ARTICLE 4. COMPENSATION

A. Minimum wage rates for all nurses shall be as provided in the wage schedule as it appears below. Nothing in this agreement shall be construed to prohibit the Employer from paying compensation above the minimum specified below or, if such higher compensation is paid, to reduce the compensation to no less than the minimum described in the contract.

B. Wage Increases

Effective August 21, 2017, Registered the first pay period following ratification, Nurses covered by this agreement shall receive a wage increase of two percent (2%) three percent (3%) on all steps on the revised wage scale plus the one time Wage Scale Restructure with an average value of 1.57%.

Effective the first day of the first pay period following July 1, 20182022, the wage scale hourly rate shall be increased three-two percent 2(%) (3%) on all steps on the wage scale.

Effective the first day of the first pay period following July 1, 20192023, the wage scale hourly rate shall be increased three-two percent (2%) (3%) across the board.
### Samaritan Pacific Communities Hospital

**ONA Wage Table - Effective 8/21/17 through 6/30/20**

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<tr>
<th>Step #</th>
<th>Before Ratification</th>
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C. Per diem nurses shall be paid a premium, in addition to the rates shown above, of fifteen percent (15%) in lieu of fringe benefits. Per diem shall remain eligible for all premiums, however, as any other nurse.

D. Step Placement:

1. Start is the starting rate, except as provided in 4.D.4. Steps 1 through 8 shall be the rate after one year at the immediately preceding step, as further clarified in 4.D.2 and 4.D.3.

2. A nurse will qualify for movement to Step 9 through 12 after spending no less than two (2) years at the previous step and provided such nurse has worked no less than 2200 hours for the Hospital at the previous step.

3. A nurse will qualify for movement to Steps 13 through 15 after spending no less than five (5) years on the previous step and provided such nurse has worked no less than 5500 hours for the Hospital at the previous step.

4. Nurses shall be granted a step increase, as described above, on their anniversary date of employment, provided the nurse's performance is satisfactory by meeting or exceeding performance standards and provided further that the remaining provisions of this section are met. This annual movement to Steps 1 through 8 shall be provided only if the nurse has completed 1,100 hours since the nurse's last anniversary date. If on the nurse's anniversary date, the nurse has not met the 1,100 hour requirement, advancement to the next such step shall not occur until the payroll period immediately following the nurse's completion of the 1,100 hours.
hour requirement.

5. Eligible hours under all steps of the salary range shall be defined to include all time worked, all paid holiday hours, all PTO paid by the Hospital, or any scheduled hours that were not worked as a result of mandatory absence time off. Eligible hours under this provision do not include regular on-call hours.

6. Newly hired nurses and transfers shall be hired at the most appropriate step on the wage scale, based on previous acute care hospital experience or, for home health/hospice hires, experience of a similar nature. Other RN experience will be credited on a 2:1 ratio. Newly hired and transfer nurses will be placed on the SPCH scale at the step corresponding to the years of experience as referenced in the wage table above.

E. Premiums:

1. On-Call Pay Scheduled On-Call Taken Above Regularly Scheduled Hours:
   On-call will be paid at the rate of four dollars and fifty cents ($4.50) per hour. Holiday on-call will be compensated at the rate of five dollars and fifty cents ($5.00) per hour. The on-call rate will be five dollars and fifty cents ($5.00) per hour for full-time and part-time nurses in ED, LDRP and Home Health for scheduled on-call hours more than 40 hours of scheduled on-call in a pay period. Time actually worked when called in while on scheduled on-call, beginning when the called-in nurse arrives for work, shall be paid at one and one-half (1½) times the nurse’s regular straight time hourly rate of pay, in addition to any differentials that may apply pursuant to other provisions of this Agreement, for a minimum of three (3) hours. The nurse and the Hospital may agree in writing that the nurse is released from any part of the call-in without minimum pay.
2. Home Health nurses who are on-call shall receive their regular straight-time hourly rate of pay for telephone consultation to, or on behalf of, clients. Such compensation shall be recorded in fifteen (15) minute increments. The three (3) hour minimum will not apply.

