

Labor Agreement

between

MARCUS DALY MEMORIAL HOSPITAL CORPORATION
(DBA BITTERROOT HEALTH)

and

MONTANA NURSES ASSOCIATION
MDMH LOCAL #35

July 1, 2021 – June 30, 2026

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PREAMBLE This agreement is made and entered into between Marcus Daly Memorial Hospital, hereinafter referred to as the "Hospital," the "Employer," or "MDMH," and the Montana Nurses Association, hereinafter referred to as the "Union," the "Association," or "MNA." All members of the bargaining unit as defined by the Recognition Clause of the contract shall be referred to as the Employees, Nurses, or RNs.

The purpose of this Agreement is to promote the highest level of safe patient care, safety, and efficiency in operations, and to establish wages, hours, and working conditions. The Union and the Hospital will cooperate fully to secure the advancement and achievement of these purposes.

ARTICLE 1
RECOGNITION

Section 1.1: **Bargaining Unit Description**

The Hospital recognizes the Montana Nurses Association and MDMH Local #35 as the exclusive collective bargaining representative for "All regular full-time and part-time registered nurses, including acute care registered nurses, charge nurses, Case Managers and home health care and hospice registered nurses, employed by Marcus Daly Hospital at its main Hospital facility, currently located at 1200 Westwood Drive, Hamilton, Montana; excluding all other employees, house supervisors, department heads, guards and supervisors as defined by the Act."

Section 1.2: **Exclusive Bargaining Agent**

The Union is recognized as the sole and exclusive bargaining agent for all employees in the bargaining unit for the purpose of negotiations with respect to wages, hours, and working conditions.

Section 1.3: **New Hires**

The Hospital shall notify the Union and local unit representative of any new hires into the bargaining unit within 30 days of their hire date. Human Resources will communicate with the MNA RN representative when new RNs are hired and provide the RNs name, address, phone number, department, and which day they are scheduled for New Hire orientation. MDMH will keep the Association informed of the New Hire Orientation schedule to allow the Association to contact and arrange time with new hires. The Association may utilize time either before or after scheduled orientation to meet with new nurses. Time spent between MDMH staff and the Association will be unpaid time.

Section 1.4 Membership Dues Deduction

The Employer will deduct membership dues from the salary of each Nurse who voluntarily agrees to such deduction (dues covering membership in MNA, ANA, and local unit). Withheld amounts shall be forwarded to the Association office in Helena on a monthly basis following the actual withholding, together with a record of the amount and names of those for whom deductions have been made.

Quarterly and upon request the Hospital shall supply a complete list of all Registered Nurses in the bargaining unit to include name, complete mailing address, phone number, unit, employee status, and the date of employment to the Association. This list shall be submitted electronically.

MNA Local #35 agrees to indemnify and hold harmless the Hospital for any actions arising out of the Hospital's willingness to provide payroll dues deductions.

ARTICLE 2

NON-DISCRIMINATION, NO HOSTILE WORK ENVIRONMENT, NO WORKPLACE VIOLENCE

Section 2.1 - Non-Discrimination

The Hospital and the Union agree not to discriminate against any employee on the basis of race, color, sex, age, national origin, marital status, gender, gender identity, sexual orientation, religion, disability or union activity or non-union activity. Article 2.1 above is not subject to the provisions of Article 24 - Grievance and Arbitration Procedure of this Agreement.

Section 2.2 – No Hostile Work Environment

Harassment, including sexual harassment, bullying, or abusive treatment of employees, patients, or other persons by supervisory or non-supervisory personnel, physicians, patients, volunteers, visitors, or vendors, based upon protected class status, is strictly prohibited.

Harassment or abusive treatment includes:

- A. Conduct or behavior that is based upon protected class status and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
- B. Sexual harassment includes unsolicited and unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when such conduct:
 - a. Is made explicitly or implicitly a term or condition of employment, or
 - b. Is used as a basis for an employment decision, or
 - c. Unreasonably interferes with an employee's work performance or creates an intimidating, hostile, or otherwise offensive work environment.
- C. Sexual harassment does not refer to behavior or occasional compliments of a socially acceptable nature. It refers to behavior that is unwelcome, that is personally offensive, that lowers morale and therefore interferes with work effectiveness. Sexual harassment may take different forms.
- D. Normal, courteous, mutually respectful, pleasant, non-coercive interactions between employees, including men and women, that are acceptable to and welcomed by both parties, are not considered to be harassment, including sexual harassment.

- E. Our work environment is such that hundreds of individuals interact with each other every day. Differences of opinion, discomfort with personality traits, and even anger are inevitable. We want our workplace to be both interactive and professional. Tolerance of others is encouraged.
- F. The purpose of this section is to identify those behaviors which create an intimidating, hostile, or offensive working environment based upon protected class status.

Section 2.3 – Reporting

- A. It is the responsibility of all employees to report any episodes of harassment or discrimination. If you are subject to, witness or suspect any of this type of behavior, report the matter immediately to your Director. If you are uncomfortable reporting this to your Director, you should report the incident directly to Human Resources.
- B. A prompt investigation, if deemed appropriate, will follow the report of an incident of unlawful harassment or discrimination. Employees are required to cooperate and comply with any investigation.
- C. Employees who display behavior which constitutes unlawful harassment or discrimination will be appropriately counseled or disciplined, as deemed appropriate by the Hospital. Individuals who are not employees and display this type of behavior, will be addressed in an official capacity through Administration as deemed appropriate by the Hospital.

Section 2.4 – Retaliation

Any act of retaliation against an employee who, in good faith, reports or who participates in an investigation under this policy is strictly forbidden. Any employee found to have retaliated against another person will be subject to the disciplinary process as deemed appropriate by the Hospital.

Section 2.5 – No Workplace Violence

The Hospital and the Union agree that violence in the workplace is a form of serious misconduct. In the event that a nurse experiences an act of violence, a debrief will be conducted to determine the nurse's immediate needs for the duration of their shift as soon as reasonably possibly upon discovery of notification of an act of violence. Additionally, the manager or designee will conduct a private meeting in a timely manner to assess the needs of the nurse and to provide information regarding available services. The employer will make every attempt to make necessary scheduling accommodations, if needed, so the nurse may attend counseling sessions through the Employee Assistance Plan or other programs offered for the employee.

If necessary, for nurses injured in the act of workplace violence or for nurses significantly traumatized by an act of workplace violence, up to four (4) counseling sessions after an incident of violence may be scheduled with no loss of regularly scheduled hours at base hourly rate for up to 2 hours per session.

