AGREEMENT

By and Between

WASHINGTON STATE NURSES ASSOCIATION

and

VIRGINIA MASON HOSPITAL

(November 16, 2013-November 15, 2016)
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AGREEMENT

Between

WASHINGTON STATE NURSES ASSOCIATION

and

VIRGINIA MASON HOSPITAL

Virginia Mason Hospital (a division of Virginia Mason Medical Center) and its Nursing Staff share the common purpose of providing quality health care services to the general public in an atmosphere of cooperation and mutual respect. This Agreement has been negotiated and agreed to by Virginia Mason Hospital (hereinafter referred to as the “Hospital”) and Washington State Nurses Association (hereinafter referred to as the “Association”) so that the Hospital and its nurses may have a clear and consistent understanding of their mutual expectations and responsibilities. This Agreement sets forth the understanding reached between the parties with respect to wages, hours of work, and conditions of employment.

ARTICLE 1 - RECOGNITION

1.1 Bargaining Unit. The Hospital recognizes the Association as the sole and exclusive bargaining representative for all full-time, part-time and per diem nurses employed as registered nurses by the Hospital; excluding all supervisory and administrative/management positions and all other employees.

1.1.1 Supervisory or Managerial Classification under the NLRA. The Hospital will not assert during the term of this Agreement that bargaining unit registered nurses covered by this Agreement are either supervisors or managerial employees as defined by the NLRA.

1.2 New Job Classifications. During the term of this Agreement, the Hospital will endeavor to give the Association advance notice prior to implementation of any new bargaining unit job classification for which the Hospital anticipates hiring individuals licensed as registered nurses.

ARTICLE 2 - ASSOCIATION MEMBERSHIP AND DUES DEDUCTION

2.1 Membership. All registered nurses who are currently members of the Association will remain members in good standing for the duration of the Agreement. New hire registered nurses will become members within sixty (60) days of employment unless she/he notifies the Association in writing by certified mail that she/he does not want to be a member. The notice must be postmarked within the applicable period. Nurses who fail to comply with these requirements shall be discharged by the Hospital within thirty (30) days after receipt of written notice to the Hospital from the Association, unless the nurse fulfills the requirements set forth in this Agreement within that thirty (30) day period. Any nurse who is a member of the Association may voluntarily withdraw from the Association by giving written notice to the
Association by certified mail within the last ten (10) days prior to the expiration date of this Agreement.

2.1.1 Hold Harmless. The Association shall 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 any action taken by the Hospital to terminate a nurse’s employment pursuant to this Article.

2.2 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. A copy of the authorization form to be used by members is set forth as Exhibit “A” to this Agreement. The amount deducted and a roster of all nurses using payroll deduction will be promptly transmitted to the Association by check payable to its order. Upon issuance and transmission of a check 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 any deduction made from the wages of such nurse.

2.3 Bargaining Unit Roster. By the fifth of each month, the Employer shall provide, via Excel or other mutually acceptable program attached to email, the Association with a list of those nurses covered by this Agreement. This list will contain each employee’s name, home address, home telephone number, employee number, unit, FTE, work status (full-time, part-time or per diem), rate of pay and date of hire. By the fifth of each month, the Employer shall provide, via Excel or other mutually acceptable program attached to email, the Association with a list of all employees covered by this Agreement hired during the previous month, and all employees moved into positions covered by this Agreement during the previous month. The list shall contain each employee’s name, home address, home telephone number, employee number, unit, FTE, work status (full-time, part-time or per diem), rate of pay and date of hire. Additionally, the list shall identify all employees who left the bargaining unit, resigned or were terminated during the previous month. As of the date of this Agreement, the Employer’s information systems do not allow it to include “shift” information on the reports described in the monthly roster. If the Employer modifies its information systems or acquires new information systems that allow it to include “shift” information, it will do so.

2.4 Agreement. Upon initial employment, nurses shall be given a copy of the current Agreement and the current “Application for Membership in the Association” and a return envelope. The Hospital will be kept apprised by WSNA of any changes to the Application for Membership to the Association. Current applications may be downloaded from the WSNA website. A copy of the nurse’s job description is available upon request. The Association will provide copies of the Agreement, the “Application for Membership in the Association”, and the return envelope to the Hospital.
ARTICLE 3 - ASSOCIATION REPRESENTATIVES

3.1 Access to Premises. Duly authorized representatives of the Association may have access at reasonable times to nurses’ lounges, nursing units or other patient care areas of the Hospital for the purpose of investigating grievances and compliance with this Agreement provided advance notice is given to the Hospital. The Association may have access to the Hospital’s premises which are open to the general public, for reasons other than those stated above, subject to the same general rules applicable to other non-employees. In no case shall the Association representative interfere with or disturb nurses in the performance of their work during working hours nor interfere with patient care or the normal operation of the hospital.

3.2 Local Unit Chairperson. The Association shall have the right to select a local unit chairperson(s) from among nurses in the unit. The local unit chairperson(s) shall not be recognized by the Hospital until the Association has given the Hospital written notice of the selection. Unless otherwise agreed to by the Hospital, the investigation of grievances and other Association business shall be conducted only during non-working times, and shall not interfere with the work of other employees.

3.2.1 New Hire Orientation. The Local Unit Chairperson (or designated member of the bargaining unit), will be scheduled to meet with new hired Staff RNs during their orientation, for a period of up to one (1) hour for the purposes of reviewing and explaining the contract including the conditions for membership as described in Article 2.1. An outline of the topics to be discussed during the orientation will be discussed at Conference Committee. It is mutually agreed that the topics covered at orientation will accurately reflect all aspects of the collective bargaining agreement.

3.3 Patient Care/Patient Safety Priority. The Association agrees that patient care and patient safety are the first priorities of the Hospital, and agrees that its Local Unit Chairperson and other officers, members, and representatives shall not interfere with or disturb nurses in the performance of their work and shall not interfere with patient care or the normal operation of the Hospital.

3.4 Bulletin Boards. The Hospital shall furnish a bulletin board in a prominent place for the use of the local unit. Materials posted may include meeting notices, local unit newsletters, training and education information, and general matters relating to professional nursing and health care. Additionally, other nursing unit bulletin boards may be used on a space available basis and with the prior approval of the appropriate Director for materials specifically relating to professional and educational matters. A Local Unit Representative shall promptly remove all outdated materials from the bulletin board. A Local Unit Officer will initial all postings.

ARTICLE 4 - DEFINITIONS

4.1 Resident Nurse. A staff nurse whose clinical experience after graduation is less than six (6) months, or a staff nurse who is returning to practice with no current clinical training or experience as a registered nurse, or a staff nurse who is engaging in new skills development within an established residency program. A resident nurse shall be assigned under the close and
direct supervision of a designated staff nurse(s) and shall have progressive responsibilities as defined by the Hospital.

Commitment to Position: After a staff nurse has completed the residency program, the nurse may not, without consent of the Hospital, bid on a position outside the unit in which the residency occurred for a period not to exceed nine (9) months from the date on which the Residency Program was completed.

4.2 Staff Nurse. A bargaining unit registered nurse who is responsible for the direct and indirect nursing care of the patients of the Hospital. An experienced registered nurse returning to practice who has recently and satisfactorily completed a nursing refresher course approved by the Hospital shall be classified as a staff nurse for starting pay purposes. References to “nurse” in this Agreement shall mean “staff nurse.”

4.3 Charge Nurse. All staff nurses titled Clinical Advisor, House Clinical Advisor, Charge Nurse or RN Facilitator shall be included within this definition. The Charge Nurse is a staff nurse who is assigned the responsibility for an organized unit or the entire hospital for at least one complete shift and who functions within a specific written job description. The definition of an “organized unit” shall be defined by the Employer. Unit-based Charge Nurse role responsibilities, shift impacted, shift length, qualifications, title, rotation or non-rotation will be determined by Nursing Administration with input from the unit operations level with consideration given to unit staffing levels, shift, fiscal responsibility and general patient care needs. Charge Nurses may have a reduced patient assignment as determined at the unit operations level. For the Clinical Advisor for the entire hospital (the “House Clinical Advisor”), role responsibilities, shift impacted, shift length, qualifications, title, rotation or non-rotation will be determined by Nursing Administration and set out in a written description which will be reviewed in Conference Committee.

4.4 Preceptor. A preceptor is an experienced staff nurse proficient in clinical teaching who is specifically responsible for planning, organizing, implementing, and evaluating the new skill development of a nurse (including student nurses) enrolled in a defined program, the parameters of which have been set forth in writing by the Employer. Inherent in the preceptor role is the responsibility for specific, criteria based and goal-directed education and training for the duration of a defined training period. Nursing management will determine the need for preceptor assignments. Only certified staff nurses with an FTE of .5 or above will be eligible to serve as preceptors. In the event a certified staff nurse is not available to oversee the training period, the Employer may assign the duties and responsibilities of the preceptor to a non-certified staff nurse. No staff nurse will be assigned more than two (2) students per eight (8) hour shift or three (3) students per twelve (12) hour shift.

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 under the direction of a certified preceptor. This would include the providing of informational assistance, support and guidance to new nurses.
4.5 Full-Time Nurse. A staff nurse who is regularly scheduled to work at least forty (40) hours per week or eighty (80) hours in a fourteen (14) day period and who has successfully completed the required probationary period.

4.6 Part-Time Nurse. A staff nurse who is regularly scheduled to work at least sixteen (16) hours per week, but less than forty (40) hours per week, and who has successfully completed the required probationary period. Unless otherwise provided for herein, a part-time nurse shall be compensated in the same manner as a full-time nurse except that wages and benefits shall be reduced in proportion to the nurse’s actual hours of work.

4.7 Per Diem Nurse. A staff nurse who is regularly scheduled to work less than sixteen (16) hours per week or who is hired to work on an intermittent basis during any period when additional work of any nature requires a temporarily augmented work force or in the event of an emergency or employee absenteeism. Per diem nurses shall make a good faith effort to work at least two (2) eight (8) hour shifts every two pay periods, unless other specific arrangements are made with the Hospital in advance. Any per diem nurse not meeting this commitment may be terminated due to lack of availability. In addition, a per diem nurse may be terminated if the per diem nurse has not worked at the Hospital for a period of no less than one year because of lack of available work at the Hospital. Per diem nurses shall include nurses scheduled on a “call in” basis. Per Diem nurses shall be paid in accordance with the hourly wage rates set forth in Article 8 of this Agreement plus a fifteen percent (15%) wage premium in lieu of all fringe benefits provided for in this Agreement except shift differential pay, callback pay, on-call pay, certification premium pay, longevity increments, and weekend premium pay. Per diem nurses shall not accrue seniority nor are they eligible for any other benefits provided for in this Agreement except that a per diem nurse shall be entitled to eight (8) hours of educational leave if he/she works at least a 0.5 FTE during the previous 12-month period. A full-time or part-time nurse who changes to per diem status shall retain seniority and benefits pending return to regular status. Seniority shall not apply while on per diem status. After return to full-time or part-time status, previously accrued seniority and benefit accruals shall be reinstated for wage and benefit eligibility purposes.

4.8 Probationary Nurse. A nurse who has been hired by the Hospital on a full-time or part-time basis and who has worked for less than Five Hundred and Twenty (520) hours from date of hire. After Five Hundred and Twenty (520) hours of work, the nurse shall attain regular status unless specifically advised by the Hospital in writing of an extended probationary period. During the probationary period, a nurse may be terminated without notice and without recourse to the grievance procedure.

4.9 Regular Rate of Pay. Unless otherwise required by the Fair Labor Standards Act, the regular rate of pay shall be defined to include the nurse’s hourly wage rate (8.1), shift differential when the nurse is regularly scheduled to work an evening or night shift (9.1), Charge Nurse pay for those hours the nurse is designated and working as a Charge Nurse including Charge Nurse, Clinical Advisor, House Clinical Advisor and RN Facilitator, and the fifteen percent (15%) wage in lieu of benefits for nurses selecting that optional method of compensation (8.4).

4.10 Hourly Wage Rate. The hourly wage rate shall be defined as the hourly wage rates set forth in Section 8.1 of this Agreement.
ARTICLE 5 - EMPLOYMENT PRACTICES

5.1 Equal Opportunity. The Hospital and the Association agree that conditions of employment shall be consistent with applicable state, federal and municipal laws regarding nondiscrimination.

5.1.1 Americans with Disabilities Act (ADA). In the event that the Americans with Disabilities Act conflicts with the provisions of this Agreement, the ADA shall control. Where possible, the Association shall be notified of any perceived conflict, and upon request, the Hospital shall meet with the Association to discuss the conflict. The Hospital shall endeavor to notify the Association on every accommodation made to Registered Nurses in the Bargaining Unit.

5.2 Notice of Resignation. All nurses are strongly encouraged to give at least forty-five (45) days’ notice of resignation to the Hospital, and nurses shall be required to give at least twenty-one (21) days’ written notice of resignation. Failure to give notice shall result in loss of accrued annual leave. The Hospital will give consideration to situations that would make such notice by the nurse impossible.