3. Orphan on call is defined as previously scheduled on call which must be filled after the schedule is published due to illness or termination/termination. In lieu of the hourly on-call pay rate specified above, Surgical Service nurses will be paid at one-half times (1½) times the on-call rate for each hour of such on-call. If there are no volunteers to take orphan on call, it will be assigned on a rotating basis. [Duplicated in Surgical Services]

F. On-Call for Mandatory Absence Shift: On-call will be paid at the rate-of-four dollars and fifty-cents ($4.50) per hour. Holiday on-call will be compensated at the rate-of-five-dollars ($5.00) per hour on-call rate as specified in Article 4.E.1 above. Time actually worked when called back to work while on standby for a mandatory absence shift, beginning when the called-in nurse arrives for work, shall be paid at one and one-half (1½) times the nurse's regular straight-time hourly rate of pay, in addition to any differentials that may apply pursuant to other provisions of this Agreement, for a minimum of three (3) hours.

1. The call-in pay (1½ times) does not apply if the nurse is called in to work at least one and one-half (1½) hours prior to the beginning of the nurse's stated on-call time. In such case, however, the nurse shall be paid a minimum of two (2) hours at straight time unless otherwise eligible for overtime.

2. A nurse may be placed on-call and given a delayed start time, only once during the nurse's shift. A nurse who is given such a delayed start may be called back prior to the established delayed start time. Such nurse shall be paid the time and one-half (1½) call-back rate for the period of time
beginning with the nurse’s arrival for work on the call-back and ending with the previously established delayed start time, provided that the nurse will receive at least the minimum three (3) hours at the time and one-half (1½) rate. No nurse would be required to work beyond the regular ending time of their shift without mutual agreement.

G. Shift Differential:
1. Evening shift differential will be paid at the rate of two dollars and five cents ($2.05) per hour.

2. A night shift differential will be paid at the rate of four dollars and fifty cents ($4.50) per hour. For regular nurses working four to eight (4-8) years on night shift the rate will be five dollars and twenty-five cents ($5.25) per hour. For nurses working nine (9) years or more the rate will be five dollars and seventy-five cents ($5.75) per hour.

3. Nurses working hours on both evening and night shifts will be paid the differential based on the majority of time the hours are worked. Nurses working a shift that overlaps into evening or night shift will be paid shift differential only when a majority of their hours fall within evening or night shift and will be paid the differential for all hours of their shift. Evening shift is considered to be between 3:00 pm and 11:30 pm. Night shift is considered to be between 11:00 pm and 7:30 am.

H. Weekend Premium:
A weekend shift premium will be paid at the rate of one dollar and fifty-seven-seven-five cents ($1.575) per weekend shift hour worked.

I. Short Call Premium:
A regular nurse called for unexpected sick calls or emergencies within twenty-
four (24) hours, a regular nurse will receive one and one-half (1½) times their base hourly wage.

J. **Preceptor Differential**:
A staff nurse who has met the eligibility requirements, received the additional training to act as a preceptor and who is assigned the duty, will receive a differential of one dollar and ten cents ($1.10) per hour for hours spent acting as a preceptor. Eligibility requirements are specified in the SHS Professional Development Policy “Preceptor Criteria/Guidelines.” Nurses who act as preceptors will receive feedback on their annual performance appraisal related to such duties.

K. **Acting House Supervisor**:
Any nurse designated to be an “acting house supervisor” by the Hospital shall receive a premium of $3.00 per hour when working in this capacity.

L. **Charge Nurse**:
Any nurse designated to be a Charge Nurse by the appropriate administrative person (or delegate) shall receive a differential of two dollars and twenty-five cents ($2.25) per hour for those hours worked in the Charge Nurse capacity.

M. **Clinical Coordinator**:
Any nurse designated to be a Clinical Coordinator, by the appropriate administrative person (or delegate) shall receive a differential of $3.00 per hour for those hours worked in the Clinical Coordinator capacity.

N. **Certification Premium**:
A certification premium of one dollar and fifty cents ($1.50) per hour worked shall be paid to those nurses who have achieved a state or national certification recognized in Appendix A which is applicable to a specific unit or department for
which they are assigned. The unit/department manager shall approve all such
certification premium requests, renewable at expiration with written proof of re-
certification. A nurse may apply only one premium to each nursing unit/department. Such information must be forwarded to Human Resources within three (3)
months or the differential will be discontinued.

