

ARTICLE 3 - PAID TIME OFF

A. The Paid Time Off (“PTO”) Program: Encompasses time taken in connection with vacation, illness, personal business, and holidays. Except for unexpected illness or emergencies, PTO should be scheduled in advance. Copies of PTO guidelines will be available to the clinicians, and the Union will be notified of revisions to the guidelines.

B. Accrual:

1. Accrual Table 1: Regular clinicians with an FTE of 0.5-1.0 will accrue PTO as follows:

Years of Continuous Employment	PTO Accrual per Hour Paid (Not to Exceed 80 Hours in a Pay Period)	PTO Accrual per Year per 1.0 FTE	Maximum PTO Accrual per 1.0 FTE
Less than 3 years	0.0961 hours	200 hours	300 hours
3 to less than 5 years	0.1078 hours	224 hours	336 hours
5 to less than 10 years	0.1154 hours	240 hours	360 hours
10 to less than 15 years	0.1269 hours	264 hours	396 hours
15 or more years	0.1346 hours	280 hours	420 hours

2. Accrual Table 2: Regular clinicians who are scheduled to work thirty-six (36) hours each workweek (e.g. three (3) twelve (12)-hour shifts or four (4) nine (9)-hour shifts) will accrue PTO as follows:

Years of Continuous Employment	PTO Accrual per Hour Paid (Not to Exceed 80 Hours in a Pay Period)	PTO Accrual per Year per 0.9 FTE	Maximum PTO Accrual per 0.9 FTE
Less than 3 years	0.1004 hours	188 hours	282 hours
3 to less than 5 years	0.1122 hours	210 hours	315 hours

5 to less than 10 years	0.1197 hours	224 hours	336 hours
10 to less than 15 years	0.1314 hours	246 hours	369 hours
15 or more years	0.1389 hours	260 hours	390 hours

PTO accrual will cease when a clinician has unused PTO accrual equal to one and one-half (1 1/2) times the applicable annual accruals set forth above.

C. PHRMH Sick and Annual Leave. RNs who worked for Providence Hood River Memorial Hospital (PHRMH) prior to transferring to PHHH had sick and annual accrual. The treatment of these accruals will follow that as laid out in the "Memorandum of Understanding for Home Health and Hospice Nurses employed by Providence Hood River Memorial Hospital PHRMH) to be accreted into the Providence Home Health and Hospice (PHHH) CBA" included at the end of this agreement.

D. Definition of a Paid Hour: A paid hour under B above will include only (1) hours directly compensated by PHHH/Benedictine and (2) hours not worked on one of a clinician's scheduled working days in accordance with Article 5 O (Low Census/Daily Reduction in Hours) of this Agreement; and will exclude overtime hours, unworked standby hours, hours compensated through third parties, hours paid in lieu of notice of termination, or hours while not classified as a regular clinician.

E. Pay: PTO pay will be at the clinician's straight-time hourly rate of pay, including regularly scheduled shift and applicable certification, clinical ladder, ~~and~~ RCAP, ~~and~~ SWCAP differentials provided under Appendix A and Appendix B, at the time of use. PTO pay is paid on regular paydays after the PTO is used.

F. PTO Share Program: Bargaining unit clinicians may participate in PHHH/Benedictine's PTO Share Program consistent with the policy then in effect.

FG. Scheduling: In scheduling PTO, PHHH/Benedictine will provide a method for each eligible clinician to submit written requests for specific PTO. PTO requests for the following year that are made by September 30th will be approved or denied by November 1st. Clinicians' PTO requests will not be denied based on overlapping PTO requests of clinicians in other disciplines or of clinicians in the same discipline who, in management's discretion, ~~may~~ do not cover their work or visits. PTO approvals over and above the maximum number of clinicians off will be considered by managers on an individual basis with consideration for patient care needs. If more clinicians within a clinical unit request the same dates for PTO than PHHH/Benedictine determines to be consistent with its operating needs, then preference in scheduling PTO will be as follows: in order of seniority for clinicians within the clinical unit who submit their requests by September 30th and in order of PHHH/Benedictine's receipt of the written requests for clinicians within the clinical unit who submit their requests after September 30th, except that PHHH/Benedictine will attempt to rotate holiday work. Clinicians who requested a period of PTO but were denied will be notified, in order of priority as outlined above, if the period later becomes available.

1. Prime Time PTO: "Prime Time" is defined as follows: spring break (based on Portland Public Schools except for the Clark County team where spring break is based on Vancouver Public Schools), the week where Thanksgiving falls, and the week where Christmas Day falls. If a clinician is not able to take requested Prime Time PTO, that clinician will receive priority for their next Prime Time PTO request for the same Prime Time period the following year. If more than one clinician in the same discipline in a clinical unit is denied their request for Prime Time PTO, priority for the same Prime Time period the following year will be decided by order of seniority.

