

COLLECTIVE BARGAINING AGREEMENT

BETWEEN

OREGON NURSES ASSOCIATION

AND

**PROVIDENCE MEDICAL GROUP
IMMEDIATE CARE CLINICS**

December 14, 2025 - December 13, 2027

TABLE OF CONTENTS

AGREEMENT	1
ARTICLE 1 – RECOGNITION	1
ARTICLE 2 – MEMBERSHIP	4
ARTICLE 3 – EQUALITY OF EMPLOYMENT OPPORTUNITY	
ARTICLE 4 – PAID TIME OFF	9
ARTICLE 5 – HOLIDAYS	11
ARTICLE 6 – COMPENSATION AND DIFFERENTIALS	17
ARTICLE 7 – HOURS OF WORK	21
ARTICLE 8 – LICENSES AND CERTIFICATIONS	23
ARTICLE 9 – MODIFIED OPERATIONS	25
ARTICLE 10 – SUCCESSORSHIP	27
ARTICLE 11 – FLOATING CORE EMPLOYEES	27
ARTICLE 12 – HEALTH AND WELFARE	30
ARTICLE 13 – STAFFING	30
ARTICLE 14 – EMPLOYMENT STATUS	30
ARTICLE 15 – LOCKERS AND BREAKROOMS	33
ARTICLE 16 – LACTATION SUPPORT	34
ARTICLE 17 – LEAVES OF ABSENCE	35
ARTICLE 18 – WORKPLACE SAFETY AND TECHNOLOGY	36
ARTICLE 19 – RETIREMENT	37
ARTICLE 20 – UNION BUSINESS	40
ARTICLE 21 – NO STRIKE/NO LOCKOUT	43
ARTICLE 22 – GRIEVANCE PROCEDURE	44
ARTICLE 23 – PROFESSIONAL DEVELOPEMENT	46
ARTICLE 24 – CLINIC RESOURCE COMMITTEE	50
ARTICLE 25 – SENIORITY	52
ARTICLE 26 – REDUCTION IN FORCE	52
ARTICLE 27 – LOW CENSUS	53

ARTICLE 28 – SEPARABILITY	54
ARTICLE 29 – MANAGEMENT RIGHTS	54
ARTICLE 30 - DURATION AND TERMINATION	
ARTICLE 31 - APPENDICES	
ARTICLE 32 - TASK FORCE	
APPENDIX A - WAGE SCALES	
APPENDIX B - LETTER OF AGREEMENT - Ratification Bonus	
APPENDIX C - LETTER OF AGREEMENT - Retention Bonus	

AGREEMENT

THIS AGREEMENT is made and entered into by and between PROVIDENCE MEDICAL GROUP, IMMEDIATE CARE, Oregon, hereinafter referred to as “the Employer,” and OREGON NURSES ASSOCIATION, hereinafter referred to as “the Association.”

ARTICLE 1 – RECOGNITION

Providence Health and Services – OR d/b/a Providence Medical Group (“Employer”) recognizes the Union as the exclusive bargaining representative of all full-time, regular part-time, and per diem Registered Nurses, Medical Assistants and Patient Services Specialists employed by the Employer at its Immediate Care Clinics in the Portland Metropolitan area, including at Reed’s Crossing, Scholls, Tanasbourne, Gateway, Canby, Bridgeport, Happy Valley and Sherwood. Excluded are all other employees, personnel, confidential employees, managerial employees, and guards and supervisors as defined by the National Labor Relations Act. If the Employer decides to relocate one of the aforementioned clinic locations within the Portland Metropolitan area, the full-time, regular part-time and per diem bargaining unit employees, who are employed at the relocated clinic will be represented by the Union and will be considered part of the bargaining unit.

ARTICLE 2 – UNION MEMBERSHIP

X.1 Membership. A bargaining unit member, as defined above, employed on or after the effective date of this Agreement will, as a condition of employment, within thirty (30) days after the effective date of this Agreement (or thirty (30) days after their hire date), become and remain a member of the Union (or, alternatively, make payment of an agency fee in lieu of dues to the Union to cover the costs of performing its duties as exclusive bargaining representative, including bargaining and administering this Agreement).

X.2 Remedy for Non-Payment. If a bargaining unit member is not in compliance with the provisions in this section, the Union will notify the bargaining unit member in writing that they are delinquent in the satisfaction of their obligations, and will provide a copy of the notice to the designated Employee Relations Consultant of the Employer. The Union will allow the bargaining unit member a reasonable period of time of not less than fourteen (14) days to cure the delinquency. If the bargaining unit member fails to cure within the allotted time, then the Union may contact the designated Employee Relations Consultant for the purpose of proceeding with termination of employment. Should a

termination occur, a duly authorized representative of the Union will be present for the termination proceeding.

X.3 Religious Exemption. A bargaining unit member who is subject to the membership or payment requirements of this Article, but who is a member of and adheres to established and traditional tenets or teachings of a bona fide religion, body or sect which has historically held conscientious objections to joining or financially supporting labor organizations, shall not be required to continue membership in or financial support of the Union; except that such bargaining unit member shall contribute an amount equivalent to the Association dues or agency fee to a nonreligious, tax-exempt charitable fund of their choice for the duration of the membership or payment requirements had they been applicable.

X.4 Dues Deduction. The Employer will deduct Union membership dues/agency fees from the salary of each bargaining unit member who voluntarily agrees to such deductions and who submits an appropriately written authorization form to the Employer setting forth the standard amount of the deduction. Deductions shall be made monthly and remitted monthly to the Association. Changes in amounts to be deducted from a provider's wages will be made on the basis of specific written confirmation by the Union received not less than one (1) month before the deduction. The Employer shall furnish electronically to the Association, on a monthly basis, a current alphabetical listing of the names and employee identification numbers, along with the amount deducted, for each employee in the bargaining unit. The list shall also include new hires and terminations shall be indicated on the listing.

X.5 Maintenance of Deduction. An Employee may terminate any authorized payroll deduction for Union dues or agency fees by sending written notice via U.S. mail to the Union and Employer during the periods not less than 30 days and not more than 45 days before either (1) the annual anniversary date of this agreement, or (2) the date of termination of the applicable contract between the Employer and the Union. This authorization shall be automatically renewed from year to year unless the Employee revokes it in writing.

X.6 Indemnification. The Union shall be obligated to hold the Employer and its officers, employees, and agents, free and harmless from any claims or damages from any party whatsoever for any actions taken in connection with making dues deductions in accordance with this article. Further, the Union shall pay for the defense of any such action against the Employer and shall indemnify the Employer against any and all claims or damages which may originate from this article or the dues deduction process.

X.7 Agency Fee Payment in Lieu of Dues. Agency fee payments in lieu of dues will be less than or equal to the regular monthly Union dues as established by the Union and subject to the rights and requirements set forth in *Communications Workers of America v. Beck*, 487 U.S. 735 (1988).

ARTICLE 3 – EQUAL EMPLOYMENT OPPORTUNITY

The Employer and the Union agree and support the policy to employ, evaluate, compensate, promote and retain individuals on the basis of qualifications, ability, and performance regardless of union membership, race, national origin, age, color, sex, marital status, religious belief, veteran status, political ideology, sexual orientation, gender identity or expression, genetic information or disability. Neither the Union nor the Employer shall discriminate against any employee on account of the employee's choice to join or refrain from joining the Union, nor shall either party discriminate against any employee for lawful activity on behalf of or against the Union, provided, however, the parties understand that any such activity must not violate the terms of this Agreement, interfere with normal routine, patient care, comfort and safety, or the employee's duties or the duties of other employees.

ARTICLE 4 – PAID TIME OFF

5.1 Paid Time Off. The intent of Paid Time Off (PTO) is to allow caregivers time off for vacation, holidays, personal days and/or incidental sick time or any other reason required by applicable federal, state or local laws.

5.2 PTO Accrual. All full-time and part-time caregivers who are regularly scheduled to work at least twenty (20) hours per week (.5 FTE) will accrue PTO hours each pay period for hours worked, excluding overtime hours or unpaid leave time, based on their length of service and starting with the date of eligibility. The rate of accrual and the maximum accrual will follow the schedule set forth below:

Years of Service		Accrual per Hour Worked	Accrual per Pay Period*	Accrual per Year	Maximum PTO Balance
Less than 3		0.096125 hours	7.69	200 hours	300 hours
3 to less than 5		0.10775 hours	8.62	224 hours	336 hours
5 to less than 10		0.115375 hours	9.23	240 hours	360 hours
10 to less than 15		0.126875 hours	10.15	264 hours	396 hours
15 or more		0.134625 hours	10.77	280 hours	420 hours

* Based on 1.0 FTE: 80 hours per pay period

5.3 Availability for Use. Time becomes available for use, with the caregiver's leader's approval, once the accrual shows in the caregiver's PTO bank on the last day of each pay

period. A caregiver will continue to accrue PTO while out on paid leave. Advance PTO payments are not allowed.

5.4Rate of Pay. PTO pay will be at the caregiver's straight-time hourly rate of pay. PTO is paid on regular paydays after the pay period the PTO is used.

5.5PTO Scheduling and Usage.

5.5.1Time away requests should be made as much in advance as possible and approved in accordance with the Clinic's established scheduling processes. The caregiver will receive an approval or denial of the request. PTO hours should be recorded in the appropriate increments that match the caregiver's regular work schedule and time taken. If the reason for the time away request falls under a federal, state or municipal sick leave law, notice/approval process requirements may vary, and at all times, will conform with applicable law.

5.5.2Caregivers are required to use accrued PTO for planned and unplanned time off unless federal, state and/or local laws allow them the choice on whether they want to use their PTO or go unpaid. Notwithstanding the foregoing, caregivers who are unable to work due to a Clinic closure will have the option to use PTO or take the time as unpaid to fulfill their FTE.