No nurse will be subject to retaliatory action of any kind because they, in good faith, report violent conduct, participate in an investigation regarding violent conduct, or seek assistance from local emergency services or law enforcement when a violent incident occurs. All reports of violent conduct will be taken seriously and will be investigated, as deemed appropriate by the Hospital, and all complaints reported to management will be treated with as much confidentiality as practicable.

ARTICLE 3
SEPARABILITY

Section 3.1:

In the event that any provision of this Agreement shall at any time be declared invalid by any court of competent jurisdiction or through government regulations or decree, such decision shall not invalidate the entire Agreement, it being the express intention of the parties hereto that all other provisions not declared invalid shall remain in full force and effect.

ARTICLE 4
SCOPE OF AGREEMENT

Section 4.1:

The Agreement expressed herein in writing constitutes the entire agreement between the parties. It is understood that the specific provisions of this Agreement shall be the sole source of the rights of the Union and the rights of any employee covered by this Agreement, and shall supersede all previous oral and written agreements between the Hospital and the employees. The Hospital is under no obligation to maintain past practices, existing conditions or historical prior benefits, oral or written.

ARTICLE 5
MANAGEMENT RIGHTS

Section 5.1:

In order to operate its business, the Hospital, in its sole discretion, retains and shall have the following exclusive rights: to determine the number, location and type of facilities; to determine the type and/or quality of services rendered; to determine the methods, techniques and equipment utilized; to hire, supervise, evaluate, discipline, discharge, promote, demote, layoff, transfer and recall the work force; to assign work and change, combine, create or abolish job classifications and job content; to establish and make known reasonable work rules and safety rules for all employees; to contract; to determine the number of employees, including the number of employees assigned to any particular operation or shift; to determine and assign/reassign all work hours, schedules, shifts, and on-call duties. Routine schedules will normally be posted in advance.

Section 5.2:

Any of the rights, powers, authority and functions the Hospital had prior to the negotiation of this Agreement are retained by the Hospital and the expressed provisions of this Agreement constitute the only limitations on the Hospital's right to manage its business. The Hospital not exercising rights, powers, authority and functions reserved to it, or its exercising them in a particular way, shall not be deemed a waiver of said rights, powers, authority and functions or of its right to exercise them in some other way not in conflict with a specific provision of this Agreement.

Section 5.3:

All other traditional rights of management are also expressly reserved to the Hospital. The express provisions of this Agreement constitute the only limitations upon the Hospital's right to manage its business as set forth in Article 4.1.

Section 5.4:

In the exercise of their rights and responsibilities, the Hospital and the Union recognize the responsibilities of the nurses to their practice and to their patients as outlined in the Montana Nurse Practice Act and the American Nurses' Association Code of Ethics.

Section 5.5:

The parties to this Agreement agree that the right to manage the Hospital shall remain with the Board of Trustees and shall not be impaired so long as the exercise of these rights does not conflict with the provisions of the Agreement.

ARTICLE 6

UNION/PROFESSIONAL RIGHTS

Section 6.1:

A duly authorized representative of the Union, upon reasonable notice, may be permitted, at reasonable times, to enter the facilities operated by the Hospital for the purpose of transacting Union business. However, the Union's representative shall, upon arrival at the Hospital, request permission from the Administrator or his/her designee to transact Union business. Transaction of any business shall be conducted in an appropriate location subject to general Hospital rules applicable to non-employees and shall not interfere with the work of employees and shall be on the employees own time. No visitations shall disrupt patient care or productivity.

Section 6.2:

The Hospital will provide four (4) bulletin board sites which the Union may utilize for official Union business. Bulletin board sites are located in non-public areas of Hospice, Surgery, Emergency, and Medical/Surgical departments, for the purposes of posting notices of Union business and social affairs. The Union shall be obliged to post only Association related information that is not defamatory, derogatory, or offensive in nature.

Section 6.3:

The Local Bargaining Unit shall cooperate with the Hospital to attain and maintain full efficiency and safe patient care.

Section 6.4:

A new graduate may not be scheduled in an area to be solely responsible for a patient's welfare until an R.N. licensure is in effect. The policy for new graduates shall be established by the Hospital.

Section 6.5:

Nurses shall cooperate with the hospital to attain and maintain full efficiency and safe patient care. The nurse shall act to safeguard the patient when his/her care and safety are affected, and address immediate concerns. It shall be the nurse's obligation to promptly inform his/her immediate supervisor and follow hospital protocol in completion of appropriate paperwork. Nurses may utilize Assignment Despite Objection (ADO) forms to document the situation and bring concerns forward to PCC. Review of ADOs shall be a standing agenda item of the Professional Conference Committee.

Section 6.6

1. New hire orientation shall be defined by each department utilizing a checklist system. The time period will depend on the RN's needs and previous experience and availability of orientation opportunities. Except in case of extenuating circumstances orientation will not be superseded by staffing requirements.

2. All new hires shall attend the hospital orientation.

New hires will generally be assigned to work with the same preceptor.

Section 6.7

The Hospital shall ensure to the Association, and each nurse, access to an up-to-date policy manual of its rules, regulations and policies and procedures on employment and clinical related matters. The policy and procedure manuals shall be available online and shall be readily accessible to the nurses on duty.

To the extent where possible, nurses shall be notified of any change or additions to Nursing policies and procedures issued by the Hospital a minimum of fourteen (14) days in advance of implementation. Notice shall be delivered to the nurses' email account to allow for discussion and comment, nurses will be responsible to access, review and provide comment to the updated policy in the time period allotted prior to implementation. Nothing contained herein shall relieve the Hospital of any obligation, if such an obligation exists, to bargaining regarding working conditions with the Union.

Section 6.8

MDMH will ensure RNs who are assigned to any area have adequate training or supervision to provide safe care to the patients in that area.

ARTICLE 7
RIGHT TO CONTRACT

Section 7.1:

The Hospital expressly reserves the right to contract bargaining unit work in the event of unforeseeable workloads or for other business reasons. In the event the Hospital determines to subcontract bargaining unit work on a permanent basis, the Hospital agrees to notify the Union at least thirty days in advance to allow the parties to meet and confer on the issue. The Hospital expressly reserves the right to contract bargaining unit work on an as needed or temporary basis without notice. The Hospital will not subcontract for the purpose of eliminating Union's representative status.

ARTICLE 8
DISCIPLINE

Section 8.1:

The Hospital will generally follow the principle of progressive discipline in taking disciplinary action toward the goal of correction. Provided however, the parties acknowledge that there may be circumstances justifying immediate suspension, demotion, and/or discharge. The Hospital will not discipline, suspend, demote or discharge any non-probationary Registered Nurse without cause.

