The Tuality Community Hospital (TCH) Geri Psych nurses are now in our union!

Votes were tallied by the National Labor Relations Board (NLRB) at Tuality on Wednesday, Aug. 21. Out of 11 votes cast, 9 were for the union.

Our next steps are surveying nurses in the unit to help prioritize their needs at the bargaining table. We must also elect a small team to negotiate their entry into our larger contract. Negotiations will include seniority dates, entry into our wage scale and benefits accrual rates, and criteria for floating to other units.

Get Ready for Contract Negotiations!

It’s that time again, time to elect a new team to represent nursing units/clusters on behalf of ONA nurses as we negotiate our next contract! In preparation for our 2019/2020 negotiations, we will hold meetings and survey the membership as we always do. But it’s important to elect a team that represents our diverse interests and unique disciplines within the hospital. Our bylaws call for representatives from the following areas, who will also serve as our executive committee for the life of the next contract:

- Emergency Department (1 position)
- Family Birth Center (1 position)
- Intensive Care and Progressive Care Units (1 position)
- Operating Room and PACU (1 position)
- Day Surgery and Seventh Ave building (1 position)
- Med/Surg (2 positions)

Interested? Fill out a consent to serve form, click here for online nomination or see second page.

Nominations will close Friday, Sept. 20, 2019, at 11:45 p.m.
Oregon Nurses Association / Tuality Community Hospital
Nomination & Consent to Serve Form
Bargaining Team / Executive Committee

RETURN TO:
Mail to: Brian Howard
Oregon Nurses Association
18765 SW Boones Ferry Road Suite 200
Tualatin, OR 97062-2487
Fax to: 503-293-0013 Attn: Brian Howard
Email to: Howard@OregonRN.org

Please nominate any active member you would like to serve. Please endeavor to get their signature so we know that the nurse you nominate is willing to serve if appointed.

DEADLINE IS September 20, 2019!

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

Name of the person you are nominating: ____________________________ (The nominee must submit a consent to serve form prior to election or appointment)

Position nominating for: ____________________________

Chair Grievance Chair
Vice Chair Membership Chair
Secretary/Treasurer PNCC Chair

You must be an ONA member to serve.
If you have questions, contact Brian Howard, 503-293-0011 ext. 1352 or Howard@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: ______________________