5.5.3If more caregivers at a location request the same dates for PTO than the Clinic determines to be consistent with its operating needs, PTO will be awarded in the order of seniority. In the event that a caregiver needs time off for major life events and the Clinic is not able to approve the request for PTO, the caregiver may seek shift swaps (provided the leader approves and the swap does not result in overtime for either caregiver). Further, the caregiver's leader may, in their discretion, increase the number of caregivers allowed off, based on the leader's assessment of the Clinic's operational needs.

5.5.4In the event a caregiver has concerns about a perceived pattern of denial of PTO or a specific situation involving denial of their PTO request, the caregiver is encouraged to discuss their concern(s) with their leader.

5.5.5Due to the Clinic's operational needs, caregivers may be asked to postpone their scheduled PTO days. The Clinic will take all reasonable steps to avoid requiring that caregivers postpone their scheduled PTO, which will include asking for coverage from other caregivers.

5.6PTO Cash Out. Accrued PTO will be cashed out at the time of the caregiver's separation, provided that the caregiver has provided sufficient advance notice of their resignation (see Article ____, Employment Status), or the caregiver moves to a non-PTO eligible position, e.g., per diem. A caregiver is not eligible for PTO Cash Out if the caregiver is discharged for just cause or did not provide sufficient advance notice of their resignation (see Article ____, Employment Status).

5.7PTO Maximum Accruals. Each caregiver's PTO balance is subject to a maximum accrual of 1.5 times their annual accrual rate. Accruals will stop when the maximum limit is reached and will resume when time off has been taken and the PTO balance falls below the maximum.

5.8PTO in Connection with Short-Term Disability, Workers' Compensation & Paid

Parental Leave.

PTO can be used to cover the waiting periods for both short-term disability and workers' compensation leaves. PTO can also be used to supplement short-term disability, workers' compensation benefits or Paid Parental Leave to 100% of base pay for the life of the claim or until PTO is exhausted, but no longer than six (6) months from the first date of disability.

ARTICLE 5 – HOLIDAYS

6.1 Holiday Clinic Closures. Employees who are normally scheduled to work on Thanksgiving and/or Christmas days will be expected to use their Paid Time Off (PTO), to equal a full, regular shift. If accrued PTO is available, it must be used before unpaid time is reported by the employee. Employees who desire to make-up those work hours may notify their supervisor, and the Clinic will guarantee alternate work hours to those employees. Employees wishing to exercise this option must notify their supervisor at least fourteen (14) days in advance of the holiday.

6.2 Holidays Without Partial Clinic Closures. In addition to Thanksgiving and Christmas Day holidays, the Employer recognizes the following holidays.

New Year's Day.

Martin Luther King Jr. Day

Memorial Day

Fourth of July

Labor Day

Should the Employer close early or open late on these holidays, employees will have the

option to use PTO or go unpaid for the remainder of their shift.

6.3 Pay for Employees on Holidays. Employees who are required to work on a recognized holiday will be paid time and one-half (1.5) their regular base wage rate for hours

Worked.

ARTICLE 6 – COMPENSATION AND DIFFERENTIALS

x.1 Wage Rates. The wage schedules applicable to positions in this bargaining unit are set forth in Appendix A and will take effect four full payroll periods following ratification. The wage and differential rates in this agreement are intended to reflect a base standard of compensation and are not intended to prevent the employer from increasing above the contractually specified amounts in its discretion.

x.1a Effective May 1, 2026, employees will receive a two percent (2%) across the board increase to their base hourly rate. Effective the first full pay period following the anniversary of ratification of this agreement, employees will receive an additional two percent (2%) across the board increase to their base hourly rate.

x.1.1 Placement in the Wage Schedule Range and Wage Progression. For newly hired employees, placement on the step schedule corresponding to their position will be determined

by the Employer, based on its assessment of their experience. Current employees (who are employed by the Employer at ratification of this Agreement) will be placed at the higher of (a) the step corresponding to their years of experience at the time of ratification, or (b) the step at or above their regular hourly base rate in effect at the time of ratification; provided that, current employees whose regular hourly base rate in effect at the time of ratification exceeds the top step will maintain their rate. For MAs already on the MA Clinical Ladder at the time of ratification of this Agreement, the Employer will subtract any hourly ladder payment (i.e., \$1/hour for Senior MA/MA 3 or \$2/hour Lead MA/MA 4) to determine their hourly base wage. The employee(s) will then be placed on the appropriate step according to that hourly base wage or years of experience (whichever is greater) prior to adding any laddering differentials contained in Article x.4.2 of this Agreement. Years of experience will be determined based upon information a caregiver provided in their hiring process, including licensure date (if applicable) and their post licensure relevant work experience. Any Employee who believes their years of experience were incorrectly determined will have the opportunity for thirty (30) days after the Clinic notifies them of their placement to inform Human Resources of their correct years of experience and to provide supporting documentation. Human Resources will review their submissions and make any necessary adjustments based on their total documented experience in similar positions. The Clinic will provide ONA with a list of any adjustments made through this process.

x.1.2 Advancement to the Next Step on the Wage Schedule. A caregiver shall progress according to the year-to-year wage progression for their job classification set forth in Appendix A at the end of each anniversary date, provided that they have worked a minimum of one thousand and forty (1040) hours. In the case where a caregiver has not worked 1040 hours during any anniversary year, advancement to the next wage step shall be delayed until completion of 1040 hours of work. Computation of 1040 hours in the following years shall commence upon completion of the prior 1040 hour requirement. Hours not worked as a result of Low Census will be credited towards the employee's hours of work requirement.

x.2 Changes in Pay. Except as otherwise provided for in this Agreement, changes in wages will occur at the beginning of the first full pay period following the calendar date the change is designated to take effect.

RN-Specific Provisions

X.3 Nursing Clinical Ladder. All RNs will be eligible to participate in the Clinic's Professional Career Ladder program, which will require that nurses apply to the nursing Clinical Ladder. RNs with less than eighteen (18) months of RN experience will be placed at Level 1 at the time of ratification of this Agreement. All other RNs in the bargaining unit will be placed at Level 2 at the time of ratification of this Agreement.

X.3.1 Ladder Levels.

- a. Level 1, Associate RN
- b. Level 2, Journey RN
- c. Level 3, Senior RN
- d. Level 4, Principal RN

x.3.2 Compensation Associated with Ladder Levels. Each level after Level 2 will include a pay increase of two dollars and fifty cents (\$2.50) per hour (i.e., Level 4 = \$5.00 total).

x.3.3 Requirements for Levels. The Employer has discretion to set the requirements for each Level and determine whether the RN is eligible to move to the next level. Such requirements may include the following factors: experience working as an RN in a clinical setting; receipt of Bachelor's or Master's degrees in Nursing; National Certifications in area of

practice; and, Clinic RNs' Professional Contributions such as quality activities, safety activities, teaching activities and leadership activities. The Employer will take into account bargaining unit nurses' feedback, to be provided through Task Force meetings, about the requirements for the Levels.

x.3.4 Maintenance of Levels. RNs will need to perform an annual renewal to maintain their Level and will be moved down to the prior level, and lose any Clinical Ladder differential, if they fail to complete the annual renewal. The Employer will determine the content of the annual renewal process.

x.3.5 Application for Levels. RNs may apply for the next Level four times per year, on a date determined by the Employer. If an RN is not approved to move to the next Level, the RN may reapply during the next application period.

MA-Specific Provisions

x.4 MA Clinical Ladder. All Medical Assistants will be eligible to participate in the Clinic's Professional Clinical Ladder program, which will require that MA's apply to the MA Clinical Ladder. MAs with less than six (6) months of MA experience will be placed at Level 1 at the time of ratification of this Agreement. All other MAs in the bargaining unit will be placed at Level 2 at the time of ratification of this Agreement. MAs who are at Levels 3 or 4 at the time of ratification of this Agreement will be placed at their same level upon ratification.

x.4.1 Ladder Levels.

- a. Level 1
- b. Level 2
- c. Level 3
- d. Level 4

x.4.2 Compensation Associated with Ladder Levels. Each level after Level 2 will include a pay increase of one dollar and fifty cents (\$1.50) per hour (i.e., Level 4 = \$3.00).

x.4.3 Requirements for Levels. The Employer has discretion to set the requirements for each Level and determine whether the MA is eligible to move to the next level.

x.4.4 Maintenance of Levels. MAs will need to perform an annual renewal to maintain their Level and will be moved down to the prior level, and lose any Clinical Ladder differential, if they fail to complete the annual renewal. The Employer will determine the content of the annual renewal process.

x.4.5 Application for Levels. MAs may apply for the next Level four times per year, on a date determined by the Employer. If a MA is not approved to move to the next Level, the MA may reapply during the next application period.

x.4.6 Requirements for Levels. The Employer has discretion to set the requirements for each Level and determine whether the MA is eligible to move to the next level. Such requirements may include the following factors: experience working as an MA in a clinic setting; National Certification in area of practice; service in MA Champion roles; and leadership activities. The Employer will take into account bargaining unit MA's feedback, to be provided through Task Force meetings, about the requirements for the Levels.

PSS-Specific Provisions

x.5 PSS Ladder. All Patient Service Specialists will be eligible to participate in the Employer's Career Ladder program, which will require that PSSs apply to the PSS Career

Ladder. PSSs with less than six (6) months in a medical office setting or one (1) year of customer service experience will be placed at Level 1 at the time of ratification of this Agreement. All other PSSs in the bargaining unit will be placed at Level 2 at the time of ratification of this Agreement.

x.5.1 Ladder Levels.

