Memorandum of Understanding

Between The San Benito County In-Home Supportive Services Public Authority And SEIU ULTCW-Local 64342015

THIS MEMORANDUM OF UNDERSTANDING, referred to below as "MOUAgreement," is entered into by and between the San Benito County In-Home Support Services Public Authority, hereafter designated as the "Public Authority", and Service

Employees International Union, United Long Term Care Workers, Local 6434<u>SEIU</u> Local 2015, hereafter designated as the "Union" for the term January 1, 201<u>9</u>0 to and including December 31, 201<u>9</u>1.

SECTION ARTICLE 1. PREAMBLE

This MOU Agreement formalizes the unique employer-employee relationship defined in law between the Public Authority and the Union and, as such, includes ideas not usually addressed in such MOU's Agreements. The Public Authority does not employ or manage the

IHSS provider workforce in the role of a traditional employer. <u>However, the Public Authority is committed to its mission to provide services that support a positive and productive relationship between Consumer Provider and IHSS Social Worker.</u>

SECTIONARTICLE 2. **RECOGNITION**

The Public Authority recognizes the Union as the exclusive representative of IHSS Individual Providers in San Benito County, referred to below as "Providers." This MOU-Agreement does not apply to the administrative and operational staff of the Public Authority.

SECTIONARTICLE 3. **NON-DISCRIMINATION**

Neither the Public Authority nor the Union shall discriminate with respect to enrollment on the registry by reason of race, creed, color, national origin, sex, gender identity, genetic information, marital status, sexual orientation, age or legitimate union activities. To the extent prohibited by applicable state and federal law, there shall be no discrimination against any disabled person solely because of such disability unless that disability prevents the person from adequately performing the essential duties of the position.

SECTIONARTICLE 4. CONSUMER RIGHTS

4.1 Consumer <u>Directed Care</u>

Consumers have the sole and undisputed right to hire and remove any Provider without cause.

Consumers direct the services rendered by a Provider as set for the in the Welfare and Institutions Code.

4.2 Consumer's Confidentiality-Right to Privacy:

The Union shall <u>neither not</u> seek <u>nor receive</u> information regarding the name, address, or telephone number, or any other personal information, about Consumers. Any information received pertaining to Consumers by the Union shall be handled with strict standards of confidentiality.

SECTIONARTICLE 5. **PUBLIC AUTHORITY RIGHTS**

Unless otherwise expressly specified in this <u>aAgreement</u>, the Public Authority retains exclusive right to determine the methods, means, and personnel by which its operations are to be conducted; to determine the mission of its governing body, committees, and other related works groups; to add or delete names of Providers to and from the registry; and to take all necessary actions to carry out its mission in emergencies.

SECTIONARTICLE 6. **UNION RIGHTS**

6.1 Representation:

The Union has the right to represent Providers in the bargaining unit as specified by state law and pursuant to the Public Authority Employer Employee Relations Ordinance. The Union will notify the Public Authority and maintain such notice during the term of this Agreement of the staff assigned to represent Providers.

The Union may select up to three (3) Providers, in addition to its staff members, to participate in the meet and confer process for a new <u>AgreementMOU</u> during the life of this agreement. The Public Authority will provide up to <u>forty-eight</u> (48) hours of lost time wages during the life of this agreement to be shared by these Providers. To qualify, a Provider must provide evidence that the hours spent in the meet and confer process are hours that <u>she/hethey</u> normally works as a <u>IHSS</u> Provider.

6.2 List and Information:

At such time as the information is made available to the Public Authority, the Public Authority shall arrange for delivery or provide the Union a list of all current Providers, including name, and if available, hours worked in a designated payroll period. The list shall be provided on floppy disks in an agreed upon format. The Public Authority will update this list to the Union on a monthly basis upon request.