O. **BSN/MSN Premium:**

Effective the first day of the first pay period following ratification, any nurse
holding a BSN will receive a differential of one dollar twenty-five cents ($1.25) per
hour. Any nurse holding a MSN will receive a differential of one dollar fifty cents
($1.50) per hour. Nurses will be eligible for only one degree differential.

BSN/MSN diploma or transcripts must be received in SPCH HR for differential to
begin. The differential will commence the first day of the pay period following the
date the diploma or transcript is received by SPCH HR. A nurse holding a
BSN/MSN will be awarded for the highest degree attained one dollar ($1.00) per
hour.

P. **Extra Duty Shift:**

1. An Extra Duty Shift is a shift worked in addition to the approved schedule
   at the request of the hospital and is paid at one and one-half (1½) times
   their regular rate of pay.

2. To qualify for extra duty-shift pay, the part-time nurse must exceed a 0.8
   FTE in worked hours (including Mandatory Absence time and Paid
   Educational leave, PTO is not included).

3. In the event there is less work available than expected, the:
   a. Nurse will be offered a minimum of three (3) hours of work at the
      appropriate rate of pay (including extra duty-shift premium pay), or
      the nurse and the Hospital may agree that the nurse is released
from any part of the extra duty-shift without extra duty-shift or minimum pay; or

4. Hospital may cancel a nurse who is scheduled to work an extra shift with at least one and one-half (1½) hour's advance notice without the minimum pay penalty.

5. If a nurse is requested by another nurse to cover the second nurse's regular scheduled shift, extra duty-shift pay will not apply. Approval by the manager is required for such a trade.

Q. Twice a year, in March and September, the Hospital will review the average number of hours worked by each nurse. Nurses who consistently work above their FTE may have their FTE designation altered appropriately. Per Diem nurse hours will be reviewed and the nurse may be placed in an FTE position.

R. Nurse Float Level 1 Premium:
   A staff nurse who meets the requirements and is assigned to work in an alternate unit as a Nurse Float 1 will receive two dollars ($2.00) per hour for all hours worked in that capacity.

S. Home Health/Hospice Telephone Subsidy:
The Hospital will provide a monthly subsidy to support personal cell phones used by Home Health/Hospice nurses. Nurses working thirty-two (32) to forty (40) hours per week will receive $50.00 and nurses working twenty (20) to thirty-one (31) hours per week will receive $35.00. In event that the Hospital identifies comparable, more cost effective alternative means or technologies or is able to negotiate more favorable terms with a service provider, the Hospital may reduce the reimbursement level. The Hospital will provide thirty (30) days notice of any such change.
1. **Home Health/Hospice Reimbursable Miles:**

Reimbursable mileage means all mileage driven on duty each day, less the distance to and from the nurse’s home to the base office when check-in or check-out is required. When the nurse is not required to check-in or check-out from the base office, the nurse shall be reimbursed from the first visit.
ARTICLE 5. HOURS OF WORK

A. The basic workday shall be eight (8) hours, ten (10) hours or twelve (12) hours, excluding a one-half (1/2) hour unpaid meal period and a 15-minute paid rest period for every four (4) hours of the workday. For ten (10) or twelve (12) hour shifts, the meal may be taken any time up to and completed by the end of the 6th hour of work. Different durations of a nurse’s basic workday may be established by agreement between the nurse, the Association, and the Hospital.

1. The Employer and each nurse are jointly responsible for arranging meal and rest periods as herein provided; however, it is recognized that at times interruptions cannot be avoided. If the meal or rest period is interrupted, the nurse shall be entitled to time off in the same day equivalent to the interrupted period to be arranged at a time that is mutually agreeable to the nurse and the Employer. Charge nurses shall facilitate or relieve for breaks and meals.

2. If circumstances require a nurse to work through a lunch period, the full period shall be considered as time worked unless the lunch break is granted later in that shift.

3. Access to food shall be available on all three shifts. The parties will work together to improve the quality of the food offered on night shift.