- a. Level 1
- b. Level 2
- c. Level 3
- d. Level 4

x.5.2 Compensation Associated with Ladder Levels. Each level after Level 2 will include a pay increase of one dollar (\$1.00) per hour (i.e., Level 4 = \$2.00).

x.5.3 Requirements for Levels. The Employer has discretion to set the requirements for each Level and determine whether the PSS is eligible to move to the next level.

x.5.4 Maintenance of Levels. PSSs will need to perform an annual renewal to maintain their Level and will be moved down to the prior level, and lose any Career Ladder differential, if they fail to complete the annual renewal. The Employer will determine the content of the annual renewal process.

x.5.5 Application for Levels. PSSs may apply for the next Level four times per year, on a date determined by the Employer. If a PSS is not approved to move to the next Level, the PSS may reapply during the next application period.

x.5.6 Requirements for Levels. The Employer has discretion to set the requirements for each Level and determine whether the PSS is eligible to move to the next level. Such requirements may include the following factors: experience working as a PSS in a clinic or office setting; and leadership activities. The Employer will take into account bargaining unit PSSs feedback, to be provided through Task Force meetings, about the requirements for the Levels.

X.6 Differentials. All employees in this bargaining unit shall be eligible to receive the following differentials:

x.6.1 Preceptor Differential. Upon ratification of this Agreement, a RN or MA assigned to work as a preceptor shall receive a differential of two dollars and fifty cents (\$2.50) per hour worked as a preceptor. Effective the first full pay period following the anniversary of the ratification of this Agreement, a RN or MA assigned to work as a preceptor shall receive a differential of three dollars (\$3.00) per hour worked as a preceptor. Upon ratification of this Agreement, a PSS assigned to work as a preceptor shall receive a differential of one dollar and fifty cents (\$1.50) per hour worked as a preceptor. Effective the first full pay period following the anniversary of the ratification of this Agreement, a PSS assigned to work as a preceptor shall receive a differential of two dollars (\$2.00) per hour worked as a preceptor. Employees shall not precept more than one preceptee at any time.

x.6.2 Evening Differential. Upon ratification of this Agreement, a RN or MA who works a majority of their shift after 3 p.m. shall receive a differential of two dollars and seventy-five cents (\$2.75) for all hours worked on that shift. Effective the first full pay period following the anniversary of the ratification of this Agreement, a RN or MA who works a majority of their shift after 3 p.m. shall receive a differential of three dollars (\$3.00) for all hours worked on that shift. Upon ratification of this Agreement, a PSS who works a majority of their shift after 3 p.m. shall receive a differential of one dollar and seventy-five cents (\$1.75) for all hours

worked on that shift. Effective the first full pay period following the anniversary of the ratification of this Agreement, a PSS who works a majority of their shift after 3 p.m. shall receive a differential of two dollars (\$2.00) for all hours worked on that shift.

x.6.3 Bilingual Certification Pay. All employees in the bargaining unit may apply and test for the one-time Bilingual Certification Payment of \$150.

Article 7 – HOURS OF WORK

7.1 Work Period. The basic work period shall consist of seven (7) consecutive days, from 12:00 a.m.

Sunday to 11:59 p.m. Saturday.

7.2 Workday. Typically, the basic workday shall be twelve (12) hours to be worked within twelve and one-half (12.5) consecutive hours, or ten (10) hours to be worked within ten and one-half (10.5) consecutive hours. The Employer may also offer six (6) hour shifts, to be worked within six and one-half (6.5) consecutive hours, to accommodate part-time work or to assist operations. Innovative individual work schedules may be implemented when mutually agreed to by the employee and the Employer.

7.3 Meal/Rest Period. The basic workday shall include an unpaid thirty (30) minute meal period if the Employee is relieved of duties during this period. If not relieved of duties, the Employee will be paid for their meal period. Employees will receive one fifteen (15) minute rest period without loss of pay during each four (4) consecutive hours of work which, insofar as is practicable, should be taken near the middle of the four (four) hour work period. Employees should notify their supervisor as soon as possible if they believe they will be unable to take a timely meal or rest period. Meal breaks and rest periods will be administered in accordance with state law and regulations.

7.4 Overtime. For employees who work twelve (12) hour shifts, all work in excess of thirty-six (36) hours in the basic work period shall be compensated at the rate of one and one-half (1½) times the employee's regular rate of pay in accordance with applicable law. For all other employees, all work in excess of forty (40) hours in the basic work period shall be compensated at the rate of one and one-half (1½) times the Employee's regular rate of pay in accordance with applicable law.

7.4.1 Time paid for but not worked shall not count as time worked for the purpose of computing overtime pay. There shall be no pyramiding or duplication of overtime pay or other premium pay paid at the rate of time and one-half (1½).

7.4.2 Working more than the basic workday or workweek must be properly authorized in advance, except in emergencies. Regardless of whether the Employee obtains prior authorization, Employees must report all hours accurately, whether overtime or not, and they will be paid for all hours of work.

7.5 Work Schedules. Work schedules shall be input into the Employer's scheduling tool, be prepared for four (4) week periods, and will be available for Employees no less than two (2) weeks before the beginning of the scheduling period. An employee's seniority in their home clinic will take priority in setting work schedules. Should the Employer make modifications to this process during the life of this Agreement, it will meet with the Union to discuss the impacts of those changes.

7.5.1 Temporary Schedule Changes. The Employer reserves the right to modify a posted schedule to address operational and patient care needs. The Employer will seek volunteers in such circumstances, and to otherwise fill open shifts in the schedule, before utilizing resources outside the bargaining unit. Notwithstanding the forgoing, (1) the Employer does not have to first seek bargaining unit volunteers to fill shifts that open with less than twenty-four (24) hours' notice, and (2) an employee may be required to float to an understaffed clinic for a shift, when management determines that the employee's home clinic is overstaffed. When an employee is required to float, the Employer will reimburse for mileage at the standard rates promulgated annually by the Internal Revenue Service, in accordance with the Employer's applicable policy.

7.5.2 Shift Trades. An employee may trade shifts with another employee in the same clinic as long as there is no change in staffing balance or resulting overtime for either employee, unless approved by Clinic management.

7.5.3 Weekend Schedules. Employees will be scheduled one weekend (Saturday and Sunday) every other weekend, unless the Employee's regular work schedule falls during Monday to Friday (e.g., Lead-PSS employees). If the schedule within a clinic allows for additional weekends off, preference will be given to Employees with seniority of service with the Employer on a rotating basis, starting with the most senior Employee.

ARTICLE 8 - License and Certification

It is the responsibility of the caregiver to ensure compliance of the required professional credential during the entire period of employment. It is the responsibility of the Employer to ensure caregivers are not permitted to work if a required credential is not valid, verified or otherwise in good standing. Caregivers shall continue to upload current credentials to the Employer's relevant tracking system.

ARTICLE 9 – MODIFIED OPERATIONS

8.1 Decision to Modify Operations. In the event of inclement weather, fires, and/or civil unrest which, in the Employer's judgment, may impact the safety of employees and patients, the Employer may decide to modify its operations at specific clinic locations or throughout the Employer's operations.

8.2 Expectations for Employees During Modified Operations. In the event that the Employer decides to modify its operations, expectations for employees are as follows:

8.2.1 Employees will make every effort to report to work.

8.2.2 If an employee reasonably determines that travel to their assigned work location is unsafe, the employee must notify the Employer as soon as possible, in a manner consistent with the Employer's established process.

8.2.3 If the Employer determines that a clinic must be closed due to circumstances outlined in Article X.1 above, it will promptly send a text to all employees at that clinic scheduled to work that day notifying them of the closure. In the event that an employee's assigned clinic location has been closed, an employee may request that the Employer modify their work assignment to work in person at a different clinic location. In the event that the Employer identifies an alternate work location, the employee will make every effort to report to work at the alternate work location.

8.2.4 An employee who reports to work late during modified operations will not be considered tardy, and will not acquire an occurrence, if the employee has timely notified the Employer, in a manner consistent with the Employer's established process, about their inability to report to work at their scheduled start time and their inability to report to work is due to the events causing modified operations covered by this Article. Similarly, an employee who is unable to report to work during modified operations will not acquire an occurrence, if the employee has timely notified the Employer, in a manner consistent with the Employer's established process, about their inability to report to work and their inability to report to work is due to the events causing modified operations covered by this Article.

8.3 Pay for Employees During Modified Operations. Employees who are unable to report to work due to modified operations may use their Paid Time Off (PTO) or choose to go unpaid. If an employee desires to make-up lost work hours due to modified operations, the employee should notify their supervisor. The Employer will use its best efforts to offer additional in-person work hours to employees impacted by modified operations.

ARTICLE 10 – SUCCESSORSHIP

In the event that the Employer sells the entirety of its business, the Employer will inform the buyer about the existence of the bargaining unit covered by this Agreement and will provide the buyer with a copy of this Agreement.

ARTICLE 11 – FLOATING CORE EMPLOYEES

1. Core employees required to float will be floated on a rotational basis within their clinic and classification. The Employer will not float a core Employee out of his/her clinic when another Employee has floated into the clinic on the same shift and in the same classification, unless staffing levels unexpectedly drop at another clinic.
2. Employees will not be required to float between job classifications (i.e., work out of classification) simultaneously. Employees who float to another classification will be paid at their original classification rate and step for all hours worked that shift.
3. Every effort will be made by the Employer to utilize the float pool prior to asking core staff to float to another clinic.
4. If a core Employee is required to float to another clinic, the Employer will reimburse for mileage at the standard rates promulgated annually by the Internal Revenue Service, in accordance with the Employer's applicable policy. Time spent commuting to an alternative clinic will be paid as time worked in accordance with federal and state law. In addition, a core Employee required to float to another clinic will receive a differential of fifty cents (\$0.50) for all hours spent floating.
5. Floating will be documented in the Employer's scheduling software.

Article 12 - Health and Welfare

A. Health Benefits. The Employer will provide comprehensive health benefits to bargaining unit employees. Effective beginning the date of hire or from the effective date the employee moves to a position that is benefits-eligible, full-time and part-time employees with a .5 FTE and above will participate in the health benefits plan provided by the Employer on the same basis and the same cost (including premiums, deductibles, annual out-of-pocket maximums and spousal surcharge) as offered to non-represented caregivers of the Employer. Available medical plans currently include a Health Reimbursement Medical Plan, Health Savings Plan, or the EPO Plan (where available). Before eliminating any of the aforementioned medical plans, the Employer will provide at least ninety (90) days advance notice to the Union, and upon request by the Union, meet to negotiate the effects of the decision. Participation in the health benefits programs provided by the Employer shall be subject to specific eligibility requirements and plan documents, which may be amended from time to time.