The Union shall defend, indemnify, save, protect and hold harmless the Public Authority, its Board, directors, officers and providers from any and all claims, costs and liabilities for any damages and/or injury arising from disclosure to the Union of IHSS pProvider names, social security numbers, addresses and phone numbers. The Public Authority's right to be defended, indemnified, saved, protected and held harmless hereunder shall be unaffected by the concurrent negligence of the Public Authority or any other person, and this right shall survive the expiration date of this MOUAgreement.

6.3 Bulletin Boards

The Public Authority will furnish for the Union, a bulletin board at the Public Authority office. The bulletin board space shall be used only for the following subjects:

- 1. Union recreational, social and related news bulletins; Scheduled meetings;
- 2. Information concerning Union elections or the results thereof;
- 3. Reports of official business of the Union;
- 3. 4. Contact information and information regarding resources available to Union members. including reports of committees of the Union's Board of Directors.

4.

All materials shall clearly state that it is prepared and authorized by the Union. The Union agrees that notices posted on the bulletin board shall not contain anything, which may reasonably be construed as maligning the Public Authority, its staff, representatives, or Board.

At such time as the Public Authority has in place a digital web site, the parties will meet and discuss what, if any, space or links may be appropriate and any associated costs link to the Union's website will be placed on the Public Authority's website.

6.4 Union Access – Home Visits

Except as provided below, Union Representatives shall not conduct Union business, including business related to enforcement of this agreement, at the home of the Consumer.

In those instances when a Provider and a Consumer live in the same residence and the Union Representative and the Provider wish to meet at that residence, the Provider and the Consumer will determine whether or not -the Union Representative will be permitted to -shall enter the residence only upon permission of both the Consumer and Provider. The time spent in any such meeting shall not be counted as work time.

6.5 Advance Notice

Except in cases of emergency as provided below in this subsection, the Union, if affected, shall be given advanced written notice of any ordinance, resolution, rules or regulations directly relating to matters within the scope of representation proposed to be adopted by the Public Authority and shall be given the opportunity to meet with appropriate management representatives prior to adoption. The Public Authority will provide up to three (3) Board packets to addresses provided by the Union.

In case of emergency, when the foregoing procedure is not practical, or in the best public interest, the Public Authority may adopt, or put into practice immediately, such measures as are required. At the earliest practicable date thereafter, the Union shall be provided with the notice described in the preceding paragraph and be given an opportunity to meet with the appropriate management representatives to discuss the change.

6.6 Provider Orientations

The Public Authority will provide the Union with an annual calendar of New Provider Orientations, indicating the location and designated language for the orientation. The Public Authority will give no less than one week's notice of any changes to orientation schedules, except in case of an emergency cancellation. The Union will be given thirty (30) minutes at or about the beginning of each orientation to talk to new Providers about the Union. Upon request and with proper notice, the Union may be allowed to use available audio-visual equipment. The Public Authority will provide the Union with a copy of the attendance list including names and telephone numbers after each new provider orientation.

In the event that the Union is unable to attend a Provider orientation, the Public Authority shall inform Providers that they are represented by the Union and will make available Union authorization forms and related printed Union information provided by the Union. Staff conducting the orientation will announce that the materials are available during the orientation session. It is the responsibility of the Union to ensure that the Public Authority has copies of the materials the Union wishes for new Providers to have access to.

SECTION ARTICLE 7. UNION SECURITY

7.1 Providers must either become and remain members of the Union in good standing or pay an agency fee to the Union. Membership in good standing shall mean that the provider pays the regular periodic dues as a condition of acquiring or retaining

membership. Agency fee is the regular periodic required of non-members as their fair share of the costs of representation. Subject to the limitations and protections of applicable law, such dues or fees shall, as a condition of continued employment, be deducted from the Provider's paycheck on a monthly basis following completion of twenty five (25) or more hours of employment. Payroll Deductions

The Public Authority will cooperate with the State to commence and continue a monthly payroll of Union dues and other authorized deductions from the regular pay warrants of Providers who have authorized such deduction. The Union shall instruct the State of the dollar amount to deduct for Union dues or other authorized Union deductions, including voluntary COPE contributions, or approved voluntary payments for programs offered by the Union, specifying the purpose(s) of the deduction. The State shall continue to make such deductions as instructed for so long as the Union provides such instruction.

