

Collective Bargaining Agreement

Between

The University of Chicago Medical Center and the

Committee of Interns and Residents/SEIU

Nov. 11th 2025 – June 30th, 2030

Committee of Interns and Residents (CIR)
National Affiliate of Service Employees International Union (SEIU)

The Committee of Interns and Residents/SEIU (CIR/SEIU) represents over 40,000 resident physicians in New York, New Jersey, Washington D.C., Florida, Massachusetts, California, New Mexico, Illinois, Vermont, Pennsylvania, Washington, Rhode Island, Delaware, Minneapolis Collective bargaining agreements covering both public and private sector hospitals.

Founded in 1957, CIR/SEIU is affiliated with the Service Employees International Union (SEIU), a 2.1 million member union in the U.S., Puerto Rico and Canada including 1,000,000 members in the healthcare field.

This collective bargaining agreement, negotiated by CIR/SEIU members at The University of Chicago Medical Center., provides for salaries, leave time, a due process procedure in disciplinary cases, a grievance procedure, and other issues of concern to Housestaff.

Know your rights and benefits – read your CIR contract!

Committee of Interns and Residents/SEIU

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and
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November 11, 2025
through
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ARTICLE 1
RECOGNITION

The University of Chicago Medical Center ("UCMC" or the "Medical Center") recognizes the Committee of Interns and Residents ("CIR/SEIU" or the "Union") as the exclusive collective bargaining agent for the following bargaining unit as certified by the National Labor Relations Board in Case 13-RC-338986:

Included: All full-time and regular part-time licensed physicians in the following classifications: interns, residents, chief residents, and fellows who are employed by the Medical Center in residency and/or fellowship programs based at UCMC's Hyde Park main campus, which includes the Center for Care and Discovery, Mitchell Hospital, Goldblatt Pavilion, the Duchossois Center for Advanced Medicine, Wyler, and Comer Children's Hospital; at Endeavor Health Evanston Hospital in Evanston, IL; or at Endeavor Glenbrook Hospital in Glenbrook, IL; including physicians employed by UCMC in a residency and/or fellowship program based at these locations while rotating and/or assigned by UCMC to other work locations.

Excluded: All Administrative Chiefs; all interns, residents, chief residents and fellows who are employees of any branch of the United States Armed Forces; all interns, residents, chief residents and fellows who are employees of any sovereign foreign government; all interns, residents, chief residents, and fellows with dental degrees; all interns, residents, chief residents, and fellows who are not licensed physicians; all registered nurses; all other professional employees; all employees of other employers, including The University of Chicago and Endeavor Health; all other employees of the Medical Center; all managerial employees; all guards and all supervisors as defined in the National Labor Relations Act.

ARTICLE 2
UNION SECURITY, DUES DEDUCTION, AND VPAC FUND

A. All Residents and Fellows covered by this agreement shall, as a condition of employment, on or after the 31st day following the effective date of this agreement or the beginning of employment either:

1. become and remain members of the Union in good standing during the term of their employment, it being understood that membership in good standing on the part of a Resident or Fellow shall only mean the tender by such Resident or Fellow of such periodic dues uniformly required as a condition of membership, or
2. remain a non-member of the Union but pay an agency fee to CIR/SEIU that does not include the portion of dues that are not expended by the Union to perform its statutory duties as the collective bargaining representatives and are no greater than the dues of members uniformly required as a condition of employment.

B. The Union agrees to notify Residents and Fellows of their obligations and options under this Article in writing, and to provide a second written notice that affords the Resident or Fellow with reasonable notice and a reasonable opportunity to comply with this obligation consistent

with its legal obligations before asking the Medical Center to discharge any resident or fellow. The Medical Center shall have a reasonable period of time to act following receipt.

C. Neither party will discriminate or retaliate against any Resident or Fellow based upon membership or non-membership in CIR/SEIU.

D. The Medical Center agrees to deduct from each paycheck Union dues or agency fees from the earnings of each Resident or Fellow in the unit who has executed and not revoked a lawful, written, signed authorization form that has been transmitted to the Medical Center in writing. The amount of dues or agency fees deducted shall be in an amount that the Union has reasonably established consistent with applicable law. The amounts withheld will be forwarded to the Union separately for each payroll period for which deductions are made. The Medical Center will take reasonable steps to ensure that deductions are transmitted on or before the first business day for the Medical Center's accounting group that falls at least fifteen (15) days after payroll is paid to Residents and Fellows and will immediately correct any errors brought to its attention.

E. UCMC agrees to deduct per pay period funds for CIR/SEIU's Voluntary Political Action Contribution (VPAC) Fund from the earnings of each Resident and Fellow in the unit who has executed and not revoked a lawful, written, signed authorization form that has been transmitted to the Medical Center in writing. Such deductions will be made in an amount set forth in that authorization form. The amounts withheld will be forwarded to the Union separately for each payroll period for which deductions are made. The Medical Center will take reasonable steps to ensure that deductions are transmitted on the first business day for the Medical Center's accounting group that falls at least fifteen (15) days after payroll is paid to Residents and Fellows and will immediately correct any errors brought to its attention. Residents and Fellows are not required to authorize VPAC deductions to maintain their residency or fellowship, and all such authorizations are voluntary.

F. It is specifically agreed that the Medical Center assumes no obligation, financial or otherwise, arising out of the provisions of this Article, and CIR/SEIU will indemnify and hold the Medical Center harmless against any and all claims, demands, judgments, actions, proceedings, or other expenses and liabilities arising from any action taken or not taken by the Medical Center in connection with a dues deductions made or not made pursuant to this Article, including all reasonable expenses and fees of counsel the Medical Center may incur in defending a claim brought against it in any forum. The Medical Center shall coordinate its defense of the claim with the Union so as to reduce its reasonable expenses and fees where reasonable to do so. After deductions are remitted to CIR/SEIU, the disposition thereof shall be the sole and exclusive obligation and responsibility of CIR/SEIU.

ARTICLE 3
MALPRACTICE AND LIABILITY INSURANCE

The Medical Center agrees that Residents and Fellows will be provided professional liability insurance or comparable self-insurance through a policy or other means of the Medical Center's choosing (including at the Medical Center's option through insurance or self-insurance maintained by an affiliated entity where the Resident or Fellow rotates) covering any liability or malpractice

claim made during or after the term of such Resident or Fellow's training and arising out of the Resident's acts or omissions within the scope of a Resident or Fellow's duties for the Medical Center (including affiliated entities) during the term of the Resident or Fellow's training. Coverage for elective rotations is at the Medical Center's option and not guaranteed. Coverage for international rotations is at the Medical Center's option and generally is not provided. Coverage does not extend to the voluntary external activities of a Resident or Fellow.

The Medical Center reserves the right to determine and change the means by which such insurance or self-insurance is provided, including the right to change carriers and/or the terms of insurance policies, including self-insurance, and the terms of insurance provided by or through affiliates. Residents and fellows shall immediately report all claims to the Medical Center and where appropriate, its affiliated entities, comply with all policy terms and cooperate fully with the Medical Center, affiliate entities, and its or their carriers and assigned counsel in the defense of all such claims. Provided coverage has been afforded, the Medical Center's, its affiliate's, and/or carrier's decisions regarding the policy terms and limits and defense and/or resolution of claims shall not be the proper subject of grievance, arbitration or other claims under this Agreement.

ARTICLE 4
NONDISCRIMINATION IN EMPLOYMENT

Consistent with the provisions of applicable law and/or Medical Center policy, the Medical Center, the Union, and Residents and Fellows shall not discriminate against or harass any Resident or Fellow (or in the case of the Union or Residents and Fellows, any other Medical Center or Affiliate's employees, patients, family members, visitors or invitees) on the basis of race, color, religion, marital status, national origin, ancestry, sex or gender (including pregnancy, childbirth, breastfeeding, and related conditions), sexual orientation, gender identity or expression, physical or mental disability, genetic information, military service or veteran status, age, citizenship, union activity or affiliation or non-activity or affiliation, or any other characteristic protected by applicable law. The Union's obligations in this section shall only apply as to its interactions with Medical Center residents, fellows, employees, agents, patients, vendors, invitees, and other visitors to the Medical Center's campus and to the employees, patients, vendors, invitees, and other visitors of affiliates whose campuses residents and fellows may visit in connection with their work for the Medical Center and not to interactions between the Union and its own employees and agents or the employees and agents of other third parties unaffiliated with the Medical Center.

Residents and Fellows in connection with pregnancy, childbirth, and/or medical conditions related to pregnancy or childbirth may seek and will be granted reasonable accommodations as required and consistent with an employer's obligations the Illinois Pregnancy Accommodation Act, including future amendments to that law. Residents and Fellows needing accommodations for this purpose should submit a written request to Human Resources following its procedures with a copy to GME.

ARTICLE 5
SEVERABILITY

In the event that any provision of this Agreement is found by a court, agency, arbitrator, or other tribunal of competent jurisdiction to be in contravention of any applicable law or regulation or

otherwise found to be invalid or unenforceable, the remaining provisions of this Agreement shall be unaffected by that ruling.

ARTICLE 6
ACCESS

A. Use of Designated Conference Rooms at the Medical Center

1. The Union shall be permitted to use a Medical Center room up to once monthly on a mutually agreed day and two (2) blocks of time of up to two (2) hours each for a membership meeting with existing bargaining unit employees provided that sufficient advance requests for meeting facilities is made in writing to the designated Employee and Labor Relations representative assigned to the SEIU bargaining unit. The Medical Center will designate an available room of suitable size for the meeting that does not interfere with other Medical Center activities. The Union shall submit general membership meeting requests in writing at least thirty (30) calendar days in advance. The Medical Center will respond to these and other space requests within ten (10) calendar days. The Medical Center will make reasonable efforts to make a room available at the requested date and time and suggest alternatives when the Union's preferred time and/or date is not available.

2. The Union shall otherwise be permitted to use Medical Center conference rooms designated by the Medical Center that are not located within patient care units or other secure areas for smaller meetings with individual bargaining unit employees, including stewards, provided space is available and sufficient advance request for meeting facilities is made in writing to the designated Employee and Labor Relations representative for purposes of grievance investigation and contract administration (but not open meetings, drop-in hours, additional membership meetings, organizing, *etc.*). The Union agrees to provide as much notice as possible of the need for a room and ordinarily three (3) business days or more in advance.

