

Legislation Text

File #: TMP-6562, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

APPROVING A COLLECTIVE BARGAINING AGREEMENT WITH THE DEPARTMENT OF RESIDENTIAL HEALTH CARE FACILITIES AND 1199 SEIU RN UNIT AT SHAKER PLACE REHABILITATION AND NURSING CENTER.

| Date: | 4/29/2025 | | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|
| Department: | SHAKER PLACE REHABILITATION AND NURSING CENTER. | | | |
| Attending Meeting: | Mark S. Olsen | | | |
| Submitted By: Shawn Thelen | | | | |
| Title: Depu | ty Executive Director | | | |
| Phone: 518-4 | 47-7108 | | | |
| | | | | |
| Purpose of Request: Contract Authorization January 1 st 2024 through December 31 st , 2027 | | | | |

CONTRACT TERMS/CONDITIONS:

| Party Names and Addresses: Enter text. | 1199 SEIU RN Unit |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Term: (Start/end date or duration) Amount/Raise Schedule/Fee: | January 1 st 2024 through December 31 st , 2027 Enter text. |
| BUDGET INFORMATION:Is there a Fiscal Impact:Anticipated in Budget:Spreadsheet attached:Source of Funding - (Percentages)Federal:0County:100State:0Local:0 | Yes ⊠ No □ Yes ⊠ No □ Yes □ No ⊠ |
| <u>County Budget Accounts:</u> Revenue Account and Line: Revenue Amount: Appropriation Account and Line: Appropriation Amount: | Enter text. Enter text. Enter text. Enter text. |
| ADDITIONAL INFORMATION: Mandated Program/Service: | Yes □ No ⊠ |

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| If Mandated, Cite Authority: | Enter text. |
|-------------------------------|-------------|
| Request for Bids / Proposals: | |
| Competitive Bidding Exempt: | Yes 🛛 No 🗆 |
| # of Response(s): | Enter text. |
| # of MWBE: | Enter text. |
| # of Veteran Business: | Enter text. |
| Bond Resolution No.: | Enter text. |
| Apprenticeship Program | Yes □ No ⊠ |
| | |

<u>Previous requests for Identical or Similar Action:</u> Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

Shaker Place Rehabilitation and Nursing Center request the approval of a Memorandum of Agreement (MOA) with 1199 SEIU United Healthcare Worker's - RN Unit. This MOA covers Head Nurses and Registered Nurse Titles in the 1199 SEIU RN Unit collective bargaining unit.