



Minnesota Nurses Association  
2019 Negotiations  
Fairview Health Services  
May 15, 2019  
Time: \_\_\_\_\_

### PACKAGE PROPOSAL

The Minnesota Nurses Association offers the following package proposal:

The Union will agree to Employer Proposal 2, 7, 10, and 11 as modified below, if the Employer agrees to Union Proposal 1, 11, 12 and 18 as modified below; as well as the Union Proposal below on the Southdale cardiac catheterization and intervention radiology departments. If agreed to, the MNA bargaining team would strongly recommend ratification to the nurse group.

#### ER 2

#### SECTION 3. HOURS

##### A. Hours of Work and Overtime:

The basic work period shall be eighty (80) hours to be worked during a period of two (2) weeks (fourteen [14] consecutive days). The regular workday will be eight (8) hours. A nurse required to work in excess of eighty (80) hours during said two (2) week period or in excess of eight (8) hours in any workday shall be paid at one and one-half (1½) times her or his regular rate of pay for all excess time so worked. The preceding sentence notwithstanding, a nurse required to work in excess of eight (8) consecutive hours will be paid at the rate of one and one-half (1½) times her or his regular rate of pay for the first four (4) hours of such overtime and will be paid double time (2) for all overtime in excess of twelve (12) consecutive hours. A worked double shift shall be paid as sixteen (16) hours. Overtime payments shall not be duplicated. Paid sick leave, holiday, and vacation hours shall be considered as hours of work for overtime purposes.

For a nurse who is employed in a position(s) involving two different hourly rates of pay, the overtime rate of pay for on-duty hours in a bargaining unit position shall not be less than one and one-half (1½) times the nurse's regular rate of pay for on-duty hours in the bargaining unit position.

No nurse shall be disciplined for refusal to work overtime.

Except in the case of emergency or when a nurse is called into work while on-call, a nurse may not work more than 120 hours in any pay period, which must include the nurse's regularly scheduled shifts. For purposes of this paragraph, paid vacation days, holidays not worked, sick days, jury duty, bereavement, and on-call hours not worked shall not be counted in determining if a nurse will or has reached the 120 hour limit.

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2019 Negotiations  
Fairview Health Services  
May 15, 2019  
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Paid workshops, mandatory meetings, orientation, and paid office or special project time will be included. In addition, except in the case of an emergency, a nurse may not sign

up to work, in a rolling seven (7) consecutive day period, more than three (3) double shifts in this period.

## ER Proposal 7

### SECTION 14. LOW NEED DAYS AND LAYOFF

#### D. Mandatory Low-Need Days:

If additional reductions are indicated, low-need days shall be taken by the least senior regularly-scheduled part-time nurse scheduled for the particular unit and shift where the reduction is necessary. The work shift of a nurse will not be involuntarily cancelled after the start of the shift.

No regularly scheduled part-time nurse shall be required by the Hospital to take more than two (2) low-need days per Contract year (16 hours). If the least senior part-time nurse on a particular unit and shift has been assigned two (2) low-need days, the next least senior part-time nurse scheduled for the particular unit and shift may be assigned the low-need day. In any case, the total of low-need days under Part D of this provision shall not exceed two (2) per Contract year for any regularly scheduled part-time nurse.

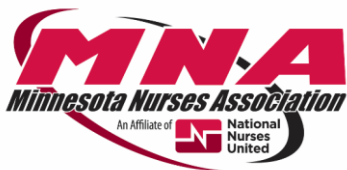
A part-time nurse regularly scheduled for sixty-four (64) compensated hours or more per pay period shall be considered as a full-time nurse for purposes of this Section and shall not be assigned low-need days. A nurse to be assigned a low-need day pursuant to this Part D shall be given a minimum of two (2) hours advance notice before the beginning of any shift which is being cancelled.

Casual part-time or temporary nurses shall not be assigned to work on units for which the nurse receiving low-need days is oriented or otherwise qualified. Part-time nurses having hours reduced shall be given first opportunity for subsequent additional work hours that may become available to replace work hours lost.