1. Employees will usually be advised of failure to meet expected standards through the use of a verbal warning. This warning will be documented as such in the employee's personnel file, and the nurse shall receive a copy. Documented warnings shall include the date, the reason for the warning, and plan of action. The form will be presented to the employee to be signed, indicating his/her receipt of a copy and indicating consequences if expected standards are not met. If the employee does not sign the form,

the Hospital will note the Employee's refusal to sign. The Employee's signature on the discipline document shall signify only that the Employee has received a copy of the discipline document and shall not signify an admission of guilt. Failure to meet expected standards as instructed in a verbal warning may result in further disciplinary action.

2. Usually the next step in disciplinary action will be a written warning utilizing the Hospital's Employee Warning form. This step may be utilized initially in very serious or severe circumstances. It shall be dated, the reason for the warning stated, and shall include a plan of action. The form will be signed by the employee indicating his/her receipt of a copy and indicating consequences if expected standards are not met. The Employee's signature on the discipline document shall signify only that the Employee has received a copy of the discipline document and shall not signify an admission of guilt. Failure by an Employee to submit remarks on the Written Warning Form or other disciplinary document does not indicate agreement with the document or its contents. If follow up meetings are deemed necessary for performance improvement, the meeting schedule will be outlined on the Written Warning Form. If warranted, documentation of this review will be placed in the employee's file and a copy provided to the nurse. The written warning will also state that failure to meet expected standards as instructed will likely result in further disciplinary action up to and including discharge.
3. If verbal and/or written warnings do not bring the desired compliance with expected standards, an additional written warning may be given to the employee. He/she may be suspended without pay or immediately terminated. Any disciplinary action shall be subject to grievance procedure. All formal disciplinary action shall take place in a private place.

4. Nurses suspended during an investigation will not generally be paid. Provided, however, the parties agree that if the investigation does not result in discipline, the nurse will be reimbursed for any scheduled shifts he/she missed.
5. Nurses shall have the right to respond, in writing, to any discipline. All such responses shall be attached to the disciplinary documentation and placed in the nurse's personnel file.

Section 8.2: Termination for Unsatisfactory Job Performance or Misconduct

Unsatisfactory Job Performance: Progressive discipline will normally be followed for deficiencies such as:

1. Poor attendance.
 2. Poor conduct.
 3. Refusal to follow orders.
 4. Poor work performance.
 5. Inability to get along with co-workers, medical staff or patients.
 6. Disruption of the work place.
 7. Failure to comply with the policies and procedures set forth in the Hospital handbook, and the rules and regulations adopted by the Hospital.
 8. Smoking and use of any tobacco products in unauthorized areas.
 9. Duty of loyalty violations. Common law requires that an employee not degrade the employer's reputation, service or products to the public.
- This section shall not apply to lawful whistleblower or concerted activity as defined by the NLRB.

Section 8.3: Discharge for Misconduct.

Employees can be immediately terminated without oral or written warnings for engaging in the following conduct:

1. Willful destruction of Hospital property or theft.
2. Quarreling or fighting with others.
3. Insubordination (disregard of or failure to carry out instructions or orders from a superior).
4. Being under the influence of alcohol or abusing drugs on Hospital property or representing the Hospital in a professional capacity.
5. Willful carelessness or negligence.
6. Unauthorized disclosure of patient or Hospital information.
7. Mistreating or abusing patients physically, verbally, or emotionally.
8. Falsification of Hospital records.
9. Failure to report communicable diseases that could be transmitted to patients or co-workers through established reporting processes.
10. Other conduct possibly or actually injurious to patient care.
11. Gross misconduct.
12. Breach of confidentiality.
13. Harassment of any form or nature.
14. Unlawful behavior or professional misconduct.
15. Discrimination.
16. Threats or any form of violence in the workplace
17. Bullying or workplace harassment of any kind

ARTICLE 9
PERSONNEL RECORDS

Section 9.1:

All official employee records will be maintained in the Human Resource Department to ensure accurate, confidential, and required records of the education, experience, attendance, and performance of each employee. Nothing shall be placed in the personnel file without written acknowledgment by the Registered Nurse if the information relates to a performance or disciplinary issue.

Section 9.2:

Employees are responsible for informing their Department Manager and/or the Human Resource Department of any changes such as: Name and address, telephone number, marital status, citizenship, registration, certification, licensure, dependents, beneficiaries, and other pertinent information. An employee payroll system change form must be completed and initialed, as required.

Section 9.3:

Employment related Health Information Files are kept in the Human Resource Department and are kept separate with limited access by the Administrator, Human Resource Director, Employee Health Nurse, Infection Control Nurse, and appropriate governmental agencies.

ARTICLE 10
EMPLOYEE DEFINITIONS

Section 10.1:

All employees are classified in one of the following categories.

- A. **Probationary:** All employees are considered to be probationary and in a "Trial Period" during their first six (6) months of employment.
- B. **Full Time Employees:** An employee whose scheduled work week is thirty (30) hours per week or more and in a posted position.
- C. **Part Time Employees:** An employee whose scheduled work week is less than thirty (30) hours per week and in a posted position.
- D. **Per Diem Employees:** Those employees not in a posted position but who are available when needed. No benefits will be earned as a per diem employee.
- E. **Temporary:** Those employees whose service is intended to be of limited duration, such as during the summer months, but not to exceed a period of six (6) months. No benefits will be earned during temporary employment.

Section 10.2:

A full time employee's time card must reflect an average of sixty (60) hours per pay period to maintain full time benefits.

ARTICLE 11
HOURS OF WORK

Section 11.1:

1. **Regular Work Period:** The regular work period shall consist of forty (40) hours a week, beginning on Sunday of each week. Each pay period covers two calendar weeks which begin at 12:01 a.m. Sunday and end on Saturday at midnight two weeks later.
2. **Regular Work Shift:** A regular work shift shall be determined by the Hospital.
3. **Meal Breaks:** Employees will be eligible for one 30-minute meal break per shift, for any shift of eight hours or more. An employee will not be paid while they are on a meal break and meal breaks are not counted toward hours worked, unless an R.N. is unable to get an uninterrupted meal break.
4. **Rest Period:** Employees will be eligible for one paid 15-minute relief period in each four hour period worked, work load permitting. The hospital will make every effort to assure employees receive their breaks. Employees assigned to the Hospital campus, shall remain on Hospital property during their breaks. If an employee works through a rest period, the employee will not receive additional compensation. Rest periods are counted towards hours worked.
5. **Overtime:** Overtime is intended to meet Hospital emergency needs only and must be authorized in advance by the supervisor or Department Manager/Director. Employees are expected to work overtime when required to ensure patient safety and necessary patient care. If the Hospital determines that overtime work is necessary, the Hospital will first seek volunteers for overtime work; if an insufficient number of volunteers are available, then overtime work

shall be assigned in order of reverse seniority on a rotating basis. Employees shall be classified as working a forty (40) hour per week work period. Employees classified as working a forty (40) hour per week work period shall be compensated at one and one-half times the regular straight time hourly rate of pay provided for in this agreement, for all time worked in excess of forty (40) hours per work period.