B. Access to Medical Center Areas Open to the General Public:

1. Union Representatives will be afforded access to areas of the Medical Center that are open to the general public (but not just employees, patients, and families) on the same basis and subject to the same limitations as other members of the general public. In general these are the main lobbies, cafeterias, and other eating establishments.

2. The Union agrees that its employees and agents, including Union Business Agents, will not otherwise enter or seek to gain access to any areas of the Medical Center or other institutions to which Residents and Fellows may be rotated not open to members of the general public (including patient care areas and locations accessed through patient care areas) without first making an appointment in advance (ordinarily at least three business days before) with the designated Labor Relations representative for a bona fide purpose related to contract administration that cannot reasonably be conducted at another location. Union employees and business agents shall comply with the Medical Center's reasonable procedures regarding access to its facilities at all times.

C. Nothing in this section will permit residents and fellows to attend meetings during time when they should otherwise be working without advanced written notice and permission. The Union agrees not to interrupt Residents and Fellows during their working time.

D. Patient Care Areas include but are not limited to:

1. Patient or visitor lounges
2. Patient conference rooms
3. Patient rooms, patient care units, operating rooms (including prep and recovery areas for the operating rooms), laboratories, clinics, patient waiting rooms (including corridors immediately associated with those areas);
4. Treatment and diagnostic areas (including prep and recovery areas) and/or areas where patients receive care (including waiting rooms and corridors immediately associated with those areas);
5. Elevators where patients are routinely transported by Medical Center staff and that are not regularly open to the general public for use without escort.

E. The Medical Center retains the right to maintain, modify and enforce reasonable access rules and regulations, but such rules and regulations shall not treat Union agents who are not Medical Center employees differently than other members of the general public who wish to use spaces open to the general public (such as places that sell food to the general public) in the same manner as the public is permitted to do so.

F. The Union and its representatives who are not Medical Center employees shall agree and sign any relevant Medical Center Confidentiality Agreements related to Confidential Patient, Employee, and Medical Center Business Information to ensure that protected health information (PHI) and other confidential information is maintained in confidence and handled appropriately, including compliance with applicable laws and regulations.

G. Bulletin Boards

The Union may use two (2) bulletin boards in locations designated by Medical Center to communicate with bargaining unit employees. The Medical Center will designate locations in non-public areas in buildings on the Hyde Park campus for these boards. Representatives of the Union will be allowed to post on these bulletin boards material germane to its duties as the bargaining representative provided no inflammatory, non-union, advertising, organizing of employees not already represented by the Union or political endorsements are posted or distributed. Standard notices such as meeting, officer or other routine announcements will not need to be approved. One (1) actual copy of all materials will be emailed to UCMC's Employee and Labor Relations Office before posting if the notice contains material other than the routine announcements referenced above.

H. Posting of the Agreement Electronically

The Medical Center agrees to post the final collective bargaining agreement signed by the parties electronically on the Medical Center's intranet.

ARTICLE 7
EMPLOYEE LIST & ORIENTATION

A. Employee Lists

1. The Hospital shall provide the Union with an electronic list of incoming residents and fellows by May 1 each year and a list of residents and fellows who expected to complete residency training or fellowship program each academic year on or before July 1.
2. The aforementioned lists shall include, if available, names, personal email address, personal phone number, department and postgraduate year.
3. A complete list of Residents and Fellows in the bargaining unit including, if available, names, personal email address, personal phone number, department and postgraduate year shall be provided to the Union on or within five (5) business days (Monday through Friday and excluding holidays) of November 15 and March 15 of each year.

B. Orientation

1. During GME's full-day annual General Orientations for new Residents, the Union shall be afforded forty (40) minutes to meet with Residents and Fellows who wish to meet with the Union to give a presentation on the Union, Union membership and the collective bargaining agreement in the same format in which GME holds the meetings (in person or virtual).The meetings will occur during paid time. Residents and Fellows are permitted but not required to attend the Union presentation. The Union will be provided with a schedule of its time slot(s) at least two weeks in advance. For Residents and Fellows who participate in a GME General Orientation session but it is less than a full-day in length, the Union shall receive thirty (30) minutes during GME's General Orientation.
2. During the general orientation, the Union may at its option provide Residents and Fellows with material relevant to its duties as the bargaining representative, including a copy of the collective bargaining agreement, union membership cards, and a list of chapter leaders with contact information.

ARTICLE 8
HEALTH AND SAFETY

The Medical Center will provide a healthy and safe work environment for the Residents and Fellows as required by state and federal health and safety laws. To achieve these goals, the University agrees to:

A. Residents, Fellows, and the Medical Center agree to comply with all applicable local, state, and federal health and safety laws and regulations and all reasonable rules adopted by the Medical Center to minimize risks associated with the contraction or spread of infectious diseases. The Medical Center shall provide a reasonable and appropriate educational program and maintain protocols to limit the spread of infectious disease that addresses subjects such as bloodborne pathogens, needle-stick risk, and appropriate use of personal protective equipment.

B. The Medical Center shall continue to maintain an appropriate workers compensation and/or occupational medical services programs to assess and offer appropriate treatment to Residents and Fellows who have been occupationally exposed or contracted an infectious disease through

an occupational exposure consistent with applicable medical standards. Residents and Fellows shall also be entitled to care and other benefits as provided through these programs. Residents and Fellows shall be afforded the option to receive vaccinations that the Medical Center requires, including future changes that may be made to required vaccinations by the Medical Center, through a Medical Center program at no cost. If an exposure/injury occurs at an affiliate, the Resident should follow both the Medical Center's and the affiliate's protocols for reporting, treatment, and evaluation.

C. The Medical Center agrees to make available required personal protection equipment ("PPE") including but not limited to masks, gloves, gowns, goggles, lead gowns in an appropriate range of sizes and x-ray lead goggles, thyroid guards, access to eye wash stations, and any other appropriate equipment as needed at each assigned patient care location that meets all applicable local, state, and federal health and safety laws and regulations. The obligation to provide PPE shall not include the obligation to routinely provide footwear, prescription glasses, and other items ordinarily provided by medical personnel and/or to provide and/or launder scrubs except as may be required in specialized areas and/or situations where such items must be provided and/or laundered by the Medical Center due to the presence of bodily fluids and/or otherwise to prevent or minimize the risk of infection. Residents and Fellows agree to promptly report issues they encounter with PPE, and the Medical Center agrees to work to resolve them.

D. Workplace Violence Prevention and Education Plans

1. The Medical Center shall develop and maintain appropriate workplace violence prevention plans and policies for all areas of the Medical Center, including inpatient, outpatient, clinics, and associated Medical Center grounds and parking structures.

2. A Workplace Violence Prevention Committee shall make recommendations to the Medical Center regarding these issues. Two (2) Residents or Fellows in the bargaining unit shall be appointed to this Committee by the Union and afforded release time to attend Committee Meetings without loss of salary.

3. The workplace violence plans shall include, but not be limited to, all of the following:

   a. The appropriate scope of personnel education and training opportunities for Residents and Fellows regarding workplace violence.
   b. Procedures to communicate regarding workplace violence matters, including encouraging Residents and Fellows to report incidents of workplace violence, educating them on how to document and communicate across shifts and units regarding the potential for workplace violence incidents, and determining how Residents and Fellows may report workplace violence incidents and concerns.
   c. Procedures for responding to reported workplace violence or concerns regarding how to prevent workplace violence, including: a process to create criteria to identify and report potentially assaultive patients and visitors, as well as appropriate standardized methods of response, effective procedures to obtain timely assistance from Medical Center Security and/or law enforcement agencies, timely responses as appropriate from Medical Center leadership, social services, risk management and/or Medical Center Security, offering appropriate and timely medical care and/or first aid to Residents and

Fellows if there are injuries resulting from a workplace violence incident; offering appropriate and timely services to victims of workplace violence through the Employee Assistance Plan, internal resources, benefits offerings and/or the worker's compensation system as may be appropriate under the circumstances.

d. Appropriate investigation of workplace violence incidents, including developing guidelines for the investigation and other follow up that may be appropriate, improvement of workplace prevention, and debriefing of personnel.
e. Periodic reassessment of workplace violence procedures, policies and controls and recommendations for improvements, including recommendations for reasonable upgrades to staffing security, and/or structure design in areas at risk for workplace violence incidents.
f. Reviewing procedures for compiling and reporting workplace violence information.

4. If a Resident or Fellow has a reasonable fear of physical harm from a patient, visitor, or other individual or if a patient's, visitor's or other individual's verbal harassment otherwise violates Medical Center policy, the Resident or Fellow should notify the Supervising Attending Physician and/or Program Director (and/or others as directed by the Department) as soon as possible so that the situation can be assessed and an appropriate response developed and promptly implemented. Reports should also be made as provided by Medical Center policy. A Resident or Fellow who reasonably believes his or her physical safety is in danger may request a different patient assignment where appropriate and consistent with patient care obligations.

5. The Medical Center agrees to provide the Union quarterly workplace violence reports of injuries to residents and fellows reported to the Medical Center, including any summary of the incident created as part of that report. All Reports and other information provided pursuant to this Section will be treated by both parties as confidential documents/information and subject to their separate confidentiality agreement, including appropriate redaction of PHI. Requests for a meeting or follow up information should be made through Employee and Labor Relations.

ARTICLE 9
HEALTH AND SAFETY

Health and safety issues may be added to the agenda for Labor-Management meetings upon advance notice to the other party of the specific issue(s) to be discussed within the time limits provided in that Article.

ARTICLE 10
LABOR MANAGEMENT MEETINGS

The Union and the Medical Center shall form a labor-management committee made up of three (3) representatives designated by each party. Each party may designate and change its own members. The Union and the Hospital agree to hold labor-management meetings quarterly on request during each program year (four (4) times per July 1 to June 30 year). Additional meetings may be scheduled by mutual written agreement. These meetings will occur at a mutually acceptable time, date and place at the Medical Center to discuss issues of mutual concern related

to the terms and conditions of employment of Residents and Fellows, including the enforcement of this Agreement. The Union shall contact Employee and Labor Relations to initiate scheduling of the meetings at least fourteen (14) days in advance and provide its proposed agenda at that time. The parties will agree in advance on a final agenda for the meeting. The agreement to discuss an issue at Labor-Management shall not serve as a waiver of the rights of either party under this Agreement or to reopen this Agreement, all provisions of which shall remain in full force and effect unless a written agreement signed by both parties is reached that expressly modifies this Agreement.

