PROFESSIONAL

AGREEMENT

between

Oregon Nurses Association

and

Samaritan Lebanon Community Hospital

August 8, 2025 – June 30, 2028

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AGREEMENT

This Agreement is to formalize a mutually agreed-upon and understandable working relationship between Samaritan Lebanon Community Hospital and its registered professional nurses entered into between the **OREGON NURSES ASSOCIATION**, by and through, the Professional Nurses Association of Lebanon “PNAL”, hereinafter referred to as “PNAL” and **SAMARITAN LEBANON COMMUNITY HOSPITAL**, hereinafter referred to as the "Hospital."

ARTICLE 1 – RECOGNITION

The Hospital recognizes the Association as the exclusive bargaining representative for all Registered Nurses, including Registered Nurse Case Managers, employed as staff nurses in the Patient Care Division, but excluding Nurse Managers, full-time Nursing Supervisors, "primary" Relief Nursing Supervisors, Assistant Department Managers, all medical group employees, and all other employees.

ARTICLE 2 – ASSOCIATION MEMBERSHIP

2A. All nurses who have become members of the Association and those who have not delivered to the Association a certified letter resigning or opting out of membership before the thirtieth (30th) day after the date this Agreement is fully ratified shall, as a condition of employment, maintain membership in good standing in the Association for the duration of this Agreement, except that a nurse may resign membership by sending a certified letter to the Association during the month of June 2026.

A member is defined as a nurse who tenders the periodic dues. All nurses hired after the effective date of this Agreement who have not delivered to the Association a certified letter resigning or opting out of membership before the thirtieth (30th) day after hire shall, as a condition of employment, become and remain members in good standing in the Association for the duration of this Agreement, except that a nurse may resign membership by sending a certified letter to the Association during the month of June 2027.

2B. Membership dues may be deducted from the nurse's paycheck, with proper authorization, monthly and remitted to the Association. The Association will provide the Hospital with the appropriate forms and documents for payroll deduction.

2C. The Association will indemnify the Hospital and hold it harmless against any and all claims, grievances, demands, suits, or other forms of liability that may arise out of or by reason of action taken or not taken by the Hospital in connection with this Article.

2D. The Hospital will provide to the Association and the PNAL Chairperson (or designee) a report on or around the first (1st) Monday of the month that includes a list of all nurses in the bargaining unit including name, employee identification number, unit, shift, address, telephone number, hire date, rate of pay, and FTE. Terminations from the previous month are also provided on or around the first (1st) Monday of the month. In addition to the monthly report, new hire and transfer information will be provided on or around the third (3rd) Monday of the month.

ARTICLE 3 – NONDISCRIMINATION

3A. The Hospital may not unlawfully discriminate against any nurse on account of membership in or lawful activities on behalf of the Association. Similarly, the Association may not unlawfully discriminate against any nurse who exercises their right to refrain from union membership and/or activity.

3B. The Hospital and the Association agree that each will fully comply with the applicable laws and regulations regarding nondiscrimination and will not unlawfully discriminate against any nurse or applicant for employment because of race, sex, sexual orientation, gender identity, national origin, color, religion, marital status, age, disability, family relationship, or any other form of discrimination proscribed by law.

3C. Any claim of discrimination because of matters referred to in this Article that are within Oregon or federal nondiscrimination regulation may be pursued through the grievance procedure set forth in Article 17 only through Step 4 and subsequent mediation.

ARTICLE 4 – MANAGEMENT RIGHTS

The Hospital retains all rights, except as those rights are limited by express and specific language of this Agreement. Nothing in this Agreement (for example, but not limited to, the Recognition and Grievance Articles) may be construed to impair the right of the Hospital to conduct all of its business in all particulars, except as expressly and specifically limited in this Agreement. Nothing in this Agreement restricts the right of the Hospital to modify its policies and procedures to the extent that the modifications are not inconsistent with express provisions of this Agreement. Failure of the Hospital to exercise any right reserved to it, or its exercise of any such right in a particular way, will not be deemed a waiver of the right or the waiver of its authority to exercise any such right in some of the ways not encompassed by the terms of this Agreement.

