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 nurses clinicians, and the Association will be notified of revisions to the guidelines.

B. Accrual: Regular clinicians working an FTE based upon an eight (8) hour shift or a forty (40) hour workweek (or variant thereof) will accrue PTO at the following rates:

<table>
<thead>
<tr>
<th>Years of Continuous Employment</th>
<th>PTO Accrual per Paid Hour</th>
<th>PTO Accrual per Year per 1.0 FTE</th>
<th>Maximum PTO Accrual per 1.0 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.1057 hours</td>
<td>220 hours</td>
<td>330 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.11538 hours</td>
<td>240 hours</td>
<td>360 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.13462 hours</td>
<td>276 hours</td>
<td>414 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.15384 hours</td>
<td>316 hours</td>
<td>474 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.16153 hours</td>
<td>332 hours</td>
<td>498 hours</td>
</tr>
</tbody>
</table>

1. Regular clinicians working an FTE based upon a nine (9) or twelve (12) hour shift or a thirty-six (36) hour workweek (or variant thereof) will accrue PTO at the following rate:

<table>
<thead>
<tr>
<th>Years of Continuous Employment</th>
<th>PTO Accrual per Paid Hour</th>
<th>PTO Accrual per Year per 0.9 FTE</th>
<th>Maximum PTO Accrual per 0.9 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.10683 hours</td>
<td>200 hours</td>
<td>300 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.11966 hours</td>
<td>224 hours</td>
<td>336 hours</td>
</tr>
</tbody>
</table>
### Regular clinicians with an FTE of 0.5 – 1.0 will accrue PTO as follows:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Hours Worked</th>
<th>PTO in Hours</th>
<th>Total PTO in Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to less than 10 years</td>
<td>0.13889 hours</td>
<td>260 hours</td>
<td>390 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.15812 hours</td>
<td>296 hours</td>
<td>444 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.16453 hours</td>
<td>308 hours</td>
<td>462 hours</td>
</tr>
</tbody>
</table>

1. From and after the clinicians’ most recent date of employment until their third (3rd) anniversary of continuous employment — 0.0961 hours per hour worked, not to exceed 80 paid hours per two-week pay period (approximately 25 days of PTO per year with 200 hours’ pay for a full-time clinician);

2. From and after the clinicians’ third (3rd) anniversary of continuous employment until their fifth (5th) anniversary of continuous employment — 0.1078 hours per hour worked, not to exceed 80 paid hours per two-week pay period (approximately 28 days of PTO per year with 224 hours’ pay for a full-time clinician);

3. From and after the clinicians’ fifth (5th) anniversary of continuous employment until their tenth (10th) anniversary of continuous employment — 0.1154 hours per hour worked, not to exceed 80 paid hours per two-week pay period (approximately 30 days of PTO per year with 240 hours’ pay for a full-time clinician);

4. From and after the clinicians’ tenth (10th) anniversary of continuous employment until their fifteenth (15th) anniversary of continuous employment — 0.1269 hours per hour worked for a 0.50 to 1.0 nurse, not to exceed 80 hours per two-week pay period (approximately 33 days of PTO per year with 264 hours’ pay for a full-time clinician);
5. From and after the clinicians’ fifteenth (15th) anniversary of continuous employment—0.1346 hours per hour worked, not to exceed 80 hours per two-week pay period (approximately 35 days of PTO per year with 280 hours’ pay for a full-time clinician);

**The number of hours is based on an 8-hour shift or 80 hours per pay period.

1. For regular clinicians on schedules consisting of three (3) days each week, with each workday consisting of a 12-hour shift, or four (4) days each week, with each workday consisting of a 9-hour shift, the accrual rates in paragraphs B-2.1—5 immediately above will be changed to 0.1004, 0.1122, 0.1197, 0.1314, and 0.1389 hours, respectively, per paid hour, not to exceed 72 paid hours per two-week pay period.

2. Accrual will cease when a clinician has unused PTO accrual equal to one and one-half (1 ½) times the applicable annual accrual set forth above.

C. **Definition of a Paid Hour:** A paid hour under B above will include only (1) hours directly compensated by PHHH, 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 (3) scheduled hours compensated through third parties; 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.