7.11NPLEMENTATION EXISTING PROVIDERS

No later than thirty (30) days after the effective date of this MOU, the Public Authority shall mail to each provider subject to this MOU a notice advising providers that there is an Agency Shop agreement with the Union and that all providers subject to the MOU must either join the Union, pay a service fee to the Union or execute a written declaration claiming a religious exemption from this requirement. Such notice shall include a form for the Provider's signature authorizing payroll deduction for either Union dues, service fee or charitable contribution. For Providers employed as of the date of ratification of this MOU, the obligation to pay Union dues or service fees shall commence with the first payroll period following final adoption of this MOU, subject to the provisions in Section 7 of this MOU.

The Public Authority will provide information to the State of California to implement deductions for Union dues, service fee or charitable fee, as appropriate.

The State shall deduct, in accordance with the Union's dues and service fee schedule, dues, service fees, or payments to charities in lieu of service fees form the wages of all Providers who are members of the bargaining unit. The Union shall provide that schedule on an annual basis to the Public Authority and State of California.

7.2 NEW IHSS PROVIDERS COVERED BY THE AGREEMENT

All providers in this bargaining unit who become covered by this MOU, on or after the effective date of the MOU, shall within thirty (30) days of meeting or exceeding the minimum hourly requirements set forth in Section 7 of this MOU, execute an authorization for payroll deduction of on of the following: 1) union dues, 2) service fee, or 3) if she/he qualifies, a charity fee equal to the agency fee to one of the negotiated funds that is exempt from taxation under Section 501 (c) (3) on the Internal Revenue Code.

7.3 CHARITY FEE DEDUCTION

To qualify for deduction of the charity fee, the provider must certify to the Union and the Public Authority that she/he is a member of a bona fide religion, body or sect which has historically held conscientious objection to joining or financially supporting public

Employee organizations, Such exempt unit member will be required to submit to the Union and the Public Authority a notarized letter signed by an official of the bona fide religion, body or sect certifying that person's membership. The deduction shall not be forwarded to the charity until the Union has approved of the exemption. The Union will receive from the Public Authority quarterly proof of payment of an amount equivalent to such representation fee to one of the negotiated funds or organizations agreed to for alternative payment.

7.4 INVOLUNTARY DEDUCTION

If any provider fails to authorize one of the deductions noted in the above sections, upon written notice from the Union, the Public Authority shall arrange with the State for involuntary deduction of the agency fee from the provider's paycheck within thirty (30) calendar days.

7.57.2 HOLD HARMLESS PROVISION

The Union shall defend, indemnify, and hold harmless the Public Authority, its Board, directors, officers and providers from any all claims, demands, suits or any other action arising from this Article, including from the Public Authority's compliance with any Union requests made pursuant to its efforts to collect dues and/or fees, and this duty shall survive the expiration of the MOUAgreement.

At any time the State Controller or the Department of Social Services makes any changes to the dues deduction or IHSS payroll systems that directly impact this system, the Public Authority shall meet and confer regarding the impact of the changes.

SECTIONARTICLE 8. NO STRIKE/NO LOCKOUT

During the term of this <u>MOUAgreement</u>, the Union, its members and representatives, agree not to engage in, authorize, sanction or support any strike, slowdown, stoppage of work, or refusal to perform customary duties. The <u>IHSS-Public</u> Authority agrees not to lock out members during the term of this <u>AgreementMOU</u>.

SECTIONARTICLE 9. **REGISTRY**

Consumers have the right to seek IHSS-Providers from any source including, but not limited to, referrals from the registry. The Public Authority reserves the right to recruit IHSS-Providers for the registry from any source. The Public Authority reserves the right to preclude an applicant from being listed on the registry if the applicant does not comply with the registry application requirements and/or the registry application process/procedure, or who has a past criminal record or work history that the Public Authority determines would make him/her inappropriate for the registry. The Public Authority has the discretion not to include IHSS-Providers on the registry. The Public Authority does not have the power to preclude IHSS-Providers from IHSS employment.

