid meal period of one-half (1/2) hour, at the nurses discretion. Nurses shall remain available by cell phone from the beginning of their work day until the end of their work day, unless released as discussed above.

If a nurse believes they will work consistently above their FTE the nurse should contact their supervisor to discuss how to effectively mitigate excess hours. Nurses are responsible for submitting timecards demonstrating their FTE via the Employer's timekeeping system.

7.3 Definition of Overtime. Full-time and regular part-time Palliative Care Nurses shall be treated as exempt under the FLSA. The parties agree to review and discuss Palliative Care Nurses' status as exempt employees during negotiations for the next term of their collective bargaining agreement. Exempt salary covers all hours worked, including attendance at staff, department, and committee meetings.

7.15 Floating. Palliative Care Nurses shall not be mandatorily floated outside the Palliative Care department. In-patient and out-patient palliative care shall be treated as a closed clinical grouping.

8.1 Wage Rates. Full-time and regular part-time Palliative Care Nurses covered by this Agreement shall be treated as exempt under the FLSA and paid on a salary basis according to the hourly wage rates in Appendix B. Overtime pay and premium pay will not be paid to Palliative Care Nurses except the following premiums: PNAP pay, 8.7 Certification Differential, 8.8 B.S.N. and M.S.N. Differential. Per diem Palliative Care Nurses shall be treated as non-exempt workers under the FLSA and paid according to the terms of the Collective Bargaining Agreement between the Parties.

8.10 Mileage. When a nurse covered by this Agreement is required by the Employer to use the nurse's personal vehicle to perform patient care services, the nurse shall be considered in the employ of the Employer, all provisions of this Agreement shall apply, and the nurse shall be reimbursed for mileage at the rate established by the Internal Revenue Service

8.10.1 When a Palliative Care Nurse begins patient care visits from the main office or authorized work location, mileage reimbursement begins at the main office or authorized work location. When the nurse finishes his or her day at the main office or authorized work location, the mileage reimbursement ends there.

8.10.2 Trips to run errands, to go home for lunch or come back to the main office or work location for lunch are not reimbursable.

8.10.3 If a nurse is at a personal appointment/function at a greater distance to the patient's home than from their home or the main office, the reimbursed travel time would be the mileage from their home or the main office to the patient's home, whichever is less.

8.10.4 If the nurse is authorized to go home directly after their last visit, the mileage will be reimbursed if the distance to their home is less than back to the main office. If the distance to the nurse's home is greater than back to the main office, the mileage reimbursed will be from the patient's home to the main office.

9.2 Rate of Accrual. PTO is accrued on the following schedule, provided that the employee is paid for at least two thousand eighty (2,080) hours per year:

Time of Service	Hours Accrued Annually
0-48 months (0-4 yrs.)	224 hours (28 days) .10769 per hour
49-108 months (5-9 yrs.)	264 hours (33 days) .12692 per hour
109-168 months (10-14 yrs.)	296 hours (37 days) .14231 per hour
169-228 months (15-19 yrs.)	312 hours (39 days) .15000 per hour
229+ months (20+ yrs.)	320 hours (40 days) .153 85 per hour

PTO is accrued on all hours paid, excluding standby hours. All part-time employees accrue PTO on a pro-rated basis.

10.1 Availability. Extended illness pay is available, for illness and temporary disabilities such as maternity, planned surgery, inpatient treatment programs and other anticipated disabilities, caring for a qualified family member as defined by law, or when directed by Occupational Health to quarantine at home, to nurses who have accrued extended illness hours. Palliative Care Nurses will not accrue extended illness benefits. However, if a Palliative Care Nurse has extended illness benefits, they may utilize those benefits pursuant to the applicable terms of this Agreement. Extended illness pay is available following completion of thirty-two (32) consecutive scheduled hours of absence due to illness or injury, or upon the first day of hospitalization or upon the day of any outpatient procedure that requires two (2) days off from work. Nurses sent home or mandated not to be at work during a federally declared pandemic event as a result of symptoms of an influenza like illness (ILI), as determined by Occupational Health, or directed by Occupational Health to quarantine at home shall also have immediate access to extended illness pay.

10.1.1 A full-time or part-time nurse who changes to per diem status shall retain previously accrued extended illness hours. After return to full-time or part-time status, previously accrued extended illness hours shall be reinstated for benefit eligibility purposes.

3. **Article 11 “Seniority”** applies to Palliative Care Nurses with the following addition:

“A nurse’s hospital-wide seniority shall be calculated per Article 11 to include a nurse’s most recent date of employment as a PeaceHealth Palliative Care Nurse.”

4. The entirety of **Article 12.7 “Personal Leave”** shall not apply to Palliative Care Nurses.

5. The following language shall apply to Palliative Care Nurses:

14.5 Short-term Disability Benefits. The Employer will provide, at its cost, short-term disability benefits substantially equivalent to those offered to Palliative Care Nurses as of the date this Agreement is executed.

6. The terms of this Memorandum of Understanding shall be effective upon execution by the Parties. All wage rates, differentials, premium rates, and/or incentive payments shall be applied retroactively to the first full pay period beginning on or following September 10, 2023, for Palliative Care Nurses currently employed by the Medical Center as of this Memorandum’s date of execution. Nurses shall be paid in accordance with the wage rates set forth in Appendix B of this Agreement based on their calculated Years of Experience.

6.1. PeaceHealth’s application of retroactive compensation outlined above, is a one-time, non-precedent setting action to address and resolve the delay of the palliative care RN accretion impact bargaining by PeaceHealth from the initial WSNA demand to bargain notice. WSNA agrees to withdraw any ULP filed with the NLRB associated with the Palliative Care RN’s accretion in the PeaceHealth St. Joseph RN bargaining unit immediately following the executed date of this MOU.

7. The terms of this Memorandum of Understanding shall not serve as precedent for any purpose.

MEMORANDUM OF AGREEMENT

Re: Benefits Forums and Meetings

The parties agree that there is a shared interest in ensuring caregivers and their families have access to quality, affordable health care, at a sustainable cost for both the caregivers and PeaceHealth.

Between June 2025 and March 2026, PeaceHealth St. Joseph leadership and WSNA will have four quarterly meetings to discuss health insurance. By mutual agreement, the parties may continue to conduct future health insurance benefits forums and meetings on a quarterly basis after the March 2026 meeting.

WSNA may select four (4) nurses to participate in the forum on paid time. Members of PeaceHealth's benefits team will participate in the forum, which also may include HR and local nursing leadership.

In July 2025, PeaceHealth will hold a forum with WSNA to share feedback and ideas regarding PeaceHealth's health insurance plan (medical, dental, vision).

Prior to open enrollment for the 2026 health insurance plan, the parties will meet to provide information to the WSNA members about the upcoming open enrollment, including any changes to the plan.

In January 2026, the parties will meet to discuss any administrative concerns or issues nurses have with the 2026 health insurance plan.

In March 2026, the parties will hold another forum to share feedback and ideas regarding the 2026 health insurance plan.

The parties agree the forums are exploratory and will not have authority to make benefits election, financial, or other operational decisions. The forums are intended as an open exchange of ideas and is not a formal bargaining process.

The parties agree the forums and meetings will be a safe place for the parties to express themselves and share information. While the parties may have different perspectives on a particular issue, they agree to assume good intentions and interact with each other in a respectful manner. To aid in open communications, the parties agree that only the selected participants may attend the forums and meetings.

To further that end, the parties agree that they may only share discussions, presentations and materials from the forums and meetings internally with their stakeholders, and will not do so publicly.