ARTICLE 5 – ASSOCIATION RIGHTS

5A. Duly authorized representatives of the Association will be permitted at all reasonable times to enter the facilities operated by the Hospital for the purpose of observing the work being performed, to attend meetings, to investigate grievance concerns, and to conduct legitimate Association business, provided, however, that if the Hospital provides written notice of its desire to have notification, the Association's representatives shall, upon arrival at the Hospital, notify Human Resources or designee of the intent to transact Association business. Association business is to be conducted in an appropriate location and may not interfere with the work of nurses or other employees. Any employee interview, meeting, or extended conversation is to be conducted during the employee's rest or lunch period. A meeting room in the Hospital will be provided, space and time permitting.

5B. The Professional Nurses Association of Lebanon (PNAL) may reserve and use Hospital meeting space on the same basis as other internal groups.

5C. The Association will be provided designated space on the following Hospital employee bulletin boards: (a) ACU break room; (b) Surgical Services staff break room; (c) ED break room; (d) OB dressing room; (e) in a designated area in Infusion Services; (f) CCU break room; and (g) the Staff Locker Room/Lounge. Such bulletin boards may be used for the posting of Association notices. Postings must be signed and dated by the person doing the posting on behalf of the Association. Postings will be limited to items relevant to the practice and profession of nursing, notices of election, appointments, and the results of elections, and notices of meetings, PNAL newsletters, and other Association business. A copy of material posted is to be furnished to the Vice President of Patient Care Services at the time of the posting. An all-nurse distribution list may be established for communication to PNAL members. The Vice President of Patient Care Services and the PNAL BU Chairperson only will be authorized to create and send messages to the group. Such messages will be limited to items relevant to the practice and profession of nursing, notices of election, appointments, and the results of elections and notices of meetings, PNAL newsletters, and other Association business. A copy of the message will be furnished to the Vice President of Patient Care Services at the time of the posting.

5D. Association/PNAL newsletters may be distributed to nurses using the Hospital's internal communication system (e.g. the cubbies or successor communication system).

5E. The Association will be provided a paid thirty (30)-minute period to meet with newly hired nurses and transfers to describe Association benefits. The local representative will be responsible to pre-schedule the orientation with their Manager.

5F. A communication from the Hospital stating that it recognizes the Association as the collective bargaining representative for bargaining unit nurses will be communicated to each newly hired nurse or newly transferred nurse.

5G. **Paid Union Representative Time.** The Hospital will allow one (1) Union Representative paid Union time when representing bargaining unit members for any Management-called investigatory and disciplinary meetings when not on work time. In the case of grievance meetings, one (1) Union Representative will be paid for their time and allowed time away from regular work assignment to attend Hospital or systemwide meetings, whether the meetings are virtual or in person.

5H. **ONA Contract Negotiations.**

1. ONA Negotiation team members shall be granted negotiation days off, and those working evening and night shift shall be granted both the shift immediately before and the shift the day of a negotiation session off. The nurse is responsible for notifying the Staffing Office and their Manager as soon as negotiation dates are available. Any part of a nurse's FTE that is missed due to bargaining will be coded as Mandatory Absence with PTO accrual.

2. Any hours, including on a nurse's day off, spent in negotiation sessions, including caucus time, up to the length of a nurse's regularly scheduled shift will also be coded as Mandatory Absence and accrue PTO.

3. Mandatory Absence hours used for negotiation sessions will not count toward the contractual limit of Mandatory Absence hours.

ARTICLE 6 – DEFINITIONS

6A. **Full-time Nurse.** A nurse who holds a zero point eight (0.8) to a one point zero (1.0) Full Time Equivalent (FTE) per workweek.

6B. **Part-time Nurse.** A nurse who holds a zero point one (0.1) to zero point seven nine (0.79) FTE per workweek.

6C. **Variable Nurse.** A nurse who is assigned to work variable day shifts and/or variable night shifts. A Variable Nurse has guaranteed hours per FTE assignment; however, shifts are variable per the needs of the department. When assigning shifts for a schedule period, the Hospital will provide adequate rest time between scheduled shifts (e.g. a nurse will not be scheduled for a day shift immediately following the previous night shift).

Prior to starting work, nurses will have a signed document of understanding (e.g. a job application or status change) which states that they will work a variable shift. A nurse assigned a variable shift will also be assigned to a full-time or part-time status. If there is a weekend requirement, the rotation of weekends will be decided and agreed to between the Department Manager and the nurse at the time the Variable Nurse FTE is accepted.