Registry referrals shall be handled in the following manner:

- 1. Should the consumer request a specific Provider who is listed on the registry, only that individual's name will be referred.
- 2. Only <u>registered</u> names that meet the consumer's needs/criteria will be referred. Registered at the <u>Public Authority registry</u>.
- 3. For registry referrals, seniority shall be defined as the most recent date of being registered at the Public Authority registry.
- 4. If the registry is utilized, and if the consumer does not request an individual by name from the registry, the registry will first be screened to identify providers who meet the consumer's needs/criteria. Referral lists shall have a minimum of three (3) and a maximum of six (6) names, except in cases where fewer thant three (3) individuals on the registry needs/criteria will be referred. Only names that meet the consumer's needs/criteria will be referred. If there are more that six (6) Providers on the registry list who meet the consumer's needs/criteria, only the six (6) most senior names, as defined above, will be referred.
- 5. Registry services will also include a relief and emergency service to assist in providing temporary respite replacement for providers whose consumers have authorized personal care needs. The Public Authority will publicize once each year the availability of relief and emergency services.

SECTIONARTICLE 10. APPEAL OF REMOVAL FROM REGISTRY

10.1 Registry Appeal Review Board

Only a removal from the registry may be appealed to the Registry Appeals Review Board. If the Public Authority receives a written appeal of a removal from the registry within ten (10) calendar days from the date of the mailing of the notice of removal, a review hearing by the Registry Appeals Review Board will be scheduled within fourteen (14) days of the appeal unless extended by mutual agreement of the parties. Should the

cause of removal require an investigation by a third party, the appeal shall be held within ten (10) days of the findings of that investigation.

The registry Appeals Review Board shall consist of a three-member panel. One (1) member shall be selected by the Public Authority, one (1) member shall be selected by the Union and the third member shall be selected by mutual agreement of the parties.

The Union and the Public Authority will agree to a neutral third member of the Registry Appeals Review Board for the life of this MOUAgreement: Should the designated neutral third member be unavailable, the parties will select another neutral party by agreement.

Each party will pay any costs associated with their Registry Appeals Review Board designee. The Union and the Public Authority shall equally share any cost associated with the neutral third party.

There shall be no transcripts or written record of the hearing other that that provided by the members of the Registry Appeals Review Board. The Registry Appeals Review Board may elect to establish its own standards and procedures for its hearings.

Immediately at the completion of the hearing, the Registry Appeals Review Boards shall provide a written decision that shall reflect the findings of the majority of the Registry Appeals Review Board. The decision shall be limited to the following options:

- 1. Uphold the removal of the Provider from the registry
- 2. Immediate reinstatement of the Provider to the registry

An appeal of removal from the registry may only be made by a Provider that has been on the registry for more that four (4) consecutive months.

A Provider removed from the registry may re-apply after a period of two (2) years from the date of the removal except that providers removed for major offenses will not be eligible to reapply.

Because of the unique character of the IHSS program, it is agreed that there can be no right or calculation or award of lost hours for a Provider.

The decision of the Registry Appeals Review Board shall be final and binding.

10.2 Minor Offenses

Should a provider disagree with a first minor offense complaint, the provider may, with ten (10) days of receipt of the complaint, file a written response, which will be attached to the complaint in the provider's file.

SECTION ARTICLE 11. GRIEVANCE PROCEDURE AND ARBITRATION

A grievance is any complaint concerning the interpretation or application of this Agreement, except that appeals for removal from the registry shall only be allowed as provided in <u>Section Article</u> 10. All grievances shall be taken up in the following manner:

Prior to filing a grievance, the Public Authority and the Union will attempt whenever possible to resolve problems informally and not resort to the grievance procedure. Because the grievance procedure will also apply to policies, rules, and procedures of the Registry that are yet to be incorporated in the Agreement, the following procedures may be changed with agreement from both parties.

