



**STATE OF IOWA
PUBLIC EMPLOYMENT RELATIONS BOARD**

Mary T. Gannon, Member
Erik Helland, Member

RE: BU-1085–State of Iowa (Board of Regents)/SEIU Local 199 (Health Care)

Notice of Intent to Conduct a Retention and Recertification Election

- (1) Employer to post and distribute Notice to Employees.
- (2) Employer to submit initial voter list to PERB by September 2, 2020.
- (3) Employee Organization to pay election fee by September 14, 2020.

Dear Representatives:

The Public Employment Relations Board (PERB) intends to conduct a retention and recertification election pursuant to Iowa Code section 20.15(2) and Chapter 15 of PERB's administrative rules. The purpose of this election is to determine whether certain employees of State of Iowa (Board of Regents) wish to retain SEIU Local 199 (Health Care) as their exclusive bargaining representative for the bargaining unit described at the end of this document.

According to our records, the expiration date of the collective bargaining agreement between State of Iowa (Board of Regents) and SEIU Local 199 (Health Care) requires an election be held in the fall of 2020 pursuant to Iowa Code section 20.15(2) and PERB rule 621—15.5(20).

By **September 2, 2020**, please let us know if we have incorrectly determined the expiration date of the collective bargaining agreement. If you would like to formally object to this Notice of Intent to Conduct an Election, you may do so by filing the objection through PERB's electronic filing system in case number BU-1085.

By **September 2, 2020**, the **Employer shall e-mail an Excel spreadsheet** of the names of the employees in the bargaining unit in alphabetical order by last name, their job classifications, their dates of birth (MM/DD/YYYY), the last four digits of their social security number, their home addresses, their work and personal email-addresses, if known, and their work and personal telephone numbers, if known, to iaperb@iowa.gov with the **subject line: BU-1085-State of Iowa (Board of Regents)/SEIU Local 199 (Health Care) Voter Eligibility List**.

If the employer would prefer to submit the voter list to PERB through a Citrix ShareFile portal, the employer must email iaperb@iowa.gov and request a link to a portal by **4:30 p.m. on August 31, 2020**. The agency will email the Employer a link to a Citrix ShareFile portal. By **September 2, 2020**, the Employer must submit the Voter Eligibility List to PERB through the portal **and the Excel spreadsheet must be titled BU-1085 State of Iowa (Board of Regents)/SEIU Local 199 (Health Care) Voter Eligibility List**.

After submitting the list to the agency (either via email or via Sharefile), the **Employer shall send a separate email to the SEIU Local 199 (Health Care)** confirming the Employer provided PERB with the voter list, the date the list was submitted to PERB, and the number of employees on the list. **When emailing the SEIU Local 199 (Health Care), do not forward the voter list as it contains confidential information.**

A sample voter list is included at the end of this document for your review. Failure to provide the voter list to the agency by September 2, 2020, will result in the recertification of the employee organization without the process of the retention and recertification election.

By **September 14, 2020**, the **SEIU Local 199 (Health Care)** shall submit a check to PERB pursuant to Iowa Code section 20.6(7) and PERB subrules 15.1(1) and 15.5(5). See the fee schedule included with this Notice to determine the amount owed. **The check shall be made out to the Public Employment Relations Board and must include on the check the Certified Employee Organization's name, SEIU Local 199 (Health Care), the Employer's name, State of Iowa (Board of Regents), and the BU number [BU-1085] for the voting unit.** If paying for multiple elections, the employee organization may provide one check, but attach a list to the check with the BU numbers, Employer Name, Certified Employee Organization name, the number of employees in each unit, and the amount paid for each unit. An Employee Organization may make a written request to PERB for an extension of time in which to pay its election fee. That request must be submitted by 11 a.m. on September 14, 2020.

Failure to pay the required fee or failure to request an extension by September 14, 2020 shall result in the employee organization's certification being revoked. Upon PERB's revocation of the employee organization's certification, the collective bargaining agreement may become void and the terms of the agreement may become unenforceable.

Filed in a separate document in the case is a Notice to Employees. The **Employer shall promptly post the Notice to Employees** in the manner and locations customarily used for posting. That notice shall remain posted until **September 16, 2020**. If the Employer customarily distributes information to employees by additional means, such as by e-mail or hard copy, the **Employer shall promptly distribute the Notice to Employees** to the affected employees through those means as well.