The department schedule, with open shifts, will be shared with Variable Nurses two (2) weeks prior to department posting of the schedule so the Variable Nurses may assist with the assigning of their shifts. Variable Nurses shall be scheduled for the number of shifts appropriate to their FTE. Variable Nurses will be included in the department's rotation of Mandatory Absence hours. Variable Nurses will be placed on the department schedule one (1) week prior to Per Diem Nurses.

6D. **Per Diem Nurse.** A nurse who is not regularly scheduled but works at the convenience of the Hospital. Per Diem Nurses shall sign up to work a minimum of four (4) shifts per schedule period but may sign up for up to six (6) shifts, if the Hospital needs them. These shifts must be in their home department. Per Diem Nurses will also be scheduled by the Manager/Staffing Office to work one (1) holiday per year. Any exceptions to the requirements noted above must be pre-approved by the Manager/Vice President of Patient Care Services. If a Per Diem Nurse has a shift canceled pursuant to Article 7.J, such canceled shift will count towards the minimum obligation of four (4) shifts per schedule period. Per Diem

Nurses will receive overtime for hours worked over forty (40) hours in a workweek. Per Diem Nurses will be given the department schedule of open shifts one (1) week before the schedule is posted to department FTEs and two (2) weeks before the schedule is open to all RNs house-wide. Once the schedule is posted, Per Diem Nurses, as well as department FTE Nurses, may sign up for extra shifts.

6E. **Introductory Nurse.** A newly hired nurse for the first one hundred eighty (180) days of employment with the Hospital. A New Graduate Nurse or RN Intern's introductory period will commence upon the completion of training or the internship program and will last for three (3) months. A nurse's introductory period employment may be terminated without recourse to the grievance procedure.

6F. **Temporary Nurse.** A nurse hired to work a specific limited time, not to exceed one hundred eighty (180) days.

6G. **Staff Nurse.** A Registered Nurse (RN) performing regularly assigned nursing duties.

6H. **Charge Nurse.** A staff nurse who serves a leadership or resource function in the unit.

6I. **Relief Charge Nurse.** A staff nurse who serves as Charge Nurse as needed for less than half their FTE.

6J. **Preceptor Nurse.** A staff nurse who has met the eligibility requirements and has received the additional training to act as a preceptor. Eligibility requirements are specified in the SHS Preceptor Policy. Nurses who act as preceptors will receive feedback on their annual performance appraisal related to such duties as described in the preceptor job description.

6K. **Resource Nurse.** A Resource Nurse is a staff nurse who may work in several departments during a work shift to address changes in patient conditions and staffing needs and to provide break and meal period relief. Resource Nurses will be oriented to CCU, ED, ACU, and IV Therapy (excluding PICC insertion). Nurses may be oriented to GBC on a case-by-case basis, with Manager discretion. The Resource Nurse may be required to take a patient assignment at the discretion of Hospital leadership.

6L. **Relief Nursing Supervisor.** A staff nurse who acts as House Supervisor and does not take a regular patient assignment.

6M. **Weekend.** The period from 1900 Friday to 1900 Sunday.

6N. **Overtime Pay.** One and one-half (1½) times a nurse's regular rate of pay as calculated under the federal Fair Labor Standards Act.

6O. **Short Notice Shift.** Vacancies and other staffing needs within forty-eight (48) hours of the start of the shift will be considered short notice. At the request of the Hospital, all hours worked to fill such vacancies and staffing needs shall be paid at one and one half (1½) times the nurse's base rate of pay plus fifteen dollars ($15.00) per hour.

6P. **Workday.** The twenty-four (24) hours commencing when the nurse reports to work.

6Q. **Workweek.** A seven (7)-day period commencing at 0001 Monday and ending at 2400 the following Sunday.

6R. **Pay Period.** Period consisting of two (2) workweeks. There are twenty-six (26) pay periods per year.

6S. **Schedule Period.** The four (4)-week period consisting of two (2) pay periods identified on the Schedule of Schedules when staff scheduling occurs. For Surgical Services, this timeframe is defined as one (1) calendar month.