5.3 Discipline and Discharge. Full-time and part-time nurses shall not be disciplined or discharged without 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). A copy of all written disciplinary actions shall be given to the nurse. Nurses shall sign the written disciplinary action for the purpose of acknowledging receipt thereof. Progressive discipline shall not be applied when the nature of the offense requires immediate suspension or discharge. A nurse may request the attendance of an Association representative during any investigatory meeting which may lead to disciplinary action. Per diem nurses shall have access to the Hospital’s alternative dispute resolution procedure.

5.4 Personnel File. Personnel records will be maintained for each nurse. Information contained in the personnel record will include: Employment application and supporting materials, performance appraisals, records of payroll activity, licensure and training records, letters of commendation and recognition, and records of disciplinary action. By appointment, nurses may inspect their personnel records. Nurses may request in writing that records of disciplinary action be removed from their own personnel file. Nurses will be given the opportunity to provide a written response to any written evaluations or disciplinary actions to be included in the personnel file. Documentation regarding conditions at date of hire (rate of pay, unit, shift, hours of work), reason for termination, change in employment status, pay or shift and leaves of absence shall be in writing with a copy given to the nurse upon request.

5.5 Parking. At a minimum, bargaining unit nurses shall have the same parking privileges as, and at no greater costs than, other employees of the Hospital (excluding medical residents). On-call staff nurses shall be provided parking within close proximity to the hospital. Any changes in parking of a substantial nature will be presented to the Conference Committee prior to implementation for discussion and review. Parking accommodations will continue to be made for the night shift at no charge. Security will continue to be available to assist in walking or driving staff nurses to and from their cars.
5.5.1 Bicycle Cages. The Hospital shall continue to provide secure, covered bike cage(s) for use by bargaining unit nurses. The capacity and number of bike cages shall be based upon the results of a survey sent to all employees concerning the need for such bike cages.

5.6 Floating. The Hospital retains the right to change the nurse’s daily work assignment on a shift by shift basis to meet patient care needs. 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 are not qualified or trained to perform. Nurses required to float within the hospital will receive orientation appropriate to the assignment. Orientation will be dependent upon the nurse’s previous experience and familiarity with the nursing unit to which such nurse is assigned. Nurses required to float will be assigned a resource nurse for the designated shift. The Hospital will make a good faith effort not to assign float nurses as charge. Traveling nurses will be the first to float if they are qualified. Each unit will have orientation materials for familiarizing floats to the unit. Newly hired nurses may not be required to float for a period of six (6) months after they are hired. No nurse will be required to float more than once per shift.

5.7 Evaluations. All nurses will be formally evaluated in writing prior to completion of the residency or probationary period and on a regular and periodic basis thereafter. Interim evaluations may be conducted as may be required. The evaluation is a tool for assessing the professional skills of the nurse and for improving and recognizing the nurse’s performance. The nurse’s participation, including a self-evaluation, is an integral part of the evaluation process. The nurse will be given a copy of the evaluation. Nurses will be required to sign the evaluation acknowledging receipt thereof. Nurses 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. A peer evaluation format may be developed in addition to supervisory evaluation at the discretion of the Hospital utilizing input by the nursing staff. Evaluations for Charge Nurses shall include input from nurses working in the unit to which the Charge Nurse is assigned. Evaluations for House Clinical Advisors will include input from the units for which they are a resource.

5.8 Communications. The Hospital recognizes and values input from its nurses on the many aspects of providing quality patient care. Nurses are encouraged to give input via the existing mechanisms at the unit level as well as through department committee structures on topics such as patient acuity and/or staff mix ratios. Nurses who have concerns regarding their working conditions shall raise those concerns through the appropriate levels of supervision. In addition, nurses who have concerns regarding their working conditions have the right to contact their WSNA representative.

5.9 Job Posting. When a full-time or part-time job opening occurs within the bargaining unit, house-wide seniority (see Section 6.1 for the definition of seniority) shall be the determining factor in filling such vacancy provided skill, competence and ability are considered equal in the opinion of the Hospital. A vacancy shall be posted in the hospital and on the particular unit at least seven (7) days prior to considering applicants from outside VMH. During the first 7 days, a nurse who has the most seniority on the unit (Section 6.1) shall be awarded the job provided skills, competence and ability are considered equal in the opinion of the Hospital. If the job is
not filled by an RN from the unit, the vacancy may be filled based on seniority (Section 6.1) by a nurse currently employed by the Hospital, provided skill, competence and ability are considered equal in the opinion of the Hospital, prior to considering applicants from outside VMH.

If the Hospital is unable to transfer a nurse to a vacant position due to patient care considerations, the position may be filled on a temporary basis and the nurse will be notified in writing as to when the transfer will be expected to occur. Notice of job openings shall be posted at least seven (7) days in advance of filling where possible. To be considered for such job opening, a nurse must indicate such interest by applying through the standard transfer process. Nurses denied a posted position will be notified of the reason in writing.

**ARTICLE 6 - SENIORITY**

**6.1 Definition.** Seniority shall mean a nurse’s continuous length of service (6.2) based upon hours worked with the Hospital from most recent date of hire as a registered nurse. Seniority benefits 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 based upon hours worked with the Hospital from most recent date of hire as a registered nurse.

**6.2 Length of Service.** For purposes of this Agreement and the method of computing sick leave, annual leave, seniority, and other conditions of employment, except as otherwise provided for herein, a “month” shall be defined as 173.3 hours of work, and a “year” shall be defined as 2,080 hours of work. For purposes of computing longevity (wage) increments and annual leave progression steps, a “year” shall be defined as one thousand six hundred sixty-four (1,664) hours of work or twelve (12) months, whichever comes last. Time paid for but not worked (excluding on-call pay) shall be regarded as time worked for purposes of computing wages and benefits. Time worked which is paid on an overtime basis shall count as time worked for purposes of computing wages and benefits not to exceed 2,080 hours within any twelve (12) month period.

**6.3 Layoff.** The following definitions and procedures shall govern during any layoff of bargaining unit nurses.

**6.3.1 Definitions.** As used in this Section, the following terms shall have the following meanings.

a) “Layoff” shall mean any mandatory full or partial (more than 0.2 FTE or going from a benefit eligible to a non-eligible status) reduction in a nurse’s hours for an indefinite period of time and/or permanent change in shift (shift change does not apply to changes in shift length that are on the same shift).

b) “Qualified” means the ability to independently provide, to the satisfaction of the Nurse Manager, based on the job description, safe, direct patient care for the standard caseload on the unit with no more than two weeks retraining.

c) “Available Position” can be a current vacant position or a position created by a laid off nurse.
6.3.2 Layoff Procedure. In the event the Hospital determines a layoff to be necessary, the following procedures shall be followed:

6.3.2.1 Notice/Meeting. The Hospital will give at least thirty (30) calendar days’ advance written notice of a layoff to the Association and the Local Unit Chairperson. All full-time and part-time nurses to be laid-off or displaced will be given advance, written notice, at least twenty-one (21) calendar days prior to the layoff or displacement, or if management provides the nurse with less than 14 days’ notice, pay in-lieu thereof. Decisions regarding movement into available positions shall be made as soon as practical following receipt of notice of layoff.

6.3.2.2 Seniority Roster. The Hospital shall provide the Association with a seniority list of all bargaining unit nurses identifying every nurse’s seniority, unit and FTE.

6.3.2.3 Identification of Affected Positions. Within the time frames set forth herein, the Hospital shall identify the number of FTE’s in each unit to be reduced. The Hospital shall then add up the total number of FTEs to be reduced. The Hospital will start from the bottom of the Hospital-wide seniority roster and starting with the least senior nurse in the Hospital, will lay off nurses until the total number of FTEs to be reduced is reached. Nurses shall be laid off based on seniority, providing skills and/or ability are not overriding factors in the opinion of the Hospital based on relevant criteria. Layoffs shall not be used for disciplinary purposes. The Hospital will lay off nurses until the total number of FTEs to be reduced is reached, with the exception that after application of the layoff procedure, of the remaining FTEs on a unit, two-thirds (2/3) of the remaining positions must be filled by current unit nurses. The Hospital will then identify units which are above or below the identified FTE count. In the event units are consolidated, and layoffs become necessary, the same procedure will be used. In determining the number of FTEs to be reduced, each unit participating in the consolidation will maintain nursing staff in proportion to the resulting patient care needs.

6.3.2.3.1 If inpatient unit reconfiguration is necessary due to a merger or alliance with another organization, the process by which staff will be reassigned will be discussed at RN Conference. Following discussion at RN Conference, WSNA may request that negotiations occur between WSNA and VMH, subject to applicable labor laws.

6.3.2.3.2 Hospital Consolidations. VM will follow the process outlined below to conduct layoffs which are the result of a hospital consolidation.
The Hospital shall identify the number of FTE’s in each unit to be reduced. The Hospital shall then add up the total number of FTEs to be reduced. The Hospital will start with the most senior nurse who will be given the choice to either stay and fill a remaining position on his or her home unit (e.g., level 11 Mother/Baby) or to be laid off and be considered part of the GHC hire process for open GHC positions. This process will be used provided the nurse’s qualifications are not overriding factors in the opinion of the Hospital. The Hospital will lay off nurses until the total number of FTEs to be reduced is reached.

In determining the number of FTEs to be reduced, each home unit participating in the hospital consolidation will maintain nursing staff in proportion to current patient care needs.

6.3.2.4 Movement of Displaced Nurses into Available Positions. For those units which after applying the above procedure end up with unfilled FTEs, the unfilled FTE positions, combined with any vacant positions or newly created positions, shall be identified as available positions. For those units which after applying the above procedure end up with an excess of FTEs, the least senior nurses will be identified for displacement first, starting with the least senior nurse on that unit. In applying this procedure, the Hospital will make a good faith effort to have only full displacements, rather than partial reductions in FTEs. Should a partial reduction in FTEs become necessary, the nurse involved will be given the option to be fully displaced, and be treated as any other displaced nurse. The nurse’s reduced position will then become an available position. The Hospital will compile a list of all displaced nurses. The Hospital will start with the most senior displaced nurse who will have the option of either moving into a comparable, available position for which the nurse is qualified, or being laid off. The nurse may select a position with a different FTE status. The Hospital will continue through the list of displaced nurses until all available positions are filled, or until all displaced nurses have been offered their choice of available positions, whichever comes first. The choice to be laid off, rather than accept a position on the available list will not affect the nurse’s recall rights or severance package (if applicable). VMH will not contest laid off RNs unemployment claims.

6.3.2.5 Agency Nurses. Except in cases of emergency, agency nurses shall not be called in to work on units and shifts which the Hospital has identified as requiring a reduction in FTEs.

6.3.2.6 Per Diem Positions. Nurses laid off pursuant to the above procedure shall have the option to be transferred to a per diem status for the unit from which they were laid off in accordance with Section 6.4.3.1.

6.3.3 Appeals Board. The purpose of the Appeals Board is to settle disputes related to the administration of this layoff procedure. No nurse may utilize the Appeals Board process more than once during a single layoff procedure.
A nurse who has a dispute related to being denied the chance to move into an available position based upon lack of qualifications as determined by the Nurse Manager and who is not willing to select an alternative available position must use the Appeals Board process. The position that the nurse has selected will be held open during the appeals process. If the nurse loses the appeal the nurse may take any available position for which he/she is qualified or be laid off. No other positions will be held for that nurse.

The Appeals Board or grievance process may be accessed for all other alleged breaches of this layoff procedure. When one option has been selected the other is no longer available.

6.3.3.1 Composition. The Appeals Board members (Chief Nursing Officer [or designee], Nurse Manager not in the affected unit, and one Local Unit Officer [or designee], and a nurse from the new unit if it is a qualifications issue, otherwise a second Local Unit Officer [or designee]) will meet with an impartial third party present. This third party will be someone who has experience as a registered nurse and is not involved in direct management of any of the units in question. The choice of the third party must be mutually agreeable to the Hospital and the nurses on the Appeals Board. All five (5) members involved will vote. A majority vote rules. No abstentions.

6.3.3.2 Lack of Qualifications Appeals Process. The nurse submitting the appeal will submit a description of his/her qualifications relevant to the disputed position. An appeal must be submitted in writing to the Chief Nursing Officer and one of the Local Unit Officers within three (3) business days (excluding date of notification) from the date the nurse was notified of a decision denying him/her the ability to move into an available position. The Appeals Board must select the fifth person before meeting with the nurse. The Appeals Board will meet with the nurse and the manager from the new unit within five (5) business days (excluding the date of notification) after the receipt of an appeal. An alternative date, if necessary, shall be agreed to by all parties, but will be no later than two weeks from the date of notification. Qualifications as submitted will be reviewed by the Appeals Board. Qualifications to include: Clinical expertise, past experience, evaluations, certifications, education, and other such material as the Board feels are necessary and appropriate. In addition, any other written information relevant to the case, such as concerns raised by the nurse managers involved, will be reviewed and discussed.

6.3.3.3 Other Layoff Appeals Process. A nurse electing to use the Appeals Board process will submit a description of the alleged breach of this process in writing to the Chief Nursing Officer and one of the Local Unit Officers within seven (7) calendar days (excluding the date of notification) [fourteen calendar days if using the grievance process] from the date of notification of layoff. The Appeals Board must select the fifth person before meeting with the nurse. The Appeals Board will meet with the nurse within five (5) business days (excluding date of notification) after the receipt of an appeal. An alternative date, if necessary, shall be agreed to by all parties, however, severance benefits (if
applicable) will be suspended pending the outcome of the appeals process if the delay is caused by the unavailability of the nurse or of the Association.