6. Overtime shall not be compounded or pyramided.
7. In the event the disaster plan is activated, management may require staff to report to work and remain until dismissed.
8. **Holidays:** Time and one-half will be paid all Registered Nurses who work New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas.

Section 11.2:

Nothing in this agreement shall constitute a guaranteed work schedule, work day or work week.

Section 11.3:

Low Census is defined as a temporary lack of need for patient care services relative to the scheduled R.N. nursing staff. Nurses who receive a Low Census reduction of hours shall continue to accrue benefits based on scheduled hours of work. It is the desire of the parties to distribute Low Census days off as equitably as possible while keeping an adequate number of nurses available with the qualifications necessary to accommodate the patients in the Hospital.

The following order shall govern the application of Low Census to nurses: volunteers for low census, then assigned on a rotating basis based on dates of last Low Census taken. If more than one (1) nurse has the same date of last Low

Census, seniority shall rule. For nurses who are trained to work in multiple departments, their dates of last Low Census shall be considered in the rotation list of each department that they are trained to float into when that unit is experiencing Low Census.

Nurses who receive Low Census shall be informed if they are assigned a Low Census day off or if they are assigned Low Census On Call. Nurses who are assigned a Low Census day off shall not be responsible for returning to work for the duration of their scheduled shift. Nurses who are assigned Low Census On Call are responsible for responding to and potentially returning to the hospital, if needed, for the duration of their scheduled shift. Nurses who are assigned Low Census On Call shall receive On Call Compensation per Attachment A Compensation.

Section 11.4:

Work schedules shall be posted no less than four (4) weeks in advance for CDU, ED, and In-patient departments. As per department policy, once the schedules have been posted, it is the Registered Nurse's responsibility to find coverage for any requested time off after the schedule has been posted. Once work schedules are posted, it shall not be changed without notification to the nurse. In the event that the Hospital is required to make staffing changes after the schedule has been posted, the Hospital will first seek volunteers to accommodate staffing needs. If insufficient volunteers are available, the Hospital will make every effort to obtain mutual consent from the nurse. If the Hospital requires a change in schedule after the schedule has been posted and no mutual consent has been obtained, the nurse may submit an Assignment Despite Objection form to be discussed by PCC.

Section 11.5:

Except in cases of emergency, all mandatory meetings and education shall be assigned and posted at least four (4) weeks in advance.

Section 11.6:

The Hospital will endeavor to avoid layoffs and low census days. Such efforts may include the use of cross-training, attrition, and the shifting of job duties.

Section 11.7:

If an employee reports to work on a regular schedule and is sent home within one (1) hour for lack of work; or if an employee is asked to report, reports, and is sent home within one (1) hour, the employee shall receive one (1) hour pay. The hospital will only pay the reporting pay when the hospital did not make an attempt to contact the employee.

ARTICLE 12
TIME RECORDS

Section 12.1:

A record of time worked is kept through the Time and Attendance computer system. Employees will receive an identification badge upon hire and will be trained on how to operate the time clock. It is the Employee's responsibility to ensure he/she is clocking in and out appropriately. At the end of each pay period, it is the Employee's responsibility to use the inquiry option on the time clock and verify his/her time is correct and approve their time card using the time clock function. If there is an error, the Employee must complete a time edit form and give it to the Employee's immediate supervisor or Department Director before 8am the Monday following the end of a pay period. Forgetting to clock in or out, or any other error, causing excessive manual editing to the system may result in disciplinary action.

Field staff which do not come into the hospital will keep a record of time worked on forms provided to them by their Department Director. These employees are responsible for accurately documenting time worked for each pay period. Time worked will be entered into the time and attendance system using the time worked records the Employee provides to his/her Director.

Time worked records and wages are considered confidential.

Each pay period covers two calendar weeks, which begins on Sunday at 12:01am and ends on Saturday at midnight, two weeks later. Pay day at Marcus Daly Memorial Hospital occurs every other Friday. On pay day employees will receive pay due you for the two week period for any shifts that begin in that period.

There are two options to receive pay. An employee may either have his/her pay directly deposited into his/her bank account, or he/she may receive a paycheck. Paychecks shall be mailed via USPS standard mail. It is the employee's responsibility to notify the payroll office of any changes in address. Paystubs are available to all employees electronically through the current vendor. If you have any questions about your paycheck, you are encouraged to first direct them to your Department Director and then to the Payroll Office.

Employees may request salary in advance of regularly scheduled pay periods IN EXTREME EMERGENCIES ONLY. Requests must be submitted in writing two days in advance of the date desired, due to signature requirements. Administration will determine what constitutes an emergency.

Section 12.2:

An employee is not permitted to record time on behalf of another employee. Tampering with or altering time sheets in any way to report time other than that actually worked is a serious offense and may result in dismissal.

ARTICLE 13

ASSIGNMENT OF PERSONNEL/STAFFING

Section 13.1:

The decision to hire, schedule, transfer, assign, promote and lay off employees shall be based on skill, ability, qualifications, recency of experience, training, length of service and work record as determined solely by the Hospital. In the event all of the above criteria are equal in the sole judgment of the Hospital, the employee with the greatest length of service within the bargaining unit shall be given priority. All nurses shall accrue seniority from the date of their most recent employment as a bargaining unit nurse with the Hospital. Seniority shall be determined by the length of continuous employment.

Bargaining unit nurses who leave a bargaining unit position and remain employed at MDMH, but who return to a bargaining unit position within 1 year shall have their previous bargaining unit seniority reinstated.

Seniority shall be cancelled, and an employee's length of service broken if:

1. They leave a bargaining unit position and do not return within 1 year
2. They are terminated
3. They fail to report concerning work following recall from a layoff.

Section 13.2:

Union covered position vacancies will be posted for three (3) consecutive working days (Saturday, Sunday and holidays excepted). Applications should be submitted online to the Human Resources Department. Internal position vacancy announcements will generally contain, at a minimum:

- The department where the vacancy occurs,
- The shift,
- Whether the position is full-time (30-40 hours per week) or part-time, (greater or less than 20 hours per week), and
- Whether the position is per diem.
- Whether the position includes on-call hours
- Basic requirement and qualification e.g. (RN with ACLS, PALS, 2 years' experience in acute care)

Section 13.3:

Nursing positions shall be governed by a Job Description which includes Job Title, Areas of Competency, and Regulatory & Skills Requirements of the position.