ARTICLE 11
LACTATION ACCOMMODATION

A. Residents and Fellows will be afforded reasonable break time to express and store breast milk in accordance with applicable laws.

B. Lactation rooms or other comparable space for the purpose of expressing and storing breast milk will be provided in accordance with applicable laws and shall be provided in reasonable proximity to the work areas of Residents and Fellows for this purpose. If no such space exists in reasonable proximity to the work area, the Medical Center will designate an appropriate temporary space that is not a bathroom. All such spaces will be regularly cleaned, shielded from view, free from intrusion when in use by the Resident or Fellow, provide appropriate seating and a table or other suitable surface for equipment and supplies, and afford access to a nearby sink, an electrical outlet and a place to store milk and supplies. Refrigeration shall be available on the Hyde Park campus (and other spaces where feasible), but in all cases the room shall be close to clean running water and a space to store milk (like a refrigerator or a place to safely keep a cooler).

ARTICLE 12
GRIEVANCE AND ARBITRATION PROCEDURES

A. Definitions

1. Grievance: A grievance is a claim by a Resident, Fellow, or the Union, that UCMC has violated a specific provision of this Agreement during the term of this Agreement, including a dispute arising from a non-academic and non-clinical based disciplinary action initiated by the Medical Center.
2. Process: All grievances must be filed with UCMC Employee and Labor Relations electronically at a designed email address with a copy to GME.
3. Eligibility: Individual grievances may be filed by a Resident or Fellow on the Resident or Fellow's on behalf. The Union may also file a grievance on behalf of individual Residents and fellows or on behalf of a class of two (2) or more Residents and Fellows.
4. Consolidation: Grievances brought by or related to two (2) or more Residents, or multiple grievances by or related to the same Resident, which concern the same incident, issue or course of conduct, may be consolidated for the purposes of one or more steps of this procedure upon mutual, written agreement of UCMC and the Union, provided that the time limits described in this article shall not be shortened for any grievance as a result of

consolidation. Notwithstanding the forgoing, the Union can on its own bring a "class" grievance on behalf of two (2) or more bargaining unit members.

5. Representation: A Resident or Residents shall have the right to be represented by one steward designated by the Union, other than person who is a witness to the case, during the steps of the grievance process. Stewards are members of the bargaining unit and may not be Medical Center supervisory, managerial or confidential employees. A Union representative also shall have the right to be present at all steps of the grievance and arbitration procedure beginning at Step 2. In the event that more than one (1) representative attends a meeting in the grievance procedure, only one (1) person may be the spokesperson.
6. The content of Disciplinary Actions related to academic and clinical matters are not subject to review under the Grievance and Arbitration Procedure set forth in this Proposal.

B. Procedure

Step 1: Informal Review. A Resident or Fellow who alleges the Medical Center has breached a term of this Agreement is strongly encouraged to discuss the matter with the resident's designated supervisor as soon as possible in an effort to resolve the problem informally without the need to file a formal grievance. Such informal discussions shall have no effect upon the time limits set forth in this Agreement and may not set a precedent or change a term of this Agreement, unless a written agreement is signed by the Union and Employee and Labor Relations. If the grievance is not resolved through informal discussions with the immediate supervisor, the Resident may file a formal grievance as set forth below.

Step 2: A formal grievance must be filed electronically with the Medical Center Employee and Labor Relations Office at a designated email address (HR Shared Services) with an electronic copy to the Office of Graduate Medical Education (GME). All grievances must be received by the Medical Center Employee and Labor Relations Office and GME within fourteen (14) calendar days after the date on which the Resident, Fellow or the Union knew or through reasonable diligence could have reasonably been expected to know of the event or action which gave rise to the grievance. Attempts at informal resolution do not extend the fourteen (14) calendar day to file a formal grievance at Step 2.

Formal grievances must set forth:

- The specific article or section of the Agreement alleged to have been violated;
- The action or inaction grieved and related facts known to the Union and/or residents/fellows named and how it or they violated the above mentioned article or section;
- The date(s) of the occurrence of the alleged violation(s);
- How the grieving Resident(s) or fellow(s) was (were) adversely affected;
- The remedy requested.

A designee of Employee and Labor Relations shall review the grievance and will meet with the Resident(s) and representative(s) to discuss the grievance within twenty-eight (28) calendar days following receipt of the grievance. Within twenty-eight (28) calendar days after receipt of the grievance, or within twenty-eight (28) calendar days after the meeting is held, a written response from the Medical Center will be issued to the Resident and the Union. If the response

is not issued within the established time limits or the grievance is not resolved, the Union may appeal the grievance to Step 3.

Step 3: If the grievance is not resolved at Step 2, it may be appealed by the Union electronically to GME with an electronic copy to Employee and Labor Relations. The written appeal must be received within twenty (20) calendar days of the date on which the written response at Step 2 was issued, if such a response was issued or due.

Within twenty-eight (28) calendar days of the receipt of the Step 3 appeal, a designee of GME shall schedule and convene a meeting to discuss the grievance, which also may be attended by Employee and Labor Relations. During the meeting, the Resident(s) and Union shall present all evidence relevant to the grievance.

Decision: The designee of GME shall render a written decision within twenty-eight (28) calendar days following the date of completion of the Step 3 meeting. The decision will be sent electronically to the Resident, the Steward and the Union. The Union may appeal the grievance to arbitration as outlined below within twenty-eight (28) calendar days of the date on which the decision was sent to the Union or within twenty-eight (28) days of the Step 3 meeting if no decision is rendered within the time limits.

C. Time Limits

Time limits, including those for seeking arbitration, may be extended by mutual agreement of the parties in writing in advance of the expiration of the time limits. Deadlines which fall on a recognized holiday under this agreement or a Saturday or Sunday will be automatically be extended to the next day. If a grievance is not appealed to the subsequent step of the procedure within applicable time limits, and/or an extension has not been agreed to in writing in advance, the grievance will be considered settled on the basis of the Medical Center's last written grievance response. Failure by the Medical Center to reply to the grievance within the time limits specified automatically grants to the Union the right to process the grievance to the next step of the grievance procedure within the time limits.

D. Scheduling and Release Time

Meetings shall be scheduled at mutually convenient times that do not interfere with patient care and other work to the extent possible. Whenever UCMC and the Union convene a meeting to hear a grievance during the scheduled work time of a Resident or fellow who is a grievant or Steward, reasonable release time shall be granted to the Resident(s) involved consistent with patient care and other obligations. Other Residents and Fellows may participate in a grievance meeting only with advance notice and by mutual agreement. In the case of a grievance brought by the Union on behalf of a class of Residents or Fellows, the Union may bring two class representatives and a steward to a grievance meeting.

E. Resolution

Formal resolutions may be agreed upon at any stage of the grievance process. Prior to the formal resolution of any formal grievance brought forth by a Resident or Fellow, the Union

shall be notified. Any offers of settlement are not admissible at any step in the grievance process except one to explain or enforce its terms.

F. Arbitration

1. **Request for Arbitration and Time Limits:** A request for arbitration may be made only by the Union and only after exhaustion of the grievance procedure. The written request by the Union for arbitration must be received by the Director of UCMC Employee and Labor Relations and GME within twenty-one (21) calendar days of the receipt of the Medical Center's written Step 3 grievance decision or the time such decision was due.
2. **Selection of Arbitrator:** Along with the submission of demand for arbitration, the Union shall request a panel of nine (9) arbitrators from the Federal Mediation and Conciliation Services (FMCS). Arbitrators shall be from the FMCS regional panel and members of the National Academy of Arbitrators. The parties may also agree on an arbitrator to hear the case, but this shall not extend deadlines to request a panel. Each party retains the right to reject one (1) panel in its entirety and request that a new panel be provided. The parties shall alternate in striking names (with the Union striking first) and the person remaining shall be the arbitrator. The Union shall promptly notify the arbitrator of the Arbitrator's selection and request dates.
3. The parties, by written mutual agreement, may agree in writing to waive or modify the process for selecting an arbitrator as described in Section 1, on a case-by-case basis.

G. Arbitration Process:

1. The arbitration proceeding shall provide an opportunity for the Union and UCMC to examine and cross examine witnesses under oath and to subpoena and/or submit relevant evidence. The Arbitrator shall have the power to control the hearing, determine the admissibility of evidence, and determine reasonable procedures for the hearing in accordance with applicable law and reasonable and customary arbitral standards.
2. The arbitrator may not admit settlement offers as evidence at the arbitration hearing other than as part of a hearing to enforce the terms of an agreement.
3. Prior to the arbitration, the Union and UCMC shall attempt to stipulate as to the issue(s) to be arbitrated, which shall be determined by the arbitrator if not agreed.
4. The arbitration hearing shall be closed to the public, unless the parties otherwise agree in writing.
5. The arbitrator, following the close of the record of the hearing and the submission of briefs (if requested by a party or ordered by the arbitrator) on a schedule to be determined by the arbitrator, shall consider the evidence presented and promptly render a written decision. The written decision shall include a brief description of each issue under submission, a summary of the position of the parties, the findings of facts, the arbitrator's conclusion(s) as to the violation of the agreement, if any, and, where appropriate, a remedy. The parties may agree or the arbitrator may direct that he or she retains jurisdiction for an additional sixty (60) day period, or such additional time as may be reasonable, following the issuance of the award to make corrections to the award or to hold further proceedings as to the remedy.
6. UCMC and the Union shall split the arbitrator's fees and the other reasonable joint costs of the proceeding, a hearing room and the cost of any arrangements ordered by the

Arbitrator. Expenses for other services, including the cost of representatives, shall be borne by the party requesting such services unless the parties agree otherwise in advance. Unless the Arbitrator requires a transcript, if one party seeks a transcript and the other party does not agree to split the cost, the party requesting the transcript shall bear the cost. The party refusing to split the cost shall not receive a copy even though it will also be submitted to the arbitrator. If the party who did not pay later requests a copy at any point, including from the court reporter, the other party shall be notified and the parties shall split the full cost.

