

**UNIVERSITY OF CALIFORNIA  
SUMMARY OF UC- CNA 2008 FACT-FINDING REPORT AND RECOMMENDATIONS**

FACT-FINDING RECOMMENDATIONS	UC PROPOSAL	CNA PROPOSAL
<b>WAGES</b>		
<ul style="list-style-type: none"> <li>▪ 2% increase in November 2008 and 2.5% increase in May 2009 at hospital locations  (except UCD which is providing greater increases reflecting local changes) <i>(page 9)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ 2% ATB increases for most classifications effective upon ratification and</li> <li>▪ 2% ATB increases for most classes effective March 2009 (June 2009 for UCI)</li> <li>▪ UCI completes range realignment process, increasing % difference between steps.</li> <li>▪ UCD and UCM provide additional market-based increases</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4% ATB effective October 1, 2008 (5% at UCD), and</li> <li>▪ 3% ATB effective March 1, 2009 (4% at UCD);</li> <li>▪ accepts UC proposal for larger market-based increases for specific titles at specific locations</li> <li>▪ Add experience step at all locations.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ensure experience step movement on a date earlier than July, 2009 <i>(page 9)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ July experience step movement (effective June 24 for bi-weekly pay and July 1 for monthly pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accepts UC proposal to provide July experience step.</li> </ul>
<ul style="list-style-type: none"> <li>▪ No additional recommendations beyond those already offered by the University. <i>(page 9)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ On-call, and shift increases at specific locations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase on-call pay at all locations; increase night shift differential for some titles, and add some longevity increases.</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Include definition of Preceptor</li> </ul>	<ul style="list-style-type: none"> <li>▪ Do not include definition of Preceptor</li> </ul>
<b>MEDICAL BENEFITS</b>		
<ul style="list-style-type: none"> <li>▪ Contract to contain the formula for setting the employer contribution; this formula will be used in future years, and bargaining about cost will not be necessary <i>(page 5)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ After CNA rejects UC proposals for a formula, UC proposes CCL, which includes autumn 2009 negotiation of 2010 Medical Benefits Propose to place 2009 rates into Appendix.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Generally, agrees to Current Contract language for medical benefits, including negotiations about rates in autumn 2009.</li> <li>▪ 2009 rates the appendix</li> </ul>
<ul style="list-style-type: none"> <li>▪ UC should agree that there will be no substantial changes in benefits made because of the University's specifications to medical provider organizations <i>(page 5)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Negotiations over benefits &amp; rates in autumn 2009, per CCL</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2009 negotiations to occur per current requirements: autumn 2009 negotiations over benefits</li> </ul>

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<b>RETIREMENT BENEFITS</b>		
<ul style="list-style-type: none"> <li>▪ UC and CNA should bargain over the contributions to the retirement plan in June, 2009, after The Regents make their decision as to timing and amount. (pages 6 &amp; 7)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintain current contract language, which promises that UC will bargain if the University makes changes to the retirement plan that reduce retiree health or UCRS retirement benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ No change to the status and employee contributions to the retirement plan.. Delete current contract language allowing UC to make changes.</li> </ul>
<b>FLOATING</b>		
<ul style="list-style-type: none"> <li>▪ No recommended change to current contract re: floating Med-Surg RNs to Telemetry (page 3)</li> <li>▪ Include reference to “age-specific competencies” (page 3)</li> <li>▪ No restriction on floating based on seniority (page 3)</li> <li>▪ No restriction on floating RNs between hospitals; no float differential (page 3)</li> <li>▪ Address matter locally through PPC and nursing management collaboration, per UC proposal; negotiations &amp; binding arbitration not recommended (page 4)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No change to current contract; no restriction on floating Med-Surg RNs to Telemetry</li> <li>▪ Include reference to “age-specific competencies”</li> <li>▪ No change to current contract: no restriction on floating based on seniority</li> <li>▪ No change to current contract: no restriction on floating RNs between hospitals; no float differential</li> <li>▪ Establish local task force to address where RNs float; recommendations to Nursing Director.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Require that Med-Surg RNs floated to Telemetry to be assigned only limited nursing care duties for patients assigned to a Telemetry RN.</li> <li>▪ CNA agrees to UC proposal re: “age-specific competencies”</li> <li>▪ CNA withdrew proposal for seniority-based floating</li> <li>▪ CNA withdrew proposal to restrict floating between hospitals and for extra pay when RNs do float.</li> <li>▪ Include “minimum requirements” for floating in current agreement, including specific float unit restrictions.</li> </ul>
<b>MEAL &amp; BREAK RELIEF</b>		
<ul style="list-style-type: none"> <li>▪ Address matter locally, through PPC and nursing PPC and management collaboration (page 4)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No proposed change to current contract language; current contract already allows for nurse/management collaboration through PPC.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continues to insist on method &amp; number of RNs for break relief</li> </ul>

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<ul style="list-style-type: none"> <li>▪ Reports must be given on work time <i>(page 4)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ No proposed contract change</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adequate time must be provided during work time for relief report</li> </ul>
<b>CHARGE NURSES &amp; BREAK RELIEF</b>		
<ul style="list-style-type: none"> <li>▪ Relief decisions should be local, ensuring that charge RNs have sufficient time to carry out assignments <i>(page 5)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ No change to current language</li> </ul>	<ul style="list-style-type: none"> <li>▪ Charge should not have a patient care assignment; should not be used for more than 2 break and lunch relief stints per 12-hour shift.</li> <li>▪ For 6 or 8 hour mid-shift positions, an additional assignment of one or more clinically competent break relief nurses with no patient assignments.</li> </ul>
<b>SIDE LETTERS</b>		
<ul style="list-style-type: none"> <li>▪ Extend side letters on pension and retiree health through June 30, 2009. <i>(page 7)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Extend side letters to 2009 only if CNA and UC reach agreement.</li> <li>▪ If agreement cannot be reached, side letters may not be extended.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Extend side letters on pension and retiree health only if CNA reaches agreement with UC.</li> </ul>
<b>ASSOCIATION RIGHTS</b>		
<ul style="list-style-type: none"> <li>▪ Rescind language because such release time is already part of the status quo. <i>(page 7)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ UC withdraws proposal to eliminate 4-hour/month paid release time for nurse representatives</li> <li>▪ Proposes language clarification.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Current contract language</li> </ul>
<b>BRN ADVISORY</b>		
<ul style="list-style-type: none"> <li>▪ Do not include Advisory in the contract <i>(page 2)</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Do not include Advisory in the contract</li> </ul>	<ul style="list-style-type: none"> <li>▪ CNA withdrew proposal to include Advisory in contract</li> </ul>