ARTICLE 14
PROBATIONARY PERIOD

Section 14.1:

Each new employee undergoes a six month probationary or "trial" period. This provides the Nurse and the Hospital an opportunity to see if work is satisfying to the Nurse and if the Nurse is suited to the position. During the probationary period, the Nurse is able to resign without providing notice for any reason or no reason, and the Hospital is able to dismiss the Nurse without notice at any time therein for any reason or no reason. The Nurse's performance will be evaluated in writing at the end of the probationary period. The probationary period may be extended for up to three (3) months by mutual agreement between the Association and the Department Director or the Administrator.

Section 14.2:

Earned Time hours begin accruing with the first day of employment and once earned, may be taken with department director approval.

Section 14.3:

Once probation is completed, the Nurse will not have to complete another probation period upon changing from full time to part time service or part time to full time service. However, if an employee changes positions and/or departments, a six (6) month transitional period will be required for performance in that position. Benefits will only be affected if there is a change in the full time/part time status; an employee's step level shall remain the same. In the event an employee does not successfully complete this six (6) month transitional period, the employee may apply and be considered for other openings for which they qualify.

ARTICLE 15
EARNED TIME SYSTEM

Section 15.1:

The Hospital incorporates vacation, holidays and sick leave into a single plan. The Earned Time System rewards those employees who use sick leave prudently and at the same time improves staffing predictability. ETS may be requested for missed scheduled hours only. Under normal circumstances, ETS should be requested a minimum of one month in advance. All time off must be approved by the Director to ensure that the needs of the Hospital are met. There is no guarantee that the leave requested will be granted; however, such request shall not be unreasonably denied.

Section 15.2:

The number of hours earned is proportionate to the number of hours worked (up to 80 hours per pay period) and the number of years employed. A full time employee, working 80 hours a pay period, will accrue 24 days each year. The following guideline was used to come up with these 24 days:

- 10 vacation days
- 8 holidays
- 6 illness days

Section 15.3:

Earned Time hours begin accruing with the first day of employment. If an employee terminates or transfers into a position without benefits prior to satisfactory completion of the six (6) month probationary period, all accrued ETS will be paid out.

Section 15.4:

All accrued and unused Earned Time will be paid upon termination at Employee's base hourly rate.

Section 15.5:

If an employee reaches the maximum hours permitted in the account, the employee must use some of the accrued hours in order to allow for additional accrual. This policy is adopted to assure that the employee takes, and benefits from, use of their ETS.

If an employee requests time off following departmental policy, and is denied usage of accrued hours resulting in the employee reaching maximum accrual of ETS, in addition to the ETS policy described in the Employee Manual, the employee may cash in 40 hours of ETS per the following schedule: January 1 through January 15, May 1 through May 15, and September 1 through September 15.

Section 15.6:

Earned Time hours will accrue per paid hour according to the following schedule:

	Years Employed	Accrual Rate	Possible Accrued Hours/Yr.	Max. Hours Allowed In Account
Part Time/	0 - 4	0.092	192	240
Full Time	5 - 10	0.112	232	240
Employees	11+	0.131	272	280

Section 15.7:

Earned Time may be used to offset a loss incurred during a scheduled time off or vacation for the night and weekend differentials. Nurses can use an additional half-hour (0.5) of ETS for every four (4) hours of ETS taken for regularly scheduled shifts in their home department working evening or nights, to a maximum of forty (40) hours per week.

ARTICLE 16

LEAVES OF ABSENCE (NON-FMLA)

Section 16.1: Leaves of Absence (other than Family and Medical Leave)

With the permission of the Department Manager, absence without pay up to two calendar weeks may be taken without being considered Leave of Absence (LOA).

Any absent days in excess of two calendar weeks will be considered Leave of Absence.

A Leave of Absence may be granted in most cases up to a maximum of three (3) months. Requests for leave of absence longer than three (3) months shall be considered on a case-by-case basis. Employees must submit a Request for Absence Form to their immediate supervisor for approval. All leaves must be approved by the Department Director, the Executive Director and Human Resources prior to the first day of the expected leave. All forms will then be forwarded to HR and then Payroll for processing.

Employee benefits will not accrue during the authorized Leave of Absence.

Employees must exhaust all ETS/EIB before a non-paid Leave of Absence will be granted unless otherwise stated in this agreement.

All employees will be required to pay all insurance premiums during their non-FMLA leave; first by any remaining ETS, EIB and then by personal payment. If an employee misses a payment, insurance will be cancelled and the employee will move into a COBRA eligible status. Payments shall be made to the Payroll Department. Payroll will notify HR if payment is not made and HR will discontinue benefits and notify employees in writing of their status change.

Section 16.2: Military Leave

Employees called to active duty training with a reserve component of the Armed Forces will be placed on Military Leave status. Normally, such periods of military training will not exceed 15 calendar days per year. However, MDMH will comply with applicable law regarding military leave. Military Leave is leave without pay. Employees will not be required to use ETS hours while on Military Leave. Employees will not lose accrued benefits during Military Leave.

ARTICLE 17

FAMILY MEDICAL LEAVE

Section 17.1: Family and Medical Leave Act

MDMH will follow all federal regulations, the Family and Medical Leave Act (FMLA) and the policy outlined in the employee handbook. Nurses shall have the option of retaining a balance of forty (40) hours in their ETS banks before moving to unpaid leave.

ARTICLE 18
MONTANA MATERNITY LEAVE ACT

Section 18.1:

The Hospital will not discriminate against any employee regarding the terms, conditions and privileges of employment based on pregnancy, childbirth, or related medical condition.

Section 18.2:

The Montana Maternity Leave Act supersedes the FMLA act only in areas where it is more generous.

Section 18.3:

An employee is entitled to maternity leave even if they have already used their allotted twelve (12) weeks within the 12-month period preceding the commencement of the leave. Hospital will grant a request for a reasonable leave of absence for maternity. A reasonable leave of absence for maternity is for that period of time during which a female employee is incapable of performing normal job duties due to maternity. Hospital will require medical verification of disability for this purpose.

Section 18.4:

If absenteeism due to pregnancy becomes excessive or if a pregnant employee is incapable of performing normal job duties, Hospital will require the employee to take maternity leave until the employee is capable of performing normal essential job duties on a regular basis with reasonable accommodation. Hospital will not require any employee to take a mandatory maternity leave for an unreasonable length of time. During maternity leave, insurance benefits will continue as per the provisions of the FMLA (See Article 18).

Section 18.5:

An employee requiring maternity leave shall provide the nurse manager with reasonable notice of the expected date of leave. An employee returning from maternity leave shall provide the supervisor with reasonable notice of her intent to return to work. When the supervisor receives notice of intent to return to work, the supervisor will reinstate the employee as soon as reasonably possible on the next schedule. Hospital will reinstate an employee who has taken a reasonable leave of absence for maternity to her original job or to an equivalent job with equivalent pay and accumulated seniority and other benefits.