H. Scope of Arbitration

1. Unless there is an agreement by both parties to modify the scope of the arbitration, the issue(s) to be heard by the arbitrator shall solely be restricted to the grievance.
2. No grievance may be presented in arbitration if it is untimely or presents an issue that is not an appropriate subject for arbitration. In the event that UCMC raises the issue of arbitrability and/or timeliness, the parties will discuss whether arbitrability and the merits shall be combined into one hearing. If the parties do not agree, the arbitrator will determine whether the issue of arbitrability/timeliness and the merits will be combined into one arbitration.

I. Arbitrator's Authority

The arbitrator shall not have jurisdiction or authority to add to, amend, modify, nullify, or ignore in any way the express written provisions of this Agreement. Nor shall the arbitrator have the authority to review any academic or clinical judgment. To the extent that the Medical Center's action is based upon academic or clinical judgment, the arbitrator shall have no authority or jurisdiction to substitute his/her judgment for that of the Medical Center.

J. Decision and Remedy

1. If the grievance is sustained in whole or in part, and subject to the limitations set forth in the paragraph below, the remedy shall not exceed restoring to the Resident the pay, benefits or rights lost as a result of a violation of the Agreement, less any compensation and/or benefits received from any source, including, but not limited to Workers' Compensation.
2. The decision of the arbitrator shall be final and binding, but either side shall have a right to appeal an adverse arbitration decision to a court of competent jurisdiction consistent with applicable law.
3. The arbitrator shall have no authority to award time-in-lieu of training or to extend the time limits for program completion.

K. Release Time and Pay Status

1. Whenever an arbitration hearing is scheduled during the regular work time of a Resident or Fellow who is a grievant or witness, reasonable release time without loss of salary shall be granted to such Resident(s) involved so long as a written request for release time is received at least 72 hours in advance. Two Residents or Fellows may attend a class arbitration as representatives if the arbitration involves a class provided the Union provides at least seven (7) days' notice of the need for release to Employee and Labor Relations and

the Medical Center's representative. Release time is for all days of the hearing. The Medical Center does not guarantee that release time will count toward ACGME and/or Board time-in-program requirements.

2. When arbitrations or meetings occur outside a Resident's scheduled work time, no release time shall be granted.
3. Time spent in investigating and preparation for arbitration shall be outside of a Resident or Fellows' work time and shall not be paid.

ARTICLE 13
RELEASE TIME

A. Consistent with patient care and other needs, the Medical Center will approve: (1) eleven (11) total residents and/or fellows once annually to attend the CIR National Convention for up to four (4) days. Of the eleven (11), no more than one (1) resident and/or fellow may be from a program with less than twenty (20) current residents and fellows and no more than two (2) residents and/or fellows may be from larger programs (with no more than one from each PGY training year in the same program), for up to three (3) days without use of vacation consistent with patient care and other needs; and (2) One (1) resident or fellow to attend the CIR Executive Committee meeting for up to three (3) days quarterly. In both cases, as a condition of attending, the Union and/or residents or fellows must arrange for appropriate, fully qualified coverage by another resident and/or fellow that is approved in advance and in writing by the Program and at no cost to the Medical Center, consistent with patient care and other needs. Notice of a request for leave under this section shall be provided in writing by the Union to the Program, GME, and Employee and Labor Relations at least seventy-five (75) days in advance of the first missed shift along with the name(s) of the proposed residents and/or fellows who have agreed to cover for the shifts that will be missed. While every reasonable effort will be made to comply with the seventy-five (75) days' notice provision, changes with at least thirty (30) days' notice may be granted by the Medical Center's in its discretion where good cause is shown for the delay, agreed coverage is arranged, and there is no impact on training or care. Residents and Fellows taking time off are responsible for ensuring they meet time and other requirements for board eligibility, as is the case for all time off, as this time will not be considered time in training.

B. Residents and fellows may otherwise use available vacation to attend the CIR National Convention and Executive Committee meetings or other Union events consistent with patient care and other needs. Such time shall be scheduled in the same manner and with the same notice as other vacation time.

ARTICLE 14
RESIDENT LOUNGES, CALL ROOMS AND WORKSPACE

A. Call Rooms: It is the Medical Center's expectation that Residents/Fellows have adequate access to on-call rooms for sleep and rest that meet all ACGME requirements where applicable at all rotation sites to ensure healthy and safe learning and working environments by providing safe, quiet, clean, and private sleep/rest facilities. Upon notice from a Resident/Fellow or the Union that the Medical Center or any rotation or program site fails to provide such access, the Medical Center will make reasonable efforts to rectify the problem on its own campus and

provide notice to the rotation/program site of the issue and deficiency and work with the rotation/program site to resolve the issue and deficiency expeditiously.

B. **Work Rooms and Other Non-Patient Care Spaces:** It is the Medical Center's expectation that Residents/Fellows have access to adequate work rooms, and other non-patient care spaces as required by ACGME requirements. Upon notice from a Resident/Fellow or the Union that the Medical Center or any rotation site fails to provide such adequate access, the Medical Center will make reasonable and prompt efforts to provide notice to the rotation/program site of the issue and deficiency and work with the rotation/program site to resolve the issue and deficiency expeditiously. For sites that accommodate non-ACGME program trainees and/or electives, such access is not guaranteed.

C. **Labor-Management Committee Recommendations:** The labor-management committee can make recommendations to the Medical Center regarding call rooms and work rooms, including amenities such as a hospital phones, computers, and internet access.

D. **Reasonable Accommodations:** The Medical Center will offer reasonable accommodations for access to the foregoing areas to residents and fellow with disabilities consistent with its obligations under the Americans with Disabilities Act and other applicable laws. If a Resident or Fellow has a concern, requests for accommodations should be in writing and addressed to Human Resources.

ARTICLE 15
PROGRAM CLOSURE

A. In the event the Medical Center and/or a Program in which Residents or Fellows are enrolled is closed or discontinued, or there is a proposed reduction in the size of a residency program that will adversely impact a current Resident's or Fellow's continuation in the residency program, the Medical Center shall provide the Residents, Fellows, and the Union with notification as soon as possible after the decision is made. The Medical Center will when closing or permanently reducing the size of an Accreditation Council for Graduate Medical Education (ACGME) program additionally comply with all ACGME requirements that apply to the closure of an accredited program. These commitments shall not apply to the Medical Center's failure to fill all approved residency and fellowship positions through the match or otherwise.

B. In the event of such a reduction or closure, Residents and Fellows already in the program will be allowed to complete their education, or Medical Center will provide the Residents and Fellows with assistance in obtaining appointment to another residency program. In the event the Medical Center elects to no longer be a sponsor of an ACGME-accredited program, the Medical Center shall notify Residents and Fellows as soon as possible after the decision is made and provide Residents and Fellows with assistance in obtaining appointment to another ACGME-accredited program of the same specialty if they wish to do so. This includes providing Residents and/or Fellows resources such as information regarding other accredited program and/or other program contacts the Medical Center possesses that it believes would be helpful as part of a search for an alternative placement.

C. The Medical Center will make every reasonable effort not to voluntarily close or reduce the Resident complement of a Program mid-year where a Program remains accredited by ACGME, the Program is otherwise reasonably able to provide instruction meeting ACGME requirements, and current Residents cannot be placed in another residency program.

D. After a Program announces its intent to close and prior to a Program's closure, the Medical Center shall continue to make every reasonable effort to maintain training and rotations that meet ACGME and other requirements and will maintain required limits on work hours.

E. The Medical Center will provide appropriate verification of prior educational experience and summative competency-based performance evaluations and milestones to transferring Residents and Fellows or the new Programs to which they transfer following an announced Program closure that are reasonably necessary for a Resident or Fellow to be accepted and/or receive credit for their training at the Medical Center following transfer.

ARTICLE 16
RESIDENT AND FELLOW WELLBEING

The Medical Center will maintain a committee to address resident and fellow wellbeing to serve as an advisory body to the Medical Center on wellbeing policies and initiatives and burnout prevention. The Union shall appoint two (2) current residents or fellows to serve on the Committee, but this shall not replace other Resident and Fellow members or prevent the Medical Center from appointing other residents and/or fellows to the Committee if they are willing to serve. The Committee will meet at least twice annually.

The Medical Center is permitted to maintain a committee and programs to address impairment and impaired residents and fellows. The Medical Center may refer residents and fellows to this committee consistent with its then current procedures, which the Medical Center may periodically update. Residents and fellows are expected to reasonably cooperate with the committee and the impairment program when referred.

As provided in ACGME requirements, residents and fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. The intent of this requirement is to ensure that residents and fellows have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents and fellows must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.

ARTICLE 17
EDUCATIONAL TIME

The Medical Center recognizes that education is an important component of residency and fellowship programs at the Medical Center. While attendance at every event cannot be guaranteed, the Medical Center will make reasonable efforts to release residents and fellows from clinical and other duties for academic activities the Program determines are relevant and appropriate, such as core didactic activities, consistent with patient care and other obligations. Programs will to the

furthest extent practicable consistent with patient care and other obligations release residents and fellows for required Program-specific core didactic requirements.

ARTICLE 18
MANAGEMENT RIGHTS

The Medical Center has, solely and exclusively, all the rights, powers, discretion and authority to manage and change all aspect of the Medical Center's operations, including those that impact the terms and conditions of employment of Residents and Fellows and including all aspects of its GME residency and fellowship programs whether exercised or not and without regard to past practice or existing policies, except as expressly limited, delegated, addressed or deleted by a specific provision of this Agreement. Specifically, both during and following the term of this Agreement, unless specifically addressed and controlled by another express provision(s) of this Agreement, the Medical Center maintains the right to manage and operate the Medical Center's business, operations and programs, including it GME residency and fellowship programs and changes to those programs, except as prohibited by applicable law and regulations, including the National Labor Relations Act and ACGME standards. The Medical Center's exercise of its management rights and shall not be subject to any obligation to engage in further negotiations (or to meet and confer) between the Medical Center and the Union except as may be required by an express provision of this Agreement.