1. Health Incentive. Should the Employer decide to change or eliminate the health incentive for future plan years, the Clinic will provide at least ninety (90) days advance notice to the Union, and upon request by the Union, meet to negotiate the effects of the decision.

B. Other Benefits. Employees shall be offered the same benefit options as the Employer's non-represented caregivers. Some of these benefits are provided at no cost to the employee, while other benefits are optional/voluntary and caregivers share in the costs. The benefit programs currently include:

- Basic Life Insurance
- Caregiver Assistance Program

- Well-being Resources
- Dental
- Vision
- Health Care FSA
- Dependent Care FSA
- Supplemental Life Insurance
- Voluntary AD&D Insurance
- Long-Term Disability Buy-Up Insurance

ARTICLE 13 – STAFFING

The Employer and employees are committed to providing safe patient care and a safe work environment. The Employer agrees to transparency with respect to its staffing model, including any changes made to the model during the life of this Agreement and the reason(s) for any changes. The staffing model will be available and updated on SHarepoint and will be accessible to all bargaining unit employees. Employees are encouraged to raise any staffing concerns with their core leader, and the Employer will not retaliate for any good faith staffing concerns raised. The Employer and employees may also raise staffing concerns or suggestions for improvement to the Task Force for further discussion.

The Employer maintains a Staffing Neighborhood composed of employees hired specifically to float between all IC Clinics (Float Employees) to cover open shifts. Float Employees will be assigned by the Staffing Neighborhood core leader. Float Employees' employment shall be governed by the terms of this agreement.

ARTICLE 14 – EMPLOYMENT STATUS

12.1 Probationary Period. An employee employed by the Employer shall not become a regular employee and shall remain a probationary employee until they have been continuously employed for a period of ninety (90) days. However, at its discretion, the Employer may extend the employee's probationary period up to an additional sixty (60) days by written notice to the employee. The Employer will inform the employee during or at the end of the probationary period whether they have successfully satisfied the requirements for further employment.

12.2 Discipline. The Employer shall have the right to discipline, suspend or terminate non-probationary employees for just cause. The Union may file a grievance on behalf of the employee if they believe this Article has been violated. The parties agree that termination of a caregiver deemed to be incapable or incompetent shall be deemed to be for just cause where such determination is made by the Employer in good faith and based upon established job criteria.

12.2.1 Investigatory Interviews. The Employer will comply with caregivers' *Weingarten* rights, which pertain to an employee's right to request Union representation during an investigatory interview that may result in discipline for the employee.

12.2.2 After three (3) years, if the caregiver has not been subject to additional corrective and/or disciplinary action, they may submit a written request to the Chief Human Resources Officer seeking that the discipline not be considered for future disciplinary action by the Employer. The Chief Human Resources Officer has sole discretion to approve or deny this request; however, if this request is granted, the prior corrective and/or disciplinary action may still be considered insofar as evidence that

the caregiver had notice of the rule, policy and/or expectation at issue in the corrective and/or disciplinary action.

12.3 Attendance. In accordance with the Employer's policy, Employees are expected not to exceed five (5) occurrences of unscheduled, unapproved absences or tardy events in a rolling twelve (12) month period. Absences protected by state and/or federal law are not counted as unscheduled/unapproved absences in conjunction with the Employer's attendance policy. Provided that the employee complies with the notice requirements in the Employer's attendance policy, an unscheduled absence that is the result of a communicable disease as diagnosed by any licensed independent practitioner or a test confirmed by Caregiver Health Services (i.e., positive COVID test) will not be considered an occurrence.

12.4 Performance Improvement Plans and other Progressive Discipline. The Employer, at its discretion, has the right to place an employee on a performance improvement plan for unsatisfactory performance. Any such performance improvement plan will constitute progressive discipline under the just cause standard agreed upon by the parties in this Article. Further, at its discretion, the Employer may issue to staff verbal warnings, written warnings, or other forms of corrective action, all of which will constitute progressive discipline under the just cause standard agreed upon by the parties. The Employer is not obligated to issue all of the above types of corrective action before making a decision to terminate an employee. Both parties recognize that the severity of the misconduct will dictate what progressive discipline is appropriate. Disciplinary action will be conveyed in a private manner. An employee will also be permitted to submit to their personnel file a written rebuttal or explanation, which will be included with any documentation of discipline or discharge.

12.5 Notice of Resignation By Employees. In the event that an employee wishes to resign from their employment with the Employer, the employee must give fourteen (14) days written notice to the Employer. The Employer reserves the right to rescind any approvals for time-off previously given to the employee and has the right to deny requests for time-off during this 14-day notice period. Failure to give 14 days notice by the employee will result in forfeiture of any unpaid PTO and may, at the Employer's discretion, make the employee ineligible for rehire. The Employer will give consideration to situations that would make lack of notice by an employee excusable. If an employee gives fourteen (14) or more days' written notice of resignation, the Employer will allow the employee to work their scheduled shifts up until their separation date. If the Employer chooses not to allow the resigning employee to work any of their scheduled shifts up until their separation date, the Employer will pay the resigning employee for those shifts on their final paycheck.

12.6 Personnel Files. An employee may review the contents of their personnel file upon request.

12.7 Exit Interview. An employee shall, if they so request, be granted an exit interview upon the termination or resignation of their employment.

12.8 Inability to Perform Essential Functions. If an employee is unable to perform the essential functions of their job, as reasonably determined by the Employer, the employee does not qualify for leave under the Employer's benefit policies, and there are no reasonable accommodations which would enable the employee to perform the essential functions of their job, the parties recognize that the Employer may separate the employee. In such circumstances, the Employer will, upon request by the employee, meet with the employee and their union representative to discuss the terms of the employee's separation.

ARTICLE 15 – LOCKERS AND BREAKROOMS

Employer will provide daily use secure space for Employee use during their shift. Employees shall be responsible for providing their own locks. At the end of their shift, each employee who uses a secure space shall remove their lock and ensure the space is clean for the next use. The Employer will make a good faith effort to provide a room for breaks, which is reasonably accessible to the Employees. If an Employee has concerns about the provision of a room for breaks, they should raise the issue with their supervisor. The parties may also raise any concerns at the Task force, where the parties will discuss potential resolutions.

ARTICLE 16 – LACTATION SUPPORT

The Employer supports employees who continue breastfeeding upon return to work, and will, in accordance with applicable local, state and/or federal law and its policy, which may be amended from time to time, provide appropriate space and break time for the purpose of expressing breast milk or nursing their child. The space shall have an electrical outlet, flat surface, a door that can be secured from the inside (vetted by the Employer's security team), and without windows or with window coverings for privacy. Each Clinic will also provide refrigeration.

ARTICLE 17 – LEAVES OF ABSENCE

14.1 General Provisions. All Leaves of Absence. Caregivers are responsible for notifying their leader of the need for any leave and must initiate any requests for leave using the third party administrator responsible for managing leaves of absence. Whenever a caregiver is eligible for more than one type of leave, all applicable leaves will run concurrently unless stated otherwise. A leave may be paid or unpaid or a combination of both, depending on the circumstances of the leave and applicable leave laws. Where permitted by law, and subject to the provisions set forth in this Article, a caregiver may be required to use any paid time accruals during an unpaid leave until such accruals are exhausted. Further, any paid time provided by the Employer in connection with a leave of absence will be coordinated with other benefits (if any), such as Oregon Paid Family Leave benefits and the Employer's short-term disability and/or parental leave benefits. The Employer will maintain policies regarding leaves of absences and ensure the leaves are administered in accordance with applicable federal, state and local laws. Any reinstatement obligations will be administered by the Employer in accordance with those laws.

14.2 Paid Oregon Family Leave, Family and Medical Leave (FMLA) and Oregon Family Leave Act (OFLA). The Employer will provide Oregon Paid Family Leave, FMLA and OFLA to eligible caregivers in accordance with applicable laws. Effective July 1, 2024, in accordance with Oregon law, OFLA will not include family leave or serious health condition leaves for a caregiver or their family member. Those leaves will be covered by Oregon's Paid Family Leave law. Permissive and/or required use of paid time away will be administered in accordance with those laws; however, in no case will a bargaining unit caregiver be permitted to use paid time away if, when coordinated with Paid Oregon Family Leave, it would enable the caregiver to earn more than 100% of their base pay.

14.3 Additional Medical Leaves. In accordance with federal, state and local laws, caregivers may be eligible for additional types of paid and unpaid medical leave. Laws governing these leaves may be more generous than the FMLA and/or may offer greater coverage for medical or other similar issues affecting a caregiver or their family member. Caregivers will receive the same additional medical leaves as non-represented caregivers of the Employer.

14.4 Military Leave. Military leave will be granted in accordance with applicable federal and state law, and the Employer's policy, which may be amended from time to time. Military leave is unpaid but caregivers may choose to use PTO while on leave.

14.5 Personal Leave. Caregivers will receive the same opportunities for personal leave as other caregivers employed by the Employer. Eligibility for and the conditions of such leaves will be determined by the Employer's policy, which may be amended from time to time.