STEP 1. (Required Optional) The employee and/or the Union representative (filed representative or union steward) may confer with the designated Public Authority representative and attempt to settle the matter.

STEP 2. (Required) If the grievance is not settled at STEP 1, it shall be set forth in writing by the Union and submitted to the Public Authority within forty-five (45) days of the alleged violation. The Public Authority shall meet with the grievant and his/her Union representative and provide written response to the Union within ten (10) days of its receipt of the written grievance.

STEP 3. (Optional) If the matter is not settled at STEP 2, the parties by mutual agreement may submit it to mediation to attempt to resolve the issue within thirty (30) working days. A mediator will be selected by the representatives of the Public Authority and the Union.

STEP 4. If the grievance is not settled in STEP 2 or 3, it may be referred by the Union to arbitration. The Arbitrator shall be mutually agreed upon by the parties or upon failure to agree upon an arbitrator after fifteen (15) days of the Union's request for arbitration, shall be selected from a panel submitted by the California State Mediation and Conciliation Service. The award of the Arbitrator shall be final and binding on the parties. The parties shall each pay one half of the costs of arbitration, including the fees of the Arbitrator and the proceeding itself, but not including compensation of costs of representation, advocacy, or witnesses for either party. Unless agreed to by the parties, the cost of the court reporter shall be borne by the party desiring such service. The Arbitrator shall have no power to add to, subtract from, or change any of the terms or provisions of this Agreement.

SECTION ARTICLE 12. TRAINING AND EDUCATION

The Union and the Public Authority agree to mutual efforts to provide training programs that enrich the skills base of the IHSS provider population. The Authority shall seek and give full consideration to the Union's input for the purpose of developing and implementing training programs for Providers. Within six (6) months of the signing of this Agreement, the parties shall establish a Joint Committee on Training and Education. The Committee shall meet as needed to determine the training needs and priorities of Home Care Providers and best available means of meeting these needs. Funding decisions shall be at the sole discretion of the Public Authority.

The Union and the Public Authority recognize the importance of a safe and healthy working environment for Providers. Providers should not work in a situation, which could threaten his/her health and safety. The Provider should report any unsafe or hazardous conditions immediately to the Public Authority.

If a Provider is injured on the job and reports the injury, the Public Authority will assist the provider in completing and processing the appropriate forms.

SECTION ARTICLE 14. WAGES

Effective the first pay period after receipt by the Public Authority of the State's final approval of the rate changes associated with this side letter agreement, all wages for Providers shall be increased by forty cents (\$.40) per hour to \$10.90 per hour. The Parties agree that this wage increase of forty cents (\$.40) per hour represents the redirection of forty cents (\$.40) per provider hour of the Public Authority's contribution towards medical insurance.

14.1 Base Wage

The Base Wage for Providers shall be the then current State or Federal minimum wage, whichever is highest.

14.2 Wage Supplement

- A. Effective as soon as practicable the Public Authority will supplement the Base
 Wage at an additional eighty cents (\$0.80) per hour. The cost of the Wage
 Supplement will be added to the County's Maintenance of Effort (MOE) on a
 permanent basis, but will not be compounded for subsequent increases not locally
 negotiated.
- B. If the Base Wage for Providers plus the Wage Supplement exceeds the maximum State participation level for wages plus benefits, the amount of the Wage Supplement will be reduced so that the County's MOE remains the same as it would have been had the State participation level not been exceeded. The Public Authority shall provide the Union twenty (20) calendar days' notice of any such reduction and shall include in said notice information and available documents which validate the reduction, and the reduction shall become effective on the first of the following month of said notice.

14.3 Implementation

The Public Authority will submit the appropriate request to the State to implement the new rate, which includes the Base Wage and the Wage Supplement within ten (10) working days of Union ratification and Public Authority adoption of this Agreement and subsequently with sufficient advance notice of each subsequent change to the Base Wage or Wage Supplement.

