ARTICLE 5 – PAID TIME OFF

A. The Paid Time Off ("PTO") program encompasses time taken in connection with vacation, illness, personal business, and holidays. Except for unexpected illness or emergencies, PTO should be scheduled in advance.

B-1. Accrual: Effective through the final pay period in 2019 regular nurses will accrue PTO as follows:

1. From the nurse’s most recent date of hire

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual-per Hour*</th>
<th>Accrual-per Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—3.99</td>
<td>0.0924 hours</td>
<td>192 hours</td>
</tr>
<tr>
<td>4—8.99</td>
<td>0.1116 hours</td>
<td>232 hours</td>
</tr>
<tr>
<td>9+</td>
<td>0.1308 hours</td>
<td>272 hours</td>
</tr>
</tbody>
</table>

*Not to exceed eighty (80) hours per pay period.

**Based on a full-time nurse (1.0)

2. For regular nurses on schedules consisting of three (3) days each week, with each workday consisting of a twelve- (12-) hour shift, or four (4) days each week, with each workday consisting of a nine- (9-) hour shift:
<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual-per-Hour*</th>
<th>Accrual-per-year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—3.99</td>
<td>0.0963 hours</td>
<td>180 hours</td>
</tr>
<tr>
<td>4—8.99</td>
<td>0.1155 hours</td>
<td>216 hours</td>
</tr>
<tr>
<td>9+</td>
<td>0.1347 hours</td>
<td>252 hours</td>
</tr>
</tbody>
</table>

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*Not to exceed seventy-two (72) hours per pay period.

**Based on a full-time nurse zero point nine (0.9)

3. Accrual will cease when a nurse has unused PTO accrual equal to one and one-half (1½) times the applicable annual accrual set forth above.

B-2. Accrual: Effective with the pay period beginning January 5, 2020, regular nurses with a full-time equivalent (FTE) status of at least 0.5, will accrue PTO as follows:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual-per-Hour Worked*</th>
<th>Accrual-per-Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.0961 hours</td>
<td>200 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.1078 hours</td>
<td>224 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.1154 hours</td>
<td>240 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.1269 hours</td>
<td>264 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.1346 hours</td>
<td>280 hours</td>
</tr>
</tbody>
</table>

*Not to exceed eighty (80) hours per pay period

**Based on a full-time (1.0 FTE) nurse

Accrual will cease when a nurse has unused PTO accrual equal to one and one-half (1½) times the applicable annual accrual set forth above, which is not prorated for nurses whose FTE status is less than 1.0.

B-3. Accrual: Effective with the pay period beginning January 5, 2020, regular nurses with a FTE status of 0.9, which includes those with work schedules consisting of three
(3) days each week, with each workday consisting of a twelve- (12-) hour shift, or four (4) days each week, with each workday consisting of a nine- (9-) hour shift, will accrue PTO as follows:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual per Hour Worked*</th>
<th>Accrual per Year**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.1004 hours</td>
<td>188 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.1122 hours</td>
<td>210 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.1197 hours</td>
<td>224 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.1314 hours</td>
<td>246 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.1389 hours</td>
<td>260 hours</td>
</tr>
</tbody>
</table>

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*Not to exceed seventy-two (72) hours per pay period
**Based on a full-time (0.9 FTE) nurse

B. Regular nurses will accrue PTO at the following rate:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual per Paid Hour</th>
<th>Accrual per Year*</th>
<th>Maximum PTO Bank*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 years</td>
<td>0.10683 hours</td>
<td>222 hours</td>
<td>333 hours</td>
</tr>
<tr>
<td>3 to less than 5 years</td>
<td>0.11966 hours</td>
<td>248 hours</td>
<td>372 hours</td>
</tr>
<tr>
<td>5 to less than 10 years</td>
<td>0.13889 hours</td>
<td>288 hours</td>
<td>432 hours</td>
</tr>
<tr>
<td>10 to less than 15 years</td>
<td>0.15812 hours</td>
<td>328 hours</td>
<td>490 hours</td>
</tr>
<tr>
<td>15 or more years</td>
<td>0.16453 hours</td>
<td>342 hours</td>
<td>513 hours</td>
</tr>
</tbody>
</table>

*Based on a (1.0 FTE) nurse
Accrual will cease when a nurse has unused PTO accrual equal to one and one-half (1½) times the applicable annual accrual set forth above.