14.6 Bereavement Leave. All benefits eligible caregivers will receive bereavement leave in accordance with the Employer's policy, which may be amended from time to time. The policy currently provides up to twenty-four (24) hours with pay in the event of the death of an immediate family member or up to forty (40) hours with pay in the event of the death of the caregiver's spouse, domestic partner or child. Additional unpaid time off and/or paid time for bereavement leave may be authorized by the caregiver's supervisor. If leave is needed due to the death of a person who does not qualify as an immediate family member, paid time off (PTO) or unpaid time off may similarly be authorized by a caregiver's core leader. For purposes of bereavement leave, "immediate family" includes current spouse and/or domestic partner, child, parent, sibling, stepparent, stepchild, stepsibling, grandparent or grandchild, a person who stood in loco parentis (legal responsibility of a person to take on the functions and responsibilities of a parent) or current in-law relationships through marriage or partnership. Caregivers are encouraged to be mindful of Oregon's leave protections under OFLA in the event that the death of a family member as described herein requires a caregiver to travel long distances. When OFLA applies, OFLA and the bereavement leave provided by this Article will run concurrently.

14.7 Jury Duty and Witness Leave. To support caregivers in meeting their civic responsibilities as jurors and witnesses, caregivers will receive the same jury duty and witness leave as non-represented caregivers of the Employer, in accordance with the Employer's policy, which may be amended from time to time. Caregivers must notify managers as soon as they are aware that they have been called for jury duty or subpoenaed and must be able to provide documentation of the need for leave upon request. The policy currently provides that jury duty/witness leave is paid at the caregiver's regular hourly rate for any scheduled hours of work while serving on a jury or as a witness subject to certain exceptions in the policy, up to a maximum of four (4) weeks of absence from scheduled work in a calendar year. Caregivers may keep any fees received for jury duty or witness service (though some courts may require jurors to waive receipt of court fees if compensated by their employer).

14.7.1 Paid leave for witness services does not apply where:

- a. The caregiver is a plaintiff, member of a class, or defendant in the legal proceeding; or,
- b. The caregiver is testifying in the proceeding for a fee, as an expert witness.

In these instances, the caregiver may use available PTO or take the time off unpaid.

14.8 Short-Term Disability Benefits. Caregivers will be eligible to participate in the Employer's short-term disability benefit program on the same basis as other caregivers of the Employer. Participation shall be subject to specific plan eligibility requirements and timely submission of benefit election. Short-term disability benefits will be coordinated with any eligible pay/benefits available through city, state or federal leave programs.

14.9 Paid Parental Leave Benefits. Caregivers will be eligible to participate in the Employer's paid parental leave program on the same basis as other caregivers of the Employer. Participation will be subject to specific plan eligibility requirements and timely submission of benefit election. Paid parental leave benefits will be coordinate with any eligibility pay/benefits available through city, state or federal leave programs.

14.10 Use of Paid Time Off Benefits During an Unpaid Leave. Where consistent with applicable laws, a caregiver on an approved leave will be expected to use paid time off provided by the Employer during a leave without pay. Paid time off provided by the Employer will be coordinated with other benefits (if any), including Oregon Paid Family Leave benefits and the Employer's short-term disability and/or parental leave benefits. The number of hours of paid time off used per week during the leave shall not exceed the number of hours the caregiver was regularly scheduled to work (FTE). Further, when coordinated with other benefits, paid time off used per week to "top off" such benefits may not exceed the number of hours the caregiver was regularly scheduled to work (FTE).

14.11 Oregon Paid Sick Leave Law. The Employer recognizes its obligations under the Oregon Paid Sick Leave Law. The parties agree that caregivers' paid time off (PTO) satisfies the requirements of the Oregon Paid Sick Leave Law and can be used by caregivers in accordance with the Law.

ARTICLE 18 – WORKPLACE SAFETY AND TECHNOLOGY

x.1 General Provisions. The Employer recognizes it is subject to national and state laws, and professional and regulatory standards for use of medical and safety equipment. The Employer commits to making good faith efforts toward ensuring medical and safety equipment is available according to patient care requirements and employee health protections and working on improvements to the overall safety of employee.

Clinical technology is intended to complement the employee's judgment in assessment, evaluation, planning and implementation of care. It is understood that technology/equipment decisions fall under management rights and responsibilities and are at the discretion of the Employer.

x.2 Safety Protection and Devices. Safety devices and required personal protective equipment shall be provided by the Employer for all employees engaged in work where such items are necessary to meet the requirements of applicable law, regulations and policies. Employees must use such items in accordance with the Employer's policies.

x.3 Mutual Responsibility. Employees and leadership personnel recognize they have a mutual responsibility for promoting safety and health regulations and complying with health and safety practices. These shall include but not be limited to the following:

1. Adherence to Employer policies and procedures.
2. Proper use of personal protective equipment and safety devices.
3. Use of equipment according to manufacturers' instructions for use (IFU) or in accordance with state and national guidelines and standards.

x.4 Employees' Input into Equipment and Technology. Employees who have concerns about safety, technology and/or equipment may escalate those concerns to the Employer location's manager.

1. When feasible, employees shall be given the opportunity to provide input whenever new technology affecting the delivery of care is being considered.
2. Employees are encouraged to identify deficits, malfunctions, and/or outdated equipment and bring proposals for new equipment or alterations of current equipment to the Employer location's manager.
3. After having first escalated the matter to the Employer location's manager, concerns regarding equipment may be brought to the Clinic Operations Director.

x.5 Workplace Concerns.

1. An employee who has workplace concerns related to their health status will follow the established disability accommodation process by informing their supervisor and leave administrator and will follow organizational policies and procedures.
2. An employee who has concerns about their workplace environment or safety shall inform their supervisor, and escalate pursuant to the below process as needed for review and/or resolution.
3. If the employee's leader fails to resolve a concern about their workplace environment or safety the employee will escalate the matter to the Clinic Operations Director. Reasonable efforts will be made to reach a resolution, which may include consideration of additional resources, support and/or training, safety measures, a modified or changed assignment or another practical solution.

x.6 Exposure to Communicable Disease in the Workplace. If an employee is exposed to a serious communicable disease due to a work assignment with an infected patient and is determined by Caregiver Health to have had a high-risk exposure to a disease that would require immunization, testing, or treatment, the employee shall be provided immunization against, testing for, and/or treatment for such communicable disease without cost to the employee.

x.7 Personal Safety.

1. The Employer is committed to providing regular and ongoing education and training for employees to promote their personal safety in the workplace setting.
2. The Employer shall maintain a process for emergency lockdowns and train employees on that process annually. This process will include a communications plan for all Employer locations and will include, but not be limited to, establishing safe zones for employees behind lockable doors. Employees will be made aware of and shown the physical locations of safety features including panic buttons, emergency alarms, and safe zones.
3. Threats to patient or staff member safety will be communicated to leadership and impacted staff in real time or as promptly as possible. Employees shall escalate safety concerns immediately.
4. The Employer will create an escalation pathway for instances of violence and/or threats of violence. This pathway will be in writing, available at each Employer location, and reviewed annually by the Clinic Operations Director.
5. The Employer will inform interested employees about how to participate in Providence Medical Group – Oregon's workplace violence committee. Any employee who is a member of the committee may place safety issues on the agenda. Labor-Management Committee may request that workplace violence committee work be placed on the agenda.
 - a. The Employer will ensure that the schedule for one (1) employee who is a member of the workplace violence committee is arranged, e.g., clinic time blocked off, to attend committee meetings. If the committee is scheduled on an employee's day off, the employee will not receive additional pay for meeting attendance; however, their pay will not be reduced for any time spent at the meeting.

x.8 Workgroup to Address Personal Safety Concerns

1. The Employer recognizes the importance of employees' personal safety. The Employer and the Union will, within ninety (90) days of the ratification of this Agreement, form a workgroup of no more than three (3) bargaining unit participants, who will be a RN, MA and PSS from the bargaining unit and work at different clinic locations. This workgroup will evaluate the Employer's current workplace violence prevention measures, and make recommendations to the Employer on areas that it believes could be improved such as the addition of plexiglass at certain locations, improved signage regarding the Employer's no-weapons policy and other security measures. The Employer will make decisions on what recommendations to implement.

ARTICLE 19 – RETIREMENT

x.1. Employees will participate in the Employer's retirement plans in accordance with their terms.

x.2. Employees covered by this Agreement will continue to have the same access to all retirement plans offered by the Employer at the time of ratification without any reduction or other substantive change to those benefits provided, unless the Employer notifies the Association and bargains the impacts of those changes first.

X.3. The Employer may from time to time amend the terms of the plans described in this article, except: (1) as limited by Section-x.2 above, and (2) coverage of Employees under Section x.1 above shall correspond with the terms of coverage applicable to a majority of Clinic employees.

ARTICLE 20 – UNION BUSINESS

X.1 Rosters. On a quarterly basis, the Employer will provide the Union electronically with a list of bargaining unit employees which will include, as available, employees' names, addresses, FTE, job classification/title, date of hire with the Employer, personal email and telephone number. In addition, every three (3) months, the Employer will provide information to the Union about terminations and transfers of bargaining unit members.

X.2 Representatives and Access to Premises. Non-employee representatives of the Union will be allowed to enter the Employer's premises for pre-scheduled meetings with management (e.g., grievance meetings). In addition, one authorized union representative may have access at reasonable times to those areas of the Employer's premises which are open to the general public for the purpose of investigating grievances and contract compliance. Union representatives shall not have access to employee lounges, work areas or other patient care areas unless advance approval has been obtained from Human Resources. This limited right of access to the Employer's premises shall be subject to the same general rules applicable to other non-employees and shall not interfere with or disturb employees in the performance of their work during working hours and shall not interfere with or provide any distraction to patient care, patient families, or the normal operation of the Employer.

x.2.1 List of Authorized Representatives. The Union shall provide a list of local officers, committee members and authorized representatives (to include shop stewards/grievance officers) on an annual basis and will notify the Employer of any change(s) within thirty (30) days of the change(s).

X.3 Bulletin Boards. A bulletin board in a mutually agreed upon location at each clinic where bargaining unit employees work, shall be designated for the use of the bargaining unit. The provider and non-provider units will share the bulletin board. The Union may post local unit meeting notices, Union recreational and social affairs, appointments, newsletters and elections on the designated bulletin board. Such notices shall not exceed standard legal size and may not be defamatory. All materials posted must be dated and signed by a designated union representative. The Union and each bargaining unit member agree to limit the posting of Union materials to this designated bulletin board.