6.3.3.4 Notification. At the conclusion of the meeting any involved nurses will be notified by the impartial member and informed of the decision reached with a written follow-up provided by the Chief Nursing Officer.

6.3.3.5 Refiling. The decision of the Appeals Board shall be final without recourse to the grievance procedure.

6.3.4 Use of Paid Leave. All accrued annual leave will be paid out in a lump sum at the time of layoff. Accrued sick leave will be frozen at the time of layoff and can be accessed upon recall, except in the case of being recalled to a non-benefit accruing status.

6.3.5 No New Hires. As long as any nurse remains on layoff status, the Hospital shall not newly employ nurses into the bargaining unit until all qualified nurses holding recall rights have been offered the position.

6.3.6 No Increase in Hours. Regularly scheduled hours will not be increased for employed nurses without following the process outlined in 6.3.7.

6.3.7 Job Posting. Section 5.9 of this Agreement regarding job posting will continue to be in force. The following order will be used for consideration in filling vacant positions: regular part-time and full-time nurses, qualified nurses on the recall roster, per diem nurses, and new hires.

6.4 Recall. In the event of a layoff, laid off nurses shall be placed upon a reinstatement roster for a period of twelve (12) months from the date of the layoff. At the end of the twelve (12) month period, upon written request to the Hospital, the nurse may extend his or her time on the recall roster for an additional three (3) months. Extension requests can be made every three (3) months up to a total of twelve (12) additional months. At the end of the time on the recall list the nurse will be transferred to per diem status if: 1) a per diem position is available, 2) the nurse submits a written request, and 3) the nurse is qualified based on relevant criteria.

6.4.1 Notice of Recall. When a vacant position occurs notice of recall shall be given in writing to qualified nurses by seniority. Nurses will be contacted by telephone and by certified mail. The most senior nurse on the recall roster will be offered the position first. The nurse must accept or refuse recall within five (5) business days of delivery or attempted delivery of the notice. It is the nurse’s responsibility to keep the Hospital informed on how to reach the nurse on short notice.

6.4.2 Report Time. A recalled nurse who has been laid off will be allowed up to twenty-one (21) days to report to work after receipt of notice of recall.

6.4.3 Recall to a Different or Comparable Position. A nurse will not lose recall rights if they reject an offered position which is not comparable in shift, FTE (within 0.2 FTE), or which is going from a benefit eligible to a non-benefit eligible status, or which is a per diem position.
6.4.3.1 Acceptance of a Per Diem Position. If the recalled nurse agrees to take a per diem position she/he will maintain his/her position on the recall list.

6.4.4 Restoration of Seniority and Benefits. Immediately upon recall, a nurse shall have all previously accrued seniority restored. All other benefits shall be subject to existing eligibility requirements of the carriers. A nurse shall not accrue benefits or seniority while on layoff.

6.4.5 Leave of Absence. A nurse unable to respond to a notice of recall, due to a reason justifying a leave of absence defined by the contract, shall be recalled and simultaneously transferred to appropriate leave of absence status. The position may be temporarily filled as with other leaves of absence.

6.5 Termination. Seniority shall terminate upon cessation of the employment relationship for example, discharge, resignation, retirement, refusal to accept a comparable job opening offered by the Hospital while on layoff, after twelve (12) consecutive months of layoff (twenty-four (24) consecutive months of layoff if the nurse extended pursuant to Section 6.4), or failure to comply with specified recall procedures.

6.6 Roster. In the event of a layoff, a seniority roster will be available in Human Resources.

6.7 Low Census. Low census is defined as a decline in patient care requirements resulting in a temporary staff decrease. During temporary periods of low census, the Hospital will implement reduced staffing by releasing nurses from work in the following order:

- Nurses who have worked more than four (4) hours beyond their shift
- Volunteers
- Agency nurses
- Nurses on overtime
- Nurses working extra or incentive shifts for which they are receiving premium pay
- Per diem nurses, unless the per diem nurse must work to maintain his/her competency
- Staff nurses.

The Hospital will endeavor to rotate low census equitably among staff nurses on a shift starting with the least senior nurse first, providing skills, competence, ability and availability are considered equal in the opinion of the Hospital. If a nurse volunteers to take a low census day off, that day off shall be counted for purposes of the rotation list. The rotation list will be restarted at the ratification of this Agreement, beginning with the least senior nurse. Nurses who are scheduled to work but are released from duty due to low census shall continue to receive medical and dental insurance coverage. Low census
hours taken shall be considered hours paid for the accrual of all benefits and seniority. Nurses may use annual leave to cover hours lost due to low census. Low census requests on holidays will be allowed on the basis of a house-wide lottery, provided that patient care is not compromised. Nurses with twenty (20) or more years of service, who have been scheduled in accordance with 10.5 will have their requests granted first.

6.7.1 Additional Hours. Nurses desiring additional hours should notify the Hospital in writing, identifying their specific availability. Additional scheduled hours in the assigned unit will first be offered to those nurses who have made the request who have lost hours due to low census during the last thirty (30) calendar-day period, with such additional hours to be paid at the nurse’s hourly wage rate plus any applicable differential and/or premiums for the hours worked.

ARTICLE 7 - HOURS OF WORK AND OVERTIME

7.1 Work Day. The normal work day shall consist of eight (8) hours’ work to be completed within eight and one-half (8-1/2) consecutive hours, ten (10) hours’ work to be completed within ten and one-half (10-1/2) consecutive hours, or twelve (12) hours’ work to be completed within twelve and one-half (12-1/2) consecutive hours. Nurses regularly scheduled for eight (8) hour shifts may not be scheduled for ten (10) or twelve (12) hour shifts on either a temporary or permanent basis unless it is mutually agreeable to the individual nurse involved, and nurses regularly scheduled for ten (10) or twelve (12) hours shifts may not be scheduled for eight (8) hour shifts on either a temporary or permanent basis unless it is mutually agreeable to the individual nurse involved.

7.1.1 Where mutually agreeable to the individual nurse involved, a nurse may be scheduled for a combination of eight, ten and/or twelve hour shifts. Overtime in accordance with Section 7.5 shall be paid for all hours over eight (8) when scheduled for an eight (8) hour shift and all hours over ten (10) or twelve (12) when scheduled for a ten (10) or twelve (12) hour shift. Once scheduled, an eight (8) hour shift may not be changed to a ten (10) or twelve (12) hour shift for the purpose of avoiding overtime. A nurse who is regularly scheduled for a combination of eight (8), ten (10) and/or twelve (12) hour shifts may not be permanently scheduled for straight eight (8), ten (10) or straight twelve (12) hour shifts unless it is mutually agreeable to the individual nurse involved.

7.2 Work Period. The normal work period shall consist of forty (40) hours of work within a seven (7) day period or eighty (80) hours of work within a fourteen (14) day period.

7.3 Innovative Work Schedules. An innovative work schedule is defined as a work schedule that may require a change, modification, or waiver of certain provisions of this Agreement. Innovative work schedules may be established by the Hospital with the consent of the nurse involved subject to the following minimum conditions:

7.3.1 The innovative work schedule shall be in writing, identifying in detail the type of schedule to be worked, the contractual provisions to be waived, and the terms to be substituted for the contractual provisions that are waived. A copy of the written
innovative work schedule will be given to the Association and, upon request, discussed at Conference Committee prior to implementation.

7.3.2 The innovative work schedule shall be signed by the nurse working it and the nurse’s immediate supervisor.

7.3.3 Articles 7 (except Section 7.7 Meal/Rest Periods) and 9 (except Sections 9.1 Shift Differential, 9.7 Work in Advance of Shift, and 9.10 Change in classification) and Section 11.3 Notification of this Agreement may be changed, modified or waived in a written innovative work schedule. The Hospital may not post rotating shifts. When a nurse requests to rotate shifts, the rotating shift may exceed fourteen (14) days. An agreement regarding the terms of the rotating shifts will be made in Conference Committee.

7.3.4 All other terms and conditions of this Agreement shall continue in effect unless changed, modified, or waived with the consent of the Hospital, the Association, and the nurse choosing to work an innovative work schedule.

7.3.5 Where innovative work schedules are utilized, during the first three (3) months, both the nurse and the Hospital reserve the right to revert back to the schedule which was in effect immediately prior to the innovative schedule by giving at least thirty days’ advance written notice to the other party. After the nurse has been on an innovative schedule for three (3) months or more, the Hospital will not be expected to give a RN the same schedule which was in effect prior to the innovative work schedule, however, the Hospital will make every effort to work out a mutually agreeable schedule and will maintain the FTE status the nurse had during the innovative schedule.

7.3.6 The Hospital Staffing Office shall maintain copies of all innovative work schedules.

7.4 Work Schedules. It is recognized and understood that deviations from the foregoing normal hours of work may occur from time to time, resulting from several causes, such as but not limited to vacations, leaves of absence, weekend and holiday duty, absenteeism, employee requests, temporary shortage of personnel, low census and emergencies. The Hospital retains the right to adjust work schedules to maintain an efficient and orderly operation. A draft monthly work schedule including approved time off will be posted seventeen (17) days prior to the beginning of the scheduled work period. The final monthly work schedules shall be posted ten (10) days prior to the beginning of the scheduled work period. Except for emergency conditions involving patient care and low census conditions, individual scheduled hours of work set forth on the final posted work schedules may be changed only by mutual consent. In the event a unit requires flexible start times due to patient care needs or the needs of the unit, the flexible start times will be rotated according to hospital-wide seniority, to the extent possible, unless decided otherwise at the unit operations level.

7.5 Overtime. Overtime shall be compensated for at the rate of one and one-half (1½) times the regular rate of pay for time worked beyond the normal full-time work day or normal full-time work period. If a nurse works more than four (4) hours beyond the scheduled full-time work
day, all additional overtime hours following the first four (4) hours of overtime shall be paid at
the rate of double (2x) the nurse’s regular rate of pay. If a ten (10) hour nurse works more than
three (3) hours beyond the scheduled full-time work day, all additional hours following the first
three hours of overtime shall be paid at the rate of two (2) times the nurse’s regular rate of pay.
Twelve (12) hour nurses shall be compensated at the rate of one and one-half (1½) times the
regular rate of pay for time worked beyond the normal full-time work day or full-time work
period. If a twelve (12) hour nurse works more than two (2) hours beyond the scheduled full-
time work day, all additional hours following the first two (2) hours of overtime shall be paid at
the rate of double (2x) the nurse’s regular rate of pay. For purposes of computing overtime, the
nurse’s regular rate of pay shall include shift differential. Time paid for but not worked shall not
count as time worked for purposes of computing overtime pay. Excluding emergency situations,
as a matter of policy, nurses shall not be rescheduled for extra work because of time off with pay.

7.5.1 Perioperative Services nurses who work any combination of call back and/or
overtime hours in excess of twelve (12) hours in a two (2) week pay period shall be
compensated at two (2) times their regular rate of pay.

7.6 Overtime Approval. All overtime must be approved by supervision. The Hospital and the
Association agree that overtime should be minimized. The Employer will comply with
Washington State law (RCW 49.28.130-.150) restricting mandatory overtime for nurses. In
situations where overtime work will not be in violation of Washington State law, volunteers will
first be sought and if there are insufficient volunteers, reasonable overtime may be assigned
equitably consistent with RCW 49.28.130-.150. Overtime shall be computed to the nearest
quarter hour. There shall be no pyramiding or duplication of overtime pay or premium pay paid
at the rate of time and one-half (1½x) or double time (2x). When a nurse is eligible for two (2)
or more forms of premium pay and/or overtime pay, the nurse will receive the highest pay rate.

7.7 Meal/Rest Periods. All nurses who work for five (5) hours or more shall receive an unpaid
meal period of one-half (½) hour. Nurses required to remain on duty or in their unit during their
meal period shall be compensated for such time at the appropriate rate of pay. All nurses shall
receive one (1) fifteen (15) minute break for every four (4) hours of work. Effective thirty (30)
days after the ratification of this Agreement, nurses working twelve (12) hour shifts shall receive
a second unpaid meal period, unless the nurse waives the second meal period in writing.

7.8 Report Pay. Staff nurses who are released from duty by the Hospital because of low census,
but who are unable to be reached and therefore report as scheduled, shall receive four (4) hours’
work at the regular rate of pay. Any staff nurse choosing not to accept four hours’ work, shall
not be paid.