ARTICLE 7 – HOURS OF WORK

7A. **Shifts of Work.** Normal shifts are eight (8) hours, ten (10) hours, or twelve (12) hours, depending on a nurse's regular schedule. There will be a thirty (30)-minute unpaid meal period as near the middle of the shift as possible. For ten (10)- or twelve (12)-hour shifts, the meal may be taken any time up to and completed by the end of the seventh (7^{th}) hour of work. Nurses who are scheduled, or requested by Management, to work less than seven (7) hours (e.g. a partial shift) may waive their right to an uninterrupted meal period on a shift-by-shift basis. The nurse will let the Charge Nurse, Manager, or other nursing leadership know at the beginning of the shift of their intention to forgo the meal period. Nurses are responsible for notifying their Supervisors if they believe they will not be able to take a meal break, and they will jointly arrange a reasonable meal period. There will be fifteen (15)-minute rest breaks provided as required by BOLI. Supervisors and nurses shall be jointly responsible for making equitable arrangements for meal and rest breaks while meeting patient care responsibilities. Nurses may combine breaks with Supervisor/Manager approval.

7B. **Required Scrub Changing Time.** For departments that are required to wear Hospital-provided scrubs, there will be seven (7) minutes provided, after the nurse has clocked in, to change into appropriate scrubs before beginning the work shift.

7C. **On-call During Meal Periods.** Those nurses who are designated by Management to be on-call during such nurses' thirty (30)-minute meal period may be paid at the on-call rate for such thirty (30)-minute meal period. It is the nurse's responsibility to enter on-call time into the electronic timekeeping system (Kronos). If such a nurse is called to work during such nurse's thirty (30)-minute meal period, the nurse will be paid at the rate of one and one-half (1½) times the nurse's base rate of pay for the missed thirty (30)-minute meal period.

7D. **Overtime.** Overtime paid at one and one-half (1½) times the regular rate of pay will be paid for:

1. Time worked over a nurse's regularly scheduled shift of eight (8), ten (10), or twelve (12) hours in the workday.

2. Time worked over forty (40) hours in a workweek or over eight (8) hours in a workday and/or eighty (80) hours in two (2) consecutive workweeks.

3. There shall be no pyramiding of one and one-half (1½) times or greater premiums or overtime. No pyramiding means that no more than one (1) rate of pay will be paid on any hour worked.

4. There is to be no scheduling of mandatory overtime.

5. The parties recognize each nurse's professional and licensing obligation not to abandon patients. Therefore, the nurse may be required to work overtime only on those rare occasions when needed so as not to leave patients abandoned.

7E. **No Rest Overtime Rule.** A nurse who has worked any combination of hours, including callback or scheduled hours, such that the nurse has not received ten (10) consecutive hours off immediately prior to the nurse's next scheduled shift may:

1. Self-cancel and not work the next regularly scheduled shift before that shift begins in accordance with the established call-off process. The nurse may request not to use PTO;

2. Request to be excused from the beginning of the next regularly scheduled shift to rest and then report to work later, with Management approval, if the Hospital has a need. If the request is granted, and if the nurse has not received ten (10) consecutive hours of rest when the nurse returns to the shift, the nurse will be paid No Rest Overtime (one and one-half (1½) times the nurse's regular hourly rate of pay); or

3. Choose to work the shift and be paid one and one-half (1½) times the nurse's regular hourly rate of pay.

All subsequent hours will be paid at No Rest Overtime until the nurse has had ten (10) hours of rest.

In the event of a Mandatory Absence in the nurse's unit and shift, a nurse working under Article 7.E.3 will be the first to be reduced in hours on that shift or given the option to go to straight time for the remainder of their shift. If the nurse is assigned Mandatory Absence and does not complete their regularly scheduled shift, the nurse will be paid half (½) the nurse's hourly base rate per hour for the remaining hours of the nurse's regularly scheduled shift.

7F. **Census On-call.** Census on-call is defined as time a nurse is required to be available to work during periods of temporary staff reductions for low census during a scheduled shift. Census on-call rates are specified in Article 23. If a nurse is put on Census on-call, the Hospital shall contact the nurse at all telephone numbers provided, including cellular telephone numbers. With the exception of Girod Birth Center (GBC) and Surgical Services, once a nurse has been called in, they will not be put on-call again if they are released before the end of the shift, unless the nurse chooses to remain on-call.