ARTICLE 19
HEALTH AND DENTAL INSURANCE

Section 19.1:

For the term of this Agreement, group health insurance, dental and vision insurance are effective the first of the month following a sixty (60) day waiting period. The parties recognize that the Hospital will provide nurses the same health and dental plans provided for all Hospital employees. Plan benefits and details shall be contained in the Hospital Employee Handbook and in accordance with the Affordable Care Act guidelines. To be eligible for full time benefit rates, an employee must work an average of 30 hours per week. Employees working an average of 20 – 29 hours per week would be eligible for part time benefit rates.

Beginning November 30, 2014, it is understood that nurses may be required to pay a portion of their individual coverage for premiums. The employee paid premiums will be a pre-tax benefit. The nurses understand that the Hospital will be obligated to follow the Affordable Care Act and other applicable laws governing the offer of health insurance. In the event that a full time RN's premium contribution exceeds 20% of the premium for the individual, the Union shall be notified and may request to re-open this article. Participation in the Energize Daly's Take Charge Program will be mandatory in order for nurses to receive the Hospital's maximum contribution toward their premium. If the Energize Daly Take Charge Program ceases to exist, the Hospital agrees to meeting with the Association and bargain over the effects.

Section 19.2:

The Hospital reserves the express right to select the insurance carrier and to change the benefit levels. The Hospital offers Flexible Spending accounts in which Employees can pay for un-reimbursed medical expenses and dependent care with pre-tax dollars. Employees must enroll annually in accordance to the

IRS contribution limits. Reimbursement for expenses is managed through an FSA administrator per IRS regulations. If employees do not use all benefits during the plan year, up to \$500.00 can be rolled over to the following plan year. Any balance above \$500.00 will be forfeited to the Hospital after the end of the plan year. Plan design and administration will be reviewed annually by the Employee Health and Benefits Team.

ARTICLE 20

RETIREMENT PLAN

Section 20.1:

The Hospital will keep in full force and effect the Pension Plan in effect on 7/1/78 subject, however, to changes required by any applicable law. Information and booklets describing the Pension Plan are available from the Human Resources Office.

Section 20.2:

Eligibility is contingent on rendering a minimum of 1,000 hours of service and other pension requirements as outlined in the Pension booklet. Enrollment dates occur on January 1st and July 1st of each year. The hospital is currently contributing up to 6% of gross pay to eligible retirement plan participants.

Section 20.3:

The Hospital reserves the express right to select the fund administrator, fund carrier and to change the benefit levels.

Section 20.4:

Employees are eligible to participate in a 401k and 401k Roth. Information as to vendor and enrollment may be obtained by contacting the Human Resources Office.

ARTICLE 21

GROUP LIFE AND DISABILITY INSURANCE

Section 21.1: Life Insurance

The Hospital offers group life insurance at reduced rates for employees to purchase with pre-tax dollars. Coverage can also be added for dependents if so desired. Employees must work an average of twenty (20) hours per week to be eligible for life insurance. Coverage is effective the first of the month following a thirty (30) day waiting period from the date the Employee becomes eligible.

Section 21.2: Disability Insurance

The Hospital provides long-term disability at no cost to every full time employee. There is an elimination period of 26 weeks following the disability. Employees may elect to purchase short-term disability for coverage before long-term disability begins. Employees currently have three different plans to choose from with varying benefit coverages and costs. More information can be obtained in the Human Resources Office.

Section 21.3:

The Hospital reserves the right to change and/or modify the above insurance plans.

ARTICLE 22
CONTINUING EDUCATION

Section 22.1: The Hospital recognizes its responsibility to its employees to provide quality education and training programs. The Hospital is required to meet certain state, federal, and other regulatory agency regulations regarding mandatory education and training.

Section 22.2: Compensation for attendance at mandatory and required meetings or required education, including education on certifications required by a nurse's job description, during normal time off will be considered worked time. Nurses shall not be required to pay out of pocket for certifications required by job description unless they choose not to utilize MDMH offerings for education when made available. Nurses shall be eligible for twelve (12) hours of paid non-mandatory education per year, as mutually agreed upon between the RN and manager/director at their base rate of pay. Non-mandatory education shall include non-mandatory in-service, conferences, and seminars authorized by the manager/director. Optional education hours will not result in overtime as they are not required by the Hospital. RNs may be required to give in-service training after completing a course.

Section 22.3: In-service education programs will be provided on a continuing basis for all nursing personnel. It is the responsibility of all nursing employees to attend mandatory in-service programs. Applicability to specific personnel will be indicated on the program notices and/or on monthly hospital activity calendar per supervisor's approval. All nurses will be compensated for attendance at all mandatory in-service education meetings.

ARTICLE 23
GRIEVANCE AND ARBITRATION PROCEDURE

Section 23.1: **Purpose**

The Hospital believes it is essential that employees be given the opportunity to have complaints or concerns relating to their employment impartially reviewed. The Hospital will in no way discriminate, reprimand, or cause undue pressure on any Nurse who may have cause to use this procedure. Failure of a grievant to follow the deadlines set forth herein shall result in waiver of any further grievance process. Failure of the Hospital to follow the deadlines set forth herein shall result in the grievant being permitted to move to the next step in the process.

Section 23.2: **Definitions**

- “Grievance” shall be defined as a complaint by a Nurse or group of Nurses based upon an event, condition, or circumstance allegedly caused by violation or misinterpretation of any provision of this Agreement. An “aggrieved person” shall mean the person or persons making the complaint(s), either individually or through the Association.
- The term “days” shall mean calendar days.
- Any of the time limits herein may be extended by mutual agreement of the Parties in writing.

Section 23.3

A nurse may choose not to have Association representation throughout the grievance process.

Section 23.4: Step 1: Informal Grievance

The Nurse shall first attempt to resolve the problem by meeting to discuss the issue with the Nurse's supervisor within ten (10) days of when the individual nurse having knowledge that the grievance exists. The supervisor shall be given ten (10) days from the date of the meeting to respond in writing to the informal grievance.

Section 23.5: Step 2: Initiation of a Formal Grievance

If the Employee is not satisfied with the supervisor's response at Step 1, the employee may file a written grievance containing relevant facts, including, if applicable, the contract article and section alleged to have been violated and the expected resolution of the grievance, to the immediate supervisor within ten (10) days after receiving the response from step one. The immediate supervisor or department director, an MDMH Human Resources representative, the employee and an Association Representative shall meet to discuss the grievance.