**A.C.** Definition of a Paid Hour: A paid hour under B above will include only:
1) hours directly compensated by the Medical Center and
2) low census hours not worked on one of a nurse’s scheduled working days in accordance with Article 24 of this Agreement; and, and scheduled hours compensated through third parties. For purposes of PTO accrual, hours worked will exclude overtime hours, unworked standby hours, hours compensated through third parties, hours paid in lieu of notice of termination, or hours while not classified as a regular nurse.

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

**C.E.** Scheduling:
1. In scheduling PTO, the Medical Center will provide a method for each eligible nurse to submit requests for specific PTO.

2. **PTO Slots.** The number of persons who may be on pre-scheduled PTO at one time (or per shift, where possible) will be defined at the unit or cluster level annually by the unit’s nursing manager in the first week of December of each year. The formula for deriving the amount of PTO slots shall be shared with UBC. The PTO slots shall be adequate to meet the PTO accrued by staff of the unit. In the event a unit subsequently undergoes a significant staffing increase or a decrease, the unit manager may adjust the number of nurses who may be on pre-scheduled PTO at one time,
consistent with the staffing change, no later than the first week of May each year.

3. The following schedule applies to requests for prescheduled PTO:

<table>
<thead>
<tr>
<th>For time off during this period (“PTO Scheduling Period”):</th>
<th>Requests must be submitted between:</th>
<th>Written decision will be provided by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 19, Jan 20, Feb 20, Mar 20, Apr 20*</td>
<td>August 2019 — August 31, 2019</td>
<td>September 30, 2019</td>
</tr>
<tr>
<td>May, June, July and August</td>
<td>January 1 – January 31</td>
<td>February 28</td>
</tr>
<tr>
<td>September, October, November and December</td>
<td>May 1 – May 31</td>
<td>June 30</td>
</tr>
<tr>
<td>January, February, March, April</td>
<td>September 1 – September 30</td>
<td>October 31</td>
</tr>
</tbody>
</table>

*In order to transition from two (2) scheduling periods per year to three (3) scheduling periods per year, the first scheduling period will consist of five (5) months. After the transition, all PTO scheduling period will be four (4) months in length.

Each unit will make requests for prescheduled PTO submitted during these periods public and visible before the requests are approved.

3.4 If more nurses within a unit request dates for PTO, for a PTO Scheduling Period, than the Medical Center determines to be consistent with its operating needs, then preference in scheduling PTO will be in order of seniority for nurses within the unit, based on the seniority list that is available on the first
day of the request submission period. Nurses are expected to seek trades if they need time off for major life events, but if a nurse is unable to find a trade, managers may use their discretion to increase the number of nurses allowed off, based on operational needs.

5. **A nurse may request PTO up until the date the schedule is posted.** For requests submitted after of the PTO Scheduling Period, preference will be in order of the nurses electronic submission to the Medical Center.'s receipt of the written requests for nurses within the unit. All requests will be approved or denied within three (3) weekstwo (2) weeks of the date the request is submitted.

4. 

5.6. **For single day PTO requests, the nurse may request, at the time of submission, that the schedule be adjusted to avoid the use of PTO.** The Medical Center will make a good faith effort to adjust the nurse’s schedule so that the nurse is not required to use PTO.