## ER Proposal 10

### SECTION 16. SCHEDULES AND POSTINGS

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Fairview Health Services  
May 15, 2019  
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C. Posting and Filling of Positions:

If a nursing position is or will be open, the Hospital will post on the [Hospital's website](#) for a period of at least seven (7) calendar days before permanently filling the position. Said notice shall include a listing of the station unit, the number of shifts per payroll period, the shift rotation, the required qualifications for the position.

The posting will be updated on all non-holiday weekdays. There will be bargaining unit participation in improving, selecting, and developing new methods for posting positions.

In filling any such bargaining unit position, the primary consideration shall be whether the applicant meets the required qualifications to perform the duties of the open position. Discipline shall not automatically prevent consideration for posted positions for which a nurse is qualified. The transfer of a nurse to the position for which the nurse has been accepted may be postponed for a period not to exceed three (3) months if it is necessary to provide the proper skill level on the unit from which the nurse will be transferring.

Subject to the foregoing, nurses meeting the required qualifications shall be given preference over nurses not currently employed by the Hospital, and as between nurses employed by the Hospital, preference shall be given to the most senior nurse within the bargaining unit. If no regularly scheduled nurse applies for the position, then the most senior of the casual part-time and per diem nurses shall receive preference before considering applications outside the bargaining unit.

**ER Proposal 11**

**SECTION 16. SCHEDULES AND POSTINGS**

C. Posting and Filling of Positions:

If a nursing position is or will be open, the Hospital will post on the bulletin board a notice for a period of at least seven (7) calendar days before permanently filling the position. Said notice shall include a listing of the station unit, the number of shifts per payroll period, the shift rotation, the required qualifications for the position, and the person to whom to apply.

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Fairview Health Services  
May 15, 2019  
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A paper copy of hospital postings will be available in Human Resources. The hospital paper posting in Human Resources will be updated on all non-holiday weekdays. There will be bargaining unit participation in improving, selecting, and developing new methods for posting positions.

In filling any such bargaining unit position, the primary consideration shall be whether the applicant meets the required qualifications to perform the duties of the open position. Discipline shall not automatically prevent consideration for posted positions for which a nurse is qualified. The transfer of a nurse to the position for which the nurse has been accepted may be postponed for a period not to exceed three (3) months if it is necessary to provide the proper skill level on the unit from which the nurse will be transferring.

Subject to the foregoing, nurses meeting the required qualifications shall be given preference over nurses not currently employed by the Hospital, and as between nurses employed by the Hospital, preference shall be given to the most senior nurse within the bargaining unit. If no regularly scheduled nurse applies for the position, then the most senior of the casual part-time and per diem nurses shall receive preference before considering applications outside the bargaining unit.

Nurses filling posted positions shall be required to maintain a position on that same unit or "cluster" for six (6) months following the start date on the unit before transferring to another posted position on a different unit. Nurses may request a waiver during the six (6) month period and such requests shall not be unreasonably denied.

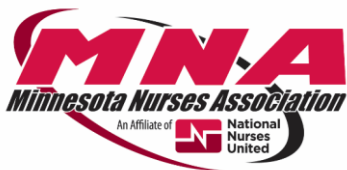
## MNA Proposal 1

### 2. EDUCATION DEVELOPMENT

#### A. Tuition Reimbursement:

The Hospital shall pay nurses with authorized hours of thirty-two (32) or more hours per payroll period minimum reimbursement in the amount of 100% of tuition and required fees and books up to three thousand dollars (\$3,000) per calendar year for degrees in nursing or, alternatively, seventy-five percent (75%) of tuition and required fees and books up to two thousand dollars (\$2,000) per calendar year for educational course work at an accredited institution under the following circumstances:

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2019 Negotiations  
Fairview Health Services  
May 15, 2019  
Time: \_\_\_\_\_