7G. **Scheduled On-call.** Scheduled on-call (non-Surgical) is defined as time a nurse volunteers to be available to work outside of regularly scheduled shifts, at the Hospital's request. Scheduled on-call rates are specified in Article 23. If a nurse is put on Scheduled on-call, the Hospital shall contact the nurse at all telephone numbers provided, including cellular telephone numbers. With the exception of GBC, once a nurse has been called in, they will not be put back on-call again if they are released before the end of the shift, unless the nurse chooses to remain on-call.

7H. **Delayed Start for GBC Nurses.** If a GBC nurse is not needed at the beginning of a shift due to staffing level or low census but will be necessary to provide meal and break coverage, then a nurse will be placed on a delayed start time and on-call for the first two (2) hours of the shift. If not called back prior to the delayed start time, the nurse will be paid their regular rate of pay for all hours worked. If needed earlier, the nurse can be called back before the delayed start time. If this occurs, the nurse will receive one and one-half (1½) times their base rate of pay for all hours worked in addition to any on-call time. The hours the nurse is placed on-call, but not called in, count as Mandatory Absence hours.

7I. **Callback.** Callback is defined as time called back from on-call. Callback will be paid at the rate of one and one-half (1½) times the base rate of pay for all hours worked when called back plus applicable differentials. If a nurse is called back to work, the minimum pay for callback is three (3) hours. In addition, on-call pay will continue during periods of callback. Callback hours paid may not exceed the number of hours scheduled on-call. Callback shall not be paid in combination with regular pay for the same hours worked.

7J. **<u>Temporary Staff Reductions for Low Census/Mandatory Absence (MA).</u>** Any nurse is subject to shift cancelation before reporting to work. The Hospital shall notify nurses of shift cancelations at least two (2) hours in advance of the scheduled shift. Failure to do so will result in the nurse having the option to either report to work for four (4) hours and be assigned to any work available or remain home without pay. If patient-care needs can be met, however, the Hospital will cancel shifts in the following order:

1. Agency nurses.

2. Travel nurses that can be canceled according to the travel nurse's contract will be placed on-call or canceled for the shift before Hospital staff, up to their allowed number of cancelations per contract.

3. Nurses working overtime who request off or volunteer to be canceled on a first-come, first-served basis.

4. Nurses working overtime.

5. Nurses working a regular shift who request off or volunteer to be canceled on a first come, first served basis.

6. Travel nurses who have exceeded their allowed number of cancelations per the travel nurse's contract.

7. SLCH Per Diem Nurses.

8. Nurses working a shift above assigned FTE that are paid at the regular rate.

9. Nurses working a regularly scheduled shift by rotation if there are no travel nurses working. Nurses working as a preceptor with a student may be placed in rotation provided there is another available preceptor to which the student may be assigned.

When the Hospital determines that unit staffing requirements permit it to offer the nurse a choice, the nurse will be given the choice of having the shift canceled or being on-call.

A full-time nurse will not be canceled more than twelve (12) hours per pay period, not including hours when the nurse volunteers to be off or extra shifts that are canceled. A part-time nurse will not be canceled more than eight (8) hours per pay period, not including hours when the nurse volunteers to be off or extra shifts that are canceled. In departments that are closed or have reduced services on holidays, the maximum hours per pay period may be exceeded in the pay period including the holiday. The nurse will be responsible to track their hours and notify the Staffing Office/Supervisor before the shift if their maximum cancelation hours will be reached during that shift.

If after the above cancelations have been made and the Hospital determines fewer staff are needed after the shift has begun, the Hospital will send home nurses according to the order identified above under Article 7.J.

A nurse will be sent home after reporting to work only after working four (4) hours. If a regularly scheduled nurse is sent home and is placed on-call for their unit for the remainder of the shift, it will count as a Mandatory Absence. If the nurse is called back from being on-call, any time worked will be paid at time and one-half (1½) the base rate of pay. No nurse will lose any benefits because of staying home from a regularly scheduled straight time shift at the request of the Hospital.