6.7. **Notwithstanding the prior provisions of subsections 4 and 5 above, the Medical Center will attempt to rotate holiday work.**

7.8. **PTO requests that cross over the PTO scheduling periods will be honored in accordance with subsections 4 and 5 of this section with the understanding that if the PTO request is approved for the latter part of the scheduling period, then approval will automatically extend to the beginning of the next scheduling period.**

8.9. **Float Pool nurses within a given cluster are deemed a “unit” for purposes of scheduling PTO.**
9.10. Once PTO has been approved, the Medical Center will not require a nurse to replace himself or herself on the schedule. Once a vacation-PTO request has been approved, it can only be changed by mutual agreement between the Medical Center and the nurse. Vacation-PTO requests shall not be converted to be honored, requests for unpaid time off absent Medical Center approval, and, although nurses are expected to have enough accrued PTO available at the point the PTO is to be used. The Medical Center may deny a PTO request if a nurse has demonstrated a pattern of not having enough accrued PTO available to cover the nurse’s request, unless the nurse has accrued less PTO than expected due to an approved leave of absence, or mandatory low census.

10.11. Once the PTO has been approved, the PTO utilization schedule will be posted in a manner that is accessible for nurses to view.

11.12. In the event nurses on a particular unit or units have concerns about a pattern of denial of PTO or a specific situation involving denial of PTO, nurses are encouraged to discuss the issue with the unit manager or director, and if the concern has not been resolved, representatives of the Association-Union may raise it with the Nursing Task Force.

12.13. The nurses on a unit or department may develop an alternative method of PTO scheduling, such as “prime time” scheduling. Any alternative method will only be adopted following first manager approval and then a majority-two-thirds vote of the staff nurses on the unit or department.

D.F. Use:

1. Accrued PTO may be used once accrued and available in the nurses PTO bank.
2. PTO will be used for any absence of a quarter hour or more, except that the nurse may choose to use or not to use PTO for time off:

   (a) Under Article 24 of this Agreement, by making the appropriate entry on the nurse’s time card; if the nurse chooses to use PTO under this paragraph, the nurse may change to non-use of PTO for the number of hours worked by the nurse on an extra shift of at least eight (8) hours (other than while on standby on-call) in the same pay period and thereby maintains the nurse’s FTE level, by giving the Medical Center written notice of the change before the end of the same pay period;

   (b) For leaves of absence under applicable family and medical leave laws when the nurse’s accrued PTO account is at forty (40) hours or less;

   (c) When a nurse is assigned to a paid eight- (8-) hour in-service in the Medical Center instead of a regularly scheduled nine- (9-), ten- (10-), or twelve- (12-) hour shift and the nurse is not assigned to work the remaining hours of the regularly scheduled shift; or

   (d) When a nurse is required by the Medical Center to attend a committee meeting in the Medical Center during a regularly scheduled shift and the nurse is not assigned to work the remaining hours of the regularly scheduled shift.

   (e) Under (c) and (d) above, the nurse will make available for assignment to work the remaining hours of the regularly scheduled shift.

   (f) When a nurse is being paid standby pay according to Appendix B of this contract.
(g) When a nurse on the night shift is working fewer hours than his or her regular shift due to Daylight Savings Time.

3. PTO may be used in addition to receiving workers’ compensation benefits if EIT is not available, up to a combined total of PTO, EIT (if any), and workers’ compensation benefits that does not exceed two-thirds (2/3) one hundred percent (100%) of the nurse’s straight-time regular rate of pay for the missed hours. Effective January 5, 2020, nurses can choose to have available PTO hours used to supplement workers’ compensation benefits to one hundred (100) percent of pay while out on an approved leave.

4. Effective January 5, 2020, available PTO hours can also be used to supplement short-term disability and paid parental leave benefits to one hundred (100) percent of pay for the life of the claim or until PTO is exhausted.

5. PTO may not be used when the nurse is eligible for the Medical Center compensation in connection with a family death, jury duty, witness appearance, or EIT.

G. Semi-annual PTO Cash-out. A nurse may cash out up to 30% of their PTO balance up to two (2) times per year. To cash out their PTO, the nurse must notify the Medical Center the amount of hours they would like to cash out by the end of the pay period prior to the pay period for which they would like to receive the cash value of their PTO. PTO will be cashed out consistent with Section D above.

E.H. Change in Status: A nurse’s unused PTO account will be paid to the nurse in the following circumstances:
1. Upon termination of employment, in cases of resignation, if the nurse has also provided the required two (2) weeks’ notice (per Article 12.E) of intended resignation.