X.4 Meeting Space. The Union recognizes that the Employer has limited meeting space available. Subject to the Employer's guidelines on use of meeting/conference room space, the Union

may utilize an available room of the Employer for official Union meetings of the bargaining unit, provided sufficient advance request for meeting facilities is made to the designated administrator and space is available.

X.5 Negotiations. Each party to negotiations is responsible for the availability of the bargaining team it has chosen to represent it. Bargaining unit employee members of the Union's negotiating team will work with their leaders to make good faith attempts to adjust their schedules to accommodate negotiations, which may include schedule trades and advance scheduling of time-off for negotiation dates. Employees should give notice as far in advance as possible. Requests for agreed upon schedule trades between employees will be honored, provided that, in the judgment of the Employer, operational and patient care needs can be met.

ARTICLE 21 – NO STRIKE/NO LOCKOUT

It is agreed that during the term of this Agreement, (a) the Employer shall not lock out its employees and (b) neither the employees nor their agents, including the Union, or other representatives shall, directly or indirectly, authorize, assist, encourage or participate in any way in any strike, including any sympathy strike, picketing in regard to their employment relationship with Employer, walkout, slowdown, boycott or any other interference with the operations of the Employer, including any refusal to cross any other labor organizations' picket line. If any employees or group of employees represented by the Union should violate the intent of this section, the Union will take steps to affect a prompt resumption of work.

Any employee participating in any strike, sympathy strike, picketing in regard to their employment relationship with Employer, walkout, slowdown, boycott or any other interference with the operations of the Employer shall be subject to discipline up to and including discharge, as the Employer may direct.

Nothing in this Article prohibits an off-duty employee from participating in a picket for another bargaining unit; however, an employee may not participate in any such picket during their work hours nor may the employee interfere with patient access and/or care.

ARTICLE 22 – GRIEVANCE PROCEDURE

#.1 Definitions. A grievance is defined as an alleged violation of the terms and conditions of this Agreement by the Clinic. If an alleged violation by the Clinic arises, the employee is encouraged to discuss it with their immediate supervisor in an effort to resolve it, prior to filing a formal grievance. As used in this Article, the word "days" shall mean calendar days.

#.2 Time Limits. The time limits in this Article may be extended by mutual written consent of the parties. By mutual written agreement, the parties may waive steps of the grievance procedure.

#.3 Probationary Providers. Probationary employees shall have access to this grievance and/or arbitration procedure except for matters relating to discipline or termination.

#.4 Procedure:

To advance a grievance to the next step of the grievance procedure beyond the first, the employee's appeal from the grievance resolution/decision shall include a supplementary written statement identifying the remaining unresolved issues and why the resolution/decision at the previous step was not acceptable.

Step 1: Employee and Clinic Director

If an employee has a grievance, the employee shall present the grievance in writing to the employee's Clinic Director and a copy to Human Resources within twenty-one (21) calendar days from the date when the employee became aware or reasonably should have been aware of the event from which the grievance arose. The written statement shall describe the Article of this Agreement allegedly violated, why and how it was violated, and the remedy requested. Upon receipt thereof, the Clinic Director or

core leader (or their designee) shall attempt to resolve the problem and shall respond in writing within twenty-one (21) calendar days following receipt of the written grievance.

Step 2: Employee and Regional Director

If the matter is not resolved at Step 1, the employee shall present the written grievance and supplemental statement within fourteen (14) calendar days of receiving the Clinic Director decision to the Regional Director. The Regional Director (or designee) and the employee shall confer in an attempt to resolve the grievance. A Bargaining Unit Representative and/or the Union Representative may be present, if requested by the employee. The Director (or designee) shall issue a written reply within fourteen (14) calendar days following receipt of the grievance.

Step 3: Employee and Chief Human Resources Officer

If the matter is not resolved at Step 2, the employee shall present the written grievance and supplemental statement within fourteen (14) calendar days of receipt of the Step 2 response to the Chief Human Resources Officer or designee. Within fourteen (14) calendar days thereafter (which may be extended if the parties are not available to meet), there shall be a meeting with the Chief Human Resources Officer, or designee, the employee and/or the Bargaining Unit Representative and/or a Union Representative. The Chief Human Resources Officer or their designee will issue a response within twenty-one (21) calendar days following the meeting.

Step 4: Arbitration

If the grievance is not settled on the basis of the foregoing procedures the Union may submit the issue in writing for arbitration within fourteen (14) calendar days following receipt of the Step 3 decision.

. Within twenty-one (21) calendar days of notification that the dispute is submitted for arbitration, the Employer and the Union shall attempt to agree on an arbitrator. If the Employer and the Union cannot agree on an arbitrator, a list of seven (7) arbitrators shall be requested from the Federal Mediation and Conciliation Service. The parties shall alternate in striking a name from the panel until one name remains. The person whose name remains shall be the arbitrator.

b. The arbitrator's decision shall be final and binding on all parties. The arbitrator shall have no authority to add to, subtract from, or otherwise change or modify the provisions of this Agreement as they may apply to the specific facts of the issue in dispute.

c. Each party shall bear one-half of the fee of the arbitrator and any other expenses jointly incurred incident to the arbitration hearing. All other expenses shall be borne by the party incurring them, and neither party shall be responsible for the expenses of witnesses called by the other party.

#.5 Mediation. The parties may agree to use the mediation process in an attempt to resolve the grievance. Both parties must mutually agree to use mediation and neither party may require that any grievance be sent to mediation. Mediation may be used between any steps in the grievance procedure, but shall not itself be considered a step in the grievance procedure and shall pause any timelines provided for in this grievance process. Should a grievance submitted to mediation subsequently be pursued to arbitration, the Employer shall not be liable for any potential back pay liability for that period of time when the parties agreed to mediate until the parties terminate the mediation effort, if the mediation process extends or delays the arbitration time limits.

#.6 Withdrawal of the Grievance. Any disposition of a grievance from which no appeal is properly taken within the time limits specified herein shall be deemed withdrawn and shall not thereafter be subject to the Grievance Procedure. If the Clinic fails to timely respond at Steps one-three of the grievance process, the Union may advance the grievance to the next step of the grievance process provided that it gives notice to the Clinic within the appropriate timelines set forth in each step.

#.7 Group/Association Grievance. Any grievance that is filed on behalf of the entire bargaining unit must identify, by name, at least two (2) employees from different clinic locations in the bargaining unit who have been impacted by the alleged violation of the Agreement. Failure to identify at least two (2)

employees who have been impacted by the alleged violation will result in treatment of the grievance as an individual grievance. The Union may choose to present a group/Association grievance at Step 1 if the affected employees have the same Clinic Director. Otherwise, the group/Association grievance will be presented at Step 2.

ARTICLE 23 – PROFESSIONAL DEVELOPMENT

x.1 Mandatory Training or Education. The Employer agrees to continue to provide training and continuing education opportunities to employees during the life of this Agreement, with specific course offerings and content set or modified by the Employer. Time spent attending training or education courses required by the Employer shall be treated as time worked. Where applicable, the Employer shall provide at least two options for employees to complete individual trainings, and shall provide a minimum notice of 30 days before the required trainings are to take place. Employees shall make reasonable efforts to complete mandatory education (such as annual compliance training) during regularly scheduled shifts. An employee who is finding it difficult to find adequate uninterrupted time away from patient care to complete mandatory education may bring it to the attention of their manager. The employee and their manager will then work together to schedule a reasonable amount of dedicated time away from patient care for the employee to complete the education. Employees required to travel to any location other than their home clinic in order to receive mandatory training or education shall be reimbursed for mileage at the standard rates promulgated annually by the Internal Revenue Service, in accordance with the Employer's applicable policy.

x.2 Professional Development Time. The Employer shall also provide up to twenty- four hours of paid professional development time for nurses each calendar year, pro-rated based on FTE status. For nurses in their first year of work, the amount of paid professional development time shall be prorated based on FTE status and start date (e.g., a 1.0 FTE who started July 1 would get twelve (12 hours). Professional development time may be spent to attend educational programs directly related to the nurse's current role beyond those required by the Employer. Requests to utilize paid professional development shall be made in writing at least thirty (30) days in advance to the nurse's supervisor. The Employer may request that nurses share the contents of educational programming attended via paid professional development time. Unused paid professional development time does not roll over from year to year and may not be cashed out upon separation from employment for any reason.

x.3. Professional Expenses. All employees may apply for coverage of professional expenses in accordance with the Employer's Education Benefit policy. The policy currently provides up to \$5250 in assistance and/or reimbursement for qualifying costs, which include undergraduate/graduate degrees and other professional education programs. Caregivers are expected to satisfy the specific eligibility requirements set forth in the policy in order to qualify for assistance and/or reimbursement. In the event that the Employer decides to reduce the benefits provided for in this policy, it will provide the Union with at least thirty (30) days advance notice, and upon request, meet to discuss impacts to bargaining unit members. In no case will the benefits provided under the policy be less generous than those provided to non-represented employees employed by Providence Medical Group – Oregon.

x.4 Nursing Continuing Professional Development. Benefit-eligible nurses will receive six hundred and fifty dollars (\$650) per calendar year, per nurse, to be used for their continuing professional development, conferences/education, certification, and/or professional licensure.

1. Nurses must inform their leader of their intent to use such funds for qualifying activities and submit the request for reimbursement through Concur.
2. Paid education time-off may not be carried over from one year to the next.
3. The Clinic may grant more extended education time-off in cases it deems appropriate.