The list below, which is not exhaustive, contains examples of the Medical Center's broad management rights to determine, create, adopt and/or implement and to change, discontinue, alter, or modify in whole or in part, temporarily or permanently. Without limiting the generality of the foregoing, the rights, powers and authority retained solely and exclusively by the Medical Center include, but are not limited to, the following:

A. to manage, direct, control, determine, and maintain the Medical Center's mission(s), programs, objectives, and the efficiency of its business and personnel, including the ability to design, modify, expand, restrict, suspend or eliminate, in whole or in part, its graduate medical education programs and related affiliations;

B. to manage and control its departments, buildings, offices, facilities, equipment, operations, and the location of its programs;

C. to direct the work force;

D. to increase or decrease the work force;

E. to determine staffing patterns and levels and the number and type of employees needed;

F. to lay off employees;

G. to hire, transfer and promote employees, including the right to establish the standards and qualifications for hiring, retention, training and curriculum, advancement through the graduate medical education program(s), and graduation consistent with applicable ACGME and Board requirements where applicable;

H. to maintain the discipline and efficiency of its employees;

I. to remediate, discipline or dismiss residents and fellows from a training program, however no resident or fellow shall be disciplined or removed from a program (including but not limited to non-renewal, non-promotion, and/or extension of training) without the due process required by ACGME and GME appeal procedures where applicable, including any rights to representation conferred by the procedures then in force;

J. to determine job content, description and qualifications and to establish work standards, including productivity standards, and schedules of shifts and operations;

K. to assign work and decide which employees are qualified and suited and/or best suited to perform such work;

L. to determine working hours, shift times, lengths, assignments, and days off;

M. to adopt rules of attendance, performance, conduct, appearance (including badge, branding, uniform and dress code requirements) and safety, and penalties for violations thereof;

N. to determine the type and scope of work to be performed and the services to be provided to patients;

O. to determine whether work will be assigned and/or reassigned to bargaining unit employees or other individuals not in the bargaining unit;

P. to determine the methods, processes, means and places of providing service to patients;

Q. to determine service lines to be offered, including changes and expansion of those service lines, and to establish quality standards for patient and other services;

R. to acquire and dispose of equipment and facilities;

S. to determine the places where work will be performed, including where Residents/Fellows will provide services, the length of rotations and locations to add, remove or modify rotations;

T. to introduce new methods and technology and effect technological changes of all types in its equipment and operations, including automation, monitoring and infographics and to require training and other use of equipment and compliance with related policies;

U. to promulgate mandatory agreements for the resolution of disputes not arising through this Agreement through arbitration on an individual (non-class) basis;

V. to establish and require employee adherence to training and quality assurance programs and standards;

W. to take whatever actions are reasonably necessary in the event of an internal or external disaster, weather emergencies or where patient or employee safety requires deviations from normal operations;

X. to transfer, sell, subcontract, close, suspend or dispose of all or part of the Medical Center's operations and/or any graduate medical education program.

Without placing any limits on the above-enumerated rights, the Medical Center has the sole and exclusive authority to make all decisions that affect or relate to any and all academic (including all ACGME core competencies, as may be amended from time to time), patient care or clinical issues or judgments. All such decisions may be made at the sole discretion of the Medical Center and/or its affiliates, are outside of the scope of bargaining, and are not subject to the grievance arbitration procedures of this Agreement.

Any dispute arising regarding the exercise of any of the rights of the Medical Center enumerated, incorporated or otherwise covered by this Article shall be limited before the Arbitrator to determining whether the Medical Center has acted within the rights conferred on the Medical Center and should that issue be determined in the Medical Center's favor, the Medical Center's actions will not be subject to further review under the grievance and arbitration provision of this Agreement or otherwise. The foregoing shall not preclude a Union grievance or arbitration contesting whether the Medical Center's actions or inactions are within the reserved rights of this Article and not covered by the another provision of this Agreement.

ARTICLE 19
NO STRIKE AND NO LOCKOUTS

During the term of the Agreement (including any extension), the Union agrees that there will be no work stoppages, strikes, sympathy strikes, picketing, concerted withdrawal of services or slowdowns of any kind or for any reason, nor shall the Union or Residents and Fellows observe any picket line which may be established by any other organization or person.

No officer or representative of the Union shall authorize, institute, instigate, aid or condone any such activities by members of the bargaining unit or others. The Union further agrees that it will take reasonable actions which are within its power to advise Residents and Fellows or others engaged in a strike or work stoppage in violation of the terms of this Agreement to return to work; such reasonable actions include the Union, through its officials, disavowing in writing any such action or interference and advising that Residents and Fellows engaged in such activity are in violation of this Agreement and should immediately return to work and cease the violation.

During the term of the Agreement, any and all Residents and Fellows actually engaging in or condoning any work stoppage, concerted withdrawal of services, strike, sympathy strike, picketing or slowdown may be disciplined, suspended or discharged at the discretion of the Medical Center and neither the Residents and Fellows nor the Union, as a result of such suspension or discharge, may resort to the grievance or arbitration procedure, except with respect to the question of whether the employee(s) engaged in the prohibited conduct.

The Union agrees that neither the Union nor any Resident or Fellow covered by this Agreement shall encourage or condone any violation of this Agreement and that they shall take all reasonable actions to ensure compliance with this Article.

During the term of this Agreement, the Medical Center agrees that it will not institute a lockout of employees.

ARTICLE 20
BASE WAGES

A. Residents/Fellows shall be paid in accordance with their corresponding Post Graduate Year ("PGY") of training and commensurate with the number of successfully completed years of clinical training in their specialty credited by their current Program toward their clinical residency training and the corresponding PGY appointment of their residency/fellowship program position.

B. Credit for Medical Training Other than Clinical Training at UCMC

Current Residents and Fellows as of the ratification of the 2025 Agreement shall maintain their current PGY placement. Residents and Fellows who begin a Program at the Medical Center following ratification shall be placed at the start of their first contract as follows.

1. **Transfer from Accredited Program within the Same Program Specialty:** A Resident or Fellow who has before starting at the Medical Center satisfactorily completed and received credit from both their prior ACGME-accredited non-Medical Center program and ACGME and their relevant specialty-specific board for one or more full years of training in the same specialty for which the resident or fellow has been appointed at the Medical Center shall receive credit from the Medical Center for the full-years of training for which they were previously credited unless the Resident or Fellow will be receiving remedial training or otherwise is not assigned to perform the duties of other Residents and Fellows in the same PGY year of the Program at the start of their first year at the Medical Center. In that event, they shall receive the PGY stipend corresponding to the duties they are performing at the start of their PGY year. Credit will be provided only after confirmation of credit from the specialty board is received. For example, a Resident or Fellow who has satisfactorily completed two years of accredited training in the same Program to which they have been appointed at the Medical Center and is performing work at the next higher PGY year shall be appointed at the PGY-3 level and receive the PGY-3 stipend set forth below.

2. **Transfer into a New Specialty from an Accredited Program:** If a Resident or Fellow previously worked in a different specialty in a ACGME-accredited program, then the Resident or Fellow shall receive credit for that portion of their prior Residency or Fellowship for which the Resident or Fellow is provided credit by the specialty board for the Program of their new appointment unless the Resident or Fellow will be receiving remedial training or otherwise is not assigned to perform the duties of other Residents and Fellows in the same PGY year of the Program at the start of their first year at the Medical Center. In that event, they shall receive the PGY stipend corresponding to the duties they are performing at the start of their PGY year. Credit will be provided only after

confirmation from the specialty board is received. In the example above, a Resident who has successfully completed two (2) years of training in a different specialty whose new specialty board recognizes fourteen (14) months of credit would be appointed at the PGY-2 level provided that they are performing the duties of a PGY-2 Resident.

3. **Credit for Exceptionally Qualified Fellows:** The Medical Center on a case-by-case basis may grant credit to exceptionally-qualified Fellows coming to the Medical Center. The Medical Center will discuss with the Fellow prior to starting their PGY placement.

4. **Credit when Transferring from International Programs:** A Resident who has satisfactorily completed and received verified credit from an international program recognized by the Medical Center for its academic standards shall receive an appropriate PGY year placement based upon credit received from ACGME and their relevant specialty-specific board for one or more full years of credited training in the same specialty for which the resident or fellow has been appointed at the Medical Center unless the Resident or Fellow will be receiving remedial training or otherwise is not assigned to perform the duties of other Residents and Fellows in the same PGY year of the Program at the start of their first year at the Medical Center. In that event, they shall receive the PGY stipend corresponding to the duties they are performing at the start of their PGY year. Credit will be provided only after confirmation of credit from the specialty board is received. For example, a Resident who has completed two (2) prior years of international training, but whose US specialty board will only recognize fourteen (14) months of credit, would be appointed at the PGY-2 level.

5. **Chief Residents Serving an Additional Voluntary Clinical Administrative Year:** Residents who completed an additional "Chief Resident" clinical administrative year after completing their Residency Program will receive one year of credit and be paid at the next PGY year when later entering a subspecialty fellowship program. For example, a PGY-3 who graduated a residency, then completed an additional Chief Resident year will when entering a fellowship the following year be paid as a PGY-5.

6. Except as provided above, Residents and Fellows will upon successfully completing a full-year of clinical training in their Program at the Medical Center and at the start of their next PGY clinical contract be advanced to the next PGY year.

C. All Residents and Fellows shall be placed on their applicable PGY salary below in accordance with the above and shall be paid on a biweekly pay period basis. Subsequently, on the dates indicated below all Residents/Fellows shall be placed on their applicable PGY salary below.

D. All economic increases and changes in this Agreement for the first Agreement year shall occur at the start of the first payroll period that falls at least two full payroll periods after ratification except as provided below.