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

E. **PTO Share Program:** Bargaining unit clinicians may participate in PHHH’s PTO Share Program consistent with the policy then in effect.
F. **Scheduling:** In scheduling PTO, PHHH 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 30 will be approved or denied by November 1. Clinicians’ PTO requests will not be denied based on overlapping PTO requests of clinicians who would not cover their work or visits. For absences for which a clinician’s patients will not be seen by another clinician, the clinician’s PTO request will be approved if they have self-scheduled in a manner to permit the time off. If more clinicians within a clinical unit request the same dates for PTO than PHHH 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 the September 30 and in order of PHHH’s receipt of the written requests for clinicians within the clinical unit who submit their requests after September 30, except that PHHH will attempt to rotate holiday work. Nurses 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. 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.

2. Once PTO has been approved, PHHH will not revoke an approved PTO request, nor require a clinician to replace themself on the schedule. This includes requests for PTO on weekends.

3. PHHH 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 unit to have input into the process.
4. 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 weeks.

5. 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.

6. 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.

G. 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 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 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 written notice of the change before the end of the same pay period;

(b) When a clinician is assigned to a paid 8-hour in-service in PHHH instead of a regularly scheduled 9-, 10-, or 12-hour shift and the clinician is not assigned to work the remaining hours of the regularly scheduled shift; or

(b) When a clinician is required by PHHH to attend a committee meeting in PHHH during a regularly scheduled shift and the clinician is not assigned to work the remaining hours of the regularly scheduled shift.

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

5. 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 100 percent of the clinician’s straight-time pay plus applicable shift, certification, RCAP, and clinical ladder differentials for the missed hours.

6. 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 100 percent of pay for the life of the claim or until PTO is exhausted.
7. PTO may not be used when the clinician is eligible for PHHH compensation in connection with a family death, jury duty, or witness appearance.

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

H. 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 nurse clinician has also provided the required notice of intended resignation. PHHH will have the discretion to allow pay out unused PTO to a clinician who experiences a bona fide emergency which precludes the clinician from being able to give the required notice, in which case no deduction of PTO will be made.

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

I. Paid Leave Oregon. For the full duration of a regular clinician’s approved leave of absence under Paid Leave Oregon (PLO)/Oregon Family Medical Leave Insurance (OFMLI), PHHH will top-off wage replacement to 100% of the regular clinician’s regular rate of pay including applicable shift, certification, RCAP, and clinical ladder differentials at the time of the leave, without the clinician’s use of PTO hours.

J. Short-Term Disability/Paid Parental Leave: PHHH will provide a Short Term Disability and Paid Parental Leave benefit. Clinician eligibility for this benefit is determined by the Short Term Disability/Paid Parental Leave policy documents. For benefit eligible clinicians:

1. For absences not covered by Paid Leave Oregon (PLO), short term disability and/or paid parental leave benefits will be paid at sixty-five (65%) of the clinician’s base rate of pay plus shift differential plus
certification premium, including clinical ladder and RCAP, at the time of
the leave, if applicable. The benefit will increase to 66-2/3% beginning the
first full pay period of 2024.

2. Beginning the first full pay period of 2024, PHHH will provide an
enhanced short-term disability benefit for absences not covered by PLO,
in which benefits-eligible clinicians will be eligible for up to eight weeks of
leave with 100% pay following the 7-day waiting period (when PTO can
be used) and then 66-2/3% thereafter for a combined total of 26 weeks,
including base pay plus all applicable shift differentials, certification
premiums and clinical ladder and RCAP pay provided under Appendix A
and B, at the time of use.

3. For the purpose of short-term disability benefits, an eligible nurse will
receive the difference between their normal base and applicable shift
differentials and the Oregon State paid leave program funding to equal
100% of pay for eight weeks and a combined benefit of 66 2/3% between
the Oregon state paid leave program and short-term disability benefit for
leaves lasting more than ten weeks up to 26 weeks combined.

**K. Holidays:** On the observed holidays of New Year’s Day, Martin Luther King, Jr.
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
clinical 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 (1½ 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.

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 will make every effort to rotate holidays so that a clinician will not be required to work the same holiday two (2) consecutive years or more than two (2) holidays in a holiday calendar year. PHHH will request input from the clinicians in creating the holiday schedule.

7. Exempt Social Workers and Bereavement Counselors will be paid a $250 per day bonus for working on holidays.