1. The Vice President of Patient Care Services or designee must approve the proposed course or sequence of studies as having a reasonable relation to the nurse's professional employment.
2. The nurse must sign a certificate that she or he will continue to or return to work at the Hospital for at least one (1) year after completion of the course or sequence of studies. If a nurse fails to continue or return to work for at least one (1) year, the repayment shall be prorated based on the amount of time the nurse continues to work for the Hospital. Nurses who have 20,800 seniority hours or more at the time of termination shall not be required to make any repayment. At the time of layoff, a nurse will continue to be eligible for reimbursement as provided in this Section for courses previously approved and shall not be required to repay the Hospital any reimbursement which would otherwise be required to be repaid.
3. Payment shall be made upon satisfactory completion of each course for which reimbursement has been requested. Provided, nevertheless, that the nurse shall repay the Hospital any reimbursement she or he has been paid hereunder to the extent that she or he does not continue to or make herself or himself available to return to work at the Hospital for at least one (1) year after completion of the course or sequence of studies.

4. Registered Nurse may use tuition reimbursement for student loan forgiveness at 100% of the above tuition reimbursement rate.

E. Required Education Subsequent to Employment:

1. Any education required by the Hospital subsequent to employment shall be provided during hours compensated pursuant to the Contract Agreement, and with the expenses thereof paid by the Hospital.

Required learning will be in a structured environment that may include such things as four or eight hour competency days, dedicated staff meeting times, presentations, skill labs, or structured time to complete a learning packet. Nurses working

permanent relief or night shifts will continue to receive that respective shift differential for required learning and mandatory meeting hours.

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Mandatory meetings and required education will be offered or made accessible to the registered nurse during or adjacent to the nurse's scheduled work shift. Alternate mechanisms such as video tapes, audio tapes, or self-study may be used.

Each mandatory competency or required learning packet distributed to nurses, either by paper or by e-mail, shall specify the amount of paid time that has been approved for completion of the competency or required learning if it cannot be completed during the nurse's scheduled work shift.

2. The Hospital will be accountable to enroll and schedule each nurse for the designated mandatory learning. All nurses will receive an email notifying them of the mandatory education and instructions for accessing required education.

The Hospital will schedule each nurse to a designated time and available computer on their unit or elsewhere that computers are available. The scheduling of time for the education will be as follows (in order of priority)

1. Scheduled within the nurse's work agreement
2. Scheduled during low need days
3. Adjacent to their shift after discussion with manager
4. At the request of the RN may be completed at home with discussion with manager

Compensation for Mandatory Education:

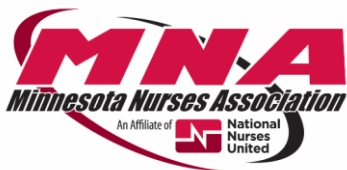
1. Education of three hours or greater will be completed within the nurse's work agreement unless the nurse and the nurse manager agree on an alternative schedule.
2. Any educational activity with designated time of less than three hours will be completed within or adjacent to the nurse's work agreement unless the nurse and the nurse manager agree on an alternative schedule.

In the event the staff is pulled from the education to complete patient care (i.e. high census), the staff will be rescheduled prior to the completion deadline for the education.

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**MNA Proposal 11:**

24. **HEALTH AND SAFETY:**

F. Nursing Health and Safety Committee:

A Nursing Health and Safety Committee will be established as a component part of the Hospital's basic Health and Safety Committee. The Nursing Health and Safety Committee shall consist of an equal number of representatives designated by the Hospital and designated by the bargaining unit. Staff and assistant head nurses selected to serve on this Committee and/or its Subcommittees shall be paid for meeting time spent pursuant to Sections 3 and 4. The Committee shall meet monthly or as otherwise agreed upon to consider and develop recommendations on health and safety matters of particular concern to registered-staff nurses including, but not limited to, workplace violence, infectious diseases, chemical hazards, security and physical safety, radiation, and education and the development and display of appropriate signage addressing workplace violence. The Hospital will cooperate in providing the Nursing Health and Safety Committee with relevant background information. Recommendations will be sent to the Hospital Health and Safety Committee and the Fairview System Workplace Violence Prevention Committee for action. If those recommendations are not implemented, the Committee may bring the matter to the attention of the Chief Nurse Executive.

