

32-hour Maximum MOU
Union counter proposal
May 8, 2020

Memorandum of Understanding between SEIU Healthcare Wisconsin and UnityPoint Health Meriter Hospital

The parties recognize that the threshold under Article 23, Section 6: “When fifty percent (50%) of the unit staff have been mandated off or placed on required available on call for at least eight (8) hours within a rolling twenty-eight calendar day (28-day) period, and the Short-Term Census Fluctuation/Hours Reduction process above has been implemented, then the Long-Term Hours Reduction and/or Layoff Process in Section 7 below shall be implemented for staff from the affected unit”, has been met for some units within the Hospital.

Section 6 in part also includes: “If the low census condition persists, such that volunteers for low census cannot be recruited and mandatory hours reduction is required, hours of bargaining unit staff will be reduced or placed on required availability on call, using inverse seniority on a shift-to-shift basis or for a series of scheduled shifts. When using inverse seniority for mandatory hours reduction or placement on required availability on call, units cannot use seniority rotation (taking turns). Staff mandated off shall be allowed during the same pay period to fill any vacant shifts or bump any assigned extra shifts, agency, or Per Diem shifts, only within their home unit or shared unit(s), provided it does not result in overtime.

Once a nurse scheduled to work on the affected unit has been impacted for a total of thirty-two (32) hours or more, the nurse shall no longer be impacted for the remainder of the calendar year. In the case of low census or mandatory hours reduction, nurse managers will not assume what would have been a nurse’s assignment.”

However, in lieu of implementing Article 23, Section 7 the parties mutually agree that once a nurse has been impacted for the total of 32 hours or more for the calendar year, each nurse on the affected unit may be impacted for an additional 32 hours for the remainder of the calendar year for a total of 64 hours. This additional 32 hours would be implemented with the following intent:

If a higher-senior nurse has not been impacted their entire initial 32 hours and is not scheduled when there is a need to reduce hours, then the second round of 32 hours can proceed starting from the lowest senior nurse. However, if a higher-senior nurse who has not yet been impacted for an initial 32 hours and a lower-senior nurse who has already been impacted for an initial 32 hours are both working, and there is a need for mandatory hours reduction, nurses who have not yet been impacted for an initial 32 hours shall be impacted prior to nurses who have been impacted for the initial 32 hours. Mandatory hours reduction will continue to follow inverse seniority per Article 23, Section 6.

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If this additional hours reduction process becomes insufficient, then the parties shall meet prior to the implementation of Article 23, Section 7, to discuss the possibility of additional temporary hours reduction measures. This Memorandum will expire on December 31, 2020.

This Memorandum shall only apply to the following units: Am Admit, OR, PACU, Surgical Short Stay, Digestive Health, and Infusion Center. The parties may mutually agree to apply this Memorandum to other areas in the future.

Date: _____

Crystal Martzall, Director SEIU Healthcare WI

Date: _____

Amanda Schaub, HR Director – Employee/Labor Relations,
UnityPoint Health - Meriter