7K. **Census On-call/Mandatory Absence Rotation.** A nurse's last Mandatory Absence date will be assigned when it occurs for more than half (½) of their regularly scheduled shift. This shall be operationalized as follows:

1. Volunteers/Requests – Voluntarily requested absence or voluntary on-call time does not count toward the maximum limit per pay period of total hours canceled and does not count towards the last Mandatory Absence date.

2. Per Diem – Hours are tracked for last Mandatory Absence date only.

7L. **Weekend.** Nurses are to be scheduled to work no more than every third (3rd) weekend, with weekend defined in Article 6.M, unless a nurse and the Hospital agree to a different schedule. Nurses who agree to work a weekend shift normally scheduled off will receive one and one-half (1½) times their base rate of pay plus twenty dollars ($20.00) per hour premium for all hours worked on the extra weekend shift except for trades arranged by nurses for their convenience. Such trades must be approved by the Manager or Staffing Office prior to the weekend. Effective

October 20, 2025, for all pay-related purposes, the weekend shall begin at 1900 on Friday and end at 0700 Monday. For all other purposes, the weekend is defined as Friday 1900 through Sunday 1900.

7M. **Work Schedules.** Work schedules of three (3) pay periods' duration will be posted no less than four (4) weeks in advance of the first day of the identified work schedule. Two (2) weeks before the schedule is posted in the home department, Variable Nurses will work with the Staffing Office to have their FTE scheduled. One (1) week before the scheduled is posted in the home department, Per Diem Nurses will have access to pick up their required four (4) shifts. Once the schedule is posted, all home department nurses may pick up open shifts. One (1) week after the schedule is posted in the home department, it will be open to house-wide nurses for picking up open shifts.

For Surgical Services, work schedules of two (2) pay periods' duration will be posted no less than four (4) weeks in advance of the first day of the identified work schedule. When possible, work schedules of three (3) pay periods' duration will be posted.

Requests for time off are to be submitted through the PTO request process in the electronic scheduling program according to the instructions. After the schedule is posted, changes may be made only with mutual agreement of the Manager/Nursing Supervisor and the nurse.

7N. **Extra Hours.** Extra hours will be made available when the schedule is posted and will be offered to all nurses. If multiple nurses have signed up for extra shifts, the last one to sign up with be the first one canceled.

1. Full-time nurses will be paid at one and one-half (1½) times their base rate of pay for all hours worked above the nurse's FTE.

2. Part-time nurses will be paid at one and one-half (1½) times their base rate of pay once they have worked their FTE and the total hours worked are greater than twenty-four (24) per workweek.

3. Per Diem Nurses will be paid at one and one-half (1½) times their base rate of pay for all hours worked above thirty-six (36) hours per workweek if the hours

were picked up after the schedule opened house-wide and the nurse scheduled their contractual minimum shifts.

4. **Eligibility for Extra Hours Premium.** A nurse must work all shifts that are part of their FTE in the same workweek. A nurse will be eligible for extra hours premium under the following conditions:
   a. Pre-planned PTO or education count as hours worked for eligibility purposes.

   b. Low census cancelations count as hours worked for eligibility purposes.

   c. Protected leave hours (FMLA/OFLA/PLO) will count as hours worked for eligibility purposes.

   d. If a nurse calls in unable to work for reasons other than those outlined above, extra hours premium pay will be waived for the corresponding numbers of hours that the nurse misses.

Any extra hours worked for the convenience of the nurse, such as a trade, are ineligible for overtime or extra weekend premium pay unless said hours place the nurse over forty (40) hours in the workweek. Such schedule changes must be approved by the Manager prior to the change. Eligibility for extra shift premium shall not include hours on-call or called back, sick leave, or paid educational leave. Once a nurse agrees to work an extra shift, the nurse is committed to those hours.

If a nurse has been placed on Mandatory Absence, and not on-call, and then the Hospital has an unexpected need, the nurse will be paid Short Notice pay if they agree to fill the shift.

7O. Rotation of Shifts. If, at the request of the Hospital, and after all ways to fill an open shift have been exhausted and a need still exists, a nurse voluntarily agrees to rotate their shift between days and nights, they shall receive one and one-half (1½) times their base rate of pay for hours worked. A nurse working a rotated shift shall not be subject to Mandatory Absence as a nurse working overtime (Article 7.J.4) but will be canceled in rotation as a nurse working a regularly scheduled shift (Article

7.J.9). There will be no mandatory rotation of shifts for regularly scheduled nurses, except during orientation.

