Nominations

At least thirty (30) days prior to an election, members in good standing will submit in writing names of candidates for elective officers and delegates to the Secretary of the Executive Committee.

Executive Committee

Duties- The Executive Committee will act as a steering committee to conduct the day-to-day business of the MCMC/ONA with respect to the objectives outlined in the MCMC/ONA and ONA’s Bylaws and in cooperation with ONA and ONA staff.

CHAIRPERSON

Conduct and supervise the affairs of MCMC/ONA in accordance with these Bylaws;

Serve as an ex-officio member of all MCMC/ONA committees;

Appoint special committees and their members with the approval of the Executive Committee;

Fill vacancies that occur on committees with the approval of the executive committee until the next regular election;

Combine the duties of officers during times where duly elected officers are lacking.

Assist with grievances at step 2 and step 3 when requested by the grievant.

In conjunction with the Treasurer, disburse or order the disbursement of all monies necessary to pay the bills, obligations and indebtedness of MCMC/ONA, which have been properly incurred as provided herein;

Enforce these Bylaws and ensure that all officers perform their respective duties.

VICE-CHAIR

Assist the Chairperson in the discharge of all duties;

Perform such other duties and render such assistance as may be directed by the Chairperson;

Serve as the liaison with Clinical Administration hires due to the nature of the department.

In case of the Chairperson’s absence, the Vice-Chair shall perform the duties of the President; and

Should the Chair’s position be vacated, the Vice-Chair shall serve as the Chairperson until the next election.

SECRETARY

Collect names of nominees for elected positions and construct a ballot for all the names submitted;

Confirm that the nominees are willing to serve and when there is no Membership Chair, ensure the nominee is in good standing;

Verify that amendments to bylaws are properly submitted;

Record, maintain and archive minutes for all Executive Committee meetings;

Sit on the Elections Committee; and

Conduct correspondence as directed by the Executive Committee.

TREASURER – Has financial responsibility over the financial affairs of the MCMC/ONA

The Treasurer will hold and account for the treasury of MCMC/ONA.

Make financial reports at all at Executive Committee Meetings and to EGW as requested that includes the assets and liabilities of the MCMC/ONA; and

Keep itemized records, showing the source of all monies received and spent, and keep records, vouchers, work sheets, books and accounts and all resolutions to verify such report and provide a copy of this information to EGW by December 31st of every year.

GRIEVANCE CHAIR - coordinate the following

Continued on page 2
activities in cooperation with the ONA staff representative:

- Conduct and supervise the affairs of the Executive Committee with regard to grievances.
- Oversees the processing of unit representatives in their investigation of all grievance complaints filed by BU members at Step 1 and assist members with Step 2 and Step 3 grievances.
- Responsible for securing representation, if requested, for the grievant when their unit representative is not available.

MEMBERSHIP CHAIR

- Ensures that all new hires are contacted in a timely fashion to discuss membership MCMC/ONA in the and the ONA, ensures new hires are provided with a copy of the collective bargaining agreement, these Bylaws, a ONA membership application and to ensure that the new hires are introduced to the new hires’ unit steward;
- Strive to increase the membership of the bargaining unit;
- Ensure that membership records accurately reflect who are: a) members in good standing; b) members in bad standing; c) fair share members; d) bona fide religious objectors; e) new hires who are potential new members; and f) non-members. The Membership Chair will ensure that the list is updated on an annual basis and before every vote of the bargaining unit.

UNIT REPRESENTATIVES

- Shall assist their units with grievances, with completing safe staffing request forms, and with routing concerns to the Executive Committee.
- Help with implementing phone trees and passing out information or conducting surveys in the units

PNCC CHAIR

- Conduct and supervise the affairs of the PNCC in accordance with these Bylaws;
- With the PNCC, make recommendations for educational and training programs compatible with identified hospital goals;
- Ensure each nursing unit has at least one member in good standing willing to participate on the PNCC Committee or as dictated by the collective bargaining agreement;
- With the PNCC, process and analyze unsafe staffing reports. Take necessary steps to address issues raised in unsafe staffing reports when necessary;
- Make timely reports to the Executive Committee and ONA concerning unsafe staffing reports and educational and training programs;
- Serve on the hospital’s staffing committee or ensure the staffing committee has duly elected representatives.
- Make recommendations to the facility of ways and means to improve patient care;
- Make reports to outside agencies with the approval of the Executive Committee and ONA; and
- Those duties specified with the collective bargaining agreement.
- If the PNCC does not function or meet per the contract, five members of the Executive Committee may function as the PNCC.

HEALTH PLAN ADVISORY COMMITTEE

Three Nurses in the Bargaining Unit shall serve on the Health Plan Advisory Committee. One member will report to the Executive Committee at least quarterly.

SAFETY COMMITTEE

Two Registered Nurses of the bargaining unit shall serve on the Hospital Safety Committee. These nurses will be in communication with the Hospital Staffing Committee.
Oregon Nurses Association / Mid-Columbia Medical Center
Executive Committee / PNCC / Health Plan Advisory Committee / Safety Committee

NOMINATION & CONSENT TO SERVE FORM

RETURN by fax to 503-293-0013 or by photograph to Cooper@OregonRN.org no later than Feb. 25, 2019

Please try to gather a signature from every person that you nominate, including yourself.
We must have a signature (which serves as a consent to serve) from each nurse before their name can appear on the ballot.

DEADLINE IS Feb. 25, 2019!

Printed name of person completing form: ____________________________________________
Your email address: ____________________________

<table>
<thead>
<tr>
<th>Executive Committee</th>
<th>PNCC Committee / Unit Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>PNCC Chair</td>
</tr>
<tr>
<td>Secretary</td>
<td>First Impressions</td>
</tr>
<tr>
<td>Grievance Chair</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Chair</td>
<td>4th Floor (Med Surg/Endo)</td>
</tr>
<tr>
<td>Vice-Chair</td>
<td>ICU/Teli/Rehab</td>
</tr>
<tr>
<td>Treasurer</td>
<td>OR/RR/SDS</td>
</tr>
<tr>
<td>Membership Chair</td>
<td>Celilo</td>
</tr>
<tr>
<td>Chair</td>
<td>Home Health</td>
</tr>
</tbody>
</table>

Name of the person you are nominating for one of the above open positions: ________________________________ (Position)

(The nominee must submit a consent to serve form prior to election or appointment)

Representing which unit? (Home Health, First Impressions, 4th Floor (Med Surg/Endo), ICU/Teli/Rehab, OR/RR/SDS, Celilo, Emergency Department, PNCC Chair): ________________________________

Health Plan Advisory Committee: ____________________________________________
__________________________________________
__________________________________________

Safety Committee: ____________________________________________

__________________________________________

You must be an ONA member to serve.
If you have questions, contact Amber by e-mail at Cooper@OregonRN.org

CONSENT TO SERVE

If appointed/nominated, I consent to serve for the following offices (list all that apply):

__________________________________________

__________________________________________

__________________________________________

Printed Name: ____________________________ Signature: ____________________________ Date: ____________________________

Home email: ____________________________ Mobile phone: ____________________________
Best time to reach me: ____________________________ Best way to reach me: ____________________________