



STATE OF IOWA
EMPLOYMENT APPEAL BOARD

James M. Strohman, Chair
Myron R. Linn, Vice Chair
Ashley R. Koopmans, Member

RE: BU-1085-State of Iowa Bd of Regents/SEIU Healthcare Minnesota

**EMPLOYERS MUST USE THE SECURE UPLOAD PORTAL (EAB)
EAB WILL NOT ACCEPT EMAILED LISTS**

Notice of Intent to Conduct a Retention and Recertification Election

- (1) Employer to post and distribute Notice to Employees.
- (2) Employer to submit voter list to EAB by August 26, 2024.
- (3) Employee Organization to pay election fee by September 19, 2024.

Dear Representatives:

The Employment Appeal Board (EAB) intends to conduct a retention and recertification election this fall. The purpose of this election is to determine whether certain employees of State of Iowa Bd of Regents wish to retain SEIU Healthcare Minnesota as their exclusive bargaining representative for the bargaining unit described at the end of this document.

According to our records, the unit of employees of State of Iowa Bd of Regents that are represented by SEIU Healthcare Minnesota is scheduled to have an election in the fall of 2024 pursuant to Iowa Code section 20.15(2) and EAB rule 621—15.5(20). By **August 18, 2024**, 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 EAB's electronic filing system in case number BU-1085.

Dates and Actions Steps for EMPLOYERS

- **Submit Voter Eligibility List by August 26, 2024.**
 - Upload Instructions:
 - Submit the eligible voter list through the Secure Upload EAB (EAB)
 - <https://iowa-superb.iowa.gov>
 - Username and password for the new EAB have been automatically assigned and should match an employer's representative already designated within the e filing portal.
 - These representatives should have already received an email instructing them to set up their new EAB account.
 - Employer uploads the voter eligibility list by logging in to EAB, list shall include all names of the eligible voters (employees in the unit on September 19 in alphabetical order by last name, their job classifications, their date 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).
 - An excel spreadsheet template is available for download.
 - Click "VIEW" button next to the appropriate bargaining unit.
 - Click "EMPLOYEE LIST" tab.



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- Click "UPLOAD EMPLOYEE LIST".
 - An excel spreadsheet template is available for download.
 - Click "UPLOAD" to attach the document or drag and drop the document into the box.
 - If there are errors a window will show the list of errors for each row that must be corrected prior to submission. If not, the upload is successful, and you will be redirected to the bargaining unit screen.
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- **Notify Certified Employee Organization of List Submission:** After submitting the list to EAB, the **Employer** shall send a separate email to the Certified Employee Organization confirming the Employer provided EAB with the voter list, the date the list was submitted to EAB, and the number of employees on the list. When emailing the Certified Employee Organization, do not forward the voter list as it contains confidential information. The Employer has a continuing duty to inform the Certified Employee Organization if any eligible voter leaves employment prior to the conclusion of the election.
 - **Distribute and Post Notice to Employees:** The Employer shall promptly distribute, electronically or by hard copy, the Notice to Employees to the affected employees. The employer shall also promptly post the notice in the manner and locations customarily used for the posting of information to employees. This Notice to Employees was filed as a separate document on the e filing system.

****Failure to provide the voter list to the agency by August 26, 2024, will result in a show cause hearing to be held (this is new to the election process) pursuant to EAB subrules 15.2(1).**

Dates and Action Steps for CERTIFIED EMPLOYEE ORGANIZATION

- **Approve the employer's voter list in EAB by September 2, 2024.**

**** Failure to approve the voter list by September 2, 2024, will result in a show cause hearing to be held (this is new to the election process) pursuant to EAB subrules 15.2 (1).**

- **Pay the Election fee by September 19, 2024**, the Certified Employee Organization shall submit a check to EAB pursuant to Iowa Code section 20.6(7) and EAB subrules 15.1(1) and 15.5(5).
 - See the fee schedule included with this Notice to determine the amount owed.
 - An Employee Organization may make a written request to EAB for an extension of time in which to pay its election fee. That request must be submitted by 11 a.m on September 19, 2024.

****Failure to pay the required fee in a timely manner shall result in the employee organization's certification being revoked. Upon EAB's revocation of the employee organization's**



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certification, the collective bargaining agreement may become void and the terms of the agreement may become unenforceable.

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

Thank you for your attention to this matter.

Sincerely,
EAB Board

Electronically filed.
Served via eFlex.

****THE EMPLOYER MUST PROVIDE THE VOTER ELIGIBILITY LIST BY UPLOADING THE LIST TO THE EAB SITE AT <https://iowa-superb.iowa.gov/>**



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ELECTION FEE SCHEDULE

| # of Eligible Votes on Voter List** | Election Fee |
|--|---------------------------|
| 10 or fewer | \$20.00 |
| 10 or more | \$2.00 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 EAB subrule 621—15.1(1).

**Make payment by check made out to the
Employment Appeal 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 BU numbers, Employer Name, Certified Employee Organization name, number of employees in each unit, and the amount paid for each unit.



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VOTING SCHEDULE

EAB 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:

August 18, 2024

Contract extension must be received by the agency.

Last day for parties to object to Notice of Intent to conduct an election.

August 26, 2024

Last day for the Employer to submit the Voter Eligibility List by uploading this list to EAB <https://iowa-superb.iowa.gov>.

Employer shall send a separate email to the Certified Employee Organization confirming the date the list was uploaded 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

September 19, 2024

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 19, 2024.

October 08, 2024
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 EAB on or around September 20, 2024 will contain the voting phone number and website address.

October 22, 2024
9:00 a.m.

Telephone and web-based voting ends. Voters must cast their ballot prior to this time in order for the ballot to be counted. EAB will e-file the tally on the electronic document management system.

BU-1085

BARGAINING UNIT of EMPLOYEES of STATE OF IOWA BD OF REGENTS



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**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.

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



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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

EXCLUDED:



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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 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