PERB will hold the retention and recertification election on the schedule provided later in this document.

Thank you for your attention to this matter. Feel free to contact me with any questions.

Sincerely,

/s/ Susan M. Bolte
Administrative Law Judge

Electronically filed.
Served via eFlex.



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VOTING SCHEDULE

PERB will conduct a retention and recertification election for this bargaining unit by telephone and web-based ballot. The schedule for this telephone/web-based election is as follows:

September 2, 2020

Last day for the Employer to submit the Voter Eligibility List by **e-mail to iaperb@iowa.gov or by ShareFile in Excel** format with the bargaining unit employees' names in alphabetical order by last name, job classifications, dates of birth (MM/DD/YYYY), last four digits of social security number, home addresses, their work and personal e-mail addresses, if known, and work and personal telephone numbers, if known. Employer shall send a separate email to the Certified Employee Organization confirming the date the list was sent to PERB and the number of employees on the list. Employer should not forward the voter list to the Certified Employee Organization as it contains confidential information.

Last day for parties to object to Notice of Intent to Conduct an Election.

September 14, 2020

Last day for the Certified Employee Organization to pay the election fee according to the attached fee schedule. Any request for an extension to pay the fee shall be submitted by 11 a.m. on September 14, 2020.

October 13 2020
7:00 a.m.

Telephone and web-based voting begins. Voters may cast their ballot by calling the toll-free number or logging on to the website. The Notice of Election filed by PERB on or around September 16 will contain the voting phone number and website address.

October 27, 2020
9:00 a.m.

Telephone and web-based voting ends. Voters must cast their ballot by calling the toll-free number or logging on to the website prior to this time in order for the ballot to be counted. PERB will e-file the tally on the electronic document management system.



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ELECTION FEE SCHEDULE

# of Eligible Voters on Initial Voter Eligibility List**	Election Fee
10 or fewer	\$15.00
10 or more	\$1.50 per eligible voter

**Any overpayment or underpayment resulting from changes to the voter list due to the supplemental list, mutual agreement of parties, or challenges upheld by the Board will be handled pursuant to PERB subrule 621—15.1(1).

**Make payment by check made out to the
Public Employment Relations Board.**

If writing a check for an individual unit, please include the Certified Employee Organization's name, employer's name, and BU number [BU-1085] on the check.

If writing one check for multiple units, attach a document with the check that lists the employee organization name, employer name, BU number, the number of employees in the unit, and the amount paid for each unit for which you are paying.



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SAMPLE VOTER LIST

The Voter Eligibility List shall be organized in alphabetical order by the employees' last names.

The Employer needs to provide the following for all employees in the bargaining unit:

1. First Name
2. Last Name
3. Job classification
4. Date of birth (MM/DD/YYYY)
5. Last four digits of social security number
6. Home address (in one cell)
7. Work e-mail address, if available
8. Personal e-mail address, if known
9. Work telephone number, if available
10. Personal telephone number, if known

SAMPLE

Employer	
Employee Organization	
BU #	

First Name	Last Name	Job Classification	Birth Date	Last 4 Digits of Social Security #	Home Address	Work E-mail Address	Personal E-mail Address	Work Phone #	Personal Phone #
Anderson	James	Worker 1	01/02/1960	1111	111 Ash Street, Des Moines, IA 50317	janderson@city.gov	Unknown	111-111-1111	111-111-1111
Miller	Tina	Worker 1	04/08/1960	2222	222 Birch Street, Adair, IA 50002	tmiller@county.gov	Unknown	222-222-2222	222-222-2222
Olson	Donna	Worker 3	08/16/1970	3333	333 Cedar Ave., Winterset, IA 50273	dolson@city.gov	dolson@homeemail.com	333-333-3333	333-333-3333
Peterson	Kelly	Worker 1	12/24/1990	4444	444 Dogwood Blvd., Newton, IA 50208	kpeters@school.edu	kpeters@homeemail.com	444-444-4444	Unknown

****THE EMPLOYER MUST PROVIDE THE VOTER ELIGIBILITY LIST IN EXCEL FORMAT BY E-MAIL TO IAPERB@IOWA.GOV OR SUBMIT THROUGH SHAREFILE**
Please provide one worksheet per unit, No multiple tabs

E-mail Subject Line or Document Title (If Through ShareFile): **BU-1085–State of Iowa (Board of Regents)/SEIU Local 199 (Health Care) Voter Eligibility List**

510 E.12th St., Suite 1B / Des Moines, Iowa 50319 / Phone 515.281.4414 / Fax 515.242.6511

Email: iaperb@iowa.gov / <http://iowaperb.iowa.gov>



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BARGAINING UNIT OF EMPLOYEES OF State of Iowa (Board of Regents)

**The unit description below is subject to the mutual agreement between the parties concerning who is eligible to vote in the upcoming recertification election.