SECTIONARTICLE 15. INSURANCE

Section 15.1. GENERAL

As a result of the elimination of the health insurance plan provided through the Trust, the parties agree to redirect twenty cents (\$.20) per paid provider hour towards the benefit plan described herein. The Public Authority shall not be required to contribute any

amount above twenty cents (\$.20) per hour to the plan described herein or towards any vision/dental or other health plan.

Effective the first pay period after receipt by the Public Authority of the State's final approval of the rate changes associated with this side letter agreement During the term of this contract, a dental and vision plan shall be offered to eligible Providers through the Trust. The Public Authority will make financial contributions to the Trust as described below.

Section 15.2. PUBLIC AUTHORITY CONTRIBUTION TOWARDS ALL INSURANCES

The Public Authority financial contribution to the Trust shall be \$.20 per paid provider hour for the agreed plan. A monthly invoice will be submitted by the Trust for the prior month. The Public Authority will remit payment to the Trust within 60 days of the Trust's invoice date.

Section 15.3. IHSS INDIVIDUAL PROVIDER PREMIUMS

The parties understand that the Trust intends to provide this benefit with no premium contribution by providers, however, any premiums required in excess of the Public Authority's contribution of \$0.20 per paid provider hour shall be the sole responsibility of the individual Providers.

Section 4. MODIFICATION OF PARTICIPATION AGREEMENT

The Parties shall modify the existing Participation Agreement with the Trust consistent with changes agreed to in this side letter.

Section 15.54. ELIGIBILITY

It shall be the Union's sole responsibility to determine and monitor eligibility. All Providers who have been paid for twenty-five (25) hours or more of work in a calendar month for two consecutive calendar months, as determined from the State IHSS Case Management Information Payrolling System (CMIPS 2) shall be eligible to participate in the Trust. Following enrollment, Providers who are paid less than twenty-five (25) hours for two (2) consecutive months shall be terminated from the Trust and lose their eligibility for coverage.

Section 615.5. ONGOING OPEN ENROLLMENT

Within thirty (30) days of confirmation of an Provider's eligibility by the Trust, the Trust will send an enrollment packet to the Provider.

Section 715.6. REPORTS

The Trust shall provide the Public Authority with a semi-annual report, beginning with the enrollment period following the ratification of the MOUAgreement. The semi-annual report will include the number of participants enrolled in the Trust for the previous six (6) month period, and premium and co-payment rates. The Public Authority's contribution is capped at twenty cents (\$.20) per paid provider hour regardless of premiums adopted by the Trust.

Section 815.7. PLANS AND BENEFITS:

The Trust shall select the plans to be provided and determine the benefits to be provided and any rates or co-payments.

Section 915.8. ADMINISTRATION

- A. The Trust shall administer the dental and vision plans.
- B. The Trust shall be responsible for determining eligibility, and processing enrollment.
- C. The Trust shall be responsible for the distribution to Providers of enrollment forms, benefit descriptions, provider directories, claim forms, and other forms of documents usually supplied in connection with the enrollment process. In addition, the Trust will prepare and distribute any required HIPAA certifications.
- D. The Trust shall notify the Public Authority, the Union and Providers, in writing, of any changes in eligibility and enrollment requirements, co-payments rates, or provider contributions at least thirty (30) calendar days prior to their effective date. The Public Authority's contribution is capped at twenty cents (\$.20) per paid provider hour regardless of premiums adopted by the Trust.

Section 1015.9. ENROLLMENT IN HEALTH COVERAGE

Consistent with the requirements of the Patient Protection and Affordable Care Act (the "ACA") the County will provide the Union with information necessary to assist Providers in making application for Medi-Cal or Covered California benefits for themselves and their families via Covered California, Medi- cal or other publicly provided health care programs.

Section 1115.10. REOPENER

In the event that Covered California or Medi-Cal offer dental and vision coverage in a manner available to all Providers, the Parties agree to meet and confer over the issue of how utilize the twenty cents (\$.20) per hour being applied to dental and vision benefits.