The immediate supervisor responds in writing to this grievance within ten (10) calendar days of the Step 2 meeting. If the employee is not satisfied with this response, the nurse or the Association may, within ten (10) days of receiving the Step 2 response, continue to Step 3 of the grievance procedure.

Section 23.6 Step 3: Chief Nursing Officer

If the Employee is not satisfied with the supervisor's response at Step 2, the employee may advance the grievance to Step 3 within ten (10) days of receiving the Step 2 response and shall present the written grievance to the Chief Nursing Officer. The Chief Nursing Officer, an MDMH Human Resources representative, Association representative and the employee shall meet to discuss the grievance. The Chief Nursing Officer responds in writing to the grievance within ten (10)

days of the Step 3 meeting. If the employee is not satisfied with this response, the nurse or the Association may, within ten (10) days of receiving the Step 3 response, appeal to Step 4 of the grievance procedure.

Section 23.7: Step 4: Administrator

The Administrator reviews the Chief Nursing Officer's response and seeks additional information as he/she deems appropriate, which may include a meeting with the employee, the affected management representative, the Director of Human Resources and the Association Representative to discuss the grievance. The Administrator provides the Hospital's final written answer to the employee with fifteen (15) days after the receipt of the Chief Nursing Officer's response.

Section 23.8: Step 5: Mediation and Arbitration

In the event the parties are unable to resolve a grievance, either party may request within five (5) days of the decision in Step 4 that the issue be submitted to mediation in an effort to avoid arbitration. Any such mediation shall be non-binding unless the parties reach mutual agreement on a compromise, in which event the grievance will be resolved. Selection of the mediator will be by mutual agreement of the parties. The expense of mediation shall be born equally by both parties. If mediation is requested, the time for notice of arbitration shall be tolled until completion of mediation.

In the event that mediation is unsuccessful and the subject matter is an employee pay/wage miscalculation or termination, the Association may submit the issue in writing to arbitration and MDMH within ten (10) days following the Administrator's written response to the grievance. Within ten (10) days of the notification, the parties shall select an arbitrator. If said parties are unable to agree upon said

selection, then both shall request the Federal Mediation and Conciliation Service to submit a list of seven (7) names of individuals who would serve as a neutral arbitrator in the dispute. Each party shall alternatively strike one (1) name from the list and the remaining named person shall act as the sole arbitrator. The arbitrator shall be requested to render a written decision within thirty (30) days following the arbitration hearing. The decision of the arbitrator shall be within the scope and terms of this contractual agreement and shall not change any of the terms and conditions. The cost of the arbitrator shall be borne equally by both Parties. It is expressly understood that arbitration shall be limited to terminations and pay/wage miscalculations only and shall not apply to any other grievance.

ARTICLE 24
AMENDMENTS

Section 24.1:

Any provision of this Agreement may be amended, modified or supplemented at any time by mutual consent of the parties hereto in writing without, in any way, affecting any of the other provisions of this Agreement.

ARTICLE 25
DURATION AND TERMINATION

Section 25.1:

The Agreement shall be effective July 1, 2021, and shall remain in full force and effect until June 30, 2026. Either party may give notice to the other party to re-open or terminate the Agreement no later than January 1, 2026. Pay adjustments will occur the first full pay period following the effective date.

ARTICLE 26
PROFESSIONAL CONFERENCE COMMITTEE

Section 26.1:

A Professional Conference Committee (PCC) shall be formed to address issues related to patient care and systems related to provision of care in the Nursing, and Hospice Departments. It will look at operational changes and educational needs of the Nurses and the Hospital. Thus purpose is to facilitate those changes by utilizing existing resources with the least disruption and impact on the Nurses, the patients and the Hospital. The Committee shall consist of three (3) representatives of the Union and three (3) representatives from Hospital management, including the Director of Nursing. The Union shall prepare a monthly agenda at least forty-eight (48) hours prior to the meeting. The Committee shall normally meet once a month; however, by mutual agreement, the committee may meet less often than monthly. The Hospital shall pay up to one (1) hour per month at the normal hourly rate of pay for each of the three (3) union representatives when a meeting takes place. By mutual agreement of the Committee, the meeting may exceed one hour in length without pay.

Section 26.2:

Minutes of the meetings shall be prepared by a Hospital representative and approved by the Union prior to posting on the Union's bulletin boards.

Section 26.3:

The parties agree that the subject matter addressed in Committee meetings shall not be subject to the grievance procedure, unless the subject is a violation of the contract language.

ARTICLE 27

BENEFITS

Section 27.1:

The Hospital intends to maintain the benefits during the term of the contract unless financial conditions warrant a change. In the event the Hospital intends to change the benefits identified in 27.2 the Hospital shall notify the Association thirty (30) days in advance whenever possible and meet with the Association to confer regarding the impact.

Section 27.2:

The benefits referred to in Section 27.1 include:

- Compassionate leave – Employee Manual, #30
- Holiday pay – Employee Manual, #32
- Cash Out ETS (Annual) – Employee Manual, #25
- Meals at a reduced rate– Employee Manual, #9
- Employee Medical Discount – Employee Manual, #41
- Pharmacy Discount – Employee Manual, #42
- Extended Illness Bank – Employee Manual, #26
- Jury Duty – Employee Manual, #29

Section 27.3:

It is expressly understood that this provision does not modify or alter in any manner the language contained in Article 4, Scope of Agreement.

ARTICLE 28
WAGE SCALE

The parties agree the wage and step scale shall be included in the body of the CBA. On July 4, 2021, nurses shall be placed on the 2021 placement scale at the step closest to their current base wage without a reduction in pay. Nurses who hold positions in multiple nursing departments shall be placed on the 2021 placement scale at the step closes to their higher base wage without a reduction in pay. On July 4, 2021, nurses will move laterally from the placement scale onto the 2021 wage scale and step down.

Annual step adjustments go into effect on July 1 thereafter. Annual step adjustments are discretionary as determined by the Employer only for financial reasons to avoid layoffs. In the event the Employer determines that an annual step adjustment will not be granted, the Employer will meet and confer with the Union for the purpose of providing financial information. For contract years 4 and 5, the Employer agrees to open the wage portion of the contract for negotiations if it determines that the annual step adjustment will not be granted for that year.

SIGNATURE PAGE

**MARCUS DALY MEMORIAL
HOSPITAL**

**MONTANA NURSES
ASSOCIATION
MDMH LOCAL #35**

By: DocuSigned by:
John Bishop
66262FDD2203A46C

By: DocuSigned by:
Leslie Shepherd, BSN, RN
2462932692A5A4F0

Date: 11/15/2021

By: DocuSigned by:
Heather Kasper
0F067269A2F04756

By: DocuSigned by:
Rebecca
F73A993A46223684

By: DocuSigned by:
N. Wilb
8A612F49CCE6437

By: DocuSigned by:
Sandra Cappel
DCD08E49E345A77

Date: 10/5/2021

COMPENSATION

SEE ATTACHMENT "A"

ON CALL COMPENSATION

Nurses who are assigned to be on call shall receive compensation of \$4.00 per hour. On call compensation will not be paid for hours worked when called back.