7P. **Floating.** A nurse will not be required to float to a unit for which the nurse is not qualified. A nurse will be deemed to be qualified if the nurse has the skill and training to maintain the quality of nursing care in that unit and to provide the appropriate care needed. A nurse will be considered qualified if the nurse has previously oriented to the unit, maintains unit-specific mandatory credentials and has worked in the unit within the past three (3) months, except in instances of major changes to nursing procedures, equipment, or types of patients since orientation to the unit. If a nurse feels unqualified for a specific assignment, the nurse should indicate in writing the reasons why and give them, at the time of the request, to the appropriate Manager or Nursing Supervisor. In the event of a disagreement in the qualifications for a specific assignment, such a dispute is subject to resolution through the grievance procedure commencing at Step 2. Although the nurse may be required to float to the unit on the shift in question, after the filing of the grievance, the nurse will not be required to float to the designated unit again, unless the nurse either receives orientation to the unit or does not prevail with the grievance.

7Q. **Helping Hands.** Nurses may be assigned as Helping Hands anywhere in the hospital, meaning they would be expected to help on a unit, but not take a nurse assignment.

ARTICLE 8 – LABOR MANAGEMENT COOPERATION COMMITTEE

8A. The Hospital and Association will participate in a joint Labor Management Cooperation Committee (LMCC). The goal and purpose of the LMCC shall be to foster a more positive and collaborative relationship between the parties, leading to fewer grievances, more expeditious contract negotiations and the ability to resolve issues which arise during the term of the Collective Bargaining Agreement based on mutual respect and the acknowledgment of each party's legitimate organizational interests.

8B. The LMCC shall be composed of eight (8) members, four (4) from the Association and four (4) from the Hospital who, by virtue of their positions within their respective organizations, possess the authority to make decisions on behalf of their constituents. The Association members shall be the ONA Labor Representative and three (3) nurses elected or selected from the PNAL Leadership, preferably having had contract negotiation experience. All members shall be compensated for time spent in LMCC meetings or working on jointly approved LMCC projects.

8C. The parties agree to the following:

1. A commitment to the exchange of information, including current financials.

2. A commitment to make every reasonable effort to solve problems as they become evident.

3. To meet monthly. LMCC will be canceled if no agenda items are presented two (2) weeks ahead of the meeting. Meetings may be canceled and/or rescheduled by mutual agreement.

4. To furnish written records of LMCC discussions to the RN Bargaining Unit and Nurse Managers.

ARTICLE 9 – HOLIDAYS

9A. The following holidays will be recognized and compensated:

1. New Year's Day
2. Easter Sunday
3. Memorial Day
4. Independence Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Eve
8. Christmas Day

9B. Nurses who work any of the holidays above will be paid one and one-half (1½) times the base rate of pay for actual hours worked on the holiday.

9C. Holidays fall as scheduled per the nurse's pattern. A nurse may request specific holidays off using the PTO request off process in Article 10.H. A nurse can trade a non-holiday shift for a holiday shift during the same workweek. Each department may choose to develop alternative holiday scheduling through their Shared Governance Team. Once a decision is reached, the Shared Governance Team must present the schedule to the Staffing Office for approval by determining if all department needs are met. If approved, the Shared Governance Team will notify the Manager that they intend to call for a departmental vote. For approval, the majority of the nurses in the department (50% +1) must vote, and the majority of voters (50% +1) must vote in favor of the alternate holiday schedule. Voting results shall be reviewed with the Department Manager and provided to LMCC for documentation. The new schedule will supersede the above outlined process. Only once during the contract period may a department vote to change the holiday scheduling process.

In all departments that reduce staff on holidays, except Surgical Services, nurses will have the option to pick up another shift at straight time during the same workweek or choose to use PTO or take the time as unpaid. The nurse must notify the Scheduling Office of which option they will select at least six (6) weeks in advance. In departments that require full staff, nurses who are not working their regularly scheduled shift because of the holiday rotation will be assigned another shift in the same workweek to meet their FTE.