B. The basic work period shall be forty (40) hours in a seven (7) day designated work week or, by mutual consent of the nurse and the Hospital with prior written notification to the Association, eighty (80) hours in a fourteen (14) day designated pay period for those nurses working eight-hour shifts.

C. Regular nurses shall normally be scheduled to receive every other weekend off, unless a nurse and the Hospital agree to a different schedule.

1. A weekend shall be defined as the calendar days Saturday and Sunday.
For night shift, Saturday-Sunday shall begin at 1845 on Friday/Saturday.

D. Overtime is defined as work in excess of the nurse's scheduled or expected workday (but not less than eight (8) hours of work). All overtime shall be properly authorized. Overtime shall be paid at the rate of one and one-half (1½) times the nurse’s regular hourly rate.

1. Nurses employed in OR or PACU shall be paid time and one-half (1½) their regular hourly rate of pay for any work performed between 6:00 p.m. and 6:00 a.m., and on weekends.

E. Four-week work schedules for nurses shall be prepared pursuant to the following process:

1. Not less than five (5) weeks prior to the start date of the schedule, an initial draft of the schedule for each nursing department shall be posted.

2. During the first seven (7) calendar days following the posting of the initial draft schedule, nurses shall submit their availability in writing or electronically for required (per diem nurses) or extra (all nurses) shifts. The order in which shifts will be granted is as follows:

3. Per Diem nurses do not have a regular work schedule but must be available to work per department policy. Per Diem nurses who sign up under this section will be awarded available shifts on an equitable basis beginning with the most senior nurse.

4. After Per Diem assignments are made open, the regular nurses who have submitted availability for shifts above their FTE for regular nurses who have submitted their availability in writing or electronically via the timekeeping software will be assigned in the following order:

   a. Shifts that do not result in Extra Duty Pay.
b. Shifts that will result in Extra Duty Pay on an equitable basis beginning with the most senior nurse.

c. Three (3) weeks (21 days) after the schedule is posted, unfilled shifts are then available to any nurse regardless of seniority on a first come first serve basis.

5. The final schedule for the department will be published fourteen (14) calendar days before the date the schedule becomes effective.

6.5 Published-Posted schedules, barring an emergency, shall only be changed by mutual agreement of the Hospital and the nurse. If the Hospital has no reasonable alternative to achieve needed staffing, the Hospital may require a nurse to work a revised schedule provided that such additions may not exceed the nurse's regular FTE. Such changes in the schedule shall be made among the nurses on a rotating basis to the fullest extent possible.

F. Mandatory Absence (MA) is defined as low census situations requiring less staff than originally scheduled for the shift. A nurse who is placed on mandatory absence for a shift will receive PTO accruals as though the nurse worked the scheduled shift. Mandatory Absence will be allocated on rotational basis within units.

1. Among the nurses on the shift in the unit/department, nurses who volunteer at least four (4) hours before the shift start time to be mandatory absence will be considered for mandatory absence according to guidelines below. Any assignment of mandatory absence time to nurses under this provision will be conditional on Hospital determination that the remaining nurses can perform the mandatory absence nurses'
G. Guidelines: In the event of excess nursing staff numbers, which need to be reduced, the following guidelines will apply:

1. At least one scheduled nurse from each subspecialty shall be retained from each shift. Departmental staffing plans will be followed.

2. The priority for assigning mandatory absences will be to protect regularly scheduled shifts paid at the regular rate of pay.

3. In accordance with the above definitions and guidelines, temporary staffing reductions will be done in the following order:
   a. Volunteers
   b. Agency
   c. Traveler RNs (if travel contract allows reduction with no cost. If, not, the traveler will remain and staffing reductions will resume with the letter “d” below)
   d. Temporary RNs
   e. Holiday double time
   f. Extra Duty paid at one and one-half (1½) times the regular rate of pay.
   g. Overtime situations
   h. Volunteers
   i. Temporary RNs
Per Diem staff (After Per Diem has met their department staffing plan requirements per Article 2.F)

Shifts above assigned FTE that are paid at the regular rate. The nurse is responsible for informing the supervisor that s/he is working at a regular rate.

Regular and Per Diem (before Per Diem has met their department staffing plan requirement per Article 2.F) staff from a scheduled shift at the regular rate of pay on a rotational basis.