	Post-Ratification 2025 (including 3% raise already given); remaining 1% to take effect at the start of the second full payroll period after ratification	1st Payroll Period that begins after the later of a Resident or Fellows's promotion to a new PGY year and after July 1, 2026	1st Payroll Period that begins after the later of a Resident or Fellows's promotion to a new PGY year and after July 1, 2027	1st Payroll Period that begins after the later of a Resident or Fellows's promotion to a new PGY year and after July 1, 2028	1st Payroll Period that begins after the later of a Resident or Fellows's promotion to a new PGY year and after July 1, 2029
	Increase all stipends by 4.0% over the 2024-25 stipends (3% previously implemented effective July 1, 2025)	Increase all stipends by 4.0% over prior Agreement year rates	Increase all stipends by 3.0% over prior Agreement year rates	Increase all stipends by 3.0% over prior Agreement year rates	Increase all stipends by 3.0% over prior Agreement year rates
PGY-1	$75,936	$78,973	$81,342	$83,782	$86,296
PGY-2	$80,323	$83,536	$86,042	$88,624	$91,282
PGY-3	$83,094	$86,418	$89,010	$91,681	$94,431
PGY-4	$86,871	$90,346	$93,056	$95,848	$98,724
PGY-5	$90,647	$94,273	$97,102	$100,015	$103,015
PGY-6	$92,537	$96,239	$99,126	$102,100	$105,163
PGY-7	$96,078	$99,921	$102,919	$106,007	$109,187
PGY-8	$97,764	$101,675	$104,725	$107,867	$111,103

E. PGY Training Year Advancement Stipend Increases: Residents and Fellows who are advanced and begin a new PGY training year in their Program shall receive individual contracts for their new PGY training year that are consistent with the increases set forth above and such wage increases will be effective as of the start of the new training year. For example, a PGY-1 Resident who successfully completes the Resident's PGY-1 year on or about June 30 and is entering training as a PGY-2 on July 1 will receive a new contract at the PGY-2 rates set forth above. The parties acknowledge that not all individual contracts begin on July 1, and a Resident or Fellow advancing to a new training year on a different date will receive his or her PGY year increase on the date the new training year contract begins.

F. Increases During Remediation/Extensions of a Training Year: Residents and Fellows who have not completed a PGY training year and have their prior PGY contact extended because they are remediating or otherwise completing requirements for their current PGY training year

shall remain at the then-current rate for their PGY training year and shall receive the rate for the new PGY training year and any Agreement increases immediately following their successful completion of their remediation and/or other requirements. A Resident or Fellow whose current PGY training year is extended for more than two (2) months and who is not advancing to a new PGY training year shall continue to receive the stipend of their current PGY training year but shall after two (2) months be eligible for all negotiated contractual increases if they continue to remediate. The Resident or Fellow shall receive a PGY training Year increase as well as negotiated contractual stipend increases for the new PGY training Year once advanced to the new training year.

G. Residents and Fellows who are beyond the 8th PGY year shall receive a stipend in an amount to be established for them by the Medical Center. That stipend shall provide an increase from their PGY-8 salary set forth above and shall be increased on each date set forth above in an amount that is no less than the increase set forth for each Anniversary date of this Agreement as set forth above.

H. The Medical Center may continue to maintain and set compensation at rates at or above the rates set forth above for grant-funded and other special programs maintained by the Medical Center, including Coggeshall Fellows and Physician Scientists.

ARTICLE 21
ACADEMIC STIPEND AND OTHER EXPENSES

A. Annual Academic Stipend

For each full academic contract year a Resident or Fellow is employed, a Resident or Fellow will receive a lump sum academic stipend in the gross amount of nine thousand dollars ($9,000), which may be used, at the Resident's or Fellow's discretion, to enhance their education and research opportunities and/or cover expenses and/or costs not covered by this Agreement or any other Medical Center program.

Stipends will be paid for the first year of this Agreement within two (2) full payroll periods following ratification, and annually thereafter on the first payroll period that falls two (2) payroll periods following the start of a new full academic contract year for a Resident or Fellow. Residents and Fellows are not eligible for an additional academic stipend during the extension of an academic year for any reason or when a Resident or Fellow is working under a contract that is less than a full year in length.

The academic stipend is inclusive of the current monthly cell phone/tech allowance, which will sunset at the start of the first month that begins following ratification.

B. Medical Licensing Fees

1. **New Temporary License:** The Medical Center will reimburse residents and fellows for a temporary medical license required for the Resident to work at the Medical Center and/or any affiliated site to which the Resident or Fellow is assigned and required to work by the Medical Center, including temporary licenses required for Illinois and/or Indiana, if applicable. To be eligible for reimbursement, the temporary license must initially be

secured following ratification for work in a Medical Center program (and not initially for another employer).

2. **Permanent License:** A permanent license will be reimbursed on the same basis as a temporary license if required to perform work required by the Medical Center for which a temporary license is not available. Residents and Fellows who choose to take their permanent license earlier than required instead of a required temporary license will be reimbursed the amount of the temporary license.

3. **Renewal of License:** To be eligible for reimbursement for a temporary license renewal, the previous license expiration date must be within the academic year in which reimbursement is sought and an academic year in which the Resident or Fellow is appointed to a training program such that the Resident or Fellow must possess the license to continue participating in the Program.

4. Only those fees paid directly to the Medical Boards of Illinois and /or Indiana for licensure are reimbursable. Additional licensure fees for elective programs are not covered. Other expenses incurred, such as those for notary services, live scan fingerprinting, photography services, and transcript services, are not eligible for reimbursement.

C. USMLE STEP 3/COMLEX Examination Fees

The Medical Center will reimburse Residents for USMLE STEP 3 / COMLEX Level 3 examinations taken following ratification once during the term of a Resident or Fellow's employment.

D. Other Medical Center Required Certifications

The Medical Center will pay for certification courses the Medical Center and/or its affiliates requires, such as BLS, ACLS, PALS, ATLS, and NRP, when taken at a class offered by the Medical Center or one of its affiliates. The Medical Center at its option may assign a Resident or Fellow to complete a required certification through a third party at its expense where the class is not offered by the Medical Center or an affiliate.

E. Submission

All reimbursements provided for under this Agreement must be submitted within forty-five (45) days of the expense being incurred, including proof of payment by the Resident or Fellow, using the forms and submission procedures that the Medical Center may in its reasonable discretion adopt.

F. Nothing in this Agreement shall prevent the Medical Center on a case-by-case basis from electing to make additional contributions toward any such expense, including conference fees and related travel expenses and other such expense enumerated above in the Medical Center's discretion and on such other additional terms as the Medical Center may provide.

ARTICLE 22
HEALTH, RETIREMENT AND OTHER BENEFITS

A. Residents and Fellows shall receive contributions toward the cost of their healthcare and retirement plans, including participation, matching and contributions terms for UCMC's current retirement plans as set forth below during the term of this Agreement. Residents and Fellows shall otherwise remain eligible to participate in the following benefit programs to the same extent that such programs are generally applicable to other Medical Center employees not represented by a labor union, which does not limit the Medical Center's right to negotiate in good faith for separate and/or different benefits for other employees represented by a labor union. If during the term of this Agreement, the Medical Center decides to remove or change any of the benefits provided under the plans set forth below, the Medical Center will provide the Union notice of the Medical Center's planned design changes at least fourteen (14) days before implementation. This obligation shall not apply to routine plan administrative changes, but only those that will change a Resident or Fellow's benefits. If either party requests a meeting within ten (10) days of such notice, the parties will meet within fourteen (14) days to bargain about the effects of such changes (but the Medical Center will not be obligated to bargain over its decision to make the change). The effects-only bargaining provided for under this provision will not delay the Medical Center's implementation of the changes or the effective date of any changes.

1. Employee Retirement Income and other 403(b) plans
2. Group life Insurance Programs
3. Medical Insurance, including prescription drugs and mental health coverage
4. Dental Insurance
5. Employee Assistance Plans
6. Vision Insurance and/or Service Discount Plans
7. Tax advantaged cafeteria and flexible spending accounts (including medical, dependent care, transportation/mass transit, parking, and other limited purpose plans)
8. Short and Long Term Disability Plans
9. Life insurance
10. 1Personal Accident and Accidental Death & Dismemberment Insurance
11. Critical illness insurance
12. Legal, auto, home, and/or pet insurances (including group/employee paid discount plans)
13. Tuition Reimbursement and/or Remission Plans (including discounts for employees and their Children at the University of Chicago and/or its affiliates to the extent extended to Medical Center employees)
14. Child care and adult/elder care backup coverage programs
15. Identity protection
16. Access and/or discounts to gym and other recreational facilities, including those owned and/or operated by the University of Chicago

B. Health Insurance Rates: Through June 30, 2026, the Medical Center's contribution toward the premium of the following health insurance plans for Residents and Fellows will not change from the contribution rates in effect for the 2026 benefits year that began July 1, 2025.

Notwithstanding the language set forth above, the Medical Center shall pay the following share of premiums for the plans be in effect for the remaining years of this Agreement:

Plan	Tier	7/1/2025 (FY 26) (NO CHANGE)	7/1/2026 (FY 27) (NO CHANGE)	7/1/2027 (FY 28) (NO CHANGE)	7/1/2028 (FY 29) (NO CHANGE)	7/1/29 (FY 30) (NO CHANGE)
UCHP*	Employee Only	88.5%	88.5%	88.5%	88.5%	88.5%
	Employee + Spouse	81.25%	81.25%	81.25%	81.25%	81.25%
	Employee + Child(ren)	81.25%	82.75%*	81.25%	81.25%	81.25%
	Employee + Family	81.25%	81.25%	81.25%	81.25%	81.25%
BCBS PPO	Employee Only	88.5%	88.5%	88.5%	88.5%	88.5%
	Employee + Spouse	81.25%	81.25%	81.25%	81.25%	81.25%
	Employee + Child(ren)	81.25%	81.25%	81.25%	81.25%	81.25%
	Employee + Family	81.25%	81.25%	81.25%	81.25%	81.25%
Advantage	Employee Only	89.175%	89.175%	89.175%	89.175%	89.175%
	Employee + Spouse	86.125%	86.125%	86.125%	86.125%	86.125%
	Employee + Child(ren)	86.125%	86.125%	86.125%	86.125%	86.125%
	Employee + Family	86.125%	86.125%	86.125%	86.125%	86.125%

* During the 2026-27 plan year, UCHP will reallocate tier costs to decrease the share of plan cost of employee only, employee plus spouse and employee plus family and increase the share of plan costs for the employee plus child(ren) tier. On a one-time basis, the cost of the employee plus child(ren) tier will be reduced by one and one-half percent (1.5%) to reduce the impact of this planned change.

C. **Retirement Contributions, Matching, and Eligibility:** Notwithstanding the language of Article 22(A) of this Agreement, the parties agree that for the life of the current Agreement, Residents and Fellows will be eligible for and the Medical Center will not change the following elements of Resident and Fellow retirement, as set forth in the current plan documents for the Voluntary Retirement Income Plan for Employees (ERIP) 403(b) plan and Supplemental Retirement Plan (including any Roth options for both plans), which are the two retirement plans for which Residents and Fellows are eligible: (a) the voluntary matching contribution schedule; or (b) participant service and other eligibility criteria and vesting schedules. This does not limit the Medical Center's right to make other changes to the design of these plans as set forth above.