The MNA Co-Chairperson of the Nursing Health and Safety Committee of each facility will be added to the Fairview Safe Patient Handling Steering Committee and the Fairview System Workplace Violence Prevention Committee.

The Committee, itself or in cooperation with other Hospital Health and Safety Committees, the Fairview System Workplace Violence Prevention Committee or officials, will develop a process to mutually assess risk management decisions, analyze injuries and incidents of workplace violence, and identify ways to prevent such injuries or events using experts as needed to accomplish these tasks. Specific tasks may include, but not be limited to:

1. Develop/clarify and communicate a process for nurses to bring concerns to the Committee for review and action.
2. Develop/clarify and communicate a process for nurses to identify situations related to a potential injury/illness that requires immediate intervention.

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2019 Negotiations  
Fairview Health Services  
May 15, 2019

Time: \_\_\_\_\_

3. Mutually assess workplace hazards on a unit basis, develop a plan to abate the hazard through appropriate mechanisms, monitor the implementation of the plan(s), and provide recommendation for education.
4. Address priorities for prevention of chronic, repetitive, or cumulative trauma injuries.
5. Develop education plans regarding ethical rights and responsibilities of nurses protecting themselves from injury.
6. Cooperate with emergency health services to provide access to employee health services twenty-four (24) hours a day.
7. Cooperate with emergency health services to promote its ability to serve as an advocate for employee health and interact with employees in a mutually respectful manner.
8. By July 1, 2008, the Nursing Health and Safety Committee will develop an action plan to address safe patient handling education and equipment needs.
9. Review a summary of all incident reports involving violence as defined by Minnesota Statute 144.566.
10. Staff nurses may initiate an assessment of the unit including resources, physical geography, patient population, and staff educational needs on the unit in order to address unit concerns in the prevention of workplace violence.

In addition to providing access to and copies of the OSHA 200 records and First Report of Injury forms as required by Statute or Rule and Regulations, the Hospital will furnish copies of its Right to Know plan and its overall AWAIR plan.

The Hospital and the Minnesota Nurses Association are committed to a culture that will dramatically reduce staff injuries and enhance overall safety and security in the workplace. The Nursing Health and Safety Committee will explore, analyze, and make recommendations to the Labor-Management Committee, the Fairview System Workplace Violence Prevention Committee and the Hospital Health and Safety Committee. The Nursing Health and Safety Committee's focus will include, but not be limited to, the following: workplace violence prevention, exploration of a no-lifting policy, new equipment, lifting teams, unit security needs, and a review of the placement, role, and responsibility of security. The Nursing Health and Safety Committee shall provide input and review any safe patient handling policies.

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The Committee at each hospital will review the 2006 joint research project funded by the Hospital and the Association to develop action items for implementation. Staff nurses will be involved with implementation of these action items on their nursing care unit. The Hospital and the Association will jointly fund an effort to present and publish the results of the 2006 research study regarding barriers to safe patient handling.

Facility building or remodeling in direct patient care areas will be assessed for safe patient handling and workplace violence prevention opportunities. A safe patient handling risk and workplace violence assessment will be conducted for all units related to education and equipment needs.

G. Physical Violence and Verbal Abuse **Workplace Violence:**

The Nursing Health and Safety Committee will recommend preparedness and incident response action plans to acts of violence, review these plans annually and propose any changes as deemed appropriate. When a trend or pattern arises regarding workplace violence reports or concerns, the Committee will meet and review relevant policies in order to make recommendations for changes or updates to the Hospital.