When a nurse will not be needed from the beginning of the nurse's shift, the Hospital will make an attempt to notify the nurse at least one and one-half (1½) hours prior to the nurse's scheduled shift and will simultaneously document the attempt. If the Hospital does not attempt to notify the nurse at least one and one-half (1½) hours prior to the nurse's scheduled start time, and the nurse appears on time ready to work but is mandatory absence for the entire shift, the nurse will be paid four (4) hours' pay.

1. When a nurse is placed on mandatory absence on a scheduled day, the Hospital may require the nurse to go on-call for his/her scheduled shift at the appropriate on-call rate of pay. If the Hospital does not place a mandatory absence nurse on-call, the nurse shall not be paid on-call pay and is relieved of any further work responsibility.

2. A mandatory absence nurse who is "on-call" is considered on call for their department and then on call for other departments to which the nurse has been previously oriented. OR and PACU nurses who are mandatory absence from a regularly scheduled shift and placed on call for surgeries
shall not be called back to the hospital to take a patient assignment. However, if such nurse is called back for a procedure whose length does not exceed the minimum call back hours guarantee, the nurse may be assigned to suitable work for the remainder of the call back minimum period.

I. Nurses receiving on-call pay will remain accessible to the Employer and able to arrive for work in the time determined for the nursing unit or department, but not to exceed thirty (30) minutes of being called, unless a different time frame is agreed to by the nurse and the Hospital due to the distance between the nurse’s home and the Hospital. Call back pay begins when the nurse arrives for work.

J. When unplanned absences in the work force, high census, or high acuity mandate a need for an increased staff, off duty nurses who are qualified and oriented for the duties to be performed shall be recalled to work. However, the Hospital is under no obligation to use overtime nurses, if nurses are available to work at straight time. No nurse will be paid for hours not worked in conjunction with the assignment or extra work. Employee will indicate to their manager their preference to be contacted by phone or text messaging. The first nurse who agrees to come in will be awarded the shift. Contact will be made in the following order.

1. On-call nurses or mandatory absence on-call nurses for their department.

2. Nurses who have been placed on mandatory absence from any department.

3. Per diem nurses, in order of seniority.

4. Regular nurses who have made themselves available for the shift.
54. Regular nurses who have indicated they are not available for the shift will not be contacted.

65. On-call nurses, if on-call for a specific department and not needed in that department, will be expected to be available to work in another department to which the nurse has been previously oriented, so long as they are not given an assignment which would delay their ability to respond to a need in their department. Refresher orientation will be provided on an as needed basis.

K. Nurses not assigned to on-call status shall be guaranteed a minimum of two (2) hours pay when called in by a supervisor. The nurse may leave before completing two (2) hours of work, with the approval of the Hospital.

L. When a nurse must attend a mandatory meeting, staff meetings, classes/seminars, mandatory education or disaster drills the nurse will be paid their hourly rate of pay (or overtime if applicable) for a minimum of one (1) hour.

M. Time and one-half (1½) payments shall not be duplicated or permitted for the same hours worked or paid for under any of the terms of this Agreement and to the extent hours are compensated for at time and one-half (1½) under one provision of this Agreement, they shall not again be counted as hours worked under the same or any other provision of this Agreement.

N. Nurses will not be regularly scheduled to work different shifts unless the nurse agrees to do so in writing.
ARTICLE 24. DURATION AND TERMINATION

After ratification by both the bargaining unit and Employer's Board of Directors, this Agreement shall be effective from the date of its ratification by the bargaining unit, except as otherwise provided in the Agreement, and shall remain in full force and effect through midnight June 30, 2024, and from year to year thereafter unless either party provides written notice of a desire to reopen this Agreement for renegotiation or termination by providing written notice of such desire no less than ninety (90) calendar days prior to June 30, 2024, or to any succeeding June 30 anniversary date thereafter.
IN WITNESS WHEREOF the parties hereto have signed and executed this agreement this _____ day of ___________________, 20____.