The changes contained in the agreement above do not, in any way, increase the County's General Fund obligation.

SECTION ARTICLE 16. PAID SICK LEAVE

Pursuant to revisions to California Labor Code Section 246, Providers are entitled to paid sick leave, effective July 1, 2018. Upon the request of either party, the parties will meet with regard to issues that arise in the implementation of Paid Sick Leave. Any agreement reached will become part of this Agreement. The obligation to meet with regard to changes to the Agreement pursuant to this Article will sunset on June 30, 2019 unless otherwise agreed upon by the parties.

ARTICLE 17. MAILINGS

The Public Authority will consider requests by the Union for inclusion of official Union notices in Public Authority mailings to Providers. A copy of the Union notice requested for inclusion must be provided at least three (3) days in advance. The Public Authority shall determine if the requested inclusion is compatible with the Public Authority's mailing. The Union shall reimburse the Public Authority for any costs associated with the inclusion of the Union notices.

The Public Authority will honor any timely request form the Union to request that the State Controller's office print a Union memo on the <u>one hundred and twenty (120)</u> character line on Homecare Providers' pay stubs.

SECTIONARTICLE 178. **OTHER SUPPORT SERVICES**

The Public Authority and Union are committed to developing other support service for IHSS Providers, including:

Housing Assistance – Explore the development of suitable and affordable transitional housing for the immediate relocation of live-in IHSS Providers who lose their housing when their jobs end or to help IHSS Providers who are homeless. Additionally, the Public Authority will cooperate with the Union's efforts to seek funds to provide relocation expenses for IHSS Providers.

Transit Passes – in collaboration with the Union, the Public Authority will explore funding for Transit Passes for IHSS Providers with more than one (1) client.

Labor Management Committee-In order to encourage open communication, promote harmonious relations and resolve matters of mutual concern, the parties shall establish a Labor-Management Committee. The Public Authority and the Union shall each appoint up to three (3) members of the Labor-Management Committee, and they shall serve at the pleasure of the respective appointing organizations. The Committee shall meet within thirty (30) days of Union request of said meeting, and said meetings would be limited to one (1) hour and be held on a quarterly basis. The person serving as Chair of the Labor-Management Committee shall rotate from meeting to meeting between the Public Authority and Union. The Labor-Management Committee shall be limited in attendance to the Committee members. The topics for the Labor-Management Committee meetings shall be limited to mutual respect matters of mutual concern, training and education. The Labor-Management Committee shall not have the authority to modify the terms of the agreement. Any changes recommended by the Labor-Management Committee that would have the effect of modifying provisions of this Agreement shall be addressed during the next negotiations period between the parties.

The parties will agree to reopen this agreement should the State and Federal Government make available specific additional funding earmarked for a benefit/s area not covered by the current MOUAgreement.

SECTION ARTICLE 1820. SCOPE/SEVERABILITY

	incorporates the understanding of the parties hereto and constitutes the sole agreement between the Parties in any and all matters subject to meet and
	ither party shall, during the term of this <u>Agreement MOU</u> demand any change
herein, pro	vided that nothing herein shall prohibit the parties from changing the terms of
this <u>Agreer</u>	nentMOU by mutual agreement.

Should any section, clause or provision of this <u>AgreementMOU</u> be declared illegal, unlawful or unenforceable by final judgment of a court of competent jurisdiction, such invalidation of such section, clause or provision shall not invalidate the remaining portions hereof, and such remaining portions shall remain in full force and effect for the duration of this <u>AgreementMOU</u>.

DATED			

SEIU Local 6434 <u>2015</u>		
José Martínez, Designated Representative, SEIU ULTCW Local 6434		
Felicitas Corona SEIU ULTCW Local 6434, Negotiation Team Member		
Irma Rodriguez SEIU ULTCW Local 6434, Negotiation Team Member		
Esperanza Torres SEIU ULTSCW Local 6434, Negotiation Team Member		
Guadalupe Martínez SEIU ULTCW Local 6434, Negotiation Team Member		