D. **Parking:** The Medical Center will offer Residents and Fellows regularly assigned to the Hyde Park campus 24 hour discounted general access monthly parking in either lot A or lot B. The Medical Center shall determine the lot to which Residents and Fellows will be assigned. The rate offered to residents and fellows in those lots shall be discounted by no less than 75% compared to the regular monthly rate offered to other non-residents and fellows (excluding employees represented by a union with whom the Medical Center is obligated to negotiate). Should the Medical Center open an additional parking lot within a comparable distance to the Medical Center's Hyde Park campus, the Medical Center may choose to add that lot to the list of eligible lots to which Residents and Fellows may be assigned by the Medical Center under

this Section. Should the Medical Center close a lot for repairs/construction or otherwise restrict access to these lots to other Medical Center employees, it may restrict access to Residents and Fellows on the same basis. Residents and Fellows on overnight shifts (entering after 5:00 pm and leaving before 8:00 am the next morning Monday-Friday) and weekends (Saturday and Sunday) and Medical Center designated holidays shall have access to both Lots A and B. After an initial assignment to a lot, the Medical Center agrees to maintain a list where Residents and Fellows primarily assigned to the Hyde Park campus seeking a different parking lot assignment may list their preference for a different lot than the one to which they were initially assigned by the Medical Center. If another Resident or Fellow assigned to a requested lot also requests a change and both requests can be accommodated, Resident and Fellow requests will be considered to the maximum extent possible in addition to other reasonable factors such as PGY year and primary Program work location.

E. Clothing

1. The Medical Center will provide two (2) white lab coats to residents entering their first year and provide periodic cleaning for lab coats to residents and fellows who are assigned to the Hyde Park campus through a service of the Medical Center's choice. The availability of cleaning for lab coats for Residents and Fellows while assigned to a non-Medical Center affiliate site will be subject to the individual site's policies and procedures, which are subject to change.

2. The Medical Center will provide and/or clean scrubs and/or other clothing at the Medical Center's expense as appropriate to meet OSHA-required infection control procedures or required under the Medical Center's own infection control policies (including the policies of its affiliated sites), including those related to blood-borne pathogens, in areas and circumstances where such procedures apply. The Medical Center reserves the right to establish policies and procedures for the wearing of lab coats, scrubs and other clothing while providing patient care.

F. Other Existing Practices and Benefits. Certain benefits and practices presently exist or may be created by the Medical Center and/or individual Programs in its (or their) discretion that are in excess of the benefits or practices spelled out in this Agreement and it is understood that their creation and/or continuation for the period of this contract is not guaranteed. Such benefits and practices include but are not limited to gifts, bonuses, reimbursements, transportation schedules, equipment (including vending machines), and other benefits.

ARTICLE 23
PAID AND UNPAID TIME OFF

A. Vacation:

1. Residents/Fellows shall receive twenty (20) workdays of paid vacation time off for each full contract year. Time will accrue on a payroll-by-payroll basis but the full twenty (20) days of time shall be made available to Residents and Fellows on full-year contracts for use after the start of each contract year.

2. Vacation shall be scheduled and approved in advance, subject to and in accordance with each Program's policy or practice. Program vacation policies and practices are subject to change with reasonable notice from a Program and at all times shall comply with ACGME requirements.

3. Each Program shall arrange for coverage for Residents and Fellows when taking vacation that was scheduled and approved in advance.

4. Vacation time not used during a given year cannot be carried over to the following year.

5. Vacation time that is accrued but not used, if any, shall be paid out at the time a Resident or Fellow leaves the Program if a Resident or Fellow departs without completing their contract year.

6. Residents and Fellows are not required to make up vacation days except as may be necessary to meet ACGME and/or board certification requirements.

B. Sick Leave:

1. Residents and Fellows shall receive up to five (5) paid sick leave days for each full contract year. Time will be made available to Residents and Fellows for use at the start of each contract year.

2. Time may be used for a Resident or Fellow's own injury, illness or medical appointment or two and one-half (2.5) of those days for an injury, illness of medical appointment of a child, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent or stepparent.

3. Unused sick leave is not paid out upon departure. Residents and fellows are not required to arrange for their own coverage for sick leave.

4. Residents who are absent for injury and/or illness who have used their available sick days and other paid leave time under this Agreement and who do not yet qualify for short and/or long term disability benefits and coverage as provided by this Agreement and/or applicable law, may utilize available paid vacation benefits under this Agreement for such an absence.

5. Residents and fellows are not required to make up sick days except as may be necessary to meet ACGME and/or board certification requirements.

C. Holidays

The parties understand that while the Medical Center has specific recognized holidays, because Residents and Fellows are employed and provide medical care in a twenty-four (24) hour, seven (7) day a week setting, it is understood that Residents/Fellows may have assigned clinical responsibilities on recognized holidays that they will be expected to meet, subject to their respective residency and fellowship program policies and practices. To the extent practicable and consistent with a Resident's or Fellow's current rotation and training and patient care needs, each Program at the Medical Center will schedule work on recognized holidays over the course of each academic year in a manner such that holiday work shall be equitably

distributed among the Residents and Fellows in a Program. For purposes of this Article, "recognized holidays" for any given Resident will be those so recognized by the primary affiliated clinical site where the Resident is training for employees of that site who are not in a labor union. In recognition that Residents/Fellows may have to work on recognized holidays, Residents and Fellows may request to use vacation time to take a holiday off, if scheduled, subject to and in accordance with their respective Program scheduling policies and/or practices. Nothing in this Section prohibits a Program from maintaining, modifying or adopting any holiday scheduling policy or practice.

D. Medical Center Parental Leave

1. Full time and regular part time residents and fellows (0.5 FTE and above) will be eligible to receive six (6) weeks of 100% paid parental leave for both birthing and non-birthing parents beginning with the Resident or Fellow's first day of employment. Residents and Fellows will be eligible to receive this benefit on the same basis as other such employees, for which reasonable administrative rules and policies will be issued by the Medical Center. For a birthing parent, leave begins after any paid medical disability period associated with birth ends. For a non-birthing parent, leave eligibility begins immediately after the life event. Time must be taken in one-week increments within twelve (12) months of a life event (including both child birth and adoption) and is concurrent with other forms of unpaid leave. The maximum benefit is six (6) weeks per rolling 12-months beginning with the date of the life event.

2. Residents and fellows must apply in advance for all such leave under this section, to the extent feasible, but are not required to arrange for their own coverage.

3. Time aways from a Program runs concurrently with leave under the Family Medical Leave Act and other paid and unpaid laws except as otherwise provided by law, and a Resident and Fellow may not receive more than 100% of the Resident or Fellow's base stipend.

4. Residents and fellows are not required to make up paid leave days under this section except as may be necessary to meet ACGME and/or board certification requirements.

E. Additional Paid Medical, Personal and Caregiver Leave:

1. Residents and Fellows are provided one paid personal leave of six weeks (30 days) (at 100% of pay) for personal medical, including pregnancy, or caregiver (providing care for the medical/health condition of an eligible relative) purposes during each program.
2. In addition, during subsequent years of the same program, Residents and Fellows can utilize 4 weeks per contract year of paid leave (at 100% pay) for personal medical conditions, including medical purposes related to pregnancy and/or child birth.
3. Thereafter, Resident and Fellow will use any remaining paid time off (vacation or sick leave), for such absences. For medical leave, once paid time is exhausted and only if applicable and approved by the third-party administrator, the Resident or fellow may receive short and then long-term disability benefits according to the benefit levels described above. Benefits are continued during this leave.

4. Such time is in addition to sick leave provided under this Agreement and Medical Center Parental Leave described below. Time aways from a Program runs concurrently with leave under the Family Medical Leave Act and other paid and unpaid leave laws except as otherwise provided by law, and a Resident and Fellow may not receive more than 100% of the Resident or Fellow's base stipend.
5. Residents and fellows must apply in advance for all such leave under this section, to the extent feasible, but are not required to arrange for their own coverage.
6. Residents and fellows are not required to make up paid Medical, Personal and Caregiver Leave under this section except as may be necessary to meet ACGME and/or board certification requirements.
7. This section shall be interpreted so as to comply with ACGME requirements, and the Medical Center shall be permitted to maintain and update its policies for the administration of leave, consistent with ACGME requirements.

F. Bereavement Leave

1. A Resident or Fellow shall upon notice to the Program be allowed three (3) working days off without loss of pay upon the death of an immediate family member. A Resident or Fellow shall be allowed an additional fourth (4th) day without loss of pay when travel of more than five hundred (500) miles each way is involved, upon the death of a member of the Resident's or Fellow's immediate family.
2. "Immediate family" is defined as parents or foster parents, legal guardian, sister, brother, spouse, children, or domestic partner. In the event of death of an employee's father-in-law or mother-in-law, grandparent or grandchild, the employee will be allowed three (3) days off without loss of pay for hours lost.
3. Residents and Fellows at their option, may also take additional unpaid leave time as permitted by the Illinois Bereavement Leave Act for the death of a family member and otherwise when permitted by that law.
4. Residents and Fellows must apply in advance for all such leave under this section, to the extent feasible, but are not required to arrange for their own coverage.
5. In addition to paid time as provided above, Residents and Fellows may also take up to two (2) weeks of unpaid bereavement leave as permitted under the Illinois Family Bereavement Act for the death of a child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent so long as the leave is taken within 60 days after the date on which the Resident or Fellow receives notice of the death of a covered family member or event that qualifies the Resident or Fellow for such leave. A Resident or Fellow must provide at least 48 hours' advance notice of the intent to take such leave unless notice cannot reasonably be given. A Resident or Fellow may not take more than 6 weeks of unpaid bereavement leave during any 12-month period. This provision shall be applied so as to effectuate the provisions of the Illinois Family Bereavement Act, including future amendments to that Act.
6. Residents and Fellows are not required to make up paid leave days under this section except as may be necessary to meet ACGME and/or board certification requirements.