9D. Nurses who work an extra shift above their FTE for each recognized holiday will be paid two (2) times their base rate of pay so long as the holiday is not a result of trades but rather at the need of the Hospital. If the holiday falls on a weekend, the nurse will be paid two (2) times their base rate of pay plus twenty dollars ($20.00) per hour.

9E. Nurses who are on-call on recognized holidays will receive two (2) times their base rate of pay for all hours called back.

ARTICLE 10 – PAID TIME OFF

10A. **Definition.** Paid time off (PTO) is defined as time earned for paid leave that can be used by nurses holding an FTE to meet their personal needs for paid time off work. PTO is in lieu of vacation, holidays, and sick leave. Those nurses who still have accumulated sick leave will retain it and may use it for absences due to illness or injury.

10B. **Accrual.** PTO shall accrue from date of hire and may be used as accrued at the applicable rates set forth below:

Month of SHS Service	Accrual Rates
1st through 48th	0.09615 hours per compensable hour
49th through 108th	0.11538 hours per compensable hour
109th through 168th	0.13461 hours per compensable hour
169th and each month of service thereafter	0.1462 hours per compensable hour

Nurses currently earning PTO at the rate of 0.1462 hours per compensable hour will remain unchanged. Case Managers hired on or before September 24, 2013, including those who transfer from another bargaining unit position into Case Management, will accrue PTO as would any other bargaining unit nurse who was hired on or before that date.

PTO will accrue on Mandatory Absence hours assigned to the nurse including census on-call and holiday department closure. PTO does not accrue for required on-call time (e.g. Surgical Services). When a nurse agrees to work an extra shift and is placed on a Mandatory Absence, PTO will accrue for those Mandatory Absence hours.

10C. **PTO Use.** PTO may be used as accrued.

10D. **Optional PTO Use.** Nurses may have the option of taking a day off without pay instead of using PTO under the following conditions:

1. Low census day

2. Holiday department closure or staff reduction

3. Military Leave

4. PNAL contract negotiations

5. Any two (2) shifts per year with pre-approval for personal use

10E. **Cashing Out.** Nurses may cash out PTO in accordance with the terms of the SHS PTO Cash Out Policy as it is currently in effect and as may be changed from time to time.

10F. **Carrying Over.** Nurses are required to take a minimum of two (2) weeks' time off using PTO each calendar year. PTO hours may carry over from one (1) year to the next, however, when a nurse reaches an accrual level of seven hundred (700) hours, all further accruals will be cashed out in each paycheck as accrued. Effective July 1, 2026, no PTO beyond seven hundred (700) hours will accrue, and the practice of per pay period accruals and automatic cashouts will end.

10G. **Illness or Emergency.** Ill calls or emergency-need calls should be made as early as possible, but not less than two and one-half (2½) hours before a nurse's shift begins.

10H. **Scheduled Use.** The nurse must have sufficient accrued PTO to request time off. Scheduled PTO may be rescinded at any point if sufficient PTO cannot be accrued to cover the requested absence. Once scheduled, the Hospital may not rescind PTO if sufficient PTO accrual exists to cover the requested time off. A nurse may request PTO at least six (6) weeks but not more than twelve (12) months prior to the first day of the PTO requested. For PTO requests, one (1) nurse for each shift per unit, per day, will be granted time off. In addition to this quota, one (1) nurse per unit per twenty-four (24)-hour period may be granted time off for in-person education opportunities.

1. **Peer Coverage for PTO Denials.**
    a. **Coverage by an FTE Nurse.** A nurse who has requested, but who has been denied PTO, may, at any time, request an available nurse holding an FTE work the shift(s) in question so that the nurse can take the denied PTO.

b. **Coverage by a Per Diem Nurse.** A nurse who has requested, but who has been denied PTO, may, at any time prior to schedule posting, request a Per Diem Nurse work up to two (2) shifts per calendar year so that the nurse can take the denied PTO. Shifts picked up to cover PTO for FTE Nurses will not count toward the minimum obligation of four (4) shifts per schedule period.

c. The nurse requesting coverage for PTO must find a qualified replacement for all hours worked.

d. Once PTO is granted based on the nurse's acceptance of such request to cover, and the nurse is available for such shifts, it will not be rescinded.

e. The requesting nurse must have and use