

ARTICLE 9 - HOURS OF WORK

A. The workweek begins Sunday at 12:01 am and ends Saturday at midnight.

B. Workdays: The basic workday shall be six, eight, nine, ten or twelve hours.

The Hospital and an individual Nurse may mutually agree to workdays other than the basic workday hours stated above. Such agreement shall be in writing, and may include the nurse applying for a posting by the Hospital with such alternate hours. The Hospital reserves the right to cancel such agreements by giving written notice of at least 30 calendar days to the affected Nurse.

C. Overtime: Overtime compensation shall be paid at one and one-half times the Nurse's regular rate of pay, for all hours worked in excess of one of the following:

1. Hours worked in excess of the basic workday for nurses assigned to ten (10) and twelve (12) hour shifts.
2. Hours worked in excess of 40 hours in a workweek;
3. Hours worked over eight per day or 80 per week for nurses on an 8-and-80 schedule.

Overtime must be approved by your manager or designee in advance, except in emergencies. Emergency overtime must be approved on the next regular workday.

D. Rest Periods: One 15-minute rest period shall be allowed during each four-hour period of employment.

E. Minimum Shift Pay: Nurses shall be paid a minimum of three hours' pay for each shift worked unless the nurse volunteers to take the time off without pay.

F. Meal Periods. Managers or designee shall schedule nurses' meal periods and provide relief as necessary. Nurses who are unable to take a meal period as a result of patient load shall be paid for the time worked. It is the nurse's responsibility to manage her time so that the scheduled meal period can be taken except in emergency situations. Meal periods may be ~~scheduled~~ taken between the second and ninth hour worked, depending on the length of the shift and the needs of the department.

G. Notice for Low Census: Whenever possible in the assignment of low-census days, the Hospital shall notify nurses that they are not needed for a scheduled shift no later than one hour prior to the nurse's scheduled shift. A reasonable effort by the Hospital would include an attempt

to contact the Nurse by telephone or text at the number listed by the nurse.

If the Hospital has not notified the nurse that they are not needed for their schedule and they show up for work, they shall be offered the opportunity to work for a minimum of three hours. A nurse may elect to forego this work opportunity and take the time off with (utilizing APL) or without pay. When the Hospital has made a reasonable effort to notify the nurse in advance of the shift not to report, the two-hour minimum shall not apply if the Hospital has made a reasonable effort to notify the Nurse in advance not to report for work on that shift. The Hospital will attempt to notify the nurse two hours in advance of the shift, if feasible.

H. Low Census: When patient census and acuity create a need to reduce nurse staffing after the schedule has been posted, individual nurses will be subject to low census pursuant to Legacy policy. In the application of the factors described below relating to low-census decisions, the primary considerations shall be the maintenance, at all times, of safe patient care, continuity of care by the nurse currently assigned to such activities, and the maintenance of adequate nursing staff to serve Hospital patients. The appropriate mix of skill sets, certifications required to care for the immediate patient census and continuity of nursing care will be evaluated and determined by Hospital supervisors/charge nurse.

I. Low census may occur for a portion of a scheduled shift (including a decision to delay the start time of a previously scheduled nurse) or for the entire scheduled shift, in accordance with Legacy policy.

As long as the criteria in paragraph H, above, has been met, nurses shall be selected for low census in the following order:

1. Agency and travelers when their contract allows it.
2. Nurses working LSI in overtime.
3. Nurses working LSI not in overtime.
4. Nurses working at 1.5x or above, not in LSI.
5. Nurses working an extra shift non-overtime, who have volunteered (AV request).
6. Other Nurses requesting cancellation, including Resource Pool nurses (AV request).
7. Late AV requests received after the 6-hour mark but granted to avoid mandatory cancellation.
8. Nurses working an extra shift non-overtime.
9. On call Nurses.
10. Regularly scheduled Nurses working regularly scheduled hours, including Resource Pool Nurses, in rotation by cancellation.

The Nurse selected for the low census (which includes delayed starts) within the groups described above shall be the Nurse on the shift who has the lowest percentage of low census in a rolling 12-month period.

All efforts will be made to "cap" mandatory low census at no more than one (1) shift per pay period per nurse (excluding on-call nurses).

The Hospital has the option of assigning the nurse to be on standby when the nurse has been selected for low census. If a nurse is placed on standby, they will be paid the standby rate of pay for the time spent on standby. If the nurse is not placed on standby, they will not be required to remain available for call back.

J. Departmental Nursing Staff Meetings: Departmental nursing staff meetings are voluntary and nurses shall be compensated at straight time for attending such meetings, unless the nurse is entitled to overtime pay in accordance with Section 9(), above. Nurse managers will schedule each departmental meeting for their department and communicate the schedule in advance. Nurses who do not attend the departmental nurse staff meeting are responsible to obtain the information presented, which may include reviewing minutes or watching a Teams recording, if available. This must be done within 14 calendar days of posting, and nurses will be paid for that time. Charge nurses are expected to attend at least 80% of Departmental nursing staff meetings.

K. Standby: Standby shall be assigned in accordance with Legacy policy.

L. Surgical Services Standby. Surgical Services Nurses shall be required to perform surgical services call time, per department policy. Surgical services call time shall begin when the nurse is expected to be available by phone.

M. Scheduling Procedure: The Hospital will schedule nurses in accordance with Legacy policy.

N. Pay for Call Worked: Nurses on standby (scheduled or unscheduled), in addition to their standby pay, shall receive time and a half their regular rate of pay for call worked (defined as time worked when called back from standby). Call Worked begins when the Nurse reports to the Hospital, ready for work. If a Nurse is called into work from standby, they will receive a minimum of three (3) hours pay regardless of hours worked.

O. Scheduling: The Hospital shall schedule all full and part-time nurses for periods of at least four weeks. The schedule will be posted at least four weeks before it goes into effect. The Hospital may post a schedule for a longer period, and may post it further in advance, after providing prior written notice to the Association. Once posted, schedules may not be changed except by mutual consent of the nurse and the Hospital.

P. Notice for Absences: Nurses are expected to provide advance notice of any absences as soon as possible, but no later than at least three hours prior to the start of the scheduled shift.

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2 Q. Weekend Work: For work on the weekend, Nurses are required to work a minimum of the
3 equivalent of every third weekend, subject to department policy.
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5 R. No Pyramiding: There shall be no pyramiding of one and one-half or greater premiums.
6 No pyramiding means that once one hour has been deemed payable under one premium it may
7 not be counted again in determining whether such a premium should be paid for any other hour.
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9 S. Legacy Shift Incentive (LSI): Nurses in the bargaining unit are eligible to receive LSI or
10 other shift incentive in accordance with Legacy policy applicable to non-bargaining unit nurses (see
11 500.201 – Pay Practices Supplementing Base Salary).
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