ARTICLE 24 – CLINIC RESOURCE COMMITTEE

x.1 **Clinic Resource Committee (CRC).** Within ninety (90) days of the ratification of this agreement, the Employer shall form a new Clinic Resource Committee (CRC) to address workplace issues related to the Employer's operations.

x.1.1. Focus of Committee: Topics may include, but are not limited to:

- a. Appropriate utilization of resources and process improvement;
- b. Improved Patient Flow and workload concerns;
- c. Work schedules, including holidays; and,
- d. Health & Safety in the clinic locations.

x.1.2. Composition of Committee:

a. The Committee shall be composed of three (3) bargaining unit employees from different clinic locations and job classifications (RN/MA/PSS), and three (3) members selected by the Employer including the Employer's Director of Operations (or designee). There shall be two Co-Chairs, one designated by the employees and the other designated by the Employer. The Co-Chairs will work together to determine mutually agreeable meeting dates and agenda for the Committee.

b. The Co-Chairs of the Committee may mutually agree to request other subject matter persons to attend the meeting(s) to provide information to the Committee.

c. When appropriate, members of the Provider Resource Committee may be invited to attend the Clinic Resource Committee meeting, to collaborate on issues of shared concern. Both Co-Chairs of the Clinic Resource Committee must agree to have members of the Provider Resource Committee attend a Clinic Resource Committee meeting. Additionally, at the request of the co-chair representing the RN/MA/PSS committee, a provider (who may or may not be a member of the Provider committee) may be invited to a committee meeting(s).

3. Meeting Times. The Committee will meet at least quarterly for up to ninety (90) minutes or otherwise as mutually agreed by the Co-Chairs; provided that, meetings shall be no more than monthly.

4. Committee Charter. The first order of business for this Committee will be to draft a charter and Committee bylaws.

B. If the employees are scheduled to work on the day of the meeting, meeting time spent by the three (3) employees will be paid at the appropriate rate of pay. Meeting dates shall be established at least forty-five (45) days in advance so appropriate coverage for meeting time can be obtained. Employees will not receive additional pay if they are not scheduled to work on the day of the meeting. Employer and employees will work together to find coverage for employees to attend the meeting. The Co-Chairs will jointly schedule Committee meetings.

C. Any recommendations made by the employees will be advisory only. Nothing in this Article grants participants the right to make changes or vary from the terms of the Agreement.

ARTICLE 25 – SENIORITY

Definition - “Seniority” means the length of the employee's continuous employment starting from the first (1st) day of employment and shall be cumulative on a system-wide basis.

1. A caregiver will lose all seniority and re-employment rights for any of the following reasons:
 - a. Voluntary resignation unless re-employed within twelve (12) months.
 - b. Discharge for just cause.
2. Scheduling based on seniority:

Scheduling seniority will be governed by the Scheduling Article of this agreement.

ARTICLE 26 – REDUCTION IN FORCE

x.1 Definition of a Reduction in Force. A reduction in force is defined as a mandatory reduction in the number of regular full- and/or part-time bargaining unit caregivers employed by the Clinic or a mandatory reduction in FTE that results in the loss of a caregiver's benefits eligibility. Per diem caregivers are not covered by the process set forth in this Article. The Employer may choose to not schedule a per diem employee at the Employer's discretion.

x.2 Seniority Lists. For a reduction in force or mandatory materially significant decreases in FTE status (as defined in section 5 of this Article), RNs shall be considered a single seniority list. Likewise, MAs shall be considered a single seniority list, and PSSs shall be considered a single seniority list. Seniority lists for purposes of this Article will be applied on a clinic-by-clinic basis, unless the reduction in force impacts more than one clinic.

x.3 Order of Reduction in Force. Where skill and qualifications are equal in the judgment of the Employer, seniority will be the determining factor in a reduction in force.

If the Employer intends to execute a reduction in force, it will provide ninety (90) days notice to the Union and the regular full and/or part-time impacted caregiver(s) concurrently. The Employer may place the employee on paid administrative leave during the ninety (90) days notice period, which will be considered severance for the caregiver. The Employer will provide the Union and the impacted caregiver(s) with a list of open positions at all of the Immediate Care clinics covered by this Agreement. An “open position” is any position for which the Employer is still accepting applications and the Employer will first allow impacted caregivers to apply for such open positions before an offer is extended to an external applicant. An impacted caregiver may apply for any such open positions within their job classification at any Immediate Care clinic covered by this Agreement and will be given preference over external applicants, provided that the caregiver's skills and qualifications are equal to those of external applicants, and the caregiver has not been subject to a written warning (or higher level of discipline) in the last two (2) years and has been in their current position for at least six (6) months.

x.4.1 Discussion with Union. Upon notice to the Union, representatives of the Employer and Union will meet to discuss scope of the reduction and the likely impacted clinics and positions as well as options for voluntary lay-offs (including requests for voluntary layoff), reduction of the scheduling of per diem caregivers, conversion from regular status to per diem caregiver, and FTE reductions (full-time caregivers going to part-time status). The Employer and the Union will strive to reach collaborative solutions to minimize the impacts of any reduction.

x.5 Workforce Reorganization. A workforce reorganization is defined as staffing changes that result in mandatory materially significant increases or decreases in FTE status of bargaining unit caregivers. Mandatory materially significant decreases in FTE status mean those changes to FTE that are required by the Employer which change a caregiver's benefits eligibility status from full-time to part-time, or result in the elimination of the eligibility for benefits. A mandatory materially significant increase in FTE status is one that exceeds an additional 0.10 FTE or more increase. Prior to implementing a workforce reorganization as defined in this section, the Employer will provide the Union and the impacted caregiver(s) with concurrent thirty (30) days advance notice, and upon the Union's request, meet with the Union and the impacted caregiver(s) to discuss impacts. If the

workforce reorganization involves mandatory materially significant decreases in FTE status, the least senior caregiver(s) will be impacted, provided that skill and qualifications are equal in the judgment of the Employer.

ARTICLE 27 – LOW CENSUS

A. Low Census Definitions:

A Low Census event occurs when the Employer determines that there are more Employees working than needed.

B. Low Census Process:

Low Census will be addressed by the Employer in the following manner of successive steps to resolve the Low Census.

1. Reallocate excess staff to another clinic with a need
 - a. Reallocate float pool staff based on seniority
 - b. Reallocate core team based on seniority
2. Employee Volunteer, with excess requests decided by seniority
3. Employees earning overtime, starting with the least senior employee earning overtime
4. On call Employees (after working twenty-four (24) hours within that month), starting with the least senior on-call employee
5. All other employees, in reverse seniority order

C. Protocol for Addressing Excess Low Census.

If the Union desires to discuss with the Employer its concerns regarding excess Low Census at a clinic, it may raise that issue at a Task Force meeting. The parties shall consider actions to remedy the situation and to support the clinics with high census/acuity, including potential workforce reorganization and/or reductions in force.

ARTICLE 28 – SEPARABILITY

x.1 **Separability/Savings Clause.** This Agreement is subject to all applicable federal, state and local laws and regulations. Should any article, section or portion of this Agreement be held or rendered unlawful and/or unenforceable by a new law or regulation or by a court or board of competent jurisdiction, such invalidation shall apply only to the specific article, section or portion directly specified. Any provision of this Agreement not declared invalid shall remain in full force and effect for the term of this Agreement. If any provision(s) of this Agreement become(s) invalid and upon demand of either party, the parties shall begin negotiations for the sole purpose of replacing this Agreement's invalidated provision.

ARTICLE 29 – MANAGEMENT RIGHTS

Except as may be limited by an express provision of this Agreement, and applicable federal law, all rights to manage the facilities and direct employees are vested exclusively in the Employer. This Article is intended as a clear and unmistakable waiver of the subject matters identified except to the extent that a different Article expressly addresses that issue. This Article does not waive any bargaining obligation that the Employer may have under federal law on any subject that is not identified in this Article. The management rights as to which the Employer may so act include, but are not limited to:

- determining its services, methods for delivering services and operations;
- the right to discontinue or transfer processes, services or operations;
- to sell or lease the business;
- to introduce new or different methods, processes, procedures, technological changes, equipment or facilities;

- to automate job functions or duties, and/or to determine, or redetermine, the methods, processes, equipment, and materials to be employed;
- to subcontract work, provided that it has given the Union thirty (30) days advance notice, and upon request, meets to discuss impacts to bargaining unit employees;
- to ~~hire or~~ contract for temporary employees to perform work;
- to establish or continue policies, practices, or procedures except those that conflict with the provisions set forth in this Agreement; except that, the effects or impacts of any new policies that affect urgent care scope of practice must be negotiated with the union;
- to establish, modify and enforce reasonable rules and regulations pertaining to employee conduct, safety policies and procedures, as well as work activities, and to amend and revise current policies, rules and regulations, except those that conflict with the provisions set forth in this Agreement, without first having to bargain with the Union to impasse or agreement; except that, the effects or impacts of any new policies that affect urgent care scope of practice must be negotiated with the union;
- to select and to determine the number and types of employees required;
- to determine or redetermine the number and kinds of classifications required subject to the provisions set forth in this Agreement, including appropriate notice to the Union;
- to assign work covered by this Agreement in accordance with the requirements determined by management;
- to establish and change work schedules, shifts, locations, duties and assignments subject to the provisions set forth in this Agreement;
- to transfer, promote or demote employees, or to lay off, terminate or otherwise relieve employees from duty, subject to the provisions set forth in this Agreement;
- to establish wage rates for new or changed classifications or positions following appropriate notice to the Union and bargaining about appropriate wage rates;
- to establish work or performance standards;
- to shut down for any lawful reason necessary;
- to suspend, discharge, or otherwise discipline employees for nondiscriminatory, legitimate reasons subject to the provisions set forth in this Agreement;
- to fix standards of quality and quantity for work to be done; subject to the provisions set forth in this Agreement;
- to determine job content, provided that the Union may request to bargain impacts when the Employer changes job content of bargaining unit employees;
- to discontinue and modify past practices of any nature, except as may be limited by this Agreement. Nothing herein limits the Employer's obligation to provide notice to the Union about the discontinuance/modification of such practices and, upon request, meet to bargain impacts;
- to alter, rearrange, combine and/or eliminate jobs, positions, job classifications or descriptions in accordance with the provisions set forth in this Agreement.