G. Other Unpaid Leave

1. Residents and Fellows may request a personal leave of absence. Such a request should typically be predicated on unusual and/or extenuating circumstances including, but not limited to, the illness or death of a family member. In most cases, a personal leave of absence will not exceed eight (8) weeks and runs concurrently with statutory leave, where applicable.
2. During any such leave, a resident/fellow must first use any available vacation and other available paid leave under this Agreement where applicable. Once such paid leave is exhausted (and sick leave if applicable), subsequent leave will be unpaid unless another form of leave applies.
3. During any approved leave of absence, a Resident and Fellow may retain coverage under Medical Center insurance plans, and the Medical Center will continue its share of premium costs for three (3) months. After three (3) months a Resident or fellow pays full premiums for the plans.

H. FMLA and Other Statutory Leaves

1. Residents and Fellows may apply for and if qualified, receive leave under the Family Medical Leave Act (FMLA), including the provisions of FMLA related to military family leave, in accordance with applicable laws and regulations. FMLA leave will run concurrently with all leave provided under this Agreement and Residents and Fellows will use sick leave and if necessary vacation and other paid leave concurrently while taking FMLA except as otherwise provided by Medical Center policy.
2. Residents and fellows may apply for and if qualified receive military leave in accordance with the Uniformed Services Employment and Reemployment Rights Act and other applicable law. Residents and Fellows may use available vacation time during any such leave.
3. Residents and Fellows shall receive vacation, sick, parental, personal, caregiver, bereavement, jury, and other paid leave time as provided in this Agreement and in lieu of the leave provided under the Illinois Paid Leave for All Workers Act, the Chicago Paid Leave and Paid Sick and Safe Leave Ordinance, the Cook County Paid Leave Ordinance and all other current leave laws that provide paid or unpaid time off that can be used for vacation, sick and other paid or unpaid leave purposes in favor of the paid and unpaid benefits provided by the parties' collective bargaining agreement, and expressly waive the provisions of all such laws to the maximum extent permitted by law. Should a new law be enacted that would take effect during the term of this Agreement that provides for leave time and/or regulates the use of existing leave time provided by this Agreement, the parties will promptly meet to negotiate the effects of that new law, including whether such leave is satisfied (or exceeded) by existing leave provided by this Agreement, how such leave interacts with the other leave provisions of this Agreement, and whether to waive such leave. This does not apply to amendments of existing PTO and/or sick leave laws identified above that do not expand the leave made available to Residents and Fellows, which will also be considered waived.

I. Jury Duty

Residents and Fellows will be provided paid time off when required to serve on a jury and shall notify and provide their Programs copies of the summons in writing within three (3) days of receipt. If seated on a jury, Residents and Fellows shall periodically update their Programs as to the expected duration of service. A Resident or Fellow summoned for jury duty may request to be excused or deferred by virtue of participation in a graduate medical education program and on written request will be provided a letter verifying their status for the court. Residents and Fellows will be afforded release from night duty during continuous jury duty service and reasonable release from night duty in conjunction with the first and last day of jury service.

J. USMLE/COMLEX Testing Leave

Once during their Residency, a Resident who has not previously taken a required medical licensing board examination (USMLE/COMLEX) shall be permitted two (2) days off without loss of pay to sit for that examination. A Resident must make arrangements for the days that will be taken with their Program before the start of the rotation during which the time will be take and at least six (6) weeks in advance.

ARTICLE 24
MEALS

A. The Medical Center will comply with its ACGME requirements related to Resident and Fellow access to meals while on duty.

B. Residents and Fellows working a continuous overnight clinical shift on the Hyde Park campus, including full-night, in-house call shifts (and regardless of whether a resident rests during that overnight shift), shall be reimbursed toward the cost of meal purchases as provided in this Section. The reimbursement rate shall be sixteen dollars ($16) per shift, which shall increase to twenty dollars ($20) per overnight shift effective with the start of the second payroll period following ratification of the 2025 Agreement. An overnight shift must be continuous, at least eleven (11.0) hours in length, and include midnight, and at least ten (10) hours must fall between the hours of 6:00 p.m. and 6:00 a.m. and be at the Medical Center. Nothing in this Section prohibits the Medical Center from maintaining, modifying or adopting a pay card, voucher, or other system (including but not limited to Freedom Pay) to enable Residents and Fellows to purchase and/or be reimbursed for meals during an overnight shift as provided in this Section.

C. Residents working a continuous overnight clinical shift (as defined above) at sites not on the Hyde Park campus including full-night on-site call shifts, shall be provided meal benefits as provided by the site where they are working. In this regard, the Medical Center shall, to the best of its ability, encourage all such rotation sites to provide a benefit with a dollar value that is comparable to that provided on the Hyde Park campus subject to each sites' respective policies and/or procedures. Nothing in this Section prohibits the Medical Center (or other sites) from maintaining, modifying or adopting a pay card, voucher, or other system to enable Residents and Fellows to purchase and/or be reimbursed for meals during an overnight shift.

D. The parties acknowledge that Endeavor hospital sites where Residents and Fellows are sometimes assigned as of the ratification of the 2025 Agreement currently offer limited meal

options during overnight shifts. So long as Endeavor is not providing meal options for overnight shifts to Residents and Fellows (such as through additional late night cafeteria hours and/or through a meal service), Residents and Fellows when assigned to an overnight clinical shift at an Endeavor hospital site will be provided access to a system to charge and/or seek reimbursement for meal deliveries to the hospital in an amount up to $20 per overnight shift beginning no later than sixty (60) days after ratification. The Medical Center may adopt and from time-to-time update reasonable regulations for the administration of a charge card and/or reimbursement system (submission of receipts, selection of a third-party meal service vendor, *etc.*). Should Endeavor expand its overnight food offerings or otherwise provide meals for those working overnight shifts, then Residents and Fellows may be transitioned to those programs upon reasonable notice in lieu of the system.

ARTICLE 25
TRANSPORTATION AND FATIGUE MITIGATION

In the event a Resident or Fellow is too fatigued to drive home safely at the end of clinical duties, a Resident or Fellow who does not prefer to sleep in an available call room until safe to drive has the option to utilize a taxi or other reasonable transportation service (*e.g.*, Uber, Lyft) to take the Resident or Fellow home and be reimbursed and/or provided a transportation voucher by the Medical Center (or an affiliated institution if the Resident or Fellow is assigned to another institution's site) for the reasonable cost of transportation incurred as well as the cost to return to work on the next day if necessary to retrieve the Resident or Fellow's vehicle. The Medical Center (and affiliated institutions) may adopt and periodically update reasonable policies and/or relationships with transportation services to implement transportation programs and/or verify the reasonableness of expenses. Nothing in this section prevents the Medical Center (directly or through other institutions) from offering fatigued Residents and Fellows the opportunity to use nearby hotel space on a case-by-case as an alternative to call rooms. The Medical Center reserves the discretion to determine whether and at what sites hotel space will be offered and to select and periodically change the hotels selected.

ARTICLE 26
MOONLIGHTING

A. Residents and Fellows may perform voluntary, compensated work providing medical care beyond that performed as part of a Resident's or Fellow's clinical experience, education hours, contract and/or other work performed or required as part of a residency or fellowship for completion of a program. All such work requires program permission in advance and must be performed in compliance with ACGME policies. Residents and Fellows performing voluntary extra work for the Medical Center (internal moonlighting or extra service) will be informed of the rate by the Medical Center, which may be an hourly extra service payment or flat fee.

B. The Medical Center (and affiliated institutions) may adopt and periodically update the rates offered to Residents and Fellows for voluntary internal moonlighting or extra service provided that a Resident or Fellow is notified of the change in advance of performing work. If the Medical Center offers extra pay for working voluntary internal moonlighting or extra service hours for the Medical Center, the minimum hourly rate for all such hours will be one hundred

dollars ($100.00) per hour, but higher rates may be offered at the discretion of the Medical Center.

ARTICLE 27
MISCELLANEOUS TERMS

A. **Duty Hours, Work Schedules, and Release Time:** The Medical Center shall remain in compliance with all ACGME requirements pertaining to Resident/Fellow duty hours, work schedules, and release time. If not resolved, all Resident and Fellow concerns and grievances that implicate these issues will be referred to a labor-management meeting after notice as provided in this Agreement. If the labor-management meeting does not resolve the issue, the Union may make a recommendation to the Program Director and GME, with a copy to Employee and Labor Relations, and they will provide a final response.

B. **Program Call Schedules:** All Programs will determine and may maintain, adopt and periodically update their own call schedules, at the sole discretion of Program Directors.

C. **Non-Physician Duties:** The learning objectives of each Program will be accomplished without excessive reliance on Residents and Fellows to fulfill non-physician obligations as set forth in ACGME requirements. If not resolved, all Resident and Fellow concerns and grievances that implicate these issues will be referred to a labor-management meeting after notice as provided in this Agreement. If the labor-management meeting does not resolve the issue, the Union may make a recommendation to the Program Director and GME, with a copy to Employee and Labor Relations, and they will provide a final response.

D. **Compensation, Benefits, and Other Terms in Excess of the Agreement:** This Agreement sets forth all of the wage, benefit and other economic and non-economic terms to which the parties have agreed and is intended to replace existing policies and practices with respect to wages, benefits, and other economic terms and conditions of employment. Notwithstanding this language, the wages, benefits, and other terms set forth in this Agreement establish minimums, and the Medical Center may maintain, modify, or adopt additional wage, benefit, and other terms and conditions for Residents and Fellows that are in excess of the wages, benefits, and other terms and conditions of this Agreement for Residents and Fellows in its sole discretion.

ARTICLE 28
DURATION

This Agreement shall become effective as of 12:01 am on the first day following ratification unless otherwise specifically provided and shall remain in full force and effect until 11:59 pm on June 30, 2030. This Agreement shall automatically be renewed from year-to-year thereafter unless either party notifies the other in writing not more than one hundred and fifty (150) days nor less than ninety (90) days prior to June 30, 2030, or June 30 of a subsequent year in the event of its automatic renewal, that it desires to modify its terms.

The Medical Center's right to act pursuant to management rights provisions of this Agreement, the Medical Center's obligation to deduct dues, and the provisions of the grievance and

arbitration provisions of this Agreement shall remain in effect following expiration of this Agreement unless and until the effective date of a successor agreement modifying this right.

UNIVERSITY OF CHICAGO MEDICAL CENTER	SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE OF INTERNS AND RESIDENTS
Mark J. Dubus	Susan Naranjo Susan Naranjo (May 5, 2026 13:09:39 PDT)
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