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**Workplace Violence Prevention:**

Each facility will establish and enforce a code of behavior for all in the facility. Each will have a trained response team(s) which will respond to all emergency situations where physical violence, the threat of physical violence, or verbal abuse occurs. A process will be developed to record and report these incidents of a non-emergency nature. These records will be evaluated by the Nursing Health and Safety Committee ~~involves a registered nurse.~~

The Hospital will provide a face-to-face physical management curriculum by qualified instructors that provides information and skills in threat assessment, de-escalation, physical protection, and behavior management to all nurses on an annual basis ~~in high-risk areas and/or upon request.~~ The Hospital will also provide nurses with updated workplace violence policies.

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The Hospital will develop a process for a risk assessment upon admission to determine potential violence from patients and develop and communicate a therapeutic plan of care as appropriate.

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Time: \_\_\_\_\_

The Committee will evaluate available technology, visual cues and other reasonable means available to alert staff that a patient, staff that a patient or patient's family member or visitor has a history of violence toward staff and/or visitors and make recommendations to the Hospital for implementation.

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### **Workplace Violence Response:**

The parties recognize that accurate information regarding the reporting of workplace violence is imperative to analyzing trends and patterns to continue to promote a safe workplace. Therefore, nurses will make every effort to report incidents of workplace violence. The Committee will work to develop a process to ensure the appropriate tools and processes are in place for expeditious reporting of incidents of workplace violence. Nurses are also encouraged to contact the Employee Occupational Health and Safety Department following any incident of workplace violence.

The Hospital will encourage nurses who are victims of assault in the workplace to recognize the potential of emotional impact and offer counseling or other delayed stress debriefing. A documented debrief will be scheduled to occur as soon as reasonably possible, and every effort will be made to have this debrief within 72 hours after report of the event has been received, if requested by a member of the care team. The debrief shall include all staff involved and other members of a typical debrief team. The intent of the debrief is to create a safe space for staff to discuss the event. The Nurse Leader and Employee Occupational Health and Safety Department will facilitate support and resources for the affected nurse. Documentation of the debrief will be provided to the Union upon request.

In addition, a nurse who has been assaulted at work and is unable to continue working will be given the opportunity to be free from duty without loss of pay for the remainder of that shift.

Upon receipt of verifiable medical certification confirming physical or emotional injury necessitating additional time off beyond the day of the incident, the Hospital agrees to grant the nurse up to three consecutive calendar days off without loss of pay immediately following the date of the incident, in the form of paid administrative leave. Furthermore, the incident of workplace violence must be reported by the nurse in order to be eligible for any paid administrative leave. However, if a report is made more than

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three days after the event (but in no event later than ten days) administrative leave may be provided retroactively.

A nurse who has experienced violence that was committed by a patient or that patient's family or visitor shall not be required to assume the assignment of that patient on a future date without the consent of the nurse. ,

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The Hospital will extend reasonable cooperation to any nurse assaulted in the workplace who chooses to exercise her/his rights under the law.

#### **PROPOSAL 12:**

#### **28. ASSOCIATION COMMUNICATION AND CHAIRPERSONS**

##### **D. Union Staff Representatives**

1. Access Times. Union Staff Representatives shall have access to bulletin boards and other nonpatient areas of the facility at all reasonable times for the purpose of observing working conditions, monitoring compliance with this Agreement or following-up on inquiries and concerns of bargaining unit Employees. For the purposes of this agreement, nonpatient areas refer to areas including, but not limited to, hallways, breakrooms, and conference rooms.
2. Additional Right of Access. It is understood by the parties that Union Staff Representatives have legal obligations as Employee representatives and, as such, have access rights beyond those of the public and other non-Employees.
3. Obligations of Union Staff Representatives. Union Staff Representatives will abide by patient confidentiality, infection control, and other Employer policies applicable to Employees when using their access rights.
4. Union Representative Badge. When entering any of the Employer's facilities, Union Staff Representatives will wear their Union Representative badge issued by the Employer or the Union.
5. Conferring With Employees. Union Staff Representatives may confer with an Employee or group of employees, and/or supervisors or an Employer representative, on Employer time in connection with a complaint or problem concerning the Employee or group of employees, but such conference should not interfere with the work of the Employee or the delivery of patient care.