All matters not covered by the language of this Agreement shall be administered by the Employer on a unilateral basis in accordance with such policies and procedures as it from time to time shall determine, except as may be limited by applicable federal law, including the National Labor Relations Act.

ARTICLE 30 – DURATION AND TERMINATION

- A. This Agreement shall be effective on its date of ratification, except as expressly provided otherwise in the Agreement, and shall remain in full force and effect through December 13, 2027, and annually thereafter unless either party hereto serves notice on the other to amend or terminate the Agreement as provided in this Article.

- B. If either party hereto desires to modify or amend any of the provisions of this Agreement, it shall give written notice to the other party not less than ninety (90) days in advance of December 13, 2027, or any December 13th

thereafter that this Agreement is in effect.

- C. If either party hereto desires to terminate this Agreement, it shall give written notice to the other party not less than ninety (90) days in advance of December 13, 2027, or any December 13th thereafter that this Agreement is in effect.

D. This Agreement may be opened by mutual agreement of the parties at any time.

ARTICLE 31 – APPENDICES

Appendices A, B, and C are intended to be part of this Agreement and by this reference are made a part hereof.

ARTICLE 32 – TASK FORCE

X.1 Purpose. The purpose of the Task Force is to discuss labor-management contract administration matters and to foster improved communications between the Employer and the Union. Task Force is advisory. Task Force may identify issues that require negotiation of a Memorandum of Understanding.

X.2 Membership. Task Force is comprised of a Human Resources representative, up to two (2) members of management designated by the Employer, up to two (2) bargaining unit members designated by the Union, and (1) Union representative. The Employer and the Union will each designate a Co-Chair.

X.3 Meetings. Task Force will meet on a quarterly basis and such meetings will not exceed ninety (90) minutes, unless mutually agreed upon by the Co-Chairs. The Co-Chairs may also agree to cancel a quarterly meeting. The meetings will be held virtually unless there is mutual agreement by the Union and the Employer to meet in person. Mutually agreed upon dates for a meeting shall be set in advance of the scheduled date to provide sufficient notice to meeting participants. An agenda, including the attendees for the Task Force, will be set in advance of the next scheduled date by the Co-Chairs.

X.3.1 Task Force meetings for the non-provider and provider units may be combined if there are issues of shared concern to be discussed. Both Co-Chairs must agree to combine the provider and non-provider unit meetings.

X.4 Minutes. Minutes for each meeting shall be prepared and furnished to the members of the Task Force. The Employer and Union will, upon request by the Task Force, supply relevant records and information necessary to fulfill the Task Force's goals, provided that the information does not contain confidential information. The minutes and information furnished to the Union and Task Force members in connection with the functioning of the Task Force are to be deemed confidential and may be disclosed to other persons only by mutual agreement of the Employer and Union.

X.5 Task Force Members. The Union shall provide the names of the two (2) bargaining unit employees and the Union's representative to Human Resources at least thirty (30) days prior to the first scheduled meeting. If the employees are scheduled to work on the day of the meeting, meeting time spent will be compensated at the appropriate rate of pay. Meeting dates shall be established at least forty-five (45) days in advance so appropriate coverage for meeting time can be obtained. Employees who are not scheduled to work will not receive any additional pay for attending the meeting. The Co-Chairs will use their best efforts to schedule Task Force meetings on days that the employees are scheduled to work.

This Agreement may be opened by mutual agreement of the parties at any time.

IN WITNESS WHEREOF the parties have hereunto executed this Agreement effective the December 14, 2025

APPENDIX A

RN Wage Scale

Step	Y1	1-May-26	Y2
Start	\$44.09	\$44.97	\$45.87
1	\$46.03	\$46.95	\$47.89
2	\$47.83	\$48.79	\$49.76
3	\$49.70	\$50.69	\$51.71
4	\$51.65	\$52.68	\$53.74
5	\$53.16	\$54.22	\$55.31
6	\$54.20	\$55.28	\$56.39
7	\$55.01	\$56.11	\$57.23
8	\$55.82	\$56.94	\$58.08
9	\$56.64	\$57.77	\$58.93
10	\$57.47	\$58.62	\$59.79
11	\$58.31	\$59.48	\$60.67
12	\$58.89	\$60.07	\$61.27
13	\$59.47	\$60.66	\$61.87
14	\$60.05	\$61.25	\$62.48
15	\$60.64	\$61.85	\$63.09
16	\$61.24	\$62.46	\$63.71
17	\$61.84	\$63.08	\$64.34
18	\$62.44	\$63.69	\$64.96
19	\$63.06	\$64.32	\$65.61

20	\$63.68	\$64.95	\$66.25
21	\$64.31	\$65.60	\$66.91
22	\$64.94	\$66.24	\$67.56
23	\$65.58	\$66.89	\$68.23
24	\$66.22	\$67.54	\$68.90
25	\$67.52	\$68.87	\$70.25

Medical Assistant Wage Schedule

Step	Ratification Rate 2025	May 1, 2026 Rate (2% ATB)	Year 2 Anniversary Rate (2% ATB)
Start	\$ 24.72	\$ 25.21	\$ 25.72
1	\$ 25.40	\$ 25.91	\$ 26.43
2	\$ 26.04	\$ 26.56	\$ 27.09
3	\$ 26.69	\$ 27.22	\$ 27.77
4	\$ 27.36	\$ 27.91	\$ 28.47
5	\$ 27.77	\$ 28.33	\$ 28.89
6	\$ 28.19	\$ 28.75	\$ 29.33
7	\$ 28.61	\$ 29.18	\$ 29.77
8	\$ 29.04	\$ 29.62	\$ 30.21
9	\$ 29.33	\$ 29.92	\$ 30.51
10	\$ 29.62	\$ 30.21	\$ 30.82
11	\$ 29.92	\$ 30.52	\$ 31.13
12	\$ 30.22	\$ 30.82	\$ 31.44
13	\$ 30.52	\$ 31.13	\$ 31.75
14	\$ 30.83	\$ 31.45	\$ 32.08
15	\$ 31.14	\$ 31.76	\$ 32.40
16	\$ 31.45	\$ 32.08	\$ 32.72
17	\$ 31.61	\$ 32.24	\$ 32.89
18	\$ 31.93	\$ 32.57	\$ 33.22
19	\$ 32.25	\$ 32.90	\$ 33.55
20	\$ 32.57	\$ 33.22	\$ 33.89
21	\$ 32.73	\$ 33.38	\$ 34.05
22	\$ 33.06	\$ 33.72	\$ 34.40
23	\$ 33.23	\$ 33.89	\$ 34.57
24	\$ 33.40	\$ 34.07	\$ 34.75
25- Top	\$ 33.98	\$ 34.66	\$ 35.35

Patient Support Specialist Wage Schedule

Step	Ratification Rate 2025	May 1, 2026 Rate (2% ATB)	Year 2 Anniversary Rate (2% ATB)
Start	\$ 21.15	\$ 21.57	\$ 22.00
1	\$ 21.73	\$ 22.16	\$ 22.61
2	\$ 22.27	\$ 22.72	\$ 23.17
3	\$ 22.83	\$ 23.29	\$ 23.75
4	\$ 23.40	\$ 23.87	\$ 24.35
5	\$ 23.75	\$ 24.23	\$ 24.71
6	\$ 24.11	\$ 24.59	\$ 25.08
7	\$ 24.47	\$ 24.96	\$ 25.46
8	\$ 24.84	\$ 25.34	\$ 25.84
9	\$ 25.09	\$ 25.59	\$ 26.10
10	\$ 25.34	\$ 25.85	\$ 26.36
11	\$ 25.59	\$ 26.10	\$ 26.62
12	\$ 25.85	\$ 26.37	\$ 26.89
13	\$ 26.11	\$ 26.63	\$ 27.16
14	\$ 26.37	\$ 26.90	\$ 27.44
15	\$ 26.63	\$ 27.16	\$ 27.71
16	\$ 26.90	\$ 27.44	\$ 27.99
17	\$ 27.03	\$ 27.57	\$ 28.12
18	\$ 27.30	\$ 27.85	\$ 28.40
19	\$ 27.57	\$ 28.12	\$ 28.68
20	\$ 27.85	\$ 28.41	\$ 28.98
21	\$ 27.99	\$ 28.55	\$ 29.12
22	\$ 28.27	\$ 28.84	\$ 29.41
23	\$ 28.41	\$ 28.98	\$ 29.56
24	\$ 28.55	\$ 29.12	\$ 29.70
25- Top	\$ 29.08	\$ 29.66	\$ 30.25

APPENDIX B

Letter of Agreement – Ratification Bonus

In light of the time required to implement the new wage schedule, the Employer agrees to provide a tiered ratification bonus (pro-rated by FTE) to employees who are employed at the time of ratification and payment of the bonus. The ratification bonus will be paid at the end of the first full payroll period following the date of ratification, at the following amounts:

- 1 RN - \$1,500
- 2 MA - \$1,000
- 3 PSS - \$750

APPENDIX C

Letter of Agreement – Retention Bonus

MA and PSS employees employed as of January 1, 2026 will receive a one-time retention bonus (pro-rated by FTE) as follows:

- 1 MA - \$4,250
- 2 PSS - \$2,750
- 3 RN - \$1,250

The bonus shall be paid on the first regular pay date following January 1, 2026.

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CONTRACT RECEIPT FORM

(Please fill out neatly and completely.)

Return to Oregon Nurses Association

18765 SW Boones Ferry Road Ste 200, Tualatin OR 97062-8498

or by Fax 503-293-0013.

Thank you.

Your Name:

I certify that I have received a copy of the ONA Collective Bargaining Agreement with
Providence Newberg Medical Center December 18, 2020- December 31, 2023

Signature:

Today's Date:

Your Mailing

Address:

Home Phone:

Work Phone:

Email:

Unit:

Shift: