

2016 - 2019

EMPLOYMENT AGREEMENT

between

TACOMA GENERAL HOSPITAL

and the

WASHINGTON STATE NURSES ASSOCIATION

WSNA - Tacoma General Hospital  
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EMPLOYMENT AGREEMENT

between

TACOMA GENERAL HOSPITAL

and the

WASHINGTON STATE NURSES ASSOCIATION

THIS AGREEMENT is made and entered into by and between Tacoma General Hospital, (hereinafter referred to as the "Employer" or "Hospital"), and the Washington State Nurses Association (hereinafter referred to as "WSNA" or the "Association"). The purpose of this Agreement is to set forth the understandings reached between the parties with respect to wages, hours of work and conditions of employment.

ARTICLE 1 - RECOGNITION

The Hospital recognizes the Association as the exclusive collective bargaining representative for all registered nurses employed by the Hospital as regular full-time and part-time staff nurses, excluding supervisory and managerial employees, employees assigned to Nursing Administration, and all other employees.

ARTICLE 2 - MANAGEMENT RESPONSIBILITY

2.1 The Association recognizes the rights of the Hospital to operate and manage the Hospital, including but not limited to the rights to establish and require standards of performance, to maintain order and efficiency; to direct nurses; to determine job assignments and working schedules; to determine the materials and equipment used; to implement new and different operational methods and procedures; to determine staffing levels and requirements; to determine the kind, type and location of facilities; to introduce new or different services, products, methods or facilities; to extend, limit, contract out or curtail the whole or any part of the operation; to select, hire, classify, assign, promote or transfer nurses; to discipline, demote, suspend or discharge nurses for cause; to lay off and recall nurses; to require reasonable overtime work of nurses; and to promulgate and enforce rules, regulations and personnel policies and procedures; provided that such rights, which are vested solely and exclusively in the Hospital, shall not be exercised so as to violate any of the specific provisions of this Agreement.

2.2 The parties recognize that the above statement of management rights is for illustrative purposes only and should not be construed as restrictive or interpreted so as to exclude management prerogatives not mentioned.

ARTICLE 3 - MEMBERSHIP AND DUES DEDUCTIONS

3.1 Association Membership. All nurses covered by this Agreement, who are now members or become members of the Association prior to January 6, 2004 shall, as a condition of employment, remain members in good standing in the Association. "In good standing," for the purposes of this Agreement, is defined as the tendering of Association dues on a timely basis.

It shall be a condition of employment that all nurses covered by this Agreement who are hired on or after January 6, 2004 shall, on the thirtieth (30th) day following the beginning of such employment, become and remain members in good standing in the Association.

3.1.1 Nurses who fail to comply with this requirement shall be discharged by the Employer within thirty (30) days after receipt of written notice to the Employer from the Association, unless the employee fulfills the membership obligations set forth in this Agreement.

3.1.2 Any nurse who is a member of and adheres to established and traditional tenets or teachings of a bona fide religion, body, or sect which has historically held conscientious objections to joining or financially supporting labor organizations shall not be required to join or financially support the Association as a condition of employment. Such a nurse shall, in lieu of dues and fees, pay sums equal to such dues and fees to a non-religious charitable fund.

3.1.3 These religious objections and decisions as to which fund will be used must be documented and declared in writing to the Association. Any nurse exercising their right of religious objection must provide the Association with a receipt of payment to an appropriate charity on a monthly basis.

3.1.4 The Employer shall make newly hired nurses aware of the membership conditions of employment at the time of hire.

3.2 Dues Deduction. During the term of this Agreement, the Hospital shall deduct dues from the pay of each member of the Association who voluntarily executes a wage assignment authorization form. When filed with the Hospital, the authorization form will be honored in accordance with its terms. The amount deducted and a roster of all nurses using payroll deduction will be transmitted monthly to the Association by check payable to its order. Upon issuance and transmission of a check for the correct amount to the Association, the Hospital'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 Hospital harmless from all claims, demands, suits or other forms of liability that may arise against the Hospital for or on account of the discharge of a nurse at the request of the Association pursuant to the terms of this Article or any deduction made from the wages of such nurse.

#### ARTICLE 4 - REPRESENTATION

4.1 Access to Premises. Duly authorized representatives of the Association may have access at reasonable times to those areas of the Employer's premises which are open to the general public for the purpose of investigating grievances and contract compliance. Association representatives shall not have access to nurses' lounges, nursing units or other patient care areas unless advance approval has been obtained from the Chief Operating Officer or designee. Access to the Employer's premises shall be subject to the same general rules applicable to other non-employees and shall not interfere with or disturb nurses in the performance of their work during working hours and shall not interfere with patient care or the normal operation of the hospital.

4.2 Bulletin Board. The Association shall be permitted to post meeting notices, and notifications of educational offerings and other professional activities signed and dated by a designated Bargaining Unit Representative in the space provided on bulletin boards designated by the Employer. Bulletin Boards shall be placed in each Unit of the Hospital in the nurse's lounge or other easily accessible location. Boards shall be at least 2 feet by 3 feet in area. Additional Boards shall be placed on larger

units as need. Should the Hospital have a concern about the appropriateness of any posting, Human Resources should contact the WSNA Representative for discussion and mutual resolution. Items on bulletin boards shall not be removed by management. Non-Union related materials to be posted shall be subject to the prior approval of the Director of Labor Relations. The Association agrees to limit the posting of Association materials to the designated bulletin boards.

4.3 Contract. The Employer will maintain copies of this Agreement on its internal intranet portal that is accessible to all nurses.

4.4 Local Unit Chairperson. The Association shall have the right to select a local unit chairperson from among nurses in the unit. The local unit chairperson shall not be recognized by the Hospital until the Association has given the Employer written notice of the selection. Unless otherwise agreed to by the Employer, the investigation of grievances and other bargaining unit activities shall only be conducted during nonworking times, and shall not interfere with the work of other nurses.

4.4.1 Orientation. The Local Unit Chairperson, or designee, will be scheduled to meet with new hires for a period of up to one-half (1/2) hour at the end of the Hospital's orientation. Attendance shall be voluntary and shall be on the unpaid time of the Local Unit Chairperson, or designee, and new hire. During the hospital's orientation, a reminder shall be given of the WSNA orientation stating the location and time. The Hospital shall encourage attendance. The Hospital shall provide the local unit officers with advance notice of the time and place of each orientation and the identity of the newly hired bargaining unit nurses as soon as the Hospital receives the information, but not later than the Friday before each scheduled orientation.

4.5 Bargaining Unit Roster. During January and July of each calendar year, the Employer shall supply to the Association a list of those nurses covered by this Agreement. The list shall include each nurse's name, address, employee identification number, unit, phone number (home or cell), FTE, rate of pay and date of hire. The Employer shall furnish to the Association on a monthly basis the same information for nurses newly hired or recalled to work in the bargaining unit and the names of nurses who have terminated employment or have transferred into or out of the bargaining unit. The Association agrees not to use Hospital mail service as a means of contacting nurses in the bargaining unit. Neither the semi-annual nor the monthly list shall include on-call nurses.

## ARTICLE 5 - DEFINITIONS

5.1 Resident Nurse. A nurse who is hired or transfers into an established residency program or whose clinical experience after graduation is less than nine (9) months; or a nurse who is returning to practice with no current clinical nursing experience. A resident nurse shall be assigned as a team member under close and direct supervision of more experienced nurses and shall be responsible for the direct care of limited numbers of patients. Residency shall not exceed three (3) continuous months and an additional six (6) months when mutually agreed to by the Hospital and individual nurse involved. Close and direct supervision shall be defined as working in conjunction with experienced registered nurses. Nurses working under close and direct supervision shall not be assigned as a team leader.

5.2 Staff Nurse. A nurse who is responsible for the direct and/or indirect nursing care of the patient.

5.3 Charge Nurse. A charge nurse is an experienced nurse who is assigned the responsibility for the nursing activity and patient care on a single nursing unit for one (1) or more shifts. Nurses assigned



charge responsibilities will have these additional responsibilities considered in their direct patient care assignments.

5.4 Preceptor. A preceptor is an experienced nurse proficient in clinical teaching who is specifically responsible for planning, organizing, teaching and evaluating the new skill development of the following students or nurses enrolled in a defined preceptor program, the parameters of which have been set forth in writing by the Employer:

- a. Resident nurses;
- b. Senior elective students;
- c. New nurses starting at the Hospital with no previous experience in the clinical area hired into;
- d. Nurses cross-training to a new clinical area;
- e. A nurse who has completed the residency but needs additional orientation/training time;
- f. Nurses assigned to orient a newly hired or transferred registered nurse will be paid as a preceptor.

Inherent in the preceptor role is the responsibility for specific, criteria-based and goal-directed education and training for a specific training period. Nursing management will determine the need for preceptor assignments. The Employer will first seek volunteers prior to making preceptor assignments. It is understood that staff nurses in the ordinary course of their responsibilities will be expected to participate in the general orientation process of new nurses. This would include the providing of informational assistance, support and guidance to new nurses. Preceptor responsibilities shall be considered when making patient care assignments.

5.5 Service Line Specialty Coordinator. The coordinator is responsible for assessing, planning, coordinating, assigning and delegating the delivery of skilled patient care. In addition to staff RN duties, the Coordinator is responsible for the coordination of supplies, equipment and staffing needs for each identified/designated care line patient.

5.6 Full-time Nurse. A staff nurse who has completed the probationary period and who is regularly scheduled to work at least thirty-six (36) hours per week or seventy-two (72) hours per two week period. For the purposes of Article 8.4, Overtime, and Article 8.8, Scheduled Days Off, full time shall be defined as forty (40) hours per week or eighty (80) hours per pay period.

5.7 Part-time Nurse. A staff nurse who has completed the probationary period and who is regularly scheduled to work at least sixteen (16) hours per pay period, but less than forty (40) hours per week or eighty (80) hours per two week period. When hired, the nurse will receive written documentation establishing the number of regular hours the nurse shall be expected to work each pay period.

5.8 Probationary Nurse. A nurse who has been hired by the Employer on a full-time or part-time basis and who has been continuously employed by the Employer for less than three (3) calendar months of employment. After three (3) calendar months of continuous employment, the nurse shall be considered to have completed the probationary period unless specifically advised by the Employer of an extended probationary period, the conditions of which shall be specified in writing. Any extension is limited to a one-time extension not to exceed ninety (90) days. During the probationary period, a nurse may be terminated without notice and without recourse to the grievance procedure.

5.9 Temporary Nurse. A full-time or part-time position for which there is a temporary need, rather than an ongoing need that is indefinite in nature. Temporary positions will not exceed six (6) months in

duration unless mutually agreed to by the Employer and the Association. Temporary nurses are paid in accordance with Article 9. Temporary nurses are eligible to participate in the Employer's flexible benefit plan after ninety (90) days of employment. All temporary positions will be posted on the house-wide bulletin boards in accordance with hospital job posting policy. Temporary employees do not accrue seniority or other benefits.

5.10 Regular Rate of Pay. The regular rate of pay shall be defined to include the nurse's hourly wage rate (including the wage premium in lieu of benefits, if applicable), plus shift differential if the evening or night shift is a permanent assignment, certification pay, charge nurse pay when the nurse has a regular (designated) charge nurse assignment, and service line specialty coordinator pay.

5.11 Benefits Accrual. Benefits shall be accrued on hours worked on overtime or callback hours in addition to regularly scheduled hours to a maximum of 2080 hours in one anniversary year (twelve calendar months).

5.12 Clinical Services. Where referenced in this Agreement, the term "clinical services" are intended to include the following:

- a. Progressive Care Unit, Adult Med/Surg, Trauma Clinic and Wound Care Nurses;
- b. Cardiovascular ICU (CVICU), Coronary Care Unit (CCU), CHF Clinic, Pulse Heart Unit;
- c. Family Birth Center (Women and Newborn Center and Birth Center)
- d. Neonatal Intensive Care (NICU),
- e. Lactation Consultants
- f. SASS (Surgery Admit Short Stay, Baker Admitting, TG PACU, Baker PACU
- g. OR
- h. Cardiac Cath Lab/EP Lab, Cath Recovery, Cardiovascular Admit Recovery
- i. Consulting Nurses;
- j. Emergency Department
- k. Interventional Radiology
- l. IV Therapy;
- m. Preventative Cardiology;
- n. Interventional Endoscopy, Pain Management;
- o. Med Surg ICU/Neuro ICU, Adult Critical Care,
- p. Resource, Float Pool

In the event a new unit is developed, or current units reconfigured, the Conference Committee shall have an opportunity to review and make recommendations as to placement within the appropriate clinical service.

*In the blending of the Women and Newborn, PSCU and Mother Baby clinical services, the Employer will provide individualized orientation and training as follows: The Manager or designee will work with each currently employed nurse to develop an individualized, formal program of education/training and orientation to bring the nurse to the level of skilled care required for that patient population so that the nurse may be able to function safely and independently. The assessment that the nurse is clinically competent will be documented in writing and shared with the nurse. The blending of the clinical services shall not occur earlier than one year following date of ratification. During the year, a sub-committee shall be formed that will include three (3) WSNA appointed nurses and three (3) management representatives to develop and implement the orientation and training. WSNA appointed nurses shall receive their regular rate of pay for meeting time.*

## ARTICLE 6 - EMPLOYMENT PRACTICES

- 6.1 Equal Opportunity. The Hospital and the Association agree that except as permitted by law there shall be no discrimination against any nurse or applicant for employment because of race, color, creed, national origin, religion, sex, age, handicap or disability, marital status, sexual orientation, gender identity, genetic information or union membership unless any of the foregoing factors constitutes a bona fide occupational qualification.
- 6.2 Notice of Resignation. Full-time and part-time nurses shall give not less than three (3) weeks' written notice of intended resignation, not to include accrued vacation. Failure to give such notice shall result in forfeiture of any PTO or EIT benefits. The Employer will give consideration to situations that would make such notice by the nurse impossible.
- 6.3 Discipline and Discharge. No full-time or part-time nurse shall be disciplined or discharged except for just cause. "Just cause" shall be defined to include the concept of progressive discipline (such as verbal and written reprimands and the possibility of suspension without pay). Progressive discipline shall not be applied when the nature of the offense requires immediate suspension or discharge. A copy of all written disciplinary actions will be given to the nurse. Nurses shall be required to sign the written disciplinary action for the purpose of acknowledging receipt thereof. A nurse may request the attendance of an Association representative during any investigatory meeting which may lead to disciplinary action. If a nurse believes that a disciplinary action or discharge is without proper cause, the nurse may utilize the grievance procedure. The employer shall provide any nurse who is terminated a written explanation of the reasons for such termination as soon as possible, but not more than seven (7) calendar days from the date of the nurse's termination.
- 6.4 Change of Employment Status. A change of employment status (i.e. full-time, part-time) will not alter a nurse's anniversary date for purposes of accrual of benefits or placement in the wage schedule.
- 6.4.1 Hospital employees who secure RN licensure and continue employment with the Employer in an RN position shall not lose previously accrued PTO or EIT. Once employed as registered nurses, all years previously worked shall be credited for placement on the vacation schedule. The newly licensed nurses shall be paid at the contract base rate of pay except for current Hospital employees who, during their employment at the Hospital, were employed as LPNs. These nurses shall be placed on the RN wage schedule according to section 9.3.1 infra.
- 6.5 Reemployment. Nurses who are rehired within twelve (12) months of voluntary termination shall be reemployed at their prior step on the wage scale. Reemployed nurses will be treated as new hires for benefit accrual purposes, except for nurses rehired within thirty (30) days of termination who will have all benefit accruals and seniority restored.
- 6.6 In-service. A regular and ongoing in-service education program that develops staff potential and promotes sound patient care shall be instituted and maintained in the Hospital and made available to all shifts with programs posted in advance. The content and procedures of the program are suitable subjects for discussions by the Conference and Patient Care Committees. If attendance at an in-service program is required by the Employer, the time spent attending the program will be considered time worked and paid at the applicable rate of pay.
- 6.7 Personnel Files. By appointment nurses shall have access to their personnel file in accordance with RCW 49.12.240 and .250. Nurses will be given the opportunity to provide a written response to

any written evaluations or disciplinary actions to be included in their personnel files. Such written responses shall be included in the nurses' personnel files.

6.7.1 Exit Interview. Prior to the nurse's last day of employment, an exit interview may be requested by the nurse with a representative of the Human Resources Department. If requested, Human Resources will make arrangements to meet in person with the nurse prior to his/her departure.

6.7.2 Disciplinary Record. Nurses may request the removal of written disciplinary actions in their personnel file after one (1) year if no further written disciplinary action for any reason has occurred during this one (1) year period. Removal shall be at the sole discretion of the Hospital.

6.8 Employee Profile Forms. Written Employee Profile forms shall be used to specify conditions of hiring and terminations, changes in a nurse's status or shift or leave of absence. Reasons for such shall be noted onto the form. The nurse shall be given one copy of this form.

6.9 Job Posting. Once the Employer has decided to fill a position, it shall be posted no later than two weeks in designated areas in each nursing unit and on the internal applicant portal of the web-based employment application system at least ten (10) days in advance of filling a position in order to afford presently employed nurses the first opportunity to apply. Seniority shall be the determining factor in filling such vacancy provided skill, competence, ability and prior job performance are considered equal in the opinion of the Employer based on specific documentation and evaluations. To be considered for a job opening, a nurse must indicate such interest to the Employer by applying through the web-based employment application system. Nurses denied a posted position will be notified of the reason in writing. Intra-unit transfers (including changes in shift and/or FTE) will be given priority over other applicants for the posted position subject to the above stated conditions. Subject to patient care considerations, the Employer will transfer nurses within thirty (30) days from the date of selection. If a transfer does not occur within thirty (30) days, upon request of the Association, the Hospital will discuss the reason in the Conference Committee, or if the Conference Committee will not convene within fourteen (14) days of the request, the Chief Operating Officer, or designee, will meet directly with one (1) or more unit officers.

6.9.1 Inter-department Transfer. Nurses who transfer from one department to another will be provided an orientation, unless competent to perform the duties of the new position.

6.10 Floating. Resource nurses, Admit nurses, and STAT nurses required to float across designated clinical services based on position specific skills lists will receive orientation appropriate to the assignment. All other nurses shall not be required to float outside of their clinical service but may be required to float within their clinical service. Nurses who are required to float within their clinical service will receive orientation appropriate to the assignment. Agency nurses shall be assigned to float first; if no agency nurse is available, floating shall be equitably rotated in order of inverse seniority (least senior nurse to be the first in rotation) provided skill, competence, ability and availability are not considered to be overriding factors. Orientation will be dependent upon the nurse's previous experience and familiarity with the nursing unit to which such nurse is assigned. Nurses will be expected to perform all basic nursing functions but will not be required to perform tasks or procedures specifically applicable to the nursing unit for which they have not been trained. The Employer retains the right to change the nurse's daily work assignment to meet patient care needs. The Employer will continue to exercise its best efforts not to utilize registry nurses when full-time and part-time nurses are available, scheduled and qualified to perform the required work.

6.11 Evaluations. The Employer will provide nurses with a written annual evaluation based on their

individual contribution to the Hospital's performance. Interim evaluations may be conducted to document performance problems. The nurse will be given a copy of the evaluation if requested. Any peer participation in the evaluation process will be considered input only and will not be considered an evaluation. Nurses will be required to sign the evaluation acknowledging receipt thereof. Each nurse will be given the opportunity to provide a written response to the evaluation which will be retained with the evaluation in the nurse's personnel file.

6.12 Professional Excellence Program. The Employer shall maintain the Professional Excellence Program as described in the Professional Excellence Handbook. The contents of the Professional Excellence Handbook shall be a subject for the Conference Committee. Nurses holding a local unit officer position, District level officer position or a State level officer position in the Washington State Nurses Association will be allowed points under the professional organization officer category while serving in the officer position.

## ARTICLE 7 - SENIORITY

7.1 Seniority Defined. Seniority shall mean a nurse's continuous length of service as a registered nurse working in this bargaining unit from most recent date of hire as a full-time or part-time bargaining unit employee. Seniority shall not apply to a nurse until completion of the required probationary period. Upon satisfactory completion of this probationary period, the nurse shall be credited with seniority from most recent date of hire as a full-time or part-time bargaining unit employee.

7.1.1 In the event a staff nurse transfers to a full-time or part-time registered nurse position with Tacoma General Hospital outside the bargaining unit and subsequently returns to the bargaining unit, bargaining unit seniority shall be restored (bridged) and seniority accrual shall resume. Nurses who qualify to bridge seniority may not exercise their former seniority to obtain a bargaining unit position but may only exercise their former seniority after returning to the bargaining unit. Such nurse shall not accrue seniority under this Agreement while employed in a position outside the bargaining unit.

7.1.1.2 Seniority of nurses who transferred outside the bargaining unit prior to January 1, 2004, is governed by Section 7.1.1 of the 2001-2003 Labor Agreement. Nurses who are still in a position outside the bargaining unit as of January 1, 2004, will not continue to accrue seniority after December 31, 2003.

7.1.2 A full-time or part-time nurse who transfers to a position within the MultiCare System, but outside of Tacoma General Hospital, or to on-call status shall retain previously accrued bargaining unit seniority pending return to regular status. Such nurses shall not accrue seniority while in such positions or in on-call status. Such nurses' previously accrued seniority shall not be used for purposes of returning to a bargaining unit position.

7.1.3 Seniority for layoff purposes shall be calculated as of the end of the first full pay period ending immediately prior to the date upon which Notice of Layoff is sent to the Association.

7.1.4 Seniority will be the determining factor for layoff and recall, mandatory reduction in FTE status and mandatory shift changes, providing that skill, competence and ability in a specific clinical service are not considered to be overriding factors in the opinion of the Employer based on specific documentation and evaluations.

7.1.5 Seniority Lists. The Employer shall post a bargaining unit-wide seniority list and a clinical service seniority list each January and July. Lists will be posted on each unit and the MHS Intranet. Posted seniority lists may be challenged for changes occurring after the posting of the previous list, i.e. new hires, transfers into the bargaining unit, restoration of previous seniority, etc.

7.1.6 Where bargaining unit seniority dates of nurses are the same, the order of the nurses on the seniority list will be determined as follows:

- a. A nurse with an earlier date of hire by MultiCare shall come first on the seniority list.
- b. If hire dates are equal, and the hire date is prior to December 13, 2004, the nurse with the lowest ranking number shall come first on the seniority list.
- c. If hire dates are equal, and the hire dates are after December 13, 2004, the nurse with the lowest employee identification number shall come first on the seniority list.

This order shall be in effect for so long as the nurses have the same seniority.

7.2 Layoff Defined. A "layoff" shall mean any mandatory, permanent, full or partial reduction in a nurse's FTE status.

7.3 Layoff Procedure. In the event the Hospital determines a layoff to be necessary, the following procedures shall be followed:

7.3.1 Layoff will be by clinical service (clinical services are set forth in Section 5.12). In implementing the layoff procedure, the Employer will determine the total number of FTEs for each shift in the clinical service as well as the full and part-time staffing mix for each shift. The Employer will post these positions on the clinical service for a period of seven (7) days. During the seven (7) day posting period, the Employer may seek volunteers and will consider requests for voluntary layoff or voluntary reductions in FTE status. Such volunteers will be placed on the recall list and treated as other nurses subject to layoff. At the end of the seven (7) day posting period, nurses will select in person from the new positions for which they are qualified in order of seniority, with the most senior nurse selecting first. If the same FTE on the same shift as the nurse previously worked is available, it may be selected. Seniority shall be the determining factor in such bids, providing skill, competence and ability are not considered to be overriding factors in the opinion of the Employer based on specific documentation and evaluations. Any nurse remaining after all positions on each shift on the unit have been filled would be considered displaced and eligible to select a position from the low seniority roster in accordance with Section 7.3.2. A nurse who is informed that the only positions available to him or her are positions resulting in a change in shift or a reduction in FTE status may choose to be placed on layoff status instead.

7.3.2 Low Seniority Roster. A low seniority roster shall be made up of any vacant positions within the organization and the positions held by the least senior nurses in the Hospital equivalent to the number of displaced nurses; provided, however, no more than fifty percent (50%) of the core staffing on any unit and shift will be placed on the roster. Displaced nurses may, in the order of their seniority, select a position for which they are qualified from the low seniority roster with the most senior nurse selecting first. A nurse will be considered qualified if, in the opinion of the Employer, the nurse could become oriented to the position and thereafter function

independently at acceptable performance levels with up to one hundred twenty (120) hours of orientation.

7.3.3 Notification of Layoff. The Employer will notify the Association of the layoff at least seven (7) business days prior to notification of the affected employees in the particular clinical service. This notice will be treated confidentially until the affected nurses are formally notified by the Employer. At that time, the Employer shall provide the Association with a bargaining unit seniority roster identifying each nurse's seniority, unit, shift, FTE and a list of the positions (FTE status, shift and clinical service area) that will be posted for selection during the layoff procedure. Upon request, the parties will meet within 5 days of the date the Employer notifies the Association for the purpose of reviewing the layoff. The Employer will provide those nurses who are subject to the layoff with thirty (30) days' advance notice or pay in lieu thereof (based upon scheduled hours of work).

7.4 Recall. Nurses on layoff status (i.e., nurses who have not accepted other positions on the clinical service or from the low seniority roster) shall be placed on a reinstatement roster for a period of eighteen (18) months from the date of layoff. When a vacancy is to be filled from the reinstatement roster, nurses shall be reinstated in the reverse order of layoff, providing they are qualified in the opinion of the Employer. A nurse will be considered qualified if the nurse could become oriented to the position and thereafter function independently at acceptable performance levels with up to one hundred twenty (120) hours of orientation. Subject to the above qualifications, nurses on layoff shall be entitled to reinstatement prior to any nurses being newly hired. Upon reinstatement from such roster, the nurse shall have all previously accrued benefits and seniority restored. A nurse shall be removed from the roster upon reemployment in a permanent full-time or part-time position, refusal to accept permanent work in a comparable position (i.e., same shift, FTE status and clinical service) offered by the Employer, or at the end of the eighteen (18) month period.

7.4.1 Severance Pay. Upon completion of the probationary period, any full time or part time nurse subject to lay off may elect to voluntarily terminate employment with the Employer and receive severance pay as set forth below. Any nurse electing this option shall not have recall rights (Article 7.4). However, a nurse who is re-employed by MultiCare within 6 months shall keep his/her accrued WSNA bargaining unit seniority for purposes of Article 7, Seniority.

<u>Severance Pay</u>	<u>Years of Service</u>
2 weeks of pay	less than 2 years
3 weeks of pay	2 to 4 years
4 weeks of pay	5 to 6 years
5 weeks of pay	7 to 9 years
6 weeks of pay	10 to 14 years
10 weeks of pay	15 to 24 years
12 weeks of pay	25 or more years

Part time employees are eligible for severance pay prorated to the employee's FTE. The severance payment will be paid to the employee in a lump sum on the employee's last pay check.

7.4.2 Nurses on layoff will be allowed to transfer to on-call status without loss of recall rights.

7.4.3 Two Week Report Time. A recalled nurse who has been laid off will be allowed up to two (2) weeks to report to work after receipt of notice of recall.

7.4.4 Section 6.9 of this Agreement regarding job postings will continue to be in force. A nurse who has received a mandatory reduction in the nurse's FTE or a mandatory change in the nurse's shift shall have priority to return to the nurse's original FTE or shift when positions in the nurse's clinical service are posted, provided the position is posted within eighteen (18) months of the layoff or shift change, the nurse applies for the position and the nurse informs the Employer that the nurse's FTE status or shift was changed as a result of a layoff or mandatory shift change. This understanding is subject to the Employer's sole right to determine the number of full-time and part-time positions it determines to be necessary and the specific FTE for each position.

7.5 Notification to Employer. Nurses on layoff must submit to the Employer a written statement expressing a continuing interest in employment with the Medical Center. These statements must be sent by certified mail, or hand delivered and stamped as received, to the Employer's Human Resources Department during the ten (10) day period following six (6) months, nine (9), twelve (12), and fifteen (15) months of layoff, respectively. If the nurse fails to meet this notification requirement by the specified dates, or if the nurse fails to keep the Employer notified of a current mailing address and home telephone number, the nurse's name shall be eliminated from the recall list and the Employer's recall commitments shall terminate.

7.6 Roster. Seniority lists for affected clinical services will be available in the Human Resources Department at the time of notification of layoff. A copy of the seniority lists will be given to the Local Unit Chairperson and a copy will be mailed to the Association.

7.7 Low Census. Low census is defined as a decline in patient care requirements resulting in a temporary staff decrease. During periods of low census, the Employer will assign low census to nurses in the following order:

- a. Agency (personnel employed on a day-to-day basis);
- b. Nurses working in any time and one-half (1 1/2) condition, except when the nurse is working the nurse's regularly scheduled shift;
- c. Volunteers;
- d. On-call;
- e. Regular part-time nurses working above their assigned FTE status;
- f. Full-time and part-time nurses who are making up low census days from earlier in the pay period;
- g. Travelers and Contracted Agency Nurses
- h. Full-time or part-time nurses in accordance with the low census rotation.

In the event there are no volunteers, the Employer will assign and rotate mandatory low census equitably among all nurses within a clinical service on a shift, providing skill, competence, ability and availability are not considered to be overriding factors in the opinion of the Employer. In the event a nurse is placed in an on-call status and not called in to work, the shift will be counted as the nurse's mandatory low census day. If an individual volunteers to take a low census day off, that day off shall be counted for purposes of the rotation list. Floating to another unit or other work assigned by the Employer in lieu of taking a low census day will count for purposes of the low census rotation. Each clinical service by shift will have a seniority roster. For low census purposes, the seniority roster will be restarted each six (6) months. If the nurse is not available by telephone on their mandatory low census rotation turn, and reports to work without checking census status, upon reporting for work the nurse may be low censused without pay. Each nurse is responsible for knowing their position on the low census roster. All low census hours taken shall count toward the accrual of benefits. PTO may be used on a low census day.



A nurse who is placed on low census will be allowed to fill a shift scheduled to be worked by an on-call nurse provided the replacement shift is in the same pay period and will not result in additional overtime. All records of low census will be maintained by Nursing Administration.

7.7.1 If the low census rate is excessive and chronic on a particular unit, the Conference Committee will meet to discuss alternatives.