Nurses who are assigned to be on call that are called in to work within their normally scheduled shift will receive their base wage for hours worked. Call back is paid only after their regularly scheduled shift when the nurse is on call.

Nurses who are assigned to be on call will receive call back pay when they respond to calls outside their regular work hours. Call back pay will be at time and one-half times the regular rate of pay.

CERTIFICATION COMPENSATION AND ADVANCED EDUCATION

Nurses who obtain and maintain current national certification as recognized by the American Nurses Association, National Commission for Certifying Agencies (NCCA), and/or the American Nurse Credentialing Center (ANCC), shall be paid an additional one dollar (\$1.00) per hour. The certification must have written approval by the Chief Nursing Officer and be directly applicable to their home department in which they are regularly scheduled. Up to two (2) certifications will be recognized for compensation per individual nurse.

Nurses with a BSN degree will receive a \$0.50 per hour differential for advanced education. Nurses with an MSN degree or higher will also receive an additional \$1.00 per hour differential for advanced education.

When the RN certifies or re-certifies their relevant certification or obtains their advanced degree, they will present the relevant documentation to the Human Resources Office. Any increase in pay will be effective the first full pay period following receipt of documentation in the Human Resources Office. If relevant documentation of re-certification is not given to the Human Resources Office, certification pay will cease upon expiration of his/her certification.

MILEAGE COMPENSATION

Effective July 1, 2017, mileage will remain at fifty cents (\$0.50) per mile as documented by the Registered Nurse, approved by the Department Director, and following department policy.

PARITAL RECOGNITION FOR YEAR'S OF PAST EXPERIENCE

. New hires will be given one step for every one (1) year of nursing experience.

DIFFERENTIALS

Night Differential – A differential of five (\$5.00) per hour will be paid for all hours worked during the night hours of 1900-0700, the designated night shift.

Charge Differential – A differential of two dollars (\$2.00) per hour will be paid for all hours worked as a charge nurse. Nurses shall not be expected to perform in the role of Charge Nurse without completing Charge Nurse training.

Weekend Differential – A differential of two dollars (\$2.00) per hour will be paid for all hours worked during shifts scheduled to start between the hours of Fridays at 1900 and Sundays at 1900.

Float/Resource Differential – A differential of two dollars (\$2.00) per hour for all hours worked shall be paid for nurses who are hired into a permanent resource nurse role. Nurses who are trained and competent to work in more than one nursing department shall receive this differential for hours spent floating when working an entire shift outside of their home department.

PRECEPTOR COMPENSATION

After nursing management approval, a preceptor differential of two dollars (\$2.00) per hour will be paid for hours worked by nurses who are designated preceptors when precepting students, new graduate nurses, when cross training a nurse to a specialty area where new skills are required, and when re-entering the profession after an extended leave from the profession at the manager's discretion. The RN preceptor pay will only be paid for those shifts when the preceptor is working with the nurse or student nurse in training. The RN Preceptor will be assigned by the Manager of the department. The RN Preceptor must demonstrate knowledge and skill in the assigned department.

2.25% per step & 2.5% per year						
Steps	2021 Placement Scale	2021 2.5%	2022 2.5%	2023 2.5%	2024 2.5%	2025 2.5%
1	\$ 30.00	\$ 30.75	\$ 31.52	\$ 32.31	\$ 33.11	\$ 33.94
2	\$ 30.68	\$ 31.44	\$ 32.23	\$ 33.03	\$ 33.86	\$ 34.71
3	\$ 31.37	\$ 32.15	\$ 32.95	\$ 33.78	\$ 34.62	\$ 35.49
4	\$ 32.07	\$ 32.87	\$ 33.69	\$ 34.54	\$ 35.40	\$ 36.29
5	\$ 32.79	\$ 33.61	\$ 34.45	\$ 35.31	\$ 36.20	\$ 37.10
6	\$ 33.53	\$ 34.37	\$ 35.23	\$ 36.11	\$ 37.01	\$ 37.94
7	\$ 34.28	\$ 35.14	\$ 36.02	\$ 36.92	\$ 37.84	\$ 38.79
8	\$ 35.06	\$ 35.93	\$ 36.83	\$ 37.75	\$ 38.70	\$ 39.66
9	\$ 35.84	\$ 36.74	\$ 37.66	\$ 38.60	\$ 39.57	\$ 40.56
10	\$ 36.65	\$ 37.57	\$ 38.51	\$ 39.47	\$ 40.46	\$ 41.47
11	\$ 37.48	\$ 38.41	\$ 39.37	\$ 40.36	\$ 41.37	\$ 42.40
12	\$ 38.32	\$ 39.28	\$ 40.26	\$ 41.27	\$ 42.30	\$ 43.35
13	\$ 39.18	\$ 40.16	\$ 41.17	\$ 42.19	\$ 43.25	\$ 44.33
14	\$ 40.06	\$ 41.06	\$ 42.09	\$ 43.14	\$ 44.22	\$ 45.33
15	\$ 40.96	\$ 41.99	\$ 43.04	\$ 44.11	\$ 45.22	\$ 46.35
16	\$ 41.89	\$ 42.93	\$ 44.01	\$ 45.11	\$ 46.23	\$ 47.39
17	\$ 42.83	\$ 43.90	\$ 45.00	\$ 46.12	\$ 47.27	\$ 48.46
18	\$ 43.79	\$ 44.89	\$ 46.01	\$ 47.16	\$ 48.34	\$ 49.55
19	\$ 44.78	\$ 45.90	\$ 47.04	\$ 48.22	\$ 49.43	\$ 50.66
20	\$ 45.79	\$ 46.93	\$ 48.10	\$ 49.31	\$ 50.54	\$ 51.80
21	\$ 46.82	\$ 47.99	\$ 49.19	\$ 50.41	\$ 51.68	\$ 52.97
22	\$ 47.87	\$ 49.07	\$ 50.29	\$ 51.55	\$ 52.84	\$ 54.16
23	\$ 48.95	\$ 50.17	\$ 51.42	\$ 52.71	\$ 54.03	\$ 55.38
24	\$ 50.05	\$ 51.30	\$ 52.58	\$ 53.90	\$ 55.24	\$ 56.62
25	\$ 51.17	\$ 52.45	\$ 53.76	\$ 55.11	\$ 56.49	\$ 57.90



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