INCLUDED: All professional employees of the State of Iowa engaged in tertiary health care at the University of Iowa Hospitals and Clinics as specifically described by classifications as provided in Appendix A attached hereto.

EXCLUDED: All managerial, supervisory and confidential employees, all employees included in other bargaining units, part-time employees who are regularly scheduled for less than 780 hours per fiscal year and who are scheduled for less than an average of 15 hours per week, those classifications as specifically set forth as exclusions in Appendix B attached hereto, hourly (on-call) employees, and all other persons excluded by Section 4 of the Act.

Appendix A

CLASSIFICATIONS INCLUDED

Activities Therapist
Advanced Practice Nurse (Patient Care)
Advanced Registered Nurse Practitioner (Patient Care)
Andrology Technician
Audiologist
Audiologist II
Blood Donor Center Nurse I
Blood Donor Center Nurse II
Cardiovascular Perfusionist
Clinical Laboratory Scientist I
Clinical Laboratory Scientist II
Clinical Laboratory Specialist – Pathology
Clinical Laboratory Technologist I
Clinical Pharmacist (Patient Care)
Clinical Psychologist
Clinical Specialist, PT
Counselor – Substance Abuse
Cytogenetics Lab Specialist I
Cytogenetics Lab Specialist II
Cytotechnologist
Dental Hygienist
Dietician I
Dietician II
Dosimetrist I
Dosimetrist II
Echographic Diagnostic Assistant
Education Consultants
Educator
Electroneurodiagnostic Technician
Embryologist
Hospital Mortician
Imaging Technologist
Neonatal Nurse Practitioner
Nuclear Medicine Technologist
Occupational Therapist
Ocularist I
Ocularist II
Ophthalmic Photographer I
Ophthalmic Photographer II
Ophthalmic Professional I

Ophthalmic Professional II
Optician
Optometrist I
Optometrist II
Physical Therapy
Physician's Assistant
Psychometrist
Radiation Therapist
Rehabilitation Assistant
Respiratory Therapist
Senior Activities Therapist
Senior Imaging Technologist
Senior Nuclear Medicine Technologist
Senior Occupational Therapist
Senior Physical Therapist
Senior Psychometrist
Senior Radiation Therapist
Senior Respiratory Therapist
Social Work Specialist I
Social Work Specialist II (Patient Care)
Social Worker I
Social Worker II
Social Worker III
Sonographer
Speech Pathologist I
Speech Pathologist II
Staff Nurse I
Staff Nurse II
Staff Pharmacist I
Staff Pharmacist II
Utilization Review Assistant

Appendix B

CLASSIFICATIONS EXCLUDED

Administrative Support Manager, Pharmacy
Advanced Practice Nurse (Supervisory)
Assistant Nurse Manager
Assistant, Staff Development
Blood Donor Nurse III
Chief Diagnostic Radiologic Technologist
Chief EFG Technologist
Chief Nuclear Pharmacist
Clinical Section Manager, Pathology
Clinical Coordinator Radiology
Clinical Lab Technologist III
Clinical Lead Lab Scientist – Pathology
Clinical Lead Lab Scientist (EV) – Pathology
Clinical Pharmacist (Supervisory)
Clinical Pharmacy Specialist
Clinical Supervisor Physical Therapy
Hospitalist
Lab Coordinator
Nurse Clinician – Specialty (Supervisory)
Nursing Supervisor
Patient Representative
Pharmacy Practice Specialist
Pharmacy Supervisor
Pharmacy Technician Supervisor
Respiratory Therapy Supervisor
Senior Audiologist
Senior Speech Pathologist
Social Work Specialist II (Supervisory)
Staff Nurse Anesthetist II