2. PTO requests for weekends and the holiday season (the week of Thanksgiving and the weeks before and after Christmas) will not be denied without reason. If such a request is denied, a written explanation will be provided.
3. Once PTO has been approved, PHHH/Benedictine will not revoke an approved PTO request, nor require a clinician to replace themselves on the schedule. This includes requests for PTO on weekends.
4. PHHH/Benedictine will work with the Task Force to determine a process for each clinical unit to develop and/or implement a process for approval of PTO requests that is (a) consistent with the contract language above; (b) enables the clinicians on a clinical unit to have input into the process.
5. Except as noted above, clinicians who submit written requests for a specific period of PTO will be given a written response approval or denial in two (2) weeks.
6. In the event clinicians on a particular clinical unit or units have concerns about a pattern of denial of PTO or a specific situation involving denial of PTO, the concern may be raised with the Task Force to review.
7. Notwithstanding the above, Hospice Social Workers and Bereavement Counselors will retain their current PTO scheduling and approval process as it exists at the time of ratification. This process will not be changed unless a majority of Hospice Social Workers and Bereavement Counselors vote to change to the process outlined for other clinicians above.

GH. Use:

1. Accrued PTO may first be used in the pay period following the pay period when accrued.

2. For non-exempt clinicians, PTO will be used for any absence of a quarter (1/4) hour or more except as outlined in 3 and 4 below. Exempt Social Workers and Bereavement Counselors will use PTO in whole day increments for full day absences except as outlined in 3 below.
3. Both exempt and non-exempt clinicians may choose to use or not use PTO for time off for leaves of absence under applicable family and medical leave laws if the clinician's accrued PTO account is then at forty (40) hours or less.
4. Non-exempt clinicians may choose to use or not to use PTO for time off:
 - a. Under Article 5.O. (Daily Reduction in Hours/Low Census) of this Agreement, by making the appropriate entry on the clinician's time card; if the clinician chooses to use PTO under this paragraph, the clinician may change to non-use of PTO for the number of hours worked by the clinician on an extra shift of at least eight (8) hours (other than while on standby/on-call) in the same pay period and thereby maintains the clinician's FTE level, by giving PHHH/Benedictine written notice of the change before the end of the same pay period;
 - b. When a clinician is assigned to a paid eight (8)-hour in-service in PHHH/Benedictine instead of a regularly scheduled nine (9)-, ten (10)-, or twelve (12)-hour shift and the clinician is not assigned to work the remaining hours of the regularly scheduled shift; or;
 - c. When a clinician is required by PHHH/Benedictine to attend a committee meeting in PHHH/Benedictine during a regularly scheduled shift and the clinician is not assigned to work the remaining hours of the regularly scheduled shift.

d. Under b. and c. above, the clinician will make themselves available for assignment to work the remaining hours of the regularly scheduled shift.

e. PTO may be used in addition to receiving workers' compensation benefits up to a combined total of PTO and workers' compensation benefits that does not exceed one hundred percent (100%) of the clinician's straight-time pay plus regularly scheduled shift and applicable certification, clinical ladder, ~~and~~ RCAP, and SWCAP differentials for the missed hours.

5. PTO hours can also be used to supplement short-term disability and paid parental leave (and Paid Leave Oregon (PLO) when available) benefits up to one hundred percent (100%) of pay for the life of the claim or until PTO is exhausted.

6. PTO may not be used when the clinician is eligible for PHHH/Benedictine compensation in connection with a family death, jury duty, or witness appearance.

7. PHHH/Benedictine will honor the accrued PTO balances of clinicians who transfer their employment to PHHH/Benedictine from other Providence employers within Oregon.

H.I. Change in Status: A clinician's unused PTO account will be paid to the clinician in the following circumstances:

1. Upon termination of employment and, in cases of resignation, if the clinician has also provided the required notice of intended resignation. PHHH/Benedictine will pay out unused PTO to a clinician who, in PHHH/Benedictine's sole discretion, experienced a bona fide emergency which precluded the clinician from being able to give the required notice.