7.7.2 The most recently posted seniority roster (7.1.5) shall be utilized without challenge for purposes of low census rotation. Subsequent corrections to the seniority roster will have no bearing on past low census assignments.

7.7.3 If a nurse is inadvertently low censused out of turn, the mistake will be remedied on the next rotation or as soon as possible. If a nurse is inadvertently low censused out of turn two or more times in a pay period, the Employer will compensate the nurse for all hours missed at the regular rate of pay as defined in Article 5.10.

## ARTICLE 8 - HOURS OF WORK AND OVERTIME

8.1 Work Day. A normal work day shall consist of eight (8) hours work to be completed within eight and one-half (8 1/2) consecutive hours.

8.2 Work Period. The normal work period shall consist of eighty (80) hours within a fourteen (14) day period.

8.3 Innovative Work Schedules. An innovative schedule is defined as a work schedule that requires a change, modification or waiver of any provisions of this Employment Agreement. Written innovative work schedules may be established by mutual agreement between the Hospital and the nurse involved. Prior to the implementation of a new innovative work schedule, the Employer and the Association will review and determine conditions of employment relating to that work schedule. Where innovative schedules are utilized, the Employer retains the right to revert back to the eight (8) hour day schedule or the work schedule which was in effect immediately prior to the innovative work schedule, after at least three (3) weeks' advance notice to the nurse. Current innovative shifts are set out in Appendices A, B and C to this agreement.

8.4 Overtime. All work in excess of the normal work day or week shall be properly authorized and shall be compensated for at the rate of one and one-half (1 1/2) times the nurse's regular rate of pay. Time paid for but not worked shall not count as time worked for purposes of computing overtime. If a nurse works more than twelve (12) consecutive hours within a twenty-four (24) hour period, all work performed in excess of twelve (12) consecutive hours shall be paid at the double time (2x) rate. Overtime shall be considered in effect when eight (8) minutes or more are worked after the end of the scheduled shift, and shall be calculated to the nearest fifteen (15) minute period. The Hospital and the Association concur that overtime should be discouraged. If overtime work is determined to be necessary by the Employer, nurses volunteering to work overtime will be the first assigned. There shall be no pyramiding or duplication of overtime pay or premium pay paid at the rate of time and one-half (1 1/2). Subject to the Nurse Practice Act, no nurse will be expected to work beyond the end of the nurse's scheduled shift to the extent that the nurse is not able to function with reasonable skill and safety with respect to the care of the Hospital's patients. If the nurse can no longer function with reasonable skill and safety, the nurse should immediately discuss the matter with his/her immediate supervisor. The supervisor shall take all practical measures to transition the nurse's duties as soon as possible.

8.5 Meal and Rest Periods. Meal periods and rest periods shall be administered in accordance with state law (WAC 296-126-092). All nurses shall be allowed an unpaid meal period of one-half (1/2) hour. Nurses required by the Employer to remain on duty or return to their nursing unit to perform nursing duties during their meal period shall be compensated for such time at the appropriate rate of pay. All nurses shall be allowed a paid rest period of fifteen (15) minutes for each four (4) hours of working time.

8.6 Posting of Work Schedules. The Hospital will post work schedules prior to the 10th day preceding the day on which the schedule becomes effective. Nurses will be notified of schedule changes by the Hospital. Except for emergency conditions involving patient care and low census conditions, posted work schedules may only be changed by mutual consent. Employee initiated schedule changes shall not result in additional contract overtime or premium pay obligations being incurred by the Employer.

8.7 Shift Rotation. There shall be no regular rotation of shifts without the consent of the individual nurse involved. Recognizing the mutual commitment to provide quality patient care and prior to implementing any shift rotation, the Employer will first seek out volunteers. If there are insufficient volunteers, shift rotation will be assigned on an equitable basis with the knowledge of the individual nurse.

8.8 Scheduled Days Off. Each nurse shall be entitled to two (2) full days off within a seven (7) day period or four (4) full days off in a fourteen (14) day period. Nurses shall not be expected to be on standby or to be called back on these days off except in an emergency. Full-time nurses called in on their scheduled days off shall be paid one and one-half (1 1/2) times their regular rate of pay.

8.9 Extra Shifts. In order to assure equitable rotation of extra shifts and OT, the following guidelines are provided to the staff RNs and management.

8.9.1 Schedules must be posted 10 days prior to the effective date of the new schedule. Extra shifts will be offered via a posted needs list for a minimum of three (3) days prior to the posting of the final schedule. Shifts will be awarded by seniority unless the senior nurse would be eligible for an overtime (1.5X) or double time (2.0X) condition (includes rest between shifts, consecutive weekend, incentive, scheduled day off). In such cases, the shift(s) may be awarded to the next most senior nurse not in an overtime (1.5X) or double time (2.0X) condition (includes rest between shifts, consecutive weekend, incentive, scheduled day off). If both nurses will be in an overtime or double time condition, extra shifts will be awarded on a rotating basis by seniority (equitable rotation). Approved extra shifts will be posted on the final schedule.

8.9.2 Emergent needs (defined as a hole in the schedule occurring within 24 hours of the start of the shift) will be offered in seniority order to those nurses who have indicated availability for short notice shifts. Shifts will be equitably awarded by seniority unless the senior nurse would be in an overtime (1.5X) or double time (2.0X) condition (includes rest between shifts, consecutive weekend, incentive, scheduled day off.). In such cases, the scheduler or Charge Nurse may skip the more senior nurse and contact the next most senior nurse to offer the shift. If both nurses will be in an over time or double time condition, the shifts will be offered on a rotating basis by seniority. Regardless of seniority, shifts will be awarded to the nurse who signs up for the entire shift length over nurses who sign up for a portion of the entire shift.

8.9.3 Needs occurring with less than 12 hours notice will be filled on a first come, first served basis. Shifts will be awarded to the nurse who signs up for the entire shift length over nurses who sign up for a portion of the entire shift, regardless of which nurse signed up first.

8.9.4 For the purposes of sections 8.9.1, 8.9.2 and 8.9.3 above, inadvertent misapplication of these provisions will not entitle the nurse to back pay; rather the nurse will be entitled to the next available extra shift.

8.10 Weekends. The Hospital will make a good faith effort to schedule all regular full-time and part-time nurses for every other weekend off. If a nurse works on two (2) successive weekends, all time worked on the second weekend shall be paid at the rate of one and one-half (1 1/2) times the regular rate of pay. The third successive weekend shall be paid at the nurse's regular rate of pay. The weekend shall be defined as Saturday and Sunday for the first (day) and second (evening) shift. For third (night) shift nurses, the weekend shall be defined as Friday night and Saturday night. Subject to advance approval, nurses may request the trading of weekends, providing the schedule change does not result in the Hospital being liable for premium and/or overtime pay. This section shall not apply to nurses who voluntarily agree to more frequent weekend duty.

## ARTICLE 9 - COMPENSATION

9.1 Wage Rates. Effective the first full pay period following the date of ratification nurses covered by this Agreement shall receive a 3.0% across the board pay increase.

9.1.2 Staff Nurse Rate of Pay: Nurses covered by this Agreement shall be paid in accordance with the following hourly wage schedule:

Effective on first full pay period following date of ratification		Effective January 2017		Effective January 2018		Effective January 2019	
Step	RN	Step	RN	Step	RN	Step	RN
Base	\$28.97	Base	\$29.55	Base	\$30.14	Base	\$30.74
Yr 1	\$30.19	Yr 1	\$30.79	Yr 1	\$31.41	Yr 1	\$32.04
Yr 2	\$31.38	Yr 2	\$32.01	Yr 2	\$32.65	Yr 2	\$33.30
Yr 3	\$32.60	Yr 3	\$33.25	Yr 3	\$33.92	Yr 3	\$34.60
Yr 4	\$33.85	Yr 4	\$34.53	Yr 4	\$35.22	Yr 4	\$35.92
Yr 5	\$34.98	Yr 5	\$35.68	Yr 5	\$36.39	Yr 5	\$37.12
Yr 6	\$36.25	Yr 6	\$36.98	Yr 6	\$37.72	Yr 6	\$38.47
Yr 7	\$37.43	Yr 7	\$38.18	Yr 7	\$38.94	Yr 7	\$39.72
Yr 8	\$38.69	Yr 8	\$39.46	Yr 8	\$40.25	Yr 8	\$41.06
Yr 9	\$39.90	Yr 9	\$40.70	Yr 9	\$41.51	Yr 9	\$42.34
Yr 10	\$41.39	Yr 10	\$42.22	Yr 10	\$43.06	Yr 10	\$43.92
Yr 11	\$42.09	Yr 11	\$42.93	Yr 11	\$43.79	Yr 11	\$44.67
Yr 12	\$42.78	Yr 12	\$43.64	Yr 12	\$44.51	Yr 12	\$45.40
Yr 13	\$43.37	Yr 13	\$44.24	Yr 13	\$45.12	Yr 13	\$46.02

Yr 14	\$43.95	Yr 14	\$44.83	Yr 14	\$45.73	Yr 14	\$46.64
Yr 15	\$44.64	Yr 15	\$45.53	Yr 15	\$46.44	Yr 15	\$47.37
Yr 16	\$45.34	Yr 16	\$46.25	Yr 16	\$47.18	Yr 16	\$48.12
Yr 17	\$45.77	Yr 17	\$46.69	Yr 17	\$47.62	Yr 17	\$48.57
Yr 18	\$46.21	Yr 18	\$47.13	Yr 18	\$48.07	Yr 18	\$49.03
Yr 19	\$47.20	Yr 19	\$48.14	Yr 19	\$49.10	Yr 19	\$50.08
Yr 20	\$48.40	Yr 20	\$49.37	Yr 20	\$50.36	Yr 20	\$51.37
Yr 21	\$49.03	Yr 21	\$50.01	Yr 21	\$51.01	Yr 21	\$52.03
Yr 22	\$49.65	Yr 22	\$50.64	Yr 22	\$51.65	Yr 22	\$52.68
Yr 23	\$50.04	Yr 23	\$51.04	Yr 23	\$52.06	Yr 23	\$53.10
Yr 24	\$50.46	Yr 24	\$51.47	Yr 24	\$52.50	Yr 24	\$53.55
Yr 25	\$50.87	Yr 25	\$51.89	Yr 25	\$52.93	Yr 25	\$53.99
Yr 26	\$51.30	Yr 26	\$52.33	Yr 26	\$53.38	Yr 26	\$54.45
Yr 27	\$51.72	Yr 27	\$52.75	Yr 27	\$53.81	Yr 27	\$54.89
Yr 28	\$52.14	Yr 28	\$53.18	Yr 28	\$54.24	Yr 28	\$55.32
Yr 29	\$52.73	Yr 29	\$53.78	Yr 29	\$54.86	Yr 29	\$55.96
Yr 30	\$53.32	Yr 30	\$54.39	Yr 30	\$55.48	Yr 30	\$56.59

All nurses shall receive longevity steps upon the completion of each anniversary year (12 months) of continuous employment. All longevity steps shall be effective at the beginning of the pay period closest to the anniversary date of employment.

9.2 Effective Dates, Changes in Compensation. Any changes in wage rates or other compensation provided for in this Agreement shall become effective at the beginning of the first full payroll period on or after the date designated.

9.3 Recognition for Past Experience – New Hires. Nurses hired during the term of this Agreement shall be given full credit for continuous recent nursing experience when placed on the wage scale. Recent continuous experience shall be defined as clinical nursing experience in an accredited hospital, ambulatory care setting, home health agency or equivalent experience acceptable to the Employer without a break in experience as a registered nurse which would reduce the level of nursing skills in the opinion of the Employer.

9.3.1 Nurses hired with continuous recent experience as a Licensed Practical Nurse at Tacoma General Hospital shall have such experience credited at a rate of one (1) year of service credit for each two (2) years of LPN experience, not to exceed three (3) steps on the wage schedule (9.1).

9.4 Premium in Lieu of Benefits. In lieu of all benefits provided for in this Agreement except for shift differential, standby/callback, charge, certification, premium pay for hours worked on a holiday, clinical ladder premium pay and longevity steps, a part-time nurse may elect a fifteen percent (15%) wage differential to be effective upon completion of the probationary period. Selection must occur within the first ten (10) days of employment or annually on an open enrollment date selected by the Employer.

9.4.1 Employees who convert from benefits status to the fifteen percent (15%) premium in lieu of benefits shall be allowed to take previously accrued PTO and EIT while receiving the premium

in lieu of benefits. When requesting previously accrued PTO or EIT, the employee will be paid at the regular rate of pay but without the inclusion of the fifteen percent (15%) premium.

9.4.2 Nurses in premium in lieu of benefits status shall be allowed unpaid time off consistent with the accrual rates reflected in Article 11.1. Approval of this time away shall be governed by Article 11.

#### ARTICLE 10 - PREMIUM PAY

10.1 Shift Differential. Nurses assigned to work the second (3-11 p.m.) shift shall be paid a shift differential of two dollars and two dollars and fifty cents (\$2.50) per hour over the hourly rate of pay. Nurses assigned to work the third (11 p.m. - 7 a.m.) shift shall be paid a shift differential of four dollars and 25 cents (\$4.25) per hour over the hourly rate of pay. Nurses shall be paid shift differential for those hours worked on a second or third shift if four (4) or more hours are worked on the designated shift. Shift differential will be paid on a holiday occurring during a rotation of shifts.

10.2 Standby Pay. Standby pay shall be at the rate of four dollars (\$4.00) per hour. . Standby shall only be paid while on standby status and shall not be paid after the nurse has been called back to work. For standby in excess of sixty (60) standby hours per pay period, a nurse shall receive an additional fifty cents (\$.50) per hour for all standby hours over sixty (60) standby hours in a pay period.

10.3 Call Back. If a full-time or part-time nurse is called back or called in to work while on standby status, the nurse shall be paid for all hours worked at one and one-half (1 1/2) times the regular rate of pay with a minimum guarantee of three (3) hours. A nurse shall not receive more than eight (8) hours of callback pay at time and one-half (1 1/2) for an eight (8) hour shift unless the nurse actually works more than eight (8) hours. The Hospital shall provide paging devices for nurses on standby status.

10.3.1 Subject to patient care considerations, the Hospital will make a good faith effort to provide relief for a nurse who requests a day off or a change in the nurse's start time the following day where the nurse has been called back after 11:00 p.m. the previous night. To be considered, the nurse must notify the Hospital prior to leaving the facility at the end of the call back if making such a request. The nurse may chose to access PTO or low census for the day. Upon written request by the Association, the Hospital will describe what good faith effort was made at the next Conference Committee.

10.4 Report Pay. Except as provided for in Section 7.7, Low Census, nurses who report for work on a regularly scheduled shift and are sent home due to low patient census shall be paid for four (4) consecutive hours' work (low patient census applies also to low surgery schedule). Where the Employer has left a message on the nurse's telephone answering machine or has attempted to reach the nurse at home (documented attempts will be recorded) at least one and one-half (1 1/2) hours prior to the shift start time advising the nurse not to report for work, such communication shall constitute receipt of notice not to report for work and this section shall not apply.

10.5 Charge Nurse Pay. Any nurse assigned as a charge nurse shall receive a premium of two dollars and fifty cents (\$2.50) per hour.