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The Minnesota Nurses Association also proposes that the terms and conditions of employment set forth in the collective bargaining agreement between the Association and Fairview Health Services on behalf of Fairview Southdale Hospital and University of Minnesota Medical Center, Fairview – Riverside Campus be extended to all Registered Nurses in the cardiac catheterization and intervention radiology departments at Fairview Southdale Hospital save for the following:

In lieu of sections 9. VACATIONS and 10. SICK LEAVE, the Association makes the following proposal regarding Paid Time Off (PTO):

A. Eligibility For Paid Time Off:

Nurses who are scheduled or work an average of thirty-two (32) hours or more per pay period shall be eligible for paid time off (PTO). Eligible nurses will accrue PTO at the following rates based upon full-time employment:

Table with 3 columns: Years, Days, Hours per pay period. Rows: 0 - 1 Years (24 days, 7.4 hours), 2 - 4 Years (29 days, 9.0 hours), 5 - 14 Years (34 days, 10.6 hours), 15+ Years (39 days, 12.1 hours)

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B. Accrual Maximum:

The amount a nurse accrues PTO each pay period may vary, but as long as the nurse is paid for two thousand eighty (2080) hours in a year, the nurse will accrue her/his maximum annual amount.

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C. Designated Holiday:

The designated holidays are Good Friday or Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas, and New Year's Day. The designated holiday is observed on the actual date of the holiday regardless of whether it falls on a weekday, Saturday, or Sunday. The designated holiday normally begins with the start of the night shift before the designated holiday and ends on completion of the evening shift on the designated holiday. However, the Christmas and New Years designated holiday period extends over thirty-two (32) hours beginning with the evening shift on Christmas and New Years Eve and ending with the completion of the evening shift on Christmas and New Years Day.

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Full-time nurses shall be provided with three (3) personal floating holidays each contract year at a time mutually agreed upon between each individual nurse and the Hospital. A regularly

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scheduled part-time nurse shall be provided with two (2) personal floating holidays each contract year.

D. Hours Worked on Designated Holidays For Nurses Authorized 32 Hours or More:  
For nurses authorized thirty-two (32) hours or more per pay period, hours worked on Thanksgiving, New Year's Day, Good Friday or Easter, Memorial Day, Fourth of July, and Labor Day shall be paid at time and one-half (1½). For nurses authorized thirty-two (32) hours or more per pay period, hours worked on Christmas shall be paid at the rate of double time, including the 3:00 – 7:00 p.m. portion of the December 24 12-hour day shift, and the 7:00 – 11:00 p.m. portion of the December 25 12-hour night shift. For nurses authorized thirty-two (32) hours or more per pay period, hours worked on New Year's shall be paid at the rate of time and one-half, including the 3:00 p.m.–7:00 p.m. portions of the December 31<sup>st</sup> 12-hour day shift, and the 7:00 p.m. – 11:00 p.m. portion of the January 1<sup>st</sup> 12-hour night shift. In addition, nurses authorized thirty-two (32) hours or more per pay period who work at least one (1) hour past 3:00 p.m. on December 24 or December 31 will receive holiday pay for the hours worked after 3:00 p.m. on those days.

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PTO may also be claimed if desired up to the number of hours worked on each of the designated holidays. Subject to staffing requirements, nurses also have the option of having an additional day off when they work the holiday.

E. Hours Worked on Designated Holidays For Nurses Authorized 0 - 31 Hours:  
For nurses authorized 0 - 31 hours per pay period, hours worked on designated holidays shall be paid at straight time plus paid holiday hours equal to the number of hours worked.

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F. PTO On a Designated Holiday:  
If a nurse authorized thirty-two (32) hours or more per pay period is not scheduled to work on a designated holiday, he/she may claim PTO hours for the hours not worked, but not to exceed his/her FTE status, or he/she may elect to take the day unpaid.