2. Upon changing from benefits-eligible (FTE 0.5 – 1.0) to non-eligible status (FTE less than 0.5).

JJ. Short-Term Disability/Paid Parental Leave: PHHH/Benedictine will provide a Short-Term Disability and/or Paid Parental Leave benefits. Clinician eligibility for this benefit is determined by the Short-Term Disability/Paid Parental Leave plan documents. Clinicians who are or may be eligible for both Short-Term Disability and Paid Parental Leave benefits, should review each plan's documents to understand how the benefits will be applied for their circumstances. Clinicians may also raise questions to management or human resources. For benefits-eligible clinicians, benefits will be as follows:

1. ~~Short-term disability and/or paid parental leave benefits will be paid at sixty-five (65%) of the eligible clinician's base rate of pay plus shift, certification, clinical ladder, and RCAP differentials at the time of the leave, if applicable. Beginning the first full pay period of 2024, this benefit will increase to sixty-six point six seven percent (66.67%) of the eligible clinician's base rate of pay plus regularly scheduled shift and applicable certification, clinical ladder, and RCAP differentials at the time of leave.~~

~~2. Beginning the first (1st) full pay period of 2024,~~ PHHH/Benedictine will provide an enhanced Short-Term Disability benefit, in which benefits-eligible clinicians will be eligible for up to eight (8) weeks of leave with one hundred percent (100%) pay following the waiting period (when PTO can be used) and then sixty-six point six seven percent (66.67%) thereafter for a combined total of twenty-six (26) weeks, including base pay plus regularly scheduled shift and applicable certification, clinical ladder, and RCAP differentials provided under Appendix A and B, at the time of use.

JK. Oregon State Based Paid Leave Program with Short-Term Disability Benefit: ~~Beginning the first full pay period of 2024,~~ fClinicians are required to apply for Paid Leave Oregon (PLO) or Washington Paid Family and Medical leave (PFML), as

1 applicable, for qualifying leave types, and the PLO/PFML benefit will serve as
2 primary with the Providence plans supplementing the awarded benefit up to the plan
3 maximum. For the purpose of Short-Term Disability benefits, an eligible clinician who
4 also qualifieds for ~~PLO/PFML the Oregon State paid leave program (Paid Leave~~
5 ~~Oregon)~~, will receive the difference between their normal base plus regularly
6 scheduled shift and applicable certification, clinical ladder, and RCAP, and SWCAP
7 differentials and the ~~PLO/PFML Paid Leave Oregon~~ program funding equal to one
8 hundred percent (100%) of pay for eight (8) weeks. Thereafter, for leaves that
9 continue up to twenty-six (26) weeks, eligible clinicians will receive a combined
10 benefit of sixty-six-point six seven percent (66.67%) of their pay described above
11 between the ~~PLO/PFML Paid Leave Oregon~~ program and Short-Term Disability
12 benefit.

Benefit Week	Paid Leave Oregon PLO/PFML + Providence's Enhanced Short-Term Disability Program
Week 1	Standard waiting period (can use PTO hours) and may be compensated through Paid Leave Oregon PLO/PFML
Weeks 2-9	Paid Leave Oregon PLO/PFML + Providence paid leave = 100% of normal pay
Weeks 10-26	Paid Leave Oregon PLO/PFML + Providence paid leave = at least 66.67% of normal pay

K.L. Holidays: On the observed holidays of New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day, the following will apply:

1. When a clinician is scheduled to work an observed holiday and requests time off, PTO will be used for the time off. However, if the clinician, with the manager's approval, works (or if the clinician requests but is not assigned to work) a substitute day in the same workweek, the clinician is not required to use PTO for the holiday.
2. If a clinician works on an observed holiday, the clinician will be paid one and one-half times (1 ½ x) the clinician's straight-time rate and will retain accrued PTO hours for use at another time.
3. If an observed holiday occurs on a Saturday or Sunday, clinicians in clinical units that are regularly scheduled only Monday through Friday will observe the holiday on the Friday or Monday that is closest to the holiday and designated by PHHH/Benedictine.
4. A night shift will be deemed to have occurred on an observed holiday only if a majority of its scheduled hours are within the holiday.
5. If an observed holiday occurs before completion of a regular clinician's first six (6) months of employment and the clinician does not have sufficient PTO hours accrued, the PTO hours used for the holiday under this section will be charged against the next PTO hours accrued by the clinician.
6. The schedule of holiday assignments for the following year will be posted by August 1st. The holiday calendar year will be considered to be January 2nd – January 1st. PHHH/Benedictine will make every effort to rotate holidays so that a clinician will not be required to work the same holiday two (2) consecutive years

1 or more than two (2) holidays in a holiday calendar year. PHHH/Benedictine will
2 request input from the clinicians in creating the holiday schedule.

3
4 **M. Inclement Weather: Clinicians will comply with Providence's Inclement**
5 **Weather Policy except that clinicians who have less than one hundred (100)**
6 **hours of accrued PTO may choose to take unpaid time off, instead of PTO, to**
7 **cover the time they cannot work due to inclement weather.**