10.6 Certification Premium. Nurses certified in a specialty area by a national organization and working in that area of certification shall be paid a premium of one dollar (\$1) per hour, provided the particular certification has been approved by the Chief Operating Officer, or designee, and further provided that the nurse continues to meet all educational and other requirements to keep the certification

current and in good standing. If a nurse is involuntarily transferred to a position in which the nurse is not working in the area of certification, the nurse will continue to receive this premium until the nurse's certification expires.

10.7 Preceptor Pay. A nurse assigned preceptor duties will be paid an additional one dollar and twenty five cents (\$1.25) per hour while performing such duties.

10.8 Service Line Specialty Coordinator. A Service Line Specialty Coordinator shall receive a premium of one dollar (\$1) per hour.

10.9 Rest Between Shifts. In scheduling work assignments, the Hospital will make a good faith effort to provide each nurse with at least eleven (11) hours off duty between shifts. If a nurse is required to work with less than eleven (11) hours off duty between shifts, all time worked in excess of the normal work day will be paid at the rate of one and one-half (1 1/2) times the regular rate of pay. If a nurse does not receive at least eleven (11) hours off duty between shifts, all work performed on the nurse's next regular shift will be paid at one and one-half (1 1/2) times the regular rate of pay. The eleven (11) hour rest period begins when the nurse is released from work, until the beginning of the nurse's next work period. This section shall not apply to education, committee meetings, staff meetings or to callback assignments of less than eight (8) hours in duration, to standby pursuant to this Article or to the neonatal transport team.

10.9.1 If a nurse does not receive at least eleven (11) hours off duty between shifts, a good faith effort will be made to schedule the nurse off and/or change the nurse's hours, on the nurse's next regular shift. Any change in the regular schedule shall be by mutual consent.

10.10 Weekend Premium Pay. Any nurse who works on a weekend shall receive three dollars (\$3) per hour for each hour worked on the weekend in addition to the nurse's regular rate of pay. The weekend premium will not be considered a part of the regular rate of pay for premium pay calculations, except for overtime pay calculations when required by the Fair Labor Standards Act. For premium pay purposes, the weekend shall be defined as all hours between 11:00 p.m. Friday and 11:00 p.m. Sunday.

10.11 Resource Nurse Premium. Any nurse assigned to work as a Resource Nurse shall receive a premium of five dollars (\$5) per hour.

10.12 MHS Gain Sharing Plan. The bargaining unit is eligible to participate in the MultiCare Health System Gain Sharing plan on the same basis as other eligible MultiCare employees for the years 2015 for payout in 2016, plan year 2016 for pay out in 2017, plan year 2017 for payout in 2018 and plan year 2018 for pay out in 2019. Individual eligibility is as follows:

- a. Paid a minimum of 1,000 hours during the applicable plan year;
- b. Is in a regular FTE status position on December 31 of the applicable plan year;
- c. Received a satisfactory evaluation in the 12 months immediately preceding the pay out of the award. Nurses who are ineligible for a gain share award on the basis of this provision (10.12c) can challenge this decision at step 3 (Director, Labor Relations) of the Grievance Procedure if the basis for the evaluation was intentionally discriminatory or otherwise in bad faith.

The terms of the Gain Sharing Plan are determined annually by the MHS Board of Directors.

ARTICLE 11 – PTO/EIT

11.1 Accrual. Full and regular part-time nurses shall receive Paid Time Off (PTO) and Extended Illness/Injury Time (EIT) based upon hours paid (up to 2080 per year) in accordance with the following schedules:

Years of Service	Annual PTO*	Accrual per hour	PTO Max.	Annual EIT*	Accrual per hour
0-4	200	.0962	400	48	.0231
5-9	240	.1154	480	48	.0231
10-19	280	.1346	560	48	.0231
20+	320	.1538	640	48	.0231

11.2 Rate of Pay. PTO and EIT shall be paid at the nurse’s regular rate of pay

11.3 Access to PTO Accrual. PTO accruals are to be accessed for all absences except for those that meet EIT criteria as set forth herein. A nurse will receive pay of no less than their assigned FTE each pay period by the combination of hours worked and access to available accruals.

11.3.1 Requirement to Access Accruals. Nurses are required to utilize accruals on any occasion when they are unable to work as scheduled unless directed not to work by management due to low census or environmental conditions (internal or external), in which event an nurse may choose to either utilize accruals or to take cut hours. (Nurses may not access accruals when they are off work due to a disciplinary suspension).

11.3.2 Negative Balances. Nurses may not access accruals that would result in a negative balance. (Nurses will be denied vacation requests if their projected PTO balance would not contain sufficient accruals to cover the requested time off. In this situation, a nurse may request an unpaid leave of absence).

11.3.3 Leave of Absence. Access to accruals during a leave of absence must be taken at the nurse’s assigned FTE. (A nurse may not access accruals at a lower or higher amount than their assigned FTE during a leave of absence.)

11.3.4 Unpaid Time off. All accruals must be exhausted prior to taking unpaid time off (unless eligible for EIT access).

11.4 Access to EIT accruals. The purpose of Extended Illness/Injury Time (EIT) is to provide coverage to a nurse for extended absences from work as a result of illness or injury of the nurse or to care for the illness or injury of a family member as required by Washington State’s Family Care Act. Moreover, PTO or EIT may be used for:

- a. Child of the employee with a health condition that requires treatment or supervision;
- b. Spouse or domestic partner (same or opposite sex),
- c. Parent,
- d. Parent-in-law

- e. Grandparent of the employee who has a serious health condition or an emergency condition.

11.4.1 Nurses may access their EIT accruals once they have missed their 17<sup>th</sup> consecutive scheduled hour of work. In this event, the nurse's access to EIT will commence from the 17<sup>th</sup> hour of work forward and will not be applied retroactively to the first (1<sup>st</sup>) through sixteenth (16<sup>th</sup>) hour of the absence. Immediate access to EIT (without waiting period) is available due to inpatient hospitalization of the nurse or the nurse's family member (exclusive of Emergency Room visits), the nurse's on-the-job injury, chemotherapy treatment, radiation treatment, or outpatient surgery of the nurse. A nurse, who has accessed his/her EIT under the terms of this Article, and who returns to work from an approved medical leave on a temporarily reduced or a partial day schedule at the direction of the nurse's physician, may immediately access EIT, despite the break in consecutive scheduled hours off, for the missed work hours or days due to the same illness or injury which had precipitated their medical leave.

11.4.2 Workers' Compensation Access. Nurses who will receive time loss compensation under MultiCare's Worker's Compensation program may supplement their time loss payments by accessing limited accruals, up to the amount of the nurses pay for the hours the nurse would have worked had the nurse been available to work. The nurse may choose to use either PTO or EIT to supplement time loss payments. A nurse receiving Worker's Compensation benefits for twelve weeks or less shall be entitled to return to the nurse's same position and shift. A nurse who receives such benefits for more than twelve weeks but not more than six months shall have the right of first refusal to the first available similar opening on the same shift for which the nurse is qualified or the nurse may use his/her seniority to bid on posted positions pursuant to the job posting provisions of this Agreement.

11.4.3 Non-Workers Compensation Re-injury/Relapse. When a nurse attempts to return to work and, within 48 hours of that return to work, is unable to continue to work due to the same illness or injury (of themselves or of the family member pursuant to State and Federal law) which had precipitated their absence, if EIT had been accessed previously, EIT may be accessed again despite the break in consecutive scheduled hours off. EIT may not be utilized retroactively, but from the 17<sup>th</sup> missed work hour forward.

11.4.4 Family Leave. EIT may be accessed for any period of disability associated with pregnancy or disability caused by miscarriage, abortion, childbirth, and recovery therefrom, in accordance with the criteria set forth herein, so long as appropriate medical certification is submitted reflecting the length of the disability period. However, EIT may not be accessed for the non-disability portion of maternity/paternity or family leave.

11.5 Premium Pay and PTO Access for Holiday Work. Any hourly nurse who works on a designated Premium Pay Day will be paid time and one-half (1-1/2) for all hours worked on that day. In addition, nurses may also access their PTO accruals for up to their regular shift length on any Premium Pay Day.

11.5.1 Premium paydays are New Year's Day; Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. For purposes of premium pay, the time period from 3:00 p.m. December 24 to 11:00 pm December 25 shall be recognized as Christmas. Holiday work shall be equitably rotated by the Employer.



11.6 Termination of Benefits. Cash-out of accruals will be paid to nurses who terminate in good standing, who change to non-benefit eligible status, or who choose pay in lieu of benefits during open enrollment as follows:

- a. PTO accruals paid at 100%
- b. EIT accruals paid at 25% for all hours in excess of 240

11.6.1 “Good Standing” Defined. A nurse is not “in good standing” if he or she:

- a. Is being discharged for cause; or
- b. Has given insufficient notice of resignation in accordance with contractual requirements; or
- c. Has failed to work out their notice period (i.e., calling in short notice for remaining shifts absent a medical certification).

11.7 PTO Cash Out Option. During February and August of each year, nurses with a PTO balance greater than eighty (80) hours may choose to cash out up to forty (40) hours of their PTO balance such that their balance does not drop below eighty (80) hours.

11.8 PTO/EIT Donation. A nurse with a PTO balance equal to or greater than forty (40) hours or an EIT balance equal to or greater than two hundred forty (240) hours can donate up to sixteen (16) hours per year of their PTO or EIT to another employee who has a qualifying illness under the PTO donation policy who is benefit eligible, and who has exhausted their PTO and EIT accruals. The rate of pay for a donated hour of PTO or EIT is the donor’s rate.

11.9 Scheduling. PTO shall begin accruing the first day of employment. All PTO must be scheduled in advance in accordance with Hospital policies and be approved by supervision. The Employer shall have the right to schedule PTO in such a way as will least interfere with patient care and work load requirements of the Hospital. Patient care needs will take precedence over individual requests. Generally PTO may not be taken in increments of less than the nurse's regular work day. Under special circumstances and only when approved by supervision, partial days may be granted. Except for unforeseeable conditions beyond the Employer's control, the Employer will make every reasonable effort not to cancel previously approved PTO. Nurses will not be required to provide their own coverage during a scheduled PTO that was previously approved.

11.9.1 PTO Request Procedure. PTO requests will be granted by date of submission for PTO up to six (6) months (or up to twelve [12] months where the unit agrees), from the date of the request. If conflicting requests are received on the same day, seniority shall control. Notification of approval or denial shall be given to the nurse no later than fourteen (14) days from the date of the request. Prime time summer vacation shall be from June 1 through September 15. During summer prime time only, fourteen (14) days (two [2] weeks) plus the three (3) summer holidays may be taken. The holiday time may be taken consecutively if approved by the unit manager. Additional days may be granted if the time is available. Holiday annual leave requests shall be governed by Section 11.5.

11.9.2 Loss of PTO Leave. A nurse will not lose accrued PTO leave if the nurse was not given a reasonable opportunity to use it.

11.9.3 Pre-Accrual Requests. Nurses may request PTO for future dates if he/she will have accrued enough PTO to cover the future time away by the date the requested time off is to be taken. Approval of such requests shall be governed by 11.9.1 above.

11.10 Short Notice Requirements. In case of illness or other personal emergency requiring a short notice absence, the nurse is required to notify their supervisor or designee immediately, but not less than two (2) hours prior to the beginning of their shift in nursing departments (one (1) hour for non-nursing departments), or in compliance with any other facility or department-specific policy. Each department will develop a system/procedure so that the nurse will only be required to make one (1) telephone contact with the Employer notifying the Department Manager that the nurse will be absent from work due to illness or injury.

## ARTICLE 12 - LEAVE OF ABSENCE

12.1 General. All leaves are to be requested from the Hospital in writing as far in advance as possible, stating all pertinent details and the amount of time requested. A written reply to grant or deny the request shall be given by the Hospital within thirty (30) days. For purposes of eligibility for leave for part-time nurses, one year shall equal twelve (12) consecutive calendar months. A leave of absence shall begin on the first day of absence from work.

12.2 Maternity Leave. After completion of the probationary period, leave without pay shall be granted upon request of the nurse for a period of up to six (6) months for maternity purposes, without loss of benefits accrued to the date such leave commences. The Employer shall return the nurse to the same unit, shift and FTE status, if the nurse returns from the maternity leave at the end of the disability as certified by a licensed health care practitioner acceptable to the Employer. Maternity leave in excess of the disability period shall be subject to meeting proper staffing requirements as approved by the Chief Operating Officer. For nurses employed less than one (1) year, time off for the actual period of disability will be allowed.

12.3 Family Leave. As required by federal law, upon completion of one (1) year of continuous employment, any employee who has worked at least 1250 hours during the prior twelve (12) months shall be entitled to up to twelve (12) weeks of unpaid leave per year for the birth, adoption or placement of a foster child; to care for a spouse or immediate family member with a serious health condition; or when the employee is unable to work due to a serious health condition. The Employer shall maintain the employees' health benefits during this leave and shall reinstate the employee to the employee's former or equivalent position (same department, FTE and shift) at the conclusion of the leave. If the nurse elects not to return within the twelve (12) week period, subject to meeting proper staffing requirements as approved by the Chief Operating Officer, the nurse will be offered the first available opening consistent with the job description held by the nurse prior to the leave, if the nurse attempts to return within the six (6) months of the date of the beginning of the leave of absence. This unpaid benefit shall also be available for the birth of a child to a domestic partner (City of Seattle definition) or to care for a domestic partner with a serious health condition.

12.3.1 Leave to Care for an Injured Service Member. As required by Federal law, an eligible nurse who is the spouse, son, daughter, parent, or next of kin (nearest blood relative) of a covered service member who is recovering from a serious illness or injury sustained in the line of duty while on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member.

12.3.2 Leave for Military Exigency. As required by Federal law, eligible nurses are also entitled to up to 12 weeks of leave because of “any qualifying exigency” as defined by the Department of Labor arising out of the fact that the spouse, son, daughter, or parent of the employee is a reservist, National Guard member, or a recalled retired member who has been notified of an impending call to active duty status in support of a contingency operation.

12.3.3 If a particular period of leave qualifies under both the Family and Medical Leave Act of 1993 (FMLA), state law, or any other leaves recognized by this Agreement, the leaves shall run concurrently. This leave shall be interpreted consistently with the rights, requirements, limitations and conditions set forth in the federal law and shall not be more broadly construed. The Employer may require or the employee may elect to use any accrued paid leave time for which the employee is eligible during the leave of absence. Generally, employees must give at least thirty (30) days' advance notice to the Employer of the request for leave.

12.3.4 Leave Combined. A nurse may guarantee the nurse's position for a period of up to the period of disability plus twelve (12) weeks by combining maternity and family leave. The total amount of combined maternity and family leave cannot exceed the longer of six (6) months or the period of disability plus twelve (12) weeks without loss of benefits accrued to the date leave commences.

12.4 Health Leave. After one (1) year of continuous employment, leave of absence for a serious health condition as defined by the FMLA for a period up to six (6) months may be granted without pay for health reasons upon the recommendations of a physician, without loss of accrued benefits. The Employer shall guarantee the nurse's position if the nurse returns from the health leave within twelve (12) weeks. In the event the Employer is required to fill the position due to business necessity after the twelfth (12th) week, the nurse will be notified and given the opportunity to return to work. If the nurse is unable to return to work at that time, the nurse when returning from the health leave of absence will then be offered the first available opening consistent with the job description held by the nurse prior to the leave of absence, or, if it would not constitute an undue hardship on the organization, the period of leave could be further extended on a case-by-case basis. An undue hardship exists if the Employer is unable to hire a qualified temporary replacement. This leave shall run concurrently with any leaves of absence provided by state or federal law.