7.9 Weekends. The Hospital will make a good faith effort to schedule all regular full and part-
time nurses for every other weekend off. In the event a nurse who is regularly scheduled to work
every other weekend works two successive weekends, all time worked on the second weekend
shall be paid at the rate of time and one-half (1½) the regular rate of pay. The third regularly
scheduled weekend shall be paid at the nurse’s regular rate of pay. Assignment of weekend
work to a nurse not regularly scheduled to work weekends and every other weekend off cycles
may be altered with personal notification to the nurse at least fourteen (14) days prior to the start
date of the next posted work schedule. Subject to advance approval, nurses may request the
trading of weekends, providing the schedule change does not place the Hospital into an overtime pay condition. This time and one-half (1½) premium pay provision shall not apply to nurses who request or agree to work more frequent weekend duty at the straight-time rate, or to nurses who have agreed to trade weekend work. The availability of weekend work shall be determined by the Hospital. The weekend shall be defined for day (including nurses scheduled for 12 hour day shifts) and evening shift nurses as Saturday and Sunday. For night shift nurses (including nurses scheduled for 12 hour night shifts), the weekend shall be defined as Friday night and Saturday night.

7.10 Rest Between Shifts. In scheduling work assignments the Hospital will make a good faith effort to provide each nurse with at least twelve (12) hours off duty between shifts for eight hour nurses, at least eleven (11) hours off duty between shifts for ten (10) hour nurses, and at least ten (10) hours off duty between shifts for twelve hour nurses. In the event a nurse is required to work his/her next scheduled shift with less than twelve (12) cumulative hours off (or a ten hour nurse is required to work his/her next scheduled shift with less than eleven (11) cumulative hours off or a twelve hour nurse is required to work his/her next scheduled shift with less than ten (10) cumulative hours off), all regularly scheduled hours worked within this twelve (12), eleven (11) or ten (10) hour period shall be at time and one-half (1½). If a nurse is on-call and called back to work during the designated rest between shifts, the Hospital will attempt to accommodate requested schedule changes in order to provide the nurse with needed rest.

7.11 Shift Rotation. Where shift rotation is required by the Hospital, a good faith effort will be made to seek volunteers. When there are insufficient volunteers, shift rotation will be assigned among all nurses within a unit beginning with the least senior nurse first, providing skill, competency and ability are equal in the opinion of the Hospital. Shift rotation will be limited to fourteen (14) day periods.

ARTICLE 8 - COMPENSATION

8.1 Wage Rates. Nurses covered by this Agreement shall be paid in accordance with the wage rates set forth in Appendix A and Appendix B attached hereto. The wage rates effective November 16, 2013 reflect a two percent (2.0%) across-the-board increase. The wage rates set forth in Appendix A and Appendix B effective November 16, 2014 reflect a two percent (2.0%) across-the-board increase. The wage rates set forth in Appendix A and Appendix B effective November 16, 2015 reflect a two percent (2.0%) across-the-board increase. All of these increases are reflected in Appendix A and Appendix B attached hereto.

8.2 Date of Implementation. Wage increases, longevity increments, and increases in other forms of compensation set forth in this Agreement shall become effective at the beginning of the first full payroll period on or after the calendar dates designated.

8.3 Recognition for Past Experience. Full-time and part-time nurses shall be compensated in accordance with the following plan:

Nurses will be hired into the salary schedule set forth in Appendix A and Appendix B, giving recognition for past experience as follows:
Acute, Outpatient and Sub-Acute Care Experience: one year credit for each year of continuous recent experience.

Long-term, Community and Homecare Experience: At least one year credit for each two years of continuous, recent experience.

Foreign Educated RN Experience: One year for each one year of continuous, recent experience.

Nursing judgment may be used to determine the nature of the previous experience.

8.4 Wage in Lieu of Benefits. In lieu of all fringe benefits provided for in this Agreement except for shift differential pay, callback pay, on-call pay, certification premium pay, and longevity increments, and weekend premium pay, full-time and part-time nurses may elect to receive additional wage compensation equal to fifteen percent (15%) of his/her base hourly pay. Premium paid nurses shall accrue seniority but shall not be eligible for any other benefits provided for in this Agreement. This election must occur within the first ten (10) days of employment or within ten (10) days of the signing of this Agreement, whichever is later, or annually on dates designated in advance by the Hospital, providing the nurse presents the Hospital with written evidence that the nurse is covered by health insurance elsewhere, and providing the application for enrollment is approved by the insurance carrier. Nurses will be given advance notice of enrollment dates. After the decision to receive either compensation plus benefits or compensation plus premium pay in lieu of benefits has been made by the nurse, no change in that compensation status will be allowed except as provided herein.

ARTICLE 9 - OTHER COMPENSATION

9.1 Shift Differential. Nurses who work the evening (3 p.m.-11 p.m.) shift shall be paid a shift differential of Two Dollars and seventy-five cents ($2.75) per hour over the hourly wage rates of pay. Nurses who work the night (11 p.m.-7 a.m.) shift shall be paid a shift differential of Four Dollars and Twenty Five Cents ($4.25) per hour over the hourly wage rates of pay. Effective the first pay period after November 15, 2015, nurses who work the night (11 p.m.-7 a.m.) shift shall be paid a shift differential of Four Dollars and Fifty Cents ($4.50) per hour over the hourly wage rates of pay. Nurses shall be paid the appropriate shift differential for those hours worked on the evening or night shift if two (2) or more hours are worked on the designated shift. If a nurse works beyond the end of the scheduled shift for which he/she is already entitled to shift differential, that shift differential shall continue until the nurse is released from duty.

9.2 On-Call Pay. Nurses who are on-call off hospital premises shall be compensated at the rate of Four Dollars and Twenty-Five Cents ($4.25) per hour. On-call duty shall not be counted as hours worked for any purposes. On-call nurses may be provided with signal devices. Nurses who are on low census shall not be required to be on-call for that low census shift. If called to work, on-call pay will continue to be paid.

9.3 Callback Pay. Following completion of the nurse’s regular work day, an eight hour nurse who has left the premises and is required to return to work with less than twelve (12) hours off [or a twelve hour nurse who has left the premises and is required to return to work with less than
ten (10) hours off], will be paid time and one-half (1½) for all hours worked within the twelve (12) hour off period [or ten (10) hour off period for twelve hour nurses]. The nurse will be paid time and one half (1½) for a minimum of three (3) hours. Travel time to and from the Hospital shall not be considered time worked. The three (3) hour minimum will not apply if the work is in advance of shift or the nurse continues working in an overtime status after the end of the scheduled shift. Within any 3 hours of call back, only one 3 hour minimum premium applies; there cannot be “stacking” of minimum hours.

9.3.1 Required On-Call. In units where there is currently a required on-call system, a nurse who is on-call and is called to work, shall be compensated at the rate of time and one-half (1½) the regular rate of pay. If a nurse is called to work, on-call pay will continue to be paid. Travel time to and from work will not be considered time worked.

9.4 Charge Nurse. Any nurse assigned as a Charge Nurse, including Charge Nurse, Clinical Advisor, House Clinical Advisor and RN Facilitator (as defined in Article 4.3) shall receive a premium of Two Dollars and Seventy-five Cents ($2.75) per hour.

9.5 Certification Premium Pay. Upon request, nurses certified by ANA or a specialty nurse organization who are working in the area of their certification shall receive a nursing certification premium of One Dollar and thirty-five cents ($1.35) per hour for all hours worked as follows:

9.5.1 A list of approved certification programs will be kept in Nursing Administration. Once a year, the list will be reviewed by the Conference Committee. New certification programs may be considered for addition to the list by submitting a thorough program description, including purpose, scope, term, prerequisites for certification, recertification fee schedule, mailing address, and any other pertinent information to Nursing Administration. Nursing Administration shall have the final decision as to whether any changes will be made to the list.

9.5.2 The nurse must document certification achievement and maintenance.

9.5.3 A certified nurse is eligible for only one nursing certification premium, regardless of other certifications a nurse may have.

9.5.4 A regular full or part time staff nurse will be given an additional eight (8) hours of education leave for taking an initial certification exam (one time only within their area of expertise as outlined in 9.5.1).

9.6 Weekend Premium Pay. A nurse who works on a weekend shall receive Four Dollars ($4.00) per hour premium pay for each hour worked on the weekend in addition to the nurse’s regular rate of pay. Weekend premium pay shall not be included in the nurse’s regular rate of pay for overtime pay calculations, unless required by the Fair Labor Standards Act. The weekend shall be defined as all hours between 11:00 p.m. Friday and 11:00 p.m. Sunday.

9.7 Work in Advance of Shift. When a nurse works in advance of the assigned shift and continues working during the scheduled shift, all hours worked prior to the scheduled shift shall be paid at time and one-half (1½) the straight time rate of pay. A nurse who reports to work in
advance of the assigned shift will not be released from duty prior to the completion of that scheduled shift for the purpose of avoiding overtime pay unless there is mutual consent.

9.8 Work on Day Off. Nurses who have worked over forty (40) hours in the work week and who are called in on their regularly scheduled day off shall be paid at the rate of one and one-half (1-½) times the regular rate of pay for the hours worked.

9.9 Preceptor Premium. All preceptors shall receive an additional One Dollars and Fifty Cents ($1.50) per hour for performing preceptor duties and responsibilities.

9.10 Change in Classification. A change in classification shall not alter a nurse’s accrued seniority for purposes of accrual of benefits or placement in the wage schedule.

ARTICLE 10 - ANNUAL LEAVE

10.1 Accrual. Full-time and part-time nurses shall receive annual leave benefits based upon hours of work in accordance with the following schedule. For purposes of accruing annual leave, a “month” shall be defined as 173.3 hours of work, and a “year” shall be defined as 2,080 hours of work. For purposes of annual leave progression steps, a “year” shall be defined as one thousand six hundred and sixty-four (1,664) hours of work or twelve (12) months, whichever comes last.

<table>
<thead>
<tr>
<th>Upon Completion of:</th>
<th>Annual Hours</th>
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<tbody>
<tr>
<td>1 through 3 years</td>
<td>8 holidays + 10 vacation days = 18 Annual Leave days</td>
</tr>
<tr>
<td>4 years, 5 years</td>
<td>26 Annual Leave days (208 hours)</td>
</tr>
<tr>
<td>6 years, 7 years</td>
<td>27 Annual Leave days (216 hours)</td>
</tr>
<tr>
<td>8 years, 9 years</td>
<td>28 Annual Leave days (224 hours)</td>
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<tr>
<td>10 years, 11 years</td>
<td>29 Annual Leave days (232 hours)</td>
</tr>
<tr>
<td>12 through 19 years</td>
<td>31 Annual Leave days (248 hours)</td>
</tr>
<tr>
<td>20 or more years</td>
<td>32 Annual Leave days (256 hours)</td>
</tr>
</tbody>
</table>

Staff nurses who have selected the wage premium option (Section 8.4) shall not be eligible for annual leave benefits. Each nurse’s current annual leave balance shall be included with his or her pay check.

10.2 Scheduling. Annual leave shall begin accruing the first day of employment. During the probationary period, a nurse is not eligible to receive compensation from the annual leave account. Upon satisfactory completion of the required probationary period, a nurse shall be eligible to take any annual leave which has accrued. All annual leave (other than that used for qualified unforeseen absences under the Washington Family Care Act or the Family Medical Leave Act) must be scheduled in advance in accordance with 10.2.1 below and be approved by supervision. The Hospital shall have the right to schedule annual leave in such a way as will least interfere with patient care and work load requirements of the hospital. When approving annual leave requests, the Hospital shall not condition approval on the nurse working or finding coverage for some of the hours the nurse has requested off. Patient care needs will take precedence over individual requests. Generally annual leave 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. Individual requests for extended time off will be
considered on a case by case basis by supervision taking into consideration other time off requests and patient care needs. Any change in vacation scheduling procedures will be presented to the Conference Committee prior to implementation for discussion and review. Each January and September, a nurse will have an option to cash out annual leave accrued in excess of forty (40) hours; provided, the nurse has taken at least eighty (80) paid annual leave hours of time off in the preceding twelve (12) months.

10.2.1 Annual Leave Scheduling Procedure. During the period of October 1 through October 31 of each year, each unit will provide nurses, including nurses receiving premium compensation in lieu of benefits with the opportunity to designate up to three weeks of vacation (time off without pay in the case of nurses who receive premium compensation in lieu of benefits) in one-week blocks within the period of January 1 through December 31. Nurses may designate their first, second and third preferences. Such designations will be allowed on a seniority basis. Vacation approvals will be given no later than November 15. These approved vacation designations will then be posted in a central place on the unit. Requests for accrued annual leave made after October 31 will be allowed on a first-come, first serve basis. Such requests shall be responded to in writing no later than thirty (30) days before the effective date of the schedule during which the requested leave falls.

10.2.2 Efforts to Grant Vacation Requests. So that nurses may utilize annual leave hours, during each calendar year of this Agreement, the Hospital will make a good faith effort (including, but not limited to, examining and adjusting, if necessary, the number of “non-productive” hours allocated to vacations) to grant vacation requests in an amount no less than 90% of the aggregate accrued annual leave of the bargaining unit for the same calendar year. The parties recognize that this will require the Hospital to develop a consistent unified tracking system for vacation requests and responses. Implementation of such a system will occur by March 31, 2014 or three (3) months after the ratification of this Agreement, whichever is later.