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G. Requests for Scheduled Time Off:  
1. Request Periods:  
Written requests for time off for the period of May 1 through October 31 shall, whenever possible, be submitted during the period from January 1 through January 15. Written requests for time off for the period of November 1 through April 30 shall, whenever possible, be submitted during the period from June 1 through June 15.

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2. Granting Requests Submitted During The Two Request Periods:  
Requests submitted during January 1 through January 15 and June 1 through June 15 shall be granted taking the following principles into account:

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- i. Requests for scheduled time off shall be granted by seniority except as specified below.
- ii. Any request initially denied shall be reconsidered as staffing levels permit.
- iii. Designated Holiday Requests - Nurses shall rotate designated holidays each year unless nurses in a scheduled department agree to work a different rotation coverage.

3. Posting Granted Requests:  
By February 15 and July 15, respectively, the Hospital shall post all granted holiday and scheduled time off requests submitted during the two requesting periods.

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4. Requests Submitted After Times Other Than The Two Requesting Periods:  
Written requests for time off submitted after the requesting periods must be submitted no later than 4:30 p.m. at least fourteen (14) calendar days prior to the posting of pre-posted hours. Requests shall be granted on a "first come, first served" basis.

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5. Peak Periods:  
No more than two (2) weeks of scheduled time off (STO), based upon respective authorized hours per pay period per employee, will be granted for the months of June, July, and August and again for the months of February and March. Additional STO time may be granted by the Department Manager for special circumstances or as staffing allows.

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6. STO Guidelines:  
The Staffing Advisory Committee will on a year-to-year basis review the "STO Guidelines" for the number of nurses that can be allowed off for PTO. **NOTE:** Upon adoption of this proposal, the Staffing Advisory Committee language will be reformed to include an annual review of STO guidelines.

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2.7. Nurses who meet their authorized hour requirement for the pay period by picking up extra and open shifts shall not be required to take PTO for any pre-approved STO during that pay period.

*Minnesota Nurses Association reserves the right to propose language, "clean up," and to agree to make technical corrections during the contract drafting process. Minnesota Nurses Association reserves the right to add, subtract, or modify its proposals and the right to make counter-proposals regarding any proposal submitted by the Employer.*



Minnesota Nurses Association  
2019 Negotiations  
Fairview Health Services  
May 15, 2019  
Time: \_\_\_\_\_

H. Paid Time Off Conversion to Pay:

The parties agree that the purpose of paid time off is to provide a nurse with time away from work for rest and personal renewal. By mutual agreement between the nurse and nurse manager, a nurse may convert accrued paid time off hours to pay consistent with the following:

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1. The determination of whether to approve or deny a paid time off pay out will be made at the discretion of the manager.
2. Nurses will be required to maintain a minimum paid time off balance at least equal to their authorized hours.
3. Paid time off pay outs will be considered for regularly scheduled employees as follows:
  - a. Maximum pay out per request is equal to the employee's authorized hours or average hours worked up to a maximum of eighty (80) hours.
  - b. Minimum pay out per request is greater than or equal to eight (8) hours.
4. There will be a maximum of three (3) pay outs per nurse per calendar year.

I. Scheduled Time Off Over Weekends

Employees who work every weekend or every other weekend, regardless of the number of hours per shift, shall be entitled to not less than two (2) weekends off each year as PTO.

Employees who work every third or fourth weekend, regardless of the number of hours per shift, shall be entitled to not less than one (1) weekend off per year as PTO.

1. The "weekend" for flexible schedule employees will include Friday, Saturday, and Sunday for those employees typically scheduled for three 12-hour shifts every third weekend.
2. The year is defined as January 1 through December 31.

Weekends in excess of the above may be granted if consistent with patient care needs.

New employees may submit PTO requests during the request period following date of hire.

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Effective June 1 of each year, any personal floating holiday from the previous contract year that has not been used

**PROPOSAL 18:**

The Minnesota Nurses Association proposes an across the board wage increase of 4% effective June 1, 2019, 5% effective June 1, 2020, and 6% effective June 1, 2021.

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