12.5 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, without loss of benefits accrued to the date such leave commences, and shall not be considered part of earned annual leave.

12.5.1 Military Spouse Leave. As required by State law, an eligible nurse who is the spouse of a military member called to active duty, ordered to be deployed or on leave from deployment during times of a military conflict is entitled to take a total of fifteen (15) days of leave per deployment. The leave may be taken without pay or the nurse may choose to use paid time as provided by Article 11.

12.6 Educational Leave.

- a. Unpaid Educational Leave. After one (1) year of continuous employment, permission shall be granted for leave of absence for a maximum of one (1) year without pay for study, without loss of accrued benefits.
- b. Paid Educational Leave. The Hospital recognizes the value of continuing education to

the nurse. When the nurse participates in an educational program at the request of the Hospital, the nurse shall not incur any reduction in pay and any direct expenses will be paid. Consideration will continue to be given to all requests by nurses to attend educational meetings of their choice. Appropriateness of the education, staffing needs, and educational budget status shall determine whether or not the Chief Operating Officer, or designee, will grant the request and the manner of compensation both as to time off and to expenses. The Hospital agrees to furnish the Association with a copy of its current policies in regard to education upon request.

- c. Continuing Education. All full-time Associate degree/Diploma nurses shall be allowed four hundred dollars (\$400.00) per calendar year (prorated for part-time nurses) and all full-time Bachelor of Science and Masters of Science nurses shall be allowed five hundred dollars (\$500.00) per calendar year (prorated for part-time nurses) to use for work-related educational opportunities and related expenses, i.e. reimbursement for tuition and salary. For purposes of this section only, a nurse who is regularly scheduled to work six (6) 12-hour shifts (0.9 FTE) per pay period will be considered full-time and eligible for the full \$400 or \$500 per year based on documented education level. A nurse who is regularly scheduled to work nine (9) 8-hour shifts (0.9 FTE) or less per pay period is not considered fulltime and will be reimbursed on a prorated basis. Requests for continuing education time off on scheduled work days must be applied for at least twenty-one (21) days in advance on a form provided by the Employer. The employee's request shall be subject to scheduling requirements and certification of attendance and/or completion of the educational program. Funds accrued during one (1) calendar year must be used prior to the completion of the following calendar year. The Hospital will post a quarterly report to be posted on the intranet and available in the unit that details education reimbursement balances by nurse, identifying each nurse by employee number.
- d. Approved Uses of Continuing Education Funds. Nurses who are eligible to receive education funds according to section 12.6c, above will be reimbursed for the expenses set out in Appendix E.

12.7 Professional and/or Educational Meetings. Up to ten (10) days per year, with pay at the regular rate, may be granted for attending professional meetings, provided the number of nurses wishing to attend does not jeopardize the Hospital service. A written report from the nurse may be required to the Chief Operating Officer, or designee, and the nurse may be expected to in-service. The Employer will respond to requests for leave to attend professional/educational meetings within two (2) weeks of the initial request for the leave. The Employer will provide the Association its 8790 spreadsheet quarterly report which delineates special purpose funding for education. Up to twenty-four hours per year based on the formula below with pay at the regular rate, will be granted for attending professional meetings, provided the number of nurses wishing to attend does not jeopardize the Hospital service. An additional three (3) days per year, with pay at the regular rate, may be granted for attending professional meetings, provided the number of nurses wishing to attend does not jeopardize the Hospital service.

0.9 FTE and above	24 hours per year
0.7 FTE TO .89 FTE	16 hours per year
0.6 TO .69 FTE	8 hours per year

12.7.1 To facilitate the equitable distribution and utilization of education funds (where the funding is limited to a particular use or purpose, the Committee will not discuss that allocation),

a Continuing Education Task Force shall develop guidelines for approving course content and for reimbursing nurses for the registration fees, travel, and related expenses reasonably incurred in connection with attendance at voluntary continuing education programs. For purposes of developing these guidelines, the Task Force shall consist of five (5) staff nurses and five (5) Employer representatives with each member having full voting status. The staff nurses' representatives shall be representative of the following operations areas:

- a. Critical Care
- b. Medical-Surgical
- c. Perioperative
- d. Perinatal
- e. Emergency Department

This Task Force will have the responsibility to periodically review the distribution of these funds.

12.8 Bereavement Leave. Leave of up to three (3) days with pay shall be granted for death in the immediate family. Two (2) additional days with pay shall be granted when in the Employer's opinion extensive travel is required to attend the funeral. Upon request, the Hospital may grant five (5) additional days of unpaid leave or paid vacation leave when extensive travel is required. Immediate family shall be defined as spouse, child, brother or sister, parent, grandparent of employee, grandchildren, parent of spouse, brother or sister of spouse or domestic partner (City of Seattle definition).

12.9 Jury Duty. A full-time or part-time nurse who is required to serve on jury duty on a regularly scheduled work day, or who is called to be a witness on behalf of the Employer or in connection with their employment with the Hospital in any judicial proceeding, shall be compensated by the Employer for the difference between the nurse's jury duty/witness fee pay and the nurse's regular rate of pay, provided that the nurse notifies the Employer immediately upon receipt of the jury summons to allow the Employer an opportunity to notify the Court if the jury duty imposes a hardship upon the Employer. Nurses who serve as jurors or a witness on behalf of the Employer will be administratively assigned to the day shift for the duration of the jury duty. Nurses subpoenaed for proceedings not involving the Employer will be given unpaid release time.

12.10 Domestic Violence Leave. As required by State Law, a nurse who is a victim of domestic violence, sexual assault or stalking is entitled to take reasonable or intermittent leave from work, paid or unpaid, to take care of legal or law enforcement needs or get medical attention, social-services assistance or mental health counseling. A nurse who is a family member (defined as child, spouse, parent, parent-in-law, grandparent or person who the nurse is dating) of the victim may also take reasonable leave to help the victim take leave or seek help. The Hospital will require verification as described in the State law from the nurse who is requesting the leave.

12.11 Benefit Accrual During Leave. Leave without pay for a period of three (3) calendar months or less shall not alter a nurse's anniversary date with regard to the wage schedule. PTO and EIT are accrued on the basis of hours paid, and shall not accrue during an unpaid leave of absence. Leave without pay for a period in excess of three (3) calendar months will result in the nurse's anniversary date of employment being adjusted to reflect the period of leave, and no benefits shall accrue during such leave unless specifically agreed to by the Hospital.

12.12 Return from Leave. Except as otherwise provided herein, if a nurse's absence (including unpaid leave time and any form of paid time off) does not exceed six (6) weeks total time away from work, the nurse shall be allowed to return to the nurse's prior position and shift. Nurses returning from an approved

leave of absence exceeding six (6) weeks in duration shall be reassigned to their former position, if open. If the former position has been filled, the returning nurse shall be assigned to the first available similar opening on the same shift for which the nurse is qualified.

### ARTICLE 13 - MEDICAL, DENTAL AND OTHER INSURANCE BENEFITS

13.1 Flexible Benefits (Medical, Dental and Life) Insurance. The Hospital shall provide medical, dental and life insurance plans to all nurses working a minimum of sixteen (16) hours per week in accordance with the terms of those plans. Other costs such as deductibles, co-pays, co-insurance, out of pocket maximums, etc. shall remain unchanged through the duration of this Agreement.

13.2 Labor/Management Benefit Committee. MultiCare and the Union recognize the importance of undertaking joint efforts to ensure that employees have access to cost effective, quality care while concurrently bending the cost curve. Both MultiCare and the Union share a mutual interest in researching best practices in cost containment features and the benefits that ensure quality but also address increasing costs. To address these issues, the parties will establish a Labor/Management Benefits Committee with representatives from the bargaining units represented by the Union. The Union will point up to a total of six (6) representatives for the bargaining units it represents at MultiCare to include one (1) Union employed representative to the Committee. MultiCare will appoint up to six (6) management representatives. The Committee shall be advisory and shall meet quarterly, and more often as mutually agreed. In guiding the Committee's work, utilization data and cost information, among other data, shall be reviewed. If the Committee produces mutually agreed upon recommendations for any changes, the Union and MultiCare shall convene a meeting to review the recommendations. All employee representatives shall be on paid relief time.

Information Sharing. The Employer and the Unions agree to participate in a fully transparent process of information sharing regarding utilization rates and the cost of care that will lead to stronger engagement and overall success. The Committee will seek to produce mutually agreed upon recommendations regarding the total cost of coverage shared by the Employer and Employee.

Wellness and Disease Management. The Committee will concentrate efforts on studying options for and action plans to maximize the MHS Wellness Program, disease management programming, primary care delivery models and generic drug utilization. The Committee's goal will be to thoroughly research best practices in these subject areas and recommend them when mutual agreement is reached.

13.3 Retirement. Employees in this bargaining unit will participate in the Employer's retirement plan on the same basis as its non-union workforce. Employees currently participating in the defined benefit plan will remain in that plan through December 31, 2015 at which time the plan will be frozen and the employees will be enrolled in the Employer's retirement plan that is applicable to all of its non-union employees. The level of funding for the plan that is applicable to all employees starting in January 2016 will be no less than the current level of funding for the Retirement Account Plan.

13.4 Dental Plan. The Hospital will neither reduce the level of benefits, nor increase payroll deductions for dental coverage.

13.5 Long Term Disability Plan. The Employer shall provide a long term disability insurance plan at no cost to all nurses scheduled to work a 0.6 FTE or above. The plan will have a ninety (90) day elimination period and pay a fifty percent (50%) benefit, consistent with Plan terms and conditions, which shall be set forth in the Plan's Summary Description. The Plan will include a voluntary buy-up option to a sixty percent (60%) benefit at the nurse's expense.

## ARTICLE 14 - GRIEVANCE PROCEDURE

14.1 Grievance Defined. A grievance is defined as an alleged breach of the terms and conditions of this Agreement. It is the desire of the parties to this Agreement that grievances be adjusted informally wherever possible and at the first level of supervision.

14.1.1 Step One Written Warnings. The Employer and Association agree that should the Association not grieve a Step One Written Warning, the Association reserves the right to challenge the basis for the Step One Written Warning if the Step One Written Warning is used as the basis for further discipline up to and including discharge.

14.2 Time Limits. Time limits set forth in the following steps may only be extended by mutual written consent of the parties hereto. Failure of a nurse to file a grievance on a timely basis or to timely advance a grievance in accordance with the time limits set forth below will constitute withdrawal of the grievance. Subject to the above provisions, any grievance which is unresolved following the meetings set forth in this grievance procedure shall automatically be pursued to the next higher step. The moving party agrees to notify the other of their intent to do so.

14.3 Grievance Procedure. A grievance shall be submitted to the following grievance procedure:

Step 1. Immediate Supervisor.

If a nurse has a grievance, the nurse must first present the grievance in writing to the nurse's immediate supervisor within fourteen (14) calendar days from the date the nurse was or should have been aware that the grievance existed. A conference between the nurse (and the Local Unit Chairperson, if requested by the nurse) and the immediate Supervisor (and/or designee) shall be held within 14 (fourteen) calendar days. The Supervisor shall issue a written reply within fourteen (14) calendar days following the grievance meeting. However, if a nurse is terminated, the nurse may first present the grievance to the Chief Operating Officer or Clinical Designee within fourteen (14) calendar days from the date the nurse was or should have been aware that the grievance existed.

Step 2. Chief Operating Officer (COO) or Clinical Designee

If the matter is not resolved to the nurse's satisfaction at Step 1, the nurse shall present the grievance in writing to the COO (or clinical designee) within fourteen (14) calendar days of the immediate supervisor's decision. A conference between the nurse (and the Local Unit Chairperson, if requested by the nurse) and the COO (or clinical designee) shall be held within fourteen (14) calendar days for the purpose of resolving the grievance. The COO or clinical designee shall issue a written reply within fourteen (14) calendar days following the grievance meeting. If the COO or clinical designee is not available, the Association agrees to waive the time lines until the COO or clinical designee is available.

Step 3. Director of Labor Relations.

If the matter is not resolved at Step 2 to the nurse's satisfaction, the grievance shall

be referred in writing to the Director of Labor Relations (and/or designated representative) within fourteen (14) calendar days of the Step 2 written response. The Director of Labor Relations (and/or designee) shall meet with the nurse and the Association Representative within fourteen (14) calendar days for the purpose of resolving the grievance. The Director of Labor Relations (or designee) shall issue a written response within fourteen (14) calendar days following the meeting.

Step 4. Arbitration.

If the grievance is not settled on the basis of the foregoing procedures, and if the grievant and the Association have complied with the specific time limitations specified in Steps 1, 2, 3 and 4 herein, the Association may submit the issue in writing to arbitration within fourteen (14) calendar days following the receipt of the written reply from the Director of Labor Relations or designee. If the Hospital and the Association fail to agree on an arbitrator, a list of eleven (11) arbitrators shall be requested from the Federal Mediation and Conciliation Service. The parties shall thereupon alternate in striking a name from the panel until one name remains. The person whose name remains shall be the arbitrator. Prior to proceeding to arbitration, the Association will fully identify and describe the issue to be submitted to the Arbitrator. The arbitrator's decision shall be final and binding on all parties. The arbitrator shall have no authority to add to, subtract from, or otherwise change or modify the provisions of this Agreement, but shall be authorized only to interpret existing provisions of this Agreement as they may apply to the specific facts of the issue in dispute. The Arbitrator shall have no authority to award punitive damages. Any dismissal of a grievance by the Arbitrator, whether on the merits or on procedural grounds, shall bar any further litigation of the issue in dispute. Each party shall bear one-half (1/2) of the fee of the arbitrator for an Award issued on a timely basis and any other expense jointly incurred incident to the arbitration hearing. All other expenses, including but not limited to legal fees, deposition costs, witness fees, and any and every other cost related to the presentation of a party's case, shall be borne by the party incurring them, and neither party shall be responsible for the expenses of witnesses called by the other party.

14.3.1 Association Grievance. The Association may initiate a grievance at Step 2 if the grievance involves more than one (1) nurse.

14.4 Mediation. The parties may agree to use the mediation process in an attempt to resolve the grievance. Both parties must mutually agree to use mediation and neither party may require that any grievance be sent to mediation. Mediation shall not be considered a step in the grievance process

14.5 Termination. This grievance procedure shall terminate on the expiration date of this Agreement unless the Agreement is extended by the mutual written consent of the parties. Grievances arising during the term of the Agreement shall proceed to resolution regardless of the expiration date.

ARTICLE 15 - NO STRIKE--NO LOCKOUT

15.1 No Strike. The parties to this Agreement realize that the Hospital provides special and essential services to the community, and that 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



term of this Agreement, there shall be no strikes, including any sympathy strikes, work stoppages, picketing, hand-billing, walkouts, slowdowns, boycotts or any other activity that interrupts or impedes work, or the delivery of goods, services or patients to the Hospital. No officers or representatives of the Association shall authorize, instigate, aid or condone such activity. In the event of any such activity, the Association and its officers and agents shall do everything within their power to end or avert the same. Any nurse participating in any of the activities referred to above, including the refusal to cross a picket line posted by any other labor organization or any other party, shall be subject to immediate dismissal, permanent replacement, or lesser discipline, at the Hospital's discretion.

15.2 No Lockout. The Hospital shall not engage in any lockout during the term of this Agreement.

## ARTICLE 16 - NURSING COMMITTEES

16.1 Conference Committee. Seven (7) representatives elected by the local unit shall constitute the Conference Committee. The Conference Committee shall meet regularly on request with representatives of the Hospital, one of whom shall be the Chief Operating Officer or nursing designee who has necessary authority to act on the issue, to discuss matters relating to nursing care and difficulties that may arise over this Agreement. The seven (7) representatives shall be paid at the regular rate of pay for all time spent attending Conference Committee meetings.

16.2 Patient Care Committee. A Patient Care Committee shall be established to consist of an equal number of representatives elected by the staff nurses and representatives of nursing administration. An Association Nurse Representative or designee may attend the committee meetings on a paid time basis at his/her regular rate of pay. The Hospital recognizes the responsibilities of the Patient Care Committee to recommend measures objectively to improve patient care and will duly consider such recommendations and will so advise the committee of action taken. The objectives of the Patient Care Committee shall be:

- a. To consider constructively the professional practice of nurses and nurse's assistants.
- b. To work constructively for the improvement of patient care and nursing practice.
- c. To recommend to the Hospital ways and means to improve patient care. This can also include a discussion of staffing ratios and patterns, including but not limited to, patient care assignments for charge nurses.
- d. To give advice and input in regard to new programs and facilities changes involving nursing.

In consideration of the intent and objectives of this committee as set forth above, this committee shall meet upon request at such times as are necessary. By mutual agreement of both parties, existing provisions of this contract may be modified to implement solutions to, and the resolution of, staffing needs.

16.3 Safety Committee. The Hospital will maintain conditions of health, safety and sanitation in compliance with federal, state and local laws applicable to the safety and health of its employees. Nurses shall not be required to work under imminently hazardous conditions, or to perform tasks, which endanger their health or safety, provided that the parties acknowledge the professional practice of nursing is inherently dangerous. All health and safety equipment that is deemed necessary for a particular job, as indicated in the job description or department protocols, shall be furnished. The Hospital will provide nurses with adequate training on the use of proper work methods and protective equipment required to perform hazardous duties. The Hospital shall continue its Safety Committee in accordance with existing regulatory requirements. The purpose of this Committee shall be to investigate safety and health issues

and to advise the Hospital of education and preventative health measures for the workplace and its employees. Nurses are encouraged to report any unsafe conditions to their supervisors and to the Safety Committee by utilizing the QA Memo form. Committee membership shall include two (2) Association appointed nurses and one (1) Association appointed alternate. Attendance at Safety Committee meetings will be paid at the nurse's regular rate of pay for the two (2) Association appointed nurses.

16.4 Nurse Staffing Committee. The parties' established Nurse Staffing Committee (NSC) shall be responsible for those activities required of it under RCW 70.41, et seq. The composition of the NSC shall comport with RCW 70.41. The Association will determine how the Registered Nurse Members of the NSC are selected. Attendance at Committee meetings by appointed committee members will be on a paid time basis at the nurse's regular rate of pay.

16.5 Staffing Standards for Patient Populations. The Employer and Association agree that the assignment of patients will take into consideration staffing standards, patient conditions and departmental needs.

- Medical/Surgical units (includes Medical, Post Surgery, Med Oncology and Tele units):  
1 RN 1 LPN Team: 1:7, or 1 RN: 1:5
- Progressive Care units (includes ACC, CCU, Rainier PCU, CVSS, PCU): 1:4
- Critical Care (includes CVICU/MSICU/Neuro ICU): 1:1 or 1:2
- ED: 1:4
- OR: 1 RN Circulator; 1 Scrub; higher level cases may have a second RN
- PACU: 1:2
- NICU: 1:2-3
- Birth Center: 1:1 or 1:2
- Women and Infant: 1:4 couplets
- Antepartum: 1:3 stable or 1:1 non-stable
- Standards for units not listed will be established by the Staffing Committee no later than July 1, 2017.
- Unscheduled absences, including intermittent FMLA, are counted as a filled shift for purposes of the staffing standards.
- RNs and LPNs who leave the floor for reasons including but not limited to transport, a code response, etc., shall be counted as a filled shift.
- The Employer will implement the system no later than July 1, 2017.
- Remedy is limited to the shift on which the deviation occurred for the nurse whose assignment exceeds the staffing standards on the affected unit and shift. The remedy shall be in the form of an hourly premium paid for that specific shift and unit of \$5.00 per hour.
- Premium pay as described above is the exclusive remedy for deviations from these standards.

*It is Tacoma General's intention to maintain a Med Surg team nursing standard of each team having 6-7 patients with a surge capability to 8.*

*It is the Employer's intention to continue its current practice of keeping Charge Nurses free from direct patient care responsibilities whenever possible. The Union and Employer recognize that there are circumstances that may require a Charge Nurse to assume direct patient care responsibilities. When a Charge Nurse assumes a 50% or more direct patient care assignment in accordance with the staffing standards set for the unit (i.e. a PCU Charge RN assumes the direct patient care responsibilities for 2 patients in addition to charge duties), the Charge Nurse may either relinquish charge duties with agreement of his/her manager or the Charge Nurse will be considered to be eligible for the remedy.*

ARTICLE 17 - GENERAL PROVISIONS

17.1 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 provision of this Agreement not declared invalid shall remain in full force and effect for the life of the Agreement. If any provision is held invalid, the parties hereto shall enter into immediate negotiations for the purpose, and solely for the purpose, of arriving at a mutually satisfactory replacement for such provision.

17.2 During the life of this Agreement, the Association agrees that the Hospital shall not be obliged to bargain collectively with respect to any subject or matter specifically referred to or covered by this Agreement, or discussed during the negotiations which resulted in this Agreement.

ARTICLE 18 - DURATION OF AGREEMENT

This Agreement shall be effective on upon date of ratification and shall remain in full force and effect until December 31, 2019 and annually thereafter unless either party serves notice on the other to amend or terminate the Agreement by giving written notice to the other party not less than ninety (90) days in advance of the expiration date.

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2017

TACOMA GENERAL HOSPITAL

WASHINGTON STATE NURSES  
ASSOCIATION

\_\_\_\_\_  
Anita Wolfe  
CNE, Tacoma General

\_\_\_\_\_  
Sara Frey, RN  
WSNA Nursing Representative

\_\_\_\_\_  
William T. Greenheck  
Vice President, Human Resources

\_\_\_\_\_  
David Campbell, Attorney

\_\_\_\_\_  
Jody Lynn Smith  
Director, Employee and Labor Relations

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Christopher Johnston, RN

\_\_\_\_\_  
Danielle O'Toole, RN

\_\_\_\_\_  
Shana Gardner, RN

\_\_\_\_\_  
Renata Bowlden, RN

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Karen Stone, RN

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Liz Leske, RN

## APPENDIX A

### TACOMA GENERAL HOSPITAL

#### TEN (10) HOUR SHIFT SCHEDULE

In accordance with Section 8.3 of the Agreement between the Hospital and the Association, nurses may, on an individual basis, agree to work a ten (10) hour shift schedule with the consent of the Employer. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The ten (10) hour shift schedule shall provide for a ten (10) hour work day consisting of ten and one-half (10 1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each five (5) hours of work. Shift start times shall be determined by the Employer.
2. Work Period; Overtime Pay. The work period for overtime computation purposes shall be a seven (7) day period, as determined by the Employer. Nurses working this ten (10) hour shift schedule shall be paid overtime compensation at the rate of one and one-half (1 1/2) times the regular rate of pay for the first two (2) hours after the end of the ten (10) hour shift or for any hours worked beyond forty (40) hours in a seven (7) day period. If a nurse works more than two (2) hours beyond the end of a scheduled shift, all overtime hours after twelve (12) consecutive hours of work for that shift shall be paid at double time (2x).
3. Rest Between Shifts. Sections 10.9 and 10.9.1 of the Agreement apply in their entirety with the sole exception being that the length of the rest period shall be ten (10) hours rather than eleven (11) hours.

## APPENDIX B

### TACOMA GENERAL HOSPITAL

#### TWELVE (12) HOUR SHIFT SCHEDULE

In accordance with Section 8.3 of the Agreement between the Hospital and the Association, nurses may, on an individual basis, agree to work a twelve (12) hour shift schedule with the consent of the Employer. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The twelve (12) hour shift schedule shall provide for a twelve (12) hour work day consisting of twelve and one-half (12 1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each four (4) hours of work. Shift start times shall be determined by the Employer.
2. Work Period; Overtime Pay. The work period for overtime computation purposes shall be a seven (7) day period, as defined by the Employer. Nurses working this twelve (12) hour shift schedule shall be paid overtime compensation at the rate of one and one-half (1 1/2) times the regular rate of pay for the first two (2) hours after the end of the twelve (12) hour shift or for any hours worked beyond forty (40) hours in a seven (7) day period. If a nurse works more than two (2) consecutive hours beyond the end of the twelve (12) hour shift, all overtime hours after fourteen (14) consecutive hours of work for that shift shall be paid at double time (2x).
3. Rest Between Shifts. Articles 10.9 and 10.9.1 of the Agreement apply in their entirety with the sole exception being that the length of the rest period shall be eight (8) hours rather than eleven (11) hours.
4. Shift Differential. If the majority of the hours of the nurse's regularly scheduled shift fall within the designated evening (3 - 11 p.m.) or night (11 p.m. - 7 a.m.) shift period, the shift shall be considered a permanent assignment for that nurse and the nurse shall receive the shift differential for their entire shift. If the evening or night shift is a permanent assignment, shift differential shall be considered to be a part of the nurse's regular rate of pay. For those employees working the 3 a.m. to 3 p.m. shift, night shift differential shall be paid for those hours worked between 3 a.m. and 7 a.m. This paragraph supersedes Article 10.1 of the Agreement in its entirety.

APPENDIX C

MULTICARE HEALTH SYSTEM, TACOMA GENERAL HOSPITAL

RESIDENCY AGREEMENT

Name: \_\_\_\_\_, RN Employee ID#: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Department: \_\_\_\_\_

Residency Start Date: \_\_\_\_\_

Multicare Health System, Tacoma General Hospital (Hospital) and \_\_\_\_\_, RN (Nurse) wish to document the residency program commitments between them. Nurse wishes for Hospital to fund \_\_\_\_\_ residency training; and Hospital has need for nurses with such qualifications. Therefore, this Residency Agreement (Agreement) is in consideration of the mutual understandings noted below:

**Description of Residency Agreement:** Nurse has applied for and been accepted into Hospital's residency program. Upon satisfactory completion of the program, Nurse shall owe Hospital two thousand dollars (\$2,000) (except for NICU or Operating Room Residencies who will owe Hospital four thousand dollars (\$4,000)).

**Loan Repayment and Service Understandings:** Hospital shall forgive repayment of this loan if Nurse works for Hospital as a Registered Nurse in \_\_\_\_\_ for a minimum of one (1) year at a minimum of a \_\_\_\_\_ FTE. [This one (1) year period will be calculated from the date Nurse begins working in \_\_\_\_\_ after satisfactory completion of the residency ("start date"), and shall be extended to reflect any leaves of absence that may occur during this time period.]

Should Nurse resign from his/her position within one (1) year of the start date, Nurse understands and agrees that Nurse will be required to repay to Hospital the loan of \$2,000 (NICU and Operating Room residencies (\$4,000) unless there are extenuating circumstances. Denial by Multicare of the nurse's claim that extenuating circumstances exist may be grieved by the Association. Should Nurse quit the residency program before completion, Nurse shall also repay the loan based on the percentage of the program completed [i.e. A nurse who quits a twelve (12) week residency in week six (6) would be required to pay \$1,000] unless there are extenuating circumstances. The Hospital is authorized to withhold money from Nurse's last pay check and apply such amount toward the loan balance due.

A nurse hired into a residency program by Hospital will be paid at the rate appropriate to his or her relevant experience in accordance with Articles 9.3 and 9.3.1 of the WSNA Collective Bargaining Agreement.

**Nurse and Hospital agree to the above terms of this Residency Agreement. Nurse voluntarily accepts his/her one year service requirement.**

\_\_\_\_\_  
Nurse Date Hospital Date

## APPENDIX D

### TACOMA GENERAL HOSPITAL

#### Approved Uses of Continuing Education Funds

Nursing specific software (not including operating system software or hardware);  
Books (electronic and hardcopy);  
Medical journal subscriptions (electronic and hard copy);  
Medical dictionaries and reference guides (electronic and hard copy);  
Conferences and seminars (includes on line seminars and conferences);  
Course registrations (includes on line courses);  
Education expenses towards learning a new language if the language is considered to be one of the top 5 languages used by the Hospital's patient population  
Travel to and from conferences and seminars, including:  
    Air fare;  
    Rental car;  
    Mileage;  
    Meals;  
    Hotel;  
    Parking;  
Membership dues;  
1<sup>st</sup> time Washington State license fee  
Specialty license/certification exam/re-certification and review course fees (including on line exams)

As technology advances, the list of approved uses may be subject for Conference Committee.



MEMORANDUM OF UNDERSTANDING

WSNA – TACOMA GENERAL HOSPITAL

NO PYRAMIDING OR DUPLICATION OF OVERTIME PAY:

a. Instances Involving the Same Hours.

- (1) If the contractual obligation required overtime and one or more premiums paid at the rate of time and one-half (1-1/2) for the same hours, the maximum obligation shall be time and one-half (1-1/2) for all such hours.
- (2) If the contractual obligation requires two or more premiums paid at the rate of time and one-half (1-1/2) for the same hours, the maximum obligation shall be time and one-half (1-1/2) for all such hours.
- (3) If the contractual obligation requires overtime or premium pay paid at the rate of time and one-half (1-1/2) and double time (2x) for the same hours, the double time (2x) rate shall be paid for those hours.

b. Instances Not Involving the Same Hours. In instances not involving the same actual hours worked but where the no pyramiding and/or duplication rule exists, the following standards shall be utilized:

- (1) Overtime (7.4). Hours paid for beyond the normal full-time work day (i.e. daily overtime) shall not count in computing hours worked beyond the normal full-time work period (i.e. weekly or by pay period overtime).
- (2) Weekends (7.8). Hours paid for under this section at the premium rate of time and one-half (1-1/2) shall not count in computing hours worked beyond the normal full-time work period (i.e. weekly or by pay period overtime).
- (3) Rest Between Shifts (7.10). Hours paid for at this premium rate (time and one-half) which occur before a regularly scheduled shift shall not count in computing hours worked beyond the normal full-time work period (i.e. weekly overtime). Hours paid for at this premium during the employee's regularly scheduled shift shall count in computing hours worked beyond the normal full-time work week (i.e. weekly or by pay period overtime).
- (4) Callback Pay (8.3). Hours paid for under this premium which do not occur during a regularly scheduled shift (i.e. low census standby) shall not count as time worked in computing hours beyond the normal full-time work period (i.e. weekly or by pay period overtime). Hours paid for at this premium rate occurring during the employee's regularly scheduled shift shall count in computing hours worked beyond the normal full-time work period.

(5) Work on Holidays (9.4). Hours paid for at this premium rate (time and one-half) during the normal work day shall count as time worked in computing hours beyond the normal full-time work period (i.e. weekly overtime). Hours paid for under this premium in excess of the normal work day shall not count as time worked in computing hours beyond the normal full-time work period (i.e. weekly overtime).

MEMORANDUM OF UNDERSTANDING

WSNA – TACOMA GENERAL HOSPITAL

RE: NO CHALLENGE TO BARGAINING UNIT STATUS OF CHARGE NURSES

The Employer agrees that it will not challenge the bargaining unit status of any nurse in the bargaining unit who performs the charge nurse role on the grounds they are supervisors under the NLRA. The Employer further agrees that it will not challenge the bargaining unit status of any other nurse in the bargaining unit on the grounds the nurse is a supervisor under the NLRA.

The parties agree that this Memorandum of Understanding has no legal bearing upon the issue of the past or future creation of Assistant Nurse Manager positions that include performance of the charge nurse role. This Letter of Understanding will not be used as evidence by either party with respect to any contractual dispute that is currently pending or may occur in the future with regard to the creation of Assistant Nurse Manager positions that include the performance of the charge nurse role.

MEMORANDUM OF UNDERSTANDING

WSNA – TACOMA GENERAL HOSPITAL

RE:

OPERATING ROOM NURSES TRANSFERRED FROM MARY BRIDGE

Operating Room Nurses Transferred from Mary Bridge:

Recognizing that the staff nurses from Mary Bridge Operating Room were accreted to the Tacoma General Operating Room, and are now within the WSNA bargaining unit, the Association and the Employer agree they will be credited with seniority within the Tacoma General bargaining unit, based on their years of service at Mary Bridge, as evaluated under the criteria utilized to credit seniority under the Tacoma General contract. This agreement is not precedent setting, as every situation in which nurses are added to the bargaining unit must be evaluated on the basis of the specific facts of the situation.

MEMORANDUM OF UNDERSTANDING

WSNA – MultiCare Health System

RE: Pediatric Cardiac Team

It is MultiCare's intent to create and staff a pediatric cardiac surgery team to work with Dr. Woods at both the Tacoma General OR and the Swedish Medical Center OR. The Employer and WSNA agree that effective with the execution of this MOU by both parties, the terms outlined below constitute the agreement by and between the parties in regards to implementation of the MultiCare Health System Pediatric Cardiac Team. Any other terms and conditions of the collective bargaining agreement not modified herein will remain in effect.

1. The Peds Cardiac Surgery Team (herein after "Team") will initially consist of 6 RNs and 6 OR Techs. Positions will be posted per MHS policy and collective bargaining agreements.
2. The Team will be considered a part of TG OR staffing on days they are not assigned to Peds Cardiac cases.
3. With the exception of the compensation for Peds Cardiac cases at Swedish and other specific terms as noted herein, all terms and conditions of the applicable CBA will apply.
4. The nurse will be paid a flat rate of pay for cases performed at Swedish. Case length for this surgeon can be as high as 5.6 hours and as low as less than one hour, the average case length is 3 hours. Anticipating travel and prep time, the parties agree to a flat rate of pay of \$355.00 based on the following formula:
  - o 15 year staff RN rate X 1.5 X 6 hours.
  - o  $\$37.07 \times 1.5 \times 6 = \$355.00$This rate supersedes and replaces compensation as outlined in Articles 8, 9 and 10 of the collective bargaining agreement with the exception of participation in a Swedish case during a regularly scheduled shift, which will be paid as outlined in paragraph 6, below.
5. Should the nurse be required to travel to Swedish on a regularly scheduled day, s/he would be paid at regular rate for the scheduled shift plus the flat rate as described above.
6. Should the nurse be called in on a weekend or evening from standby to participate in a case at Swedish, s/he would receive the flat rate of pay for the call back. This flat rate would supersede and fully replace the required 3 hours at 1.5X rate in the CBA.
7. Callback response times will be established by the Team and the Physician.
8. MHS will pay for mileage at the IRS rate when the nurse is called to work at Swedish in the course of a normal duty day. If the nurse is assigned to Swedish as her first case of the day and does not first report to TG, mileage will not be paid.
9. Parking will be paid as a part of the joint program expenses. Should the nurse be required to pay for parking, MHS will reimburse the nurse's parking fees at Swedish when the nurse is called to Swedish for a case.
10. Should the nurse be required to stay overnight on standby due to a case at Swedish, MHS will pay the contractual standby rates for the time the nurse is on standby. MHS will reimburse any

lodging expenses for required overnight stays. All call back while on standby for the case will be paid at the flat rate as noted in paragraph 5 above,

11. While performing duties at Swedish, the nurse remains covered by MultiCare's Worker's Compensation.

## MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Interpretation of Articles 7.4 and 7.4.4

EFFECTIVE 11/17/2010 the parties have agreed that the following shall be the interpretation and process in the event of a layoff and recall in the bargaining unit.

Article 7.4 Recall and Article 7.4.4, shall be interpreted as follows:

Nurses on the recall roster and nurses who have been displaced (for the purposes of this interpretation, “displaced” means a forced change in shift or a forced FTE reduction per Article 7.4.4) have first right of refusal in seniority order to any open position posted in the clinical service, providing skill and ability are met. Nurses who have been displaced as defined herein must notify the Employer in writing that they desire to be offered any open positions in their clinical service that reflect their previous shift and/or FTE. This interpretation and the provisions of Articles 7.4 and 7.4.4 shall apply to positions posted in the clinical service for a period of 18 months after the date of the lay off. The provisions of the job posting language, 6.9, shall continue to apply.

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Negotiation Team Compensation

Upon ratification of this Agreement, the Hospital shall retroactively reimburse up to 7 nurses for time spent in all negotiation and mediation sessions (up to eight (8) hours per session, including caucus time). Compensation shall be at the straight rate of pay.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_\_ day of January, 2017

Dated this \_\_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck



MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Unfair Labor Practice Charges

WSNA agrees to withdraw, with prejudice, all Unfair Labor Practices Charges and/or Complaints.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_\_ day of January, 2017

Dated this \_\_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Low Census and Travelers

If a low census condition arises and a Traveler is present, the Traveler will not be released, but will not be considered when determining the number of regularly scheduled nurses that are necessary for that census condition in the opinion of the Charge Nurse.

Example: The census requires five RNs in the Charge Nurse’s opinion. Seven RNs are scheduled, six regularly scheduled nurses and one is a Traveler. Only one regularly scheduled nurse will be low censured because the Traveler is not considered to be working for the purpose of determining how many nurses are working as compared to how many nurses are necessary for the low census condition.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_\_ day of January, 2017

Dated this \_\_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Grievances

The parties agree that all pending grievances which were timely grieved between the expiration of the previous CBA and the date of ratification of the successor agreement shall be subject to processing and arbitration under the parties' new CBA.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_ day of January, 2017

Dated this \_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Withdrawal of Employer proposal for changes to Article 8.5

The parties agree that the Employers proposals in the current collective bargaining negotiations regarding Section 8.5 and 8.5.1-8.5.5, and the parties' positions, statements and arguments regarding those proposals, and/or the withdrawal of those proposals, shall not be referred to, offered into evidence, or used for any purpose whatsoever in any current or future litigation, administrative proceeding, arbitration or any other forum for dispute resolution.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_\_ day of January, 2017

Dated this \_\_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Re-enrollment

Due to the employee cost increase in medical, MHS will offer members of the bargaining unit the option to prospectively change 2017 medical coverage elections effective February 1<sup>st</sup>. Assuming contract ratification by 12/31/2016, Employer will implement a paper enrollment outreach by 1/12/2017 providing opportunity to elect a change in medical plans, coverage levels, or waive medical coverage, effective February 1<sup>st</sup>. Enrollment elections can be accepted in HR for a period no later than 1/25/2017, for changes implemented February 1<sup>st</sup>.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_\_ day of January, 2017

Dated this \_\_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Ratification bonus, retroactive pay and DB plan

- A one-time ratification bonus: a one-time \$2000 bonus prorated by hours paid in 2016 paid on the next regular pay date following ratification.
- Retroactively: One time 3% lump sum based on each nurse's paid hours between January 10, 2016 through the last day of the last full pay period following date of ratification.
- DB Plan: One extra year of service for DB participants if the employee meets 1,000 hours of service in 2016.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this \_\_\_ day of January, 2017

Dated this \_\_\_ day of January, 2017

By \_\_\_\_\_  
David Campbell

By \_\_\_\_\_  
Bill Greenheck

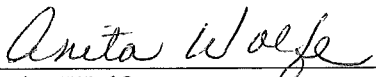
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ARTICLE 18 - DURATION OF AGREEMENT

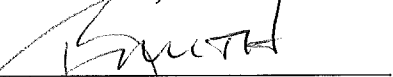
This Agreement shall be effective on upon date of ratification and shall remain in full force and effect until December 31, 2019 and annually thereafter unless either party serves notice on the other to amend or terminate the Agreement by giving written notice to the other party not less than ninety (90) days in advance of the expiration date.

SIGNED THIS 5 day of May, 2017

TACOMA GENERAL HOSPITAL

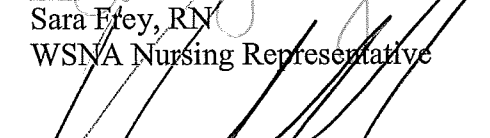
  
Anita Wolfe  
CNE, Tacoma General

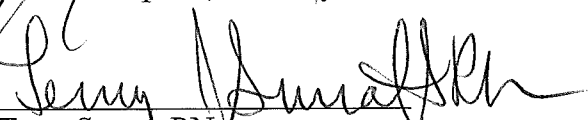
  
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WASHINGTON STATE NURSES  
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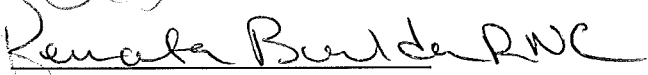
  
David Campbell, Attorney

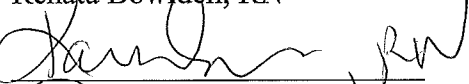
  
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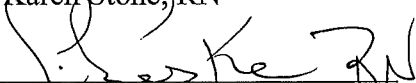
  
Christopher Johnston, RN

  
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Liz Leske, RN



## APPENDIX A

### TACOMA GENERAL HOSPITAL

#### TEN (10) HOUR SHIFT SCHEDULE

In accordance with Section 8.3 of the Agreement between the Hospital and the Association, nurses may, on an individual basis, agree to work a ten (10) hour shift schedule with the consent of the Employer. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The ten (10) hour shift schedule shall provide for a ten (10) hour work day consisting of ten and one-half (10 1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each five (5) hours of work. Shift start times shall be determined by the Employer.
2. Work Period; Overtime Pay. The work period for overtime computation purposes shall be a seven (7) day period, as determined by the Employer. Nurses working this ten (10) hour shift schedule shall be paid overtime compensation at the rate of one and one-half (1 1/2) times the regular rate of pay for the first two (2) hours after the end of the ten (10) hour shift or for any hours worked beyond forty (40) hours in a seven (7) day period. If a nurse works more than two (2) hours beyond the end of a scheduled shift, all overtime hours after twelve (12) consecutive hours of work for that shift shall be paid at double time (2x).
3. Rest Between Shifts. Sections 10.9 and 10.9.1 of the Agreement apply in their entirety with the sole exception being that the length of the rest period shall be ten (10) hours rather than eleven (11) hours.

## APPENDIX B

### TACOMA GENERAL HOSPITAL

#### TWELVE (12) HOUR SHIFT SCHEDULE

In accordance with Section 8.3 of the Agreement between the Hospital and the Association, nurses may, on an individual basis, agree to work a twelve (12) hour shift schedule with the consent of the Employer. All existing contractual provisions shall apply unless otherwise provided for herein.

1. Work Day. The twelve (12) hour shift schedule shall provide for a twelve (12) hour work day consisting of twelve and one-half (12 1/2) hours to include one (1) thirty (30) minute unpaid lunch period. Rest periods shall be permitted in accordance with state law, with fifteen (15) minutes in each four (4) hours of work. Shift start times shall be determined by the Employer.
2. Work Period; Overtime Pay. The work period for overtime computation purposes shall be a seven (7) day period, as defined by the Employer. Nurses working this twelve (12) hour shift schedule shall be paid overtime compensation at the rate of one and one-half (1 1/2) times the regular rate of pay for the first two (2) hours after the end of the twelve (12) hour shift or for any hours worked beyond forty (40) hours in a seven (7) day period. If a nurse works more than two (2) consecutive hours beyond the end of the twelve (12) hour shift, all overtime hours after fourteen (14) consecutive hours of work for that shift shall be paid at double time (2x).
3. Rest Between Shifts. Articles 10.9 and 10.9.1 of the Agreement apply in their entirety with the sole exception being that the length of the rest period shall be eight (8) hours rather than eleven (11) hours.
4. Shift Differential. If the majority of the hours of the nurse's regularly scheduled shift fall within the designated evening (3 - 11 p.m.) or night (11 p.m. - 7 a.m.) shift period, the shift shall be considered a permanent assignment for that nurse and the nurse shall receive the shift differential for their entire shift. If the evening or night shift is a permanent assignment, shift differential shall be considered to be a part of the nurse's regular rate of pay. For those employees working the 3 a.m. to 3 p.m. shift, night shift differential shall be paid for those hours worked between 3 a.m. and 7 a.m. This paragraph supersedes Article 10.1 of the Agreement in its entirety.

APPENDIX C

MULTICARE HEALTH SYSTEM, TACOMA GENERAL HOSPITAL

RESIDENCY AGREEMENT

Name: \_\_\_\_\_, RN Employee ID#: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Department: \_\_\_\_\_

Residency Start Date: \_\_\_\_\_

Multicare Health System, Tacoma General Hospital (Hospital) and \_\_\_\_\_, RN (Nurse) wish to document the residency program commitments between them. Nurse wishes for Hospital to fund \_\_\_\_\_ residency training; and Hospital has need for nurses with such qualifications. Therefore, this Residency Agreement (Agreement) is in consideration of the mutual understandings noted below:

**Description of Residency Agreement:** Nurse has applied for and been accepted into Hospital's residency program. Upon satisfactory completion of the program, Nurse shall owe Hospital two thousand dollars (\$2,000) (except for NICU or Operating Room Residencies who will owe Hospital four thousand dollars (\$4,000)).

**Loan Repayment and Service Understandings:** Hospital shall forgive repayment of this loan if Nurse works for Hospital as a Registered Nurse in \_\_\_\_\_ for a minimum of one (1) year at a minimum of a \_\_\_\_\_ FTE. [This one (1) year period will be calculated from the date Nurse begins working in \_\_\_\_\_ after satisfactory completion of the residency ("start date"), and shall be extended to reflect any leaves of absence that may occur during this time period.]

Should Nurse resign from his/her position within one (1) year of the start date, Nurse understands and agrees that Nurse will be required to repay to Hospital the loan of \$2,000 (NICU and Operating Room residencies (\$4,000) unless there are extenuating circumstances. Denial by Multicare of the nurse's claim that extenuating circumstances exist may be grieved by the Association. Should Nurse quit the residency program before completion, Nurse shall also repay the loan based on the percentage of the program completed [i.e. A nurse who quits a twelve (12) week residency in week six (6) would be required to pay \$1,000] unless there are extenuating circumstances. The Hospital is authorized to withhold money from Nurse's last pay check and apply such amount toward the loan balance due.

A nurse hired into a residency program by Hospital will be paid at the rate appropriate to his or her relevant experience in accordance with Articles 9.3 and 9.3.1 of the WSNA Collective Bargaining Agreement.

**Nurse and Hospital agree to the above terms of this Residency Agreement. Nurse voluntarily accepts his/her one year service requirement.**

\_\_\_\_\_  
Nurse Date Hospital Date

## APPENDIX D

### TACOMA GENERAL HOSPITAL

#### Approved Uses of Continuing Education Funds

Nursing specific software (not including operating system software or hardware);  
Books (electronic and hardcopy);  
Medical journal subscriptions (electronic and hard copy);  
Medical dictionaries and reference guides (electronic and hard copy);  
Conferences and seminars (includes on line seminars and conferences);  
Course registrations (includes on line courses);  
Education expenses towards learning a new language if the language is considered to be one of the top 5 languages used by the Hospital's patient population  
Travel to and from conferences and seminars, including:  
    Air fare;  
    Rental car;  
    Mileage;  
    Meals;  
    Hotel;  
    Parking;  
Membership dues;  
1<sup>st</sup> time Washington State license fee  
Specialty license/certification exam/re-certification and review course fees (including on line exams)

As technology advances, the list of approved uses may be subject for Conference Committee.

MEMORANDUM OF UNDERSTANDING

WSNA – TACOMA GENERAL HOSPITAL

NO PYRAMIDING OR DUPLICATION OF OVERTIME PAY:

a. Instances Involving the Same Hours.

- (1) If the contractual obligation required overtime and one or more premiums paid at the rate of time and one-half (1-1/2) for the same hours, the maximum obligation shall be time and one-half (1-1/2) for all such hours.
- (2) If the contractual obligation requires two or more premiums paid at the rate of time and one-half (1-1/2) for the same hours, the maximum obligation shall be time and one-half (1-1/2) for all such hours.
- (3) If the contractual obligation requires overtime or premium pay paid at the rate of time and one-half (1-1/2) and double time (2x) for the same hours, the double time (2x) rate shall be paid for those hours.

b. Instances Not Involving the Same Hours. In instances not involving the same actual hours worked but where the no pyramiding and/or duplication rule exists, the following standards shall be utilized:

- (1) Overtime (7.4). Hours paid for beyond the normal full-time work day (i.e. daily overtime) shall not count in computing hours worked beyond the normal full-time work period (i.e. weekly or by pay period overtime).
- (2) Weekends (7.8). Hours paid for under this section at the premium rate of time and one-half (1-1/2) shall not count in computing hours worked beyond the normal full-time work period (i.e. weekly or by pay period overtime).
- (3) Rest Between Shifts (7.10). Hours paid for at this premium rate (time and one-half) which occur before a regularly scheduled shift shall not count in computing hours worked beyond the normal full-time work period (i.e. weekly overtime). Hours paid for at this premium during the employee's regularly scheduled shift shall count in computing hours worked beyond the normal full-time work week (i.e. weekly or by pay period overtime).
- (4) Callback Pay (8.3). Hours paid for under this premium which do not occur during a regularly scheduled shift (i.e. low census standby) shall not count as time worked in computing hours beyond the normal full-time work period (i.e. weekly or by pay period overtime). Hours paid for at this premium rate occurring during the employee's regularly scheduled shift shall count in computing hours worked beyond the normal full-time work period.

(5) Work on Holidays (9.4). Hours paid for at this premium rate (time and one-half) during the normal work day shall count as time worked in computing hours beyond the normal full-time work period (i.e. weekly overtime). Hours paid for under this premium in excess of the normal work day shall not count as time worked in computing hours beyond the normal full-time work period (i.e. weekly overtime).

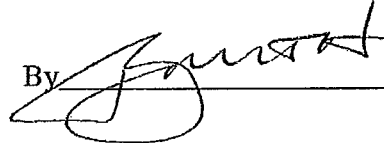
Dated this 2 day of <sup>July</sup> ~~June~~ 2013

Dated this \_\_\_ day of June 2013

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

By 

By 

MEMORANDUM OF UNDERSTANDING

WSNA – TACOMA GENERAL HOSPITAL

RE: NO CHALLENGE TO BARGAINING UNIT STATUS OF CHARGE NURSES

The Employer agrees that it will not challenge the bargaining unit status of any nurse in the bargaining unit who performs the charge nurse role on the grounds they are supervisors under the NLRA. The Employer further agrees that it will not challenge the bargaining unit status of any other nurse in the bargaining unit on the grounds the nurse is a supervisor under the NLRA.


The parties agree that this Memorandum of Understanding has no legal bearing upon the issue of the past or future creation of Assistant Nurse Manager positions that include performance of the charge nurse role. This Letter of Understanding will not be used as evidence by either party with respect to any contractual dispute that is currently pending or may occur in the future with regard to the creation of Assistant Nurse Manager positions that include the performance of the charge nurse role.

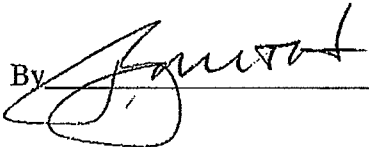
WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 12 day of <sup>th</sup> June 2013

Dated this \_\_\_ day of June 2013

By 

By 

MEMORANDUM OF UNDERSTANDING

WSNA – TACOMA GENERAL HOSPITAL

RE:

OPERATING ROOM NURSES TRANSFERRED FROM MARY BRIDGE

Operating Room Nurses Transferred from Mary Bridge:

Recognizing that the staff nurses from Mary Bridge Operating Room were accreted to the Tacoma General Operating Room, and are now within the WSNA bargaining unit, the Association and the Employer agree they will be credited with seniority within the Tacoma General bargaining unit, based on their years of service at Mary Bridge, as evaluated under the criteria utilized to credit seniority under the Tacoma General contract. This agreement is not precedent setting, as every situation in which nurses are added to the bargaining unit must be evaluated on the basis of the specific facts of the situation.

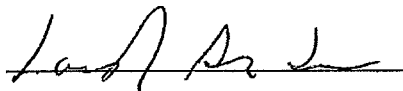
WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

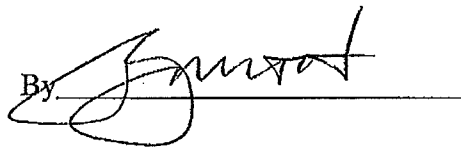
Dated this 12 day of ~~June~~<sup>July</sup> 2013

Dated this \_\_\_ day of June 2013

By



By





## MEMORANDUM OF UNDERSTANDING

WSNA – MultiCare Health System

### RE: Pediatric Cardiac Team

It is MultiCare's intent to create and staff a pediatric cardiac surgery team to work with Dr. Woods at both the Tacoma General OR and the Swedish Medical Center OR. The Employer and WSNA agree that effective with the execution of this MOU by both parties, the terms outlined below constitute the agreement by and between the parties in regards to implementation of the MultiCare Health System Pediatric Cardiac Team. Any other terms and conditions of the collective bargaining agreement not modified herein will remain in effect.

1. The Peds Cardiac Surgery Team (herein after "Team") will initially consist of 6 RNs and 6 OR Techs. Positions will be posted per MHS policy and collective bargaining agreements.
2. The Team will be considered a part of TG OR staffing on days they are not assigned to Peds Cardiac cases.
3. With the exception of the compensation for Peds Cardiac cases at Swedish and other specific terms as noted herein, all terms and conditions of the applicable CBA will apply.
4. The nurse will be paid a flat rate of pay for cases performed at Swedish. Case length for this surgeon can be as high as 5.6 hours and as low as less than one hour, the average case length is 3 hours. Anticipating travel and prep time, the parties agree to a flat rate of pay of \$355.00 based on the following formula:
  - o 15 year staff RN rate X 1.5 X 6 hours.
  - o  $\$37.07 \times 1.5 \times 6 = \$355.00$This rate supersedes and replaces compensation as outlined in Articles 8, 9 and 10 of the collective bargaining agreement with the exception of participation in a Swedish case during a regularly scheduled shift, which will be paid as outlined in paragraph 6, below.
5. Should the nurse be required to travel to Swedish on a regularly scheduled day, s/he would be paid at regular rate for the scheduled shift plus the flat rate as described above.
6. Should the nurse be called in on a weekend or evening from standby to participate in a case at Swedish, s/he would receive the flat rate of pay for the call back. This flat rate would supersede and fully replace the required 3 hours at 1.5X rate in the CBA.
7. Callback response times will be established by the Team and the Physician.
8. MHS will pay for mileage at the IRS rate when the nurse is called to work at Swedish in the course of a normal duty day. If the nurse is assigned to Swedish as her first case of the day and does not first report to TG, mileage will not be paid.
9. Parking will be paid as a part of the joint program expenses. Should the nurse be required to pay for parking, MHS will reimburse the nurse's parking fees at Swedish when the nurse is called to Swedish for a case.
10. Should the nurse be required to stay overnight on standby due to a case at Swedish, MHS will pay the contractual standby rates for the time the nurse is on standby. MHS will reimburse any lodging expenses for required overnight stays. All call back while on standby for the case will be paid at the flat rate as noted in paragraph 5 above,

11. While performing duties at Swedish, the nurse remains covered by MultiCare's Worker's Compensation.

WASHINGTON STATE NURSES ASSOCIATION

MULTICARE HEALTH SYSTEM

Dated, this 12 day of ~~June~~<sup>July</sup> 2013

By [Signature]

Dated this \_\_\_ day of June 2013

By [Signature]

Jody Lynn Smith, MBA, PHR  
Director, Employee/Labor Relations  
MultiCare Health System

WSNA -- Tacoma General Hospital

RE: Interpretation of Articles 7.4 and 7.4.4


EFFECTIVE 11/17/2010 the parties have agreed that the following shall be the interpretation and process in the event of a layoff and recall in the bargaining unit.

Article 7.4 Recall and Article 7.4.4, shall be interpreted as follows:

Nurses on the recall roster and nurses who have been displaced (for the purposes of this interpretation, "displaced" means a forced change in shift or a forced FTE reduction per Article 7.4.4) have first right of refusal in seniority order to any open position posted in the clinical service, providing skill and ability are met. Nurses who have been displaced as defined herein must notify the Employer in writing that they desire to be offered any open positions in their clinical service that reflect their previous shift and/or FTE. This interpretation and the provisions of Articles 7.4 and 7.4.4 shall apply to positions posted in the clinical service for a period of 18 months after the date of the lay off. The provisions of the job posting language, 6.9, shall continue to apply.

WASHINGTON STATE NURSES ASSOCIATION  
Dated this 9<sup>th</sup> day of December 2010

TACOMA GENERAL HOSPITAL  
Dated this 9<sup>th</sup> day of December 2010

  
By: \_\_\_\_\_/s/ Hanna Welander \_\_\_\_\_  
WSNA

By: Jody Lynn Smith  
Tacoma General Hospital Multicare

RE: Negotiation Team Compensation

Upon ratification of this Agreement, the Hospital shall retroactively reimburse up to 7 nurses for time spent in all negotiation and mediation sessions (up to eight (8) hours per session, including caucus time). Compensation shall be at the straight rate of pay.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 1<sup>st</sup> day of Nov ~~January~~, 2017

Dated this \_\_\_ day of ~~January~~, 2017

By \_\_\_\_\_

By \_\_\_\_\_

David Campbell

Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Unfair Labor Practice Charges

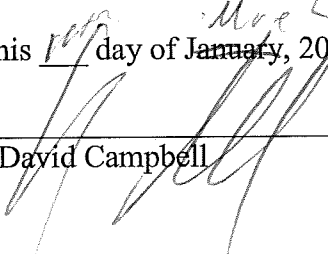
WSNA agrees to withdraw, with prejudice, all Unfair Labor Practices Charges and/or Complaints.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 10<sup>th</sup> day of January, 2017

Dated this \_\_\_ day of January, 2017

By   
David Campbell

By   
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Low Census and Travelers

If a low census condition arises and a Traveler is present, the Traveler will not be released, but will not be considered when determining the number of regularly scheduled nurses that are necessary for that census condition in the opinion of the Charge Nurse.

Example: The census requires five RNs in the Charge Nurse's opinion. Seven RNs are scheduled, six regularly scheduled nurses and one is a Traveler. Only one regularly scheduled nurse will be low censured because the Traveler is not considered to be working for the purpose of determining how many nurses are working as compared to how many nurses are necessary for the low census condition.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 10<sup>th</sup> day of January, 2017

Dated this \_\_\_ day of January, 2017

By   
David Campbell

By   
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Grievances

The parties agree that all pending grievances which were timely grieved between the expiration of the previous CBA and the date of ratification of the successor agreement shall be subject to processing and arbitration under the parties' new CBA.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 10<sup>th</sup> day of January, 2017

Dated this \_\_\_ day of January, 2017

By [Signature]  
David Campbell

By [Signature]  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Withdrawal of Employer proposal for changes to Article 8.5

The parties agree that the Employers proposals in the current collective bargaining negotiations regarding Section 8.5 and 8.5.1-8.5.5, and the parties' positions, statements and arguments regarding those proposals, and/or the withdrawal of those proposals, shall not be referred to, offered into evidence, or used for any purpose whatsoever in any current or future litigation, administrative proceeding, arbitration or any other forum for dispute resolution.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 1<sup>st</sup> day of March, 2017

Dated this \_\_\_ day of January, 2017

By [Signature]  
David Campbell

By [Signature]  
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital



RE: Re-enrollment

Due to the employee cost increase in medical, MHS will offer members of the bargaining unit the option to prospectively change 2017 medical coverage elections effective February 1<sup>st</sup>. Assuming contract ratification by 12/31/2016, Employer will implement a paper enrollment outreach by 1/12/2017 providing opportunity to elect a change in medical plans, coverage levels, or waive medical coverage, effective February 1<sup>st</sup>. Enrollment elections can be accepted in HR for a period no later than 1/25/2017, for changes implemented February 1<sup>st</sup>.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

Dated this 16<sup>th</sup> March day of ~~January~~, 2017

Dated this \_\_\_ day of January, 2017

By   
David Campbell

By   
Bill Greenheck

MEMORANDUM OF UNDERSTANDING

WSNA – Tacoma General Hospital

RE: Ratification bonus, retroactive pay and DB plan

- A one-time ratification bonus: a one-time \$2000 bonus prorated by hours paid in 2016 paid on the next regular pay date following ratification.
- Retroactively: One time 3% lump sum based on each nurse's paid hours between January 10, 2016 through the last day of the last full pay period following date of ratification.
- DB Plan: One extra year of service for DB participants if the employee meets 1,000 hours of service in 2016.

WASHINGTON STATE NURSES ASSOCIATION

TACOMA GENERAL HOSPITAL

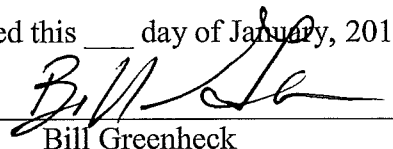
Dated this 10<sup>th</sup> day of March, 2017

Dated this \_\_\_ day of January, 2017

By

  
\_\_\_\_\_  
David Campbell

By

  
\_\_\_\_\_  
Bill Greenheck