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

I. Alternative Process for PTO Requests. By a two-thirds (2/3s) vote, a unit may implement the following alternative process for PTO scheduling.

1. Definitions
   
   a. “Prime time” is defined as the months of June, July, August and December.

   b. The number of nurses that can be on PTO at any given time will be posted one (1) month in advance of the three (3) scheduling block periods.

2. PTO Determination. At least fifteen percent (15%) of benefitted nurses on day shift (0700 to 1200 start times) and ten percent (10%) of those benefitted nurses on evening and night shift (1300 to 1900 start times) can be scheduled for PTO. The parties acknowledge that the number of nurses as well as staffing needs may change, in which case there will be discussion with the RNs prior to the tri-annual PTO sign up in the unit to determine the number of RNs who may be off on scheduled PTO per week. The percentage will be converted into a number so that it can easily be determined how many nurses may be scheduled off with
PTO. If the decimal place determining the number of nurses off is greater than .5, then the number of nurses will be rounded to the next highest number and conversely rounded to the lower number when there is a decimal place of .49 or less.

3. The PTO sign up process.
   
a. There will be three (3) four-month PTO schedules posted per year. Prior to the beginning of the scheduling process, a seniority list will be posted. The list will then be divided into thirds.

   i. Tier one (1) will consist of the one third of nurses with the most seniority.

   ii. Tier two (2) will consist of the next one third of the nurses who are not in the first category based on seniority.

   iii. Tier three (3) will consist of all the nurses whose seniority is not enough to have them in the tier one or tier two groups.

   b. In the first week of the PTO scheduling period, tier one nurses will sign up for PTO.

   c. In the second week of the PTO scheduling period, tier two nurses will sign up for PTO.
d. In the third week of PTO scheduling period, tier three nurses will sign up for PTO.

e. The fourth or last week of the PTO scheduling period, will be available to any nurse based on seniority to sign up for any additional PTO time that has not been taken.

Managers will make visible to all nurses the dates that have been chosen by the more senior nurses.

4. Prime Time PTO request.

a. From a nurses’ first employment PTO eligibility until the nurses’ ninth (9th) anniversary of continuous employment, they may take up to two (2) weeks of Prime Time in a calendar year.

b. From a nurses’ ninth (9th) anniversary of continuous employment until the nurse’s twentieth (20th) anniversary of continuous employment, they may take up to three (3) weeks of Prime Time in a calendar year.

c. Nurses with twenty years or more of continuous employment may take up to four (4) weeks of Prime Time in a calendar year.
5. Miscellaneous.

a. No nurse will be granted PTO above the nurse’s Prime Time limitations unless there are additional PTO days available (as calculated by the Medical Center) during or after the fourth week of PTO scheduling. Requests during or after that third week of PTO scheduling will be granted based on seniority.

b. Prime time PTO, once granted, will count towards a nurse’s yearly accrual. Nurses who choose to not take their granted Prime Time PTO may not reschedule this Prime Time later in the calendar year unless rescheduling was done to accommodate a request of the Medical Center.

c. A nurse must request the actual days that they wish to be gone. The nurse should not just request the days that they project they will need, as blocks can change over time. (For example, the nurse wants the first week in March off on PTO, they should request the actual days March 3-9 not the days they believe they might be scheduled for.)

d. If a nurse wants to trade days off or days worked or arrange their schedule differently to extend their time off with normal days off, they may do so
with the approval of management. Trades granted will not incur additional 
overtime, roles must match and staffing levels must be maintained.

e. The PTO scheduling process is not to be used to rearrange one’s 
schedule (i.e. submitting PTO for every Monday off all summer).

f. PTO requests that are received outside of the tri-annual sign-up periods 
that would take the requests above the percentage or number that can be 
scheduled will be responded to as soon as possible by the scheduler. The 
latest date of response will be the contractual posting date for the time 
period requested by the staff member or as by language in this article  
whichever is sooner.

g. PTO will only be approved if it is projected that the nurse will have enough 
PTO accrued at the time of the requested vacation to cover the duration of 
the time off.