10.2.3 Holiday Scheduling Procedure. By July 31 of each year, each nurse shall sign up for holidays, ranked by preference (1-6), they would like off for the next calendar year (Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) and for the New Year’s Day the year thereafter. In assessing competing requests for holidays off, the Employer shall take into consideration the holidays worked by each nurse the previous year and rotate such holidays yearly to the extent possible to resolve competing requests. By August 31 of each year, the Employer shall post in the unit the holidays the nurse shall be required to work the next calendar year plus the following New Year’s Day. Nurses with twenty (20) or more years of seniority shall not be required to work on holidays designated in this Agreement provided patient care will not be adversely affected.

A Nurse who works a shift starting between 12:01 am and 12:00 am on Memorial Day, Independence Day, Labor Day or Thanksgiving Day shall be considered to have worked the holiday for the purposes of holiday rotation. A Nurse who works a shift starting between 3:00 pm December 24th and 6:59 pm December 25th shall be considered to have worked Christmas Day for the purposes of holiday rotation. A Nurse who works a shift
starting between 7:00 pm December 31st and 6:59 pm on January 1st shall be considered to have worked New Year’s Day for the purposes of holiday rotation.

10.3 Annual Leave Maximum. Annual leave may be accumulated up to a maximum of two times (2x) the annual leave benefit (prorated for part-time employees). Once two times (2x) the annual leave maximum is reached, annual leave will stop accruing until the annual leave balance drops below the two time (2x) limit. A nurse will not lose accrued annual leave if the Hospital was unable to schedule the time off.

10.4 Pay for Work on Holidays. All full-time, part-time and per diem nurses who work on the following holidays, New Year’s Day (which will begin on 7:00 p.m. on December 31st and end 11:00 p.m. January 1), Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day (which will begin on 3:00 p.m. December 24th and ending 11:00 p.m. December 25th) shall be paid at the rate of one and one-half (1 ½) times the nurse’s regular rate of pay for all hours worked on the holiday.

10.5 Payment Upon Termination. After completion of probation, nurses who terminate shall be paid at the appropriate hourly wage rate for all annual leave earned; provided, however, this provision shall not apply to those nurses who terminate their employment without giving the required twenty-one (21) days’ prior written notice.

10.6 Pay Rate. Annual leave pay shall be the amount the nurse would have earned had the nurse worked during the period of annual leave at the nurse’s regular rate of pay.

10.7 Donation of Annual Leave. A benefit-eligible nurse who is on an approved family/medical leave and who has exhausted his/her sick/annual leave accrual benefits due to hardship shall be eligible to receive annual leave donations from other bargaining unit nurses. A nurse may donate up to forty (40) hours of annual leave per year provided the nurse has at least forty (40) hours of annual leave remaining after such donation and has used at least eighty (80) hours of annual leave during the twelve (12) months preceding the donation. Any hours donated are transferred on an irrevocable basis.

ARTICLE 11 - SICK LEAVE

11.1 Accrual. Non-probationary, full-time and part-time nurses shall accumulate sick leave (wage continuation) insurance at the rate of eight (8) hours for each one hundred seventy-three and three-tenths (173.3) hours worked. The maximum accumulation of sick leave shall be limited to six hundred forty (640) hours per nurse. Nurses transferring to a bargaining unit position from other Virginia Mason Medical Center facilities shall retain their accrued sick leave. Each nurse’s current sick leave balance shall be included with his or her paycheck.

11.2 Use of Sick Leave. Sick leave benefits shall be paid at the nurse’s regular rate of pay for bona fide absences due to personal illness or injury, including pregnancy, miscarriage, abortion, and childbirth, which incapacitate the nurse from performing regular duties. Sick leave may be used to care for the nurse’s child under the age of eighteen (18) years with a health condition requiring treatment or supervision. Accrued sick leave may also be used to care for a child age 18 or older with a health condition requiring treatment or supervision if the adult child is incapable of self-care due to mental or physical disability, or to care for a nurse’s spouse,
domestic partner, parent, parent-in-law or grandparent with a serious health condition or an emergency condition under the Washington Family Care Act (“WFCA”). The Hospital reserves the right to require reasonable proof of a nurse’s or family member’s illness or injury.

11.3 Notification. Nurses working the first (day) shift shall notify the Hospital at least one and one-half (1-½) hours in advance of the nurse’s scheduled shift if the nurse is unable to report for duty as scheduled. Nurses working the second (evening) shift shall notify the Hospital at least two (2) hours in advance of the nurse’s scheduled shift and nurses working the third (night) shift shall notify the Hospital at least three (3) hours in advance of the nurse’s scheduled shift if the nurse is unable to report for duty as scheduled. The nurse must notify the Hospital each day of absence if the nurse is unable to work unless prior arrangements have been made with supervision. Failure to comply with the above specified notification requirements may result in loss of paid sick leave for that day.

11.4 Proof of Illness. Because of the impact unscheduled absences have on patient care, employee attendance is a matter of periodic review. Excessive unscheduled absences may be grounds for progressive discipline. Unscheduled absences will be reviewed on an individual basis prior to the initiation of progressive discipline. Proven abuse of sick leave may be grounds for discharge. Prior to the payment of sick leave, reasonable proof of illness may be required. If the nurse or an eligible family member has a serious health condition, emergency condition or disability that is covered by the WFCA, FMLA or ADA, the nature of which causes multiple absences, the Employer will not consider such absences to be an occurrence, provided the employee has followed VMH policies on sick leave, annual leave, WFCA, or FMLA. Upon the employee’s request, records of disciplinary action regarding excessive unscheduled absences and/or sick leave abuse will be removed from the employee’s personnel file after eighteen months if no further related discipline has occurred during that eighteen month period. The Hospital’s current perfect attendance policy will continue for VMH staff RNs. If the Hospital changes the perfect attendance program, it will also apply to the WSNA bargaining unit.

ARTICLE 12 - MEDICAL AND INSURANCE BENEFITS

12.1 Health Plans. Beginning the first of the month following the start of employment, all full-time and all part-time staff nurses regularly scheduled to work twenty (20) or more hours per week, and coded A, B, or C, shall be eligible for participation in the Hospital’s Health Plans. Participation in a specific insurance benefit shall be subject to specific plan eligibility requirements covering that plan.

12.2 Health Tests. At the time of employment, the Hospital shall provide a Tuberculin skin test at no cost to the nurse. In the event of a positive reaction to this test, the Hospital will provide a chest X-ray at no cost.

12.3 Other Insurance. The Hospital will provide Workers Compensation Insurance and Unemployment Compensation Insurance in accordance with the laws of the State of Washington.

12.4 Retirement Plan. The Hospital will provide a retirement plan for nurses who are covered by this Agreement. Retirement benefits and eligibility requirements for participation shall be defined by the Hospital’s plan.
12.5 **Plan Changes.** The Hospital shall provide the same health and retirement plans as offered to all other employees. In the event there are plan changes, the Hospital shall notify the Association at least forty-five (45) days prior to the implementation date, and meet with the Association upon request to review the plan changes.

**ARTICLE 13 - LEAVES OF ABSENCE**

13.1 **In General.** All leaves of absence are to be requested from the Hospital in writing as far in advance as possible, stating the reason for the leave 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.

13.1.1 **Total Leave Time.** When a nurse takes a combination of leaves, the combined total leave time may not exceed twelve (12) months unless approved by the Hospital.

13.2 **Maternity Disability Leave.** A nurse will be granted a leave for the actual period of disability associated with pregnancy or childbirth, without loss of benefits earned to the date such leave commences. During the maternity disability leave, the nurse shall use previously earned sick leave for the duration of the disability and may use annual leave thereafter to the extent earned. If neither is available, the leave shall be unpaid. Nurses will provide a licensed healthcare provider’s statement confirming disability if the disability period will be greater than six (6) weeks. Nurses on maternity disability leave who return to work at the conclusion of the actual period of disability shall be returned to the same unit, shift, and former full-time or part-time status, unless the nurse would have been laid off during the leave pursuant to Section 6.3. Prior to the nurse returning from a maternity disability leave, the Hospital may require a statement from a licensed healthcare provider verifying the period of physical disability and attesting to the nurse’s capability to perform the work required of the position.

13.3 **Family/Medical Leave.** Nurses who have completed the probationary period shall be allowed twelve (12) weeks family/medical leave to care for a newborn or adoption or fostering of a child; to care for a spouse, domestic partner as defined in Section 13.3.3, child or parent who has a serious health condition; or because of a serious health condition that makes the nurse unable to perform the functions of his or her position, without loss of benefits earned to the date such leave commences. VMH requires a healthcare provider’s (“HCP’s”) certification to support a request for leave for a nurse with a serious health condition or for the nurse to care for a child, spouse, domestic partner or parent with a serious health condition. The certification must include a statement that the employee is needed to care for the family member and must include an estimate of the amount of time the employee is needed to provide care. VMH may require, at its discretion and expense, a second medical opinion and periodic recertification. If the first and second opinion differs, VMH may require at its expense the binding opinion of a third HCP, who will be chosen jointly by VMH and the employee. If a leave qualifies under both federal and state law, the leaves shall run concurrently. Family/Medical leave may be in addition to maternity disability leave. If the leave is due to the serious health condition of the nurse or the nurse’s child, spouse, domestic partner or parent with a serious health condition, sick leave shall be used to the extent accrued and available for the duration of the leave. Sick leave may not be used for the care of a healthy newborn, or adoption or fostering of a child. If earned annual leave is available, it shall be used during the family/medical leave. If annual leave or sick leave (if eligible) is not available, the leave will be unpaid. Where the leave is to care for a newborn, or
adoption or fostering of a child, and if both parents are employed by the Hospital, leave will only be granted to one parent at a time. The parents shall split the basic twelve week FMLA entitlement between themselves. Where the need for leave is foreseeable, the nurse shall give at least thirty days notice; if the need for leave is not foreseeable, the nurse must give as much notice as practical under the circumstances. Nurses who return to work before or upon the expiration of the 12 weeks’ family/medical leave shall be returned to the same unit, shift, and former full-time or part-time status, unless the nurse would have been laid off during the leave pursuant to Section 6.3. Leave taken to care for a newborn, or adoption or fostering of a child may be taken in a single block or by mutual agreement on an intermittent or reduced schedule basis. Leaves taken due to a serious health condition may be taken on an intermittent or reduced schedule when certified as medically necessary by the nurse’s HCP. Benefits shall not accrue during the unpaid leave period itself. The Hospital shall, however, continue to provide health care coverage pursuant to this Agreement during the first twelve weeks of family/medical leave.

13.3.1 Extended Family Leave. Family leave to care for a child, spouse, domestic partner or parent, or to care for a newborn or newly placed foster or adopted child may be extended in the discretion of the Hospital for an additional three months, without loss of earned benefits to the date such leave commenced. If earned annual leave is available, it shall be used during this extended family leave. In the case of a serious health condition, any accrued sick leave shall be used as set forth above. Otherwise, the leave will be unpaid. Nurses shall be returned to the same unit, shift and former full-time or part-time status, or equivalent position whenever possible. Where not possible, upon return from this extended leave, the nurse shall be offered the first available comparable opening for which the nurse is qualified.

13.3.2 Extended Medical Leave. In the event the nurse requires medical leave beyond the twelve (12) weeks provided for in section 13.3 due to his/her own serious health condition, the nurse may request such leave in writing from his or her manager. A HCP’s medical certification for the leave is required to be submitted as far in advance of the leave extension request as possible. Failure to provide the required HCP certification for the leave will be grounds for denial of the leave or possibly termination. The length of the extended leave, approved by the manager with consultation from a human resources representative, will be determined on a case by case basis, taking into consideration the length of leave requested, department staffing needs, the prognosis for eventually returning to work, the availability of temporary coverage, and the overall impact to the unit. Similar considerations will be made by the manager in determining if the employee’s position will be held available for the employee. There is no guarantee that a position will be available upon return from this leave. An employee returning to work from this type of leave will be given consideration for any open position for which he or she is qualified, in the opinion of the Hospital. If an open position is not available within thirty (30) days from when the nurse is released to return to work, or the nurse is determined not to be qualified for an open position, or if the employee is unable to return from the leave within the agreed upon leave time, or the employee’s HCP has not released the employee to return to work, the employee’s employment may be terminated from VMH. In the event of termination, the nurse will be kept apprised of vacancies for which the Hospital determines he or she is qualified for a period of thirty (30) days from the date of separation.
13.3.3 Definitions. Serious health condition, HCP, child, spouse and parent shall be defined in accordance with the Family Medical Leave Act. Domestic partner shall be defined in accordance with Virginia Mason policy contained in the Certification of Domestic Partnership.

13.3.4 Additional Leave Provisions. The parties recognize that federal, state, or local laws may require the Employer to provide leave in additional circumstances to those described in this Agreement. Currently, such circumstances include FMLA leave for a qualifying exigency arising out of the participation of a specified family member in active duty, FMLA leave to care for an injured service member, military spouse leave, and leave for victims of domestic violence, sexual assault, or stalking. When such circumstances arise, the nurse shall request the leave in accordance with Employer policies. For such leaves, domestic partners shall be treated in the same manner as spouses. The nurse shall use accrued annual and sick leave before taking unpaid leave, unless the law permits the nurse a choice.

13.4 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 the nurse’s earned annual leave time. Upon return from an approved military leave of absence, the nurse shall be returned to the same full-time or part-time status the nurse had prior to the leave.

13.5 Leave Without Pay. Nurses on a leave without pay shall not accrue nor lose seniority during the leave of absence for purposes of longevity increments or fringe benefits.

13.6 Leave With Pay. Leave with pay shall not affect a nurse’s compensation, accrued hours, benefits or FTE status with the Hospital.

13.7 Return from Leave. Except as otherwise provided in this Article, nurses who return to work on a timely basis in accordance with an approved leave of absence agreement shall be entitled to the first available comparable opening for which the nurse is qualified.

13.8 Jury Duty. All full-time and part-time nurses who are called to jury duty in any judicial proceeding shall be allowed time off provided patient care will not be jeopardized in the opinion of the Hospital and shall receive the difference between their hourly wage rate and the pay received for jury duty during the period of actual jury service up to a maximum of eighty (80) hours (prorated for part-time nurses). If a nurse is temporarily or permanently excused from jury duty, the nurse shall promptly report to work, providing the nurse could actually work four (4) or more hours during the scheduled shift.

13.9 Witness Duty. All nurses who are called to be a witness in regard to a work-related matter in which the Hospital is a party in any judicial proceeding shall be allowed time off and shall receive the difference between their hourly wage rate and the pay received for witness duty during the period of actual service as a witness. Nurses subpoenaed for proceedings in regard to a non-work related matter and/or a matter in which the Hospital is not a party will be given unpaid time off. If a nurse is temporarily or permanently excused from the obligation to testify
as a witness, the nurse shall promptly report to work, providing the nurse could actually work four (4) or more hours during the scheduled shift.

13.10 Personal Leave. Personal Leaves of absence for extended periods will be granted in accordance with VMH personnel policy and procedures except as noted in 13.10.1.

13.10.1 Personal Leave Hours. All full-time and part-time nurses shall be granted twenty-four (24) hours (prorated for part-time nurses) of personal leave per year without pay upon request; providing such leave does not jeopardize hospital service.

13.11 Bereavement Leave. Up to twenty-four (24) hours of paid leave (prorated for part-time nurses) in lieu of regularly scheduled work days shall be allowed for a death in the immediate family. An additional sixteen (16) hours of unpaid leave may be granted up to a maximum of forty (40) hours. Immediate family shall be defined as grandparent, parent, step-parent, wife, husband, brother, sister, child, step-child or grandchild, mother-in-law, father-in-law, or domestic partner. For purposes of this section, a nurse who works three twelve (12) hour shifts (.9 FTE) per week on a regular basis will be considered full-time.

ARTICLE 14 - COMMITTEES

14.1 Conference Committee. The Hospital, jointly with the elected representatives of the nurses, shall establish a Conference Committee to assist with peer and other mutual problems. This committee shall meet monthly, or more often as requested and agreed upon by both parties. The purpose of the Conference Committee shall be to foster improved communications between the Hospital and the nursing staff. The function of the committee shall be limited to an advisory rather than a decision-making capacity. The Committee shall be established on a permanent basis and shall consist of five (5) representatives of the Hospital and five (5) representatives of the nurses. Representatives of the nurses shall include individuals from at least three (3) different clinical areas, whenever possible. One of the Hospital representatives may be the Chief Nursing Officer. All members of the committee shall be employees of the Hospital. Representatives on the Conference Committee may request meetings of the Committee to discuss nurse staffing issues and suggestions for constructive improvement relating to utilization of nursing personnel. With advance notice to the Hospital, a WSNA Nursing Representative may attend Conference Committee.

14.2 Nurse Practice Committee. A Nursing Practice Committee shall be instituted and maintained at the Hospital. The purpose of this committee shall be to discuss and improve nursing practices in the Hospital. The committee shall develop specific objectives subject to review by Hospital Administration. The committee shall be entirely composed of staff nurses plus one representative from Nursing Administration (preferably the Inservice Nursing Education Director). The members of the committee (excluding the Nursing Administration representative) will be elected by the local unit. The committee will be representative of all clinical areas and shifts. Organizational aspects of the committee shall be determined by the committee. This committee shall be advisory and will not discuss matters subject to collective bargaining or the Association’s Agreement. Nurses shall have the responsibility for instituting the Nursing Practice Committee.
14.3 **Professional Recognition.** The objective of the Professional Recognition Program will be to provide career advancement incentives, clinical recognition and monetary advancement. A committee consisting of both administrative personnel and staff nurses shall be responsible for recommending appointments to a clinical level, reviewing the program and making recommendations regarding any program modifications. Any recommendations made by this committee to promote the goals of the program shall be subject to approval by Hospital Administration. Upon implementation of an approved program, the Hospital shall allocate up to one percent (1%) of the prior calendar year’s bargaining unit W-2 payroll to fund the program.

14.4 **Compensation.** All time spent by nurses on Hospital established committees (including ad hoc or subcommittees) where attendance is required, and all time spent by members of the Conference Committee, Nurse Practice Committee and Professional Recognition Committee will be considered time worked and will be paid at the appropriate hourly wage rate plus any applicable shift differential for those hours worked. For purposes of this section, the 4 hour minimum provision (9.1) will be waived for hours worked after 7 p.m.

**ARTICLE 15 - STAFF DEVELOPMENT**

15.1 **Professional Development.** Nursing professional development is the lifelong process of active participation by staff nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of career goals. Nursing professional development builds on the educational and experiential bases of staff nurses across their professional careers with the ultimate goal of ensuring the safety and quality of health care to the public (American Nurses Association, 2000). Staff nurses are responsible for participating in professional development activities to assure they possess the requisite knowledge, skills and attitudes to perform in a given setting. Competent practice requires integration of psychomotor and cognitive attributes, including clinical applications and problem-solving skills. Staff nurses demonstrate competent practice through validation of knowledge, skills and abilities necessary to provide safe, quality patient care in a given work setting.

15.2 **Orientation.** The goal of the orientation process is to ensure all newly hired staff nurses acquire the basic knowledge necessary to function safely in their position. The objectives of orientation shall be to familiarize new staff nurses with the objectives and philosophy of the Hospital and nursing services, to orient new staff nurses to Hospital policies and procedures, and to instruct new staff nurses as to their functions and responsibilities as defined in job descriptions. Orientation will consist of a program in which the staff nurse will be oriented through a combination of on-line learning modules, classroom instruction, skills validation, floor and/or shift work.

15.3 **Continuing Education.** Continuing education refers to the systematic professional learning experience designed to supplement the knowledge, skills and abilities of staff nurses. The goals of continuing education are to promote professional development, enhance knowledge of safe, quality patient care and to facilitate an environment that promotes learning, networking, creativity and personal satisfaction. A regular and ongoing continuing nursing education program shall be made available to all shifts and all nursing personnel with programs posted in advance. The posting shall indicate if attendance is mandatory. If the Hospital requires any
training and/or competency validation, the nurse shall be paid at the regular rate of pay. Otherwise, it will be paid in accordance with Section 14.4. Continuing education programs include full or part day offerings. The Hospital will make a good faith effort to provide contact hours (continuing education units- CEUs) for programs offered in-house. Topics to be offered will be determined via input from nursing staff through various methods including discussions, surveys and representation on advisory committees to the clinical education department. Continuing education will be appropriate for the area of practice and may include seminars, workshops, conferences, in-services, study modules and grand rounds.

15.4 Job Related Study. After one (1) year of continuous employment, permission may be granted for leave of absence without pay for job related study, without loss of accrued benefits, providing such leave does not jeopardize hospital service. In accordance with Section 13.7 (Return from Leave) the nurse will be entitled to the first available comparable opening for which the nurse is qualified.

15.5 Approved Expenses. When the Hospital requires the nurse to participate in an educational program (which shall exclude programs for maintaining licensure and specialty certification), the Hospital will pay approved expenses.

15.6 Education and Professional Leave. Nurses may be allowed up to a total of forty-eight (48) hours of paid educational and professional leave per year (prorated for part-time nurses) at their regular rate of pay; provided, however, the Hospital’s approval of such leave will be based on budgetary considerations, scheduling requirements, and the subject matter to be studied. For purposes of this section, a nurse who works three 12 hour shifts (0.9 FTE) per week on a regular basis will be considered full-time. Acceptable subject matter for education leave will be designed:

1. to promote the safe and intelligent care of the patient; and
2. to develop staff potential; and
3. to create an environment that stimulates learning, creativity, and personal satisfaction.

15.6.1 The Hospital shall track, by Unit, the following:

(1) The number of educational hours requested;
(2) The number of education leave hours denied;
(3) The reason for denial of educational leave hours;
(4) The number of educational hours granted.

15.7 Sabbatical Leave. The Hospital will offer nurses sabbatical leaves as provided below. The purpose of a sabbatical leave is to provide an extended period of unpaid leave from a registered nurse’s customary work to acquire new skills or training. The sabbatical makes available the necessary time to pursue significant professional development activities full-time.
academic study, participation in research projects, foreign travel to examine alternative health care options, providing health care in underserved areas, or publishing. Nurses are eligible for their first sabbatical after working a minimum of ten (10) calendar years of regular employment as a registered nurse with the Employer. A nurse who qualifies may request (1) a sabbatical of up to six (6) months or (2) a sabbatical of up to one (1) year after working thirteen (13) calendar years. Nurses granted a sabbatical will retain their seniority. The total number of sabbatical leaves that may be granted during any one calendar year will not exceed three (3). The Chief Nursing Officer will have the final determination on the number of nurses who may be on sabbatical at any one time. An employee granted a sabbatical agrees to return to regular employment with the Hospital following sabbatical for at least one (1) year. Nurses returning from sabbatical leave of no more than ninety (90) days shall be reinstated to their prior position. Thereafter, nurses will be reinstated to the first available comparable position for which they are qualified. Within forty-five (45) days of returning from sabbatical leave, the nurse will provide reports regarding the knowledge gained while on leave to the appropriate Director and the nursing staff in a format mutually agreed upon. A nurse is eligible to apply for another sabbatical seven (7) calendar years after returning from the previous sabbatical leave. The final decision to grant or deny a sabbatical will be made by the Chief Nursing Officer.

ARTICLE 16 - GRIEVANCE PROCEDURE

16.1 In General. The Hospital and the Association agree that fair, just and prompt consideration of nurse grievances is essential to the conduct of the business of the Hospital and the continued welfare of its nurses. It is further agreed that nothing in this Agreement shall restrict a nurse’s right to discuss any problem with the Hospital. The grievance and arbitration procedures of this Agreement are the sole and exclusive method for settling disputes between the nurses and/or the Association and the Hospital, when relating to the application of this Agreement or otherwise relating to the nurse’s employment with the Hospital (except for workers’ compensation claims). By mutual agreement of the Hospital and the Association, Steps 1, 2, or 3 of the grievance procedure may be waived.

16.2 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.

16.3 Time Limits. Time limits set forth in the following steps may only be extended by mutual written consent of the parties hereto. A time limit which ends on a Saturday, Sunday or a holiday designated in Section 10.4 hereof shall be deemed to end at 4:30 p.m. on the next following business day. 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. Failure of the Hospital to comply with the time limits set forth below shall result in the grievance being automatically elevated to the next step without any action necessary on the part of the nurse.

16.4 Grievance Procedure. A grievance shall be submitted according to the following grievance procedure:
Step 1: Nurse and Nurse Manager/Assistant Nurse Manager. If any nurse has a grievance, the nurse shall first present the grievance in writing to the nurse’s Nurse Manager or Assistant Nurse Manager within fourteen (14) calendar days from the date the nurse was or should have been aware that the grievance existed. Upon receipt thereof, the Nurse Manager or Assistant Nurse Manager shall attempt to immediately resolve the problem and shall respond in writing to the nurse within fourteen (14) calendar days following receipt of the written grievance.

Step 2: Nurse, Local Unit Officer and Appropriate Director. If the matter is not resolved to the nurse’s satisfaction at Step 1, the nurse shall present the grievance in writing to the appropriate Director within fourteen (14) calendar days of the Nurse Manager’s or Assistant Nurse Manager’s decision. A conference between the nurse and a Local Unit Officer and/or designated representative and the appropriate Director (and/or designated representative) shall be held within fourteen (14) calendar days following receipt of the Step 2 grievance. The appropriate Director shall issue a written reply to the grievant and the Local Unit Officer attending the meeting within fourteen (14) calendar days following the grievance meeting.

Step 3: Chief Nursing Officer and Association Representative. If the matter is not resolved at Step 2 to the nurse’s satisfaction, the grievance shall be referred in writing to the Chief Nursing Officer (and/or designated representative) within fourteen (14) calendar days of the Step 2 decision. The Chief Nursing Officer (and/or designee) shall meet with the nurse and the Association Representative within fourteen (14) calendar days of receipt of the Step 3 grievance for the purpose of resolving the grievance. The Chief Nursing Officer (or designee) shall issue a written response to the grievant and the Association Representative 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 Chief Nursing Officer 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. The party advancing the grievance shall bear the responsibility for requesting the panel and scheduling the arbitration. An arbitrator will be selected and contacted within forty-five (45) calendar days from when notice was sent to the other party of the intent to submit the grievance to arbitration. Provided the selected arbitrator is available, the arbitration hearing will be scheduled within one hundred twenty (120) days from the date the arbitrator was contacted. Failure of the advancing party to meet these time limitations will be considered not meeting the timelines associated with the grievance. Any arbitrator accepting an assignment under this Article agrees to issue an award within sixty (60) calendar days of the close of the hearing or the receipt of post-hearing briefs, whichever is later. The arbitrator’s decision shall be final and binding on all parties, and shall not be reviewed by a court. 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. Each party shall bear one-half (½) 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 in this or any other forum, shall be borne by the party incurring them, and neither party shall be responsible for the expenses of witnesses called by the other party.

16.5 Association Grievance. The Association may initiate a grievance at Step 2 if the grievance involves a group of named nurses and if the grievance is submitted in writing within fourteen (14) calendar days from the date the nurses were or should have been aware that the grievance existed. Such a grievance shall be submitted to the appropriate director (or designee) with a copy to the Director of Staff and Labor Relations. Step meetings in group grievances will occur between the Hospital, representatives of the group and the Local Unit Chair or designee.

16.6 Mutually Agreed Mediation. The parties may agree to use mediation 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 and may be pursued concurrently with the filing, selection and processing of an arbitration submission.

16.7 Termination. The 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. Grievances arising after the expiration date of this Agreement shall be null and void, and shall not be subject to this grievance procedure.

ARTICLE 17 - DIFFERENTIATED PRACTICE

17.1 Differentiated Practice (DP) Program. Differentiated Practice Nurses provide leadership for the collaborative management of patient care. Care is managed with consideration of four elements of service: clinical outcomes, functional health status, satisfaction, and cost effectiveness. Inter-and intra-departmental collaboration and cooperation are essential to achieving quality and value.

The DP Program has four (4) levels. Each level has measurable criteria which incorporate the five (5) major components of the DP program. These four (4) levels are: Entry Level, Clinical Nurse 2, Clinical Nurse 3 and Clinical Nurse 4. Each level, from Entry Level to Clinical Nurse 4 builds on the previous level and reflects five (5) professional components in the nursing practice.

DP DEFINITIONS

17.2 Differentiated Practice Nurse. The Differentiated Practice Staff Nurse (DP) is a staff nurse who works 0.6 FTE or above on a regularly scheduled basis and who has completed the probationary period. The DP RN is an exempt professional as defined by the Fair Labor Standards Act. No nurse shall be required to be a DP nurse.
17.3 **Components.** There are five (5) professional components of nursing practice in the DP role:

17.3.1 **Clinician** - the DP nurse is clinically competent and uses nursing knowledge to plan, organize, implement and evaluate patient care.

17.3.2 **Operations Coordinator** - the DP nurse is responsible for identifying and implementing strategies for organizing and coordinating resources necessary for efficient and effective care delivery.

17.3.3 **Collaborator/Consultant** - the DP nurse works collaboratively with nursing staff, physicians, other health care providers and ancillary staff to individualize the plan of care to meet specific patient needs.

17.3.4 **Educator** - The DP nurse educates the patients and health care providers in the skills and knowledge related to patient care.

17.3.5 **Researcher** - The DP nurse identifies researchable nursing/patient problems, participates in research related to patient care and resource utilization, and shares research findings.

**DP CONDITIONS OF EMPLOYMENT**

17.4 **Change in Status of DP Nurse.** Either the DP nurse or the Hospital may elect to revert back to an hourly program provided 30 days advance written notice is given to the other party. If this occurs the nurse will remain on the same unit and maintain the same FTE and shift the nurse had as a DP nurse. The nurse will be returned to the appropriate place in the staff nurse range recognizing total year of experience and from that point forward will be paid all applicable premiums and differentials.

17.5 **Floating.** Floating of DP nurses will be determined on a unit operations level. Any DP nurse may float if desired. DP nurses may be required to float if their unit is temporarily closed or during periods of prolonged low census.

17.6 **DP Opportunities.** The Hospital shall determine the number of DP positions available on any unit. When a DP position opens, the Hospital shall first post the position on the unit where the vacancy exists. Experience, skill, competence, ability and demonstrated leadership shall be the determining factors in filling such a vacancy. DP opportunities will be posted separately from job openings.

17.7 **Low Census.** DP nurses will be considered for low census on a voluntary basis, with the exception that if hourly nurses are consistently taking mandatory low census more than one day per pay period in a unit, the DP nurses in that unit shall be required to take low census pursuant to Section 6.7.

17.8 **Sabbatical.** At the end of six (6) years continuous full-time employment as a DP nurse, the DP nurse may request an unpaid leave of absence/sabbatical. Time away from work shall not exceed six (6) months, including accrued (paid) leave.
17.9 **Education/Professional Leave.** To the extent possible, DP nurses shall be allowed up to ten (10) days professional/educational leave per year prorated per FTE. For purposes of this section, a nurse who works three twelve hour shifts per week (0.9 FTE) will be considered full-time.

**DP HOURS OF WORK**

17.10 **Weekends.** The Hospital will make a good faith effort to schedule DP nurses for every other weekend off. DP nurses shall not be paid at the rate of time and one-half for consecutive weekends worked.

**DP COMPENSATION**

17.11 **Compensation.** DP nurses are paid on a salaried basis and are paid a set salary regardless of the number of hours worked. The DP nurse’s starting salary will be set by the manager and will be based on the nurse’s current hourly rate, professional level, and lifestyle compensation (shift, weekends, holidays, and on-call mutually agreed upon). The contracted salary will not be less than the RN would receive as an hourly employee with the same contracted schedule. Salary adjustments will occur on the annual salary review date, based on yearly increases pursuant to Article 8.1. (Seniority and longevity will continue to accrue based on salaried hours).

**17.11.1 Initial Increases.** The initial increase in salary for a nurse new to the DP program from an hourly staff nurse will be:

<table>
<thead>
<tr>
<th>Level</th>
<th>Increase</th>
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<tbody>
<tr>
<td>Level 2</td>
<td>4%</td>
</tr>
<tr>
<td>Level 3</td>
<td>9%</td>
</tr>
<tr>
<td>Level 4</td>
<td>12%</td>
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</tbody>
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**17.11.2 Interim Adjustments.** If major changes in FTE, lifestyle compensation, or professional practice are mutually agreed upon by the RN and the manager, an interim salary adjustment will be made at that time.

**DP ANNUAL LEAVE**

17.12 **Rotation of Holiday Work.** DP nurses shall be required to work holidays mutually agreed upon between the nurse and his or her manager. Compensation for holidays worked shall be included in the annual salary.

17.13 **Annual Leave Donations.** A DP nurse may give and receive annual leave as permitted under Article 10.8 of this Agreement.

**DP GENERAL PROVISIONS**

17.14 **Differentiated Practice Program: Changes, Modifications or Deletions.** The Differentiated Practice Program is subject to the provisions of this contract as outlined in Article
17 and is operationalized by the DP Committee. The DP Committee will be comprised of DP and non-DP nurses, which will include two (2) local unit officers, and an equal number of management which will include a representative from Human Resources. The DP and non-DP nurses will volunteer. An election will be held if there are more volunteers than committee positions. Changes to the program will be developed and implemented by the DP Committee after discussion with the RN Conference Committee. The Association will be appraised by the Hospital in writing of changes to the DP program. Any changes to the DP Program regarding wages, hours or working conditions are subject to approval by WSNA, except changes or modifications to Articles allowed under innovative work schedules 7.3.3. Following notice to the Association from the Hospital of any program changes as outlined above, WSNA must notify the Hospital within fourteen (14) calendar days if they do not approve of the change. Following the Hospital’s receipt of such notice, the Hospital and the Association will meet to attempt to work out a mutually agreeable solution. If no agreement is reached, the change will not be implemented.

17.15 Other Terms and Conditions. All other terms and conditions of the Agreement shall continue in effect unless changed, modified or waived with the consent of the Hospital and the Association except as noted in Section 17.14 above.

ARTICLE 18 - MANAGEMENT RIGHTS

The Association recognizes that the Hospital has the obligation of serving the public with the highest quality of medical care, safely, efficiently and economically, and/or meeting medical emergencies, all in a manner that meets or exceeds federal, state and local laws and regulations and accreditation standards and requirements. The Association further recognizes the right of the Hospital to operate and manage the Hospital and its workforce including but not limited to the right to require and implement standards of performance, standard work, standard processes, and best practices, to maintain order and efficiency, and to eliminate waste; to direct nurses and to determine job assignments and working schedules; to determine the materials and equipment to be used; to implement improved operational methods and procedures; to determine staffing requirements; to determine the kind and location of facilities; to determine whether the whole or any part of the operation shall continue to operate; to select and hire nurses; to promote and transfer nurses; to discipline, demote or discharge nurses for just cause, provided however, the Hospital reserves the right to discharge any nurse deemed to be incompetent based upon reasonably related established job criteria; to lay off nurses for lack of work; to recall nurses; to require reasonable overtime work of nurses; and to promulgate rules, regulations and personnel policies, provided that such rights shall not be exercised so as to violate any of the specific provisions of this Agreement. 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 those prerogatives not mentioned which are inherent to the management function. All matters not covered by the language of this Agreement shall be administered by the Hospital on a unilateral basis in accordance with such policies and procedures as it from time to time shall determine.
ARTICLE 19 - UNINTERRUPTED PATIENT CARE

It is recognized that the Hospital is engaged in a public service requiring continuous operation and it is agreed that recognition of such obligation of continuous service is imposed upon both the nurse and the Association. During the term of this Agreement, neither the Association nor its members, agents, representatives, employees or persons acting in concert with them including nurses covered by this Agreement shall incite, encourage or participate in any strike, sympathy strike, picketing, walkout, slowdown or other work stoppage of any nature whatsoever. In the event of any strike, sympathy strike, picketing, walkout, slowdown or work stoppage, or a threat thereof, the Association and its officers will do everything within their power to end or avert same. Any nurse participating in any strike, sympathy strike, picketing, walkout, slowdown or work stoppage will be subject to immediate dismissal.

ARTICLE 20 - GENERAL PROVISIONS

20.1 State and Federal Laws. This Agreement shall be subject to all present and future applicable federal and state laws, executive orders of the President of the United States or the Governor of the State of Washington, and rules and regulations of governmental authority. Should any provision or provisions become unlawful by virtue of the above or by declaration of any court of competent jurisdiction, such action shall not invalidate the entire Agreement. Any provisions of this Agreement not declared invalid shall remain in full force and effect for the term of the Agreement. If any provision is held invalid, the Hospital and Association shall enter into immediate negotiations for the purpose, and solely for the purpose, of arriving at a mutually satisfactory replacement for such provision.

20.2 Amendments. Any change or amendments to this Agreement shall be in writing and duly executed by the parties hereto.

20.3 Past Practices. Any and all agreements, written and verbal, previously entered into between the parties hereto are mutually cancelled and superseded by this Agreement. Unless specifically provided herein to the contrary, past practices shall not be binding on the Hospital or the Association. The Hospital agrees that it will not make any changes in past practices that would have the effect of discriminating solely against members of the bargaining unit. The Hospital will communicate any changes in past practices to the nursing staff in advance of the change.

20.4 Complete Understanding. The parties acknowledge that during the negotiations which resulted in this Agreement all had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining, and that the understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the Hospital and the Association, for the term of this Agreement, each voluntarily and unqualifiedly waives the right, and each agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter not specifically discussed during negotiations or covered in this Agreement. The parties further agree, however, that this Agreement may be amended by the mutual consent of the parties in writing at any time during its term.
20.5 **Successors.** In the event the Hospital, on or after ratification of this Agreement, shall by merger, consolidation, sale of assets, lease, franchise, or any other means, enter into an agreement with another organization which in whole or in part, may affect the existing collective bargaining unit, then such successor organization shall not interfere with the current collective bargaining unit which will remain bound by each and every provision of this Agreement. The Hospital shall have an affirmative duty to call this to the attention of any organization with which it seeks to make such an agreement as aforementioned.

20.6 **Indemnification.** The Hospital agrees to continue to cover nurses under the same or substantially similar malpractice insurance as is currently in effect. In addition, the Hospital agrees to indemnify nurses and hold them harmless, accepting liability for all costs of legal defense, time lost, and settlements as applicable for any legal action taken by a patient and/or family against a nurse arising in relation to a RN performing duties at the Hospital, to the extent such legal defense, time lost and settlements are not covered by the above listed insurance, and to the extent they are not caused by willful or criminal act of the nurse.

**ARTICLE 21 - DURATION**

21.1 **Term.** This Agreement shall become effective on November 16, 2013 and shall remain in full force and effect to and including the fifteenth (15th) day of November, 2016, unless changed by mutual consent. Should the Association desire to change, modify or renew the Agreement upon the expiration date, written notice must be given to the Hospital at least ninety (90) days prior to the expiration date. Upon receipt of such notice, negotiations shall commence.

In the event negotiations do not result in a new Agreement on or before the expiration date, this Agreement shall terminate unless both parties mutually agree to extend the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this __th day of March, 2014.

Virginia Mason Hospital
By: [Signature]
Charleen K. Tachibana, RN

Washington State Nurses Association
By: [Signature]
Michael A. Sanderson, General Counsel

Jane Hill-Littlejohn
Jane Hill-Littlejohn, RN, WSNA Local Unit Chairperson

Susan Dunn
Susan Dunn, RN, WSNA Grievance Officer
Pat Callow Borgeson, RN, WSNA Secretary

Brittney Porter, RN

Gena Siebel, RN

Edward Zercher BSN, RN, WSNA Nurse Representative
Letter of Understanding

by and between

Virginia Mason Hospital

and the

Washington State Nurses Association

TRANSFER TO BARGAINING UNIT FROM NON-BARGAINING UNIT

The following constitutes specific practices for any non-bargaining unit VM nurses who transfer into a bargaining unit position.

SENIORITY:

Seniority will begin as any other new hire with the exception that all RN hours worked in the bargaining unit will be credited toward seniority accrual.

ANNUAL LEAVE (AL) ACCRUAL:

The AL accrual level will be commensurate with the current vacation accrual level, based on years of service.

PRIOR VACATION BALANCE:

All accrued vacation will be credited to the AL balance available.

SALARY PLACEMENT:

Placement will be made within the appropriate salary range and relevant experience as determined by Human Resources (see Article 8.3). No maximum will apply. RN will be credited with prorated years and hours towards salary advancement counter and will receive his or her next salary adjustment according to the contract.

SICK LEAVE:

All accrued but unused sick leave will be carried over.
Letter of Understanding
Incentive Shifts

This Memorandum of Understanding ("Memorandum") is entered into by and between Virginia Mason Hospital (VMH) and the Washington State Nurses Association ("the Association" or "WSNA") regarding the following incentive shift program. It is to be interpreted as a part of the current collective bargaining agreement between VMH and the Association for the life of this Agreement.

OBJECTIVES:

1. To cover core shifts that are open related to vacancies, increased volume or patient acuity.
2. To provide a monetary incentive plan for employees who are willing to sign up for extra shifts.

ELIGIBILITY:

1. The program will be in effect for designated periods of time as defined by management.
2. All in-patient staff RNs.
3. Must be called to work a shift designated as eligible for incentive pay by the unit manager.
4. Employees must have completed their probationary period or orientation to the department/unit before becoming eligible for the incentive. Department managers may also determine an employee ineligible if the employee is involved in disciplinary actions or increased absenteeism.
5. In departments with mandatory call, employees must fulfill the call requirements before becoming eligible for the incentive.
6. Per-diem staff must work a minimum of 0.4 before being eligible for the incentive.

COMPENSATION:

1. When incentive hours are eligible for regular pay, those hours will be paid at time and one half.
2. When incentive hours are eligible for overtime pay, those hours will be paid at double time (pay will not exceed double time).
3. DP RNs will be paid a lump sum payment for incentive work at the rate of $250 per unit of four (4) hours or less.
4. Sick, vacation, holiday and all non-productive time is not eligible for this incentive pay.

PROCEDURES:

1. Manager will designate shifts eligible for incentive and post on the unit.

2. Employees must sign up for the designated shift (floating is not required).
Memorandum of Understanding
Staffing Issues

This Memorandum of Understanding ("Memorandum") is entered into by and between Virginia Mason Hospital (VMH) and the Washington State Nurses Association ("the Association" or "WSNA") regarding Staffing Issues. It is to be interpreted as a part of the current collective bargaining agreement between VMH and the Association for the life of this Agreement.

Virginia Mason Hospital has a long-standing reputation for providing World Class Healthcare for its consumers. Washington State Nurses Association along with its national affiliate, American Nurses Association, also has a long-standing history and commitment to provide excellence in nursing. Because excellence in nursing is an essential component in providing World Class Healthcare, VMH and WSNA agree to work collaboratively regarding patient centered care and staffing related issue. VMH and the Association agree that a mutually respectful relationship must be maintained. The primary objective of this Memorandum is to address staffing issues immediately as they occur.

VMH management, in cooperation with staff RNs that are representative of all units, will develop staffing guidelines based upon nursing judgment, census, assignments by patient acuity and support staff availability. If persistent conditions exist whereby the staffing system does not accurately reflect what is needed on a unit and shift, concerned staff shall utilize the RN Staffing Concerns Process.
RN Staffing Concerns: Process
Night/Non-Standard Business Hours

NO

Is Patient Safety an Issue?

YES

Document on Unit CA/ANM Report Sheet

CA/ANM follows up with RN

Escalate to CA/ANM

Fill Out PSA online or by phone

NO

Patient Safety still an Issue?

YES

CA/ANM reports Resolution back to RN

CA/ANM escalates to Nursing Flow Manager

NO

Flow Manager Reports Resolution Back to RN

Patient Safety still an Issue?

YES

Unit Manager/Director reports Resolution back to RN

Nursing Flow Manager escalates to Unit Manager/Director

NO

Administrative Director reports Resolution back to RN

Unit Manager/Director escalates to Administrative Director

Patient Safety still an Issue?
If the staffing concern is of a safety matter, the nurse shall use the patient safety alert process to immediately document and have the concern investigated. All supporting documentation should be included such as staffing, census or assignment list. All such reports are created for purposes of the Hospital’s quality assurance program or the Patient Safety Alert process and shall be considered confidential under RCW 70.41.200. The Association will designate one representative to receive staffing concern reports, as part of the hospital’s quality assurance process. The reports should not be copied, except for one copy which shall be given to the Local Unit Chair. The representative shall maintain the confidentiality of the report.

Receipt of the PSA will be acknowledged (by whatever method ensures the RN will receive the notification) within 72 hours from receipt. The manager/AD/VP will review all supporting documentation. Within the same time frame, the manager/AD/VP will schedule a mutual meeting time with the RN to discuss the concern. The meeting could occur over the phone or in person, whatever is mutually agreed. The RN may request another staff nurse to attend.

Report at the next Conference Committee meeting to discuss the follow-up and options for resolution to ensure that an appropriate level of care is provided.

Nursing administration will report the PSA information to the Conference Committee. A copy of the report will be given to the Local Unit Chair.

*In the event a manager has designated another manager to cover for them during an absence from work, staff will be notified in advance of the duration of the coverage, who it is that is covering, and how to reach the person covering. The designated manager will have the responsibility to follow this procedure.
Letter of Understanding
Per Diem Pool (PDP)

This Memorandum of Understanding ("Memorandum") is entered into by and between Virginia Mason Hospital (VMH) and the Washington State Nurses Association (the "Association" or "WSNA") regarding the Per Diem Pool incentive program. It is to be interpreted as a part of the current collective bargaining agreement between VMH and the Association for the life of this Agreement.

Per Diem Nurses shall be eligible to participate in the Per Diem Pool (PDP) incentive program as follows. To be eligible for PDP incentives, the Per Diem Nurse agrees to be scheduled for a minimum of 24 hours per pay period. This commitment must be made for a period of a minimum of 8 weeks, including weekends, as determined by the manager. Currently employed Per Diem Nurses will be given priority for eligibility to participate. The manager will project unit needs and post positions based on projected need (including seasonal high demands). There will be no guaranteed hours for PDP Nurses.

1. PDP Nurses will receive a twenty percent (20%) premium in lieu of all fringe benefits except as noted herein. Eligibility for benefits provided for by Virginia Mason Hospital will be done in accordance with those respective plans.

2. PDP Nurses will accrue hours into their own security fund which the nurse can draw upon for cash once per pay period. For each hour worked the PDP Nurse will accrue .126 hours into his or her security fund. Security fund money cannot be used in lieu of scheduled work time and should not be considered paid time off. Up to eighty (80) hours of security fund money may be cashed out per pay period via established payroll procedures.

3. PDP Nurses will accrue seniority for the purposes of bidding for job openings occurring within the bargaining unit for all hours worked. PDP Nurses can apply for open positions in accordance with Article 5.9.

4. PDP Nurses will receive salary adjustments as outlined in Articles 6.2 and 8.1.

5. PDP Nurses will be allowed to take three (3) hours of paid education for every eight (8) week period of commitment up to a maximum of sixteen (16) hours per year. Education time cannot be used in lieu of scheduled work time.

6. Low census hours will count as hours paid for purposes of accruing hours toward the security fund and seniority. Low census is defined as time released from scheduled work but is not to be applied for lack of work. PDP Nurses' hours will be counted for the purpose of Article 6.7.
Letter of Understanding
Clinical Float Pool

The purpose of the Clinical Float Pool is to provide a core team of highly competent, multi-skilled clinical healthcare professionals who are prepared and available to work on multiple units when deemed necessary. This option will be evaluated on an ongoing basis for its application to Hospital needs. Cessation of the option may result at any time with thirty (30 days advance notice to the Association and the Staff Nurses. The Float Pool becomes an opportunity for staff nurses to widen their scope of practice, develop additional skills and broaden their knowledge base.

Goals:

1. To provide staffing resources during periods of increased demands.
2. To aid in reduction of agency staffing to meet core and unplanned absences.
3. To provide a monetary incentive to Staff Nurses who achieve additional clinical skills and expertise and demonstrate flexibility in assignment.

Guidelines:

The Clinical Float Pool will have designated positions. Clinical Float Pool FTE staff will normally be expected to work weekends and holidays with the same frequency expected of staff on other clinical units.

1. Application to the float pool will be required. Clinical Float Pool personnel must be competent to perform independently in at least three units as determined by the Hospital and have at least one (1) year of relevant hospital experience.

2. For Clinical Float Pool Staff Nurses – a Hospital skills review assessment for specialized units/services must be signed-off by manager/CNS. The Hospital will provide training to ensure competencies are met.

3. If the Hospital has a need for increased staff flexibility provided by the Clinical Float Pool, it may be necessary to provide formal cross training to interested personnel who are seeking application to the Float Pool Unit. The incentive premium pay will not be paid while staff are orienting to a new unit; nurses will receive their regular rate of pay during orientation.

4. Clinical Float Pool staff will be paid at the negotiated hourly rate plus a flat fee premium of $5.00/hour added to their regular rate of pay. The premium applies above any and all other premiums (i.e. 1½ and 2X rate of pay).

5. The premium will be paid only when staff are assigned to the Clinical Float Pool.
Memorandum of Understanding
Extra Shift Premium

Staff nurses with an FTE or .6 or more who voluntarily sign up for an extra shift(s) above their FTE during the ten (10) day period prior to the beginning of the scheduled work period (see Section 7.4) shall receive a $3.00 per hour premium for such extra hours worked. During the term of this Agreement the parties may increase the extra shift premium by mutual agreement.

DATED this 11th day of March, 2014.

Virginia Mason Hospital
By: Charleen K. Tachibana, RN

Washington State Nurses Association
By: Michael A. Sanderson, General Counsel
Memorandum of Understanding
Staff Nurse Uniform Policy

The Hospital shall maintain its Hospital Staff Apparel Program Policy (effective date June 15, 2009) as it applies to bargaining unit nurses for the life of the parties’ 2010-2013 collective bargaining agreement with the following modifications:

1. Violations of the policy shall be handled pursuant to the just cause provisions of the parties’ collective bargaining agreement.

2. Nurses shall be permitted to wear Association insignia.

3. The Hospital shall provide apparel to nurses at no cost on the following basis:

   .8 FTE and above: 7 pieces of apparel per calendar year
   .5 FTE through .79 FTE 5 pieces of apparel per calendar year
   Below .5 FTE 3 pieces of apparel per calendar year

Dated this 11th day of March, 2014.

Virginia Mason Hospital

By: [Signature]
Charleen K. Tachibana, RN

Washington State Nurses Association

By: [Signature]
Michael A. Sanderson, General Counsel
Memorandum of Understanding
Safety and Convenience

This Memorandum of Understanding is by and between Virginia Mason Hospital ("Employer" or "Hospital") and the Washington State Nurses Association ("Association").

The Hospital and the Association share the mutual goal of providing a safe environment for nurses as they enter and exit the facility. The Hospital has undertaken several efforts to improve the safety for nurses, and will continue to explore other opportunities.

In order to ensure that appropriate information is shared, the parties recognize that this subject would be appropriate to discuss quarterly at meetings of the Conference Committee for the first year of this Agreement. The Conference Committee shall decide whether and to what extent this item shall continue as an agenda item.

Upon reasonable request, the Hospital will make available its security representatives to attend relevant meetings of the Conference Committee when this subject is discussed. At the first meeting of the Conference Committee, the following shall be agenda items:

- What data can be and should be collected and by whom
- The appropriate time period for reviewing the data collected
- Evaluate the data and resources allocated to such safety measures
- Parking availability for nurses on different shifts

Dated this 11th day of March, 2014.

Virginia Mason Hospital

By: Charleen K. Tachibana, RN

Washington State Nurses Association

By: Michael A. Sanderson, General Counsel
EXHIBIT A - PAYROLL DEDUCTION

I hereby authorize my employer to deduct my Washington State Nurses Association dues from my salary beginning with the next pay period. This money is in payment of annual dues to my professional association and is to be remitted to the Washington State Nurses Association. A copy of this authorization is to be retained by the above employer and will remain in force until it is withdrawn by me in writing.

_________________________________  ________________________________
Date                                               Signature of Employee
## Appendix A

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