OREGON NURSES ASSOCIATION

Sean Butler, RN

Rhiannon Updenkelder, RN

Laura Black, RN

Nicole Brock-Martinez, RN

Sharon Suchy, RN

Christine Hauck,
Labor Relations Representative

SAMARITAN PACIFIC HEALTH SERVICES, INC.

Dr. Lesley Ogden, CEO

Sam Jones, VP Patient Care

Scott Russell, Employee Relations Director

Carrie Stottlemyre, Strategic HR Manager

Jessica Carver, Nurse Manager Med/Surg

Sarah Cole, Nurse Manager LDRP

Heather McKnight, Nurse Manager ED

Kendra Holloway, Staffing Coordinator
APPENDIX B

SURGICAL SERVICES

Surgical Services

Hours of Work:

A. Required On-Call
   1. Scheduled on-call is required of nurses in Surgical Services. On-call will be distributed equally. Employees may continue to self-schedule call time. If the on-call schedule becomes inequitable, management will make adjustments as needed.
   2. Weekend shifts (beginning at the end of the regular shift on Friday until the beginning of the regular shift on Monday) will be shared equally by rotation within each department. Scheduled vacations do not exempt the nurse from the obligatory call weekend.
   3. If more coverage is needed for the department after the required call is selected, a nurse may volunteer to take more call to cover the remaining shifts. Volunteers for extra call will have an opportunity to share those hours equally until open shifts are covered. If further coverage is required there will be a rotation of extra shifts until all shifts are covered.
   4. If a nurse is on vacation for greater than one week, the required call will be reduced proportionately to the scheduled time taken.

B. Required Holiday On-Call:
   1. Holiday call will be equally shared by rotation.
   2. In Surgical Services if the department is closed and/or holiday is attached to the weekend (i.e., Friday or Monday), the weekend will be assigned with the holiday.
3. Required Holiday on-call rotation will be based on the number of nurses assigned to take call within that department and may vary from year to year.

4. On-call and holiday on-call per will be paid at the rate of four dollars and fifty-cents ($4.50) an hour and holiday on-call will be paid at the rate of four dollars and seventy-five cents ($4.75) an hour as specified in Article 4.E.1.

C. On-Call over 80 Hours per pay period:

1. Call payment for scheduled on-call hours in excess of 40 hours per pay period will be paid at a rate of five dollars and fifty-seven and a half cents ($5.575) per hour. Nurses on-call over 40 hours per pay period will receive six dollars and twenty-five cents ($6.25) per hour for on-call hours on a holiday. Nurses on-call over eighty (80) hours per pay period will receive an additional six dollars and twenty-five cents ($6.75) for each callback hour worked.

D. Orphan Call (moved from Article 4.E.3):

1. Orphan on-call is defined as previously scheduled on-call which must be filled after the schedule is published due to illness/injury or termination/resignation. Surgical Service nurses will be paid at one and one-half (1½) times the on-call rate for each hour of orphan on-call. If there are no volunteers to take orphan on-call, it will be assigned on a rotating basis.

E. Surgical Services Callback:

1. Non-scheduled callback:

If a Surgical Services nurse gets called back to work, outside of the
department’s regular hours of operation, when not on-call the nurse shall receive on-call pay and the usual minimum callback pay of three (3) hours.

2. If a nurse has been called back from on-call for more than six (6) hours on a weeknight, the nurse may request to be relieved from the next day’s regularly scheduled shift or request a delayed start.

3. Nurses will not be required to work more than sixteen (16) hours in a twenty-four (24) hour period beginning at midnight (0000) until 2359. The Hospital will make a good-faith, reasonable effort to permit a nurse in such a situation to be relieved, upon their request.

3.4. If a nurse is scheduled to be on-call following a regular shift and is required to work past the end of the shift for sixty (60) minutes or more, the nurse shall be deemed to have been called back from the end of the regular shift and shall be paid time and one-half (1½) for a minimum of three (3) hours. In order to be paid this extra amount, the nurse must document this work using the Kronos exception process by the end of the pay period when this occurs.

F. RNFA (RN First Assist):

1. Any nurse designated to be an RNFA (RN First Assist) by the appropriate administrative person (or delegate) shall receive a differential of three dollars and twenty-five cents ($3.25) per hour for those hours worked in the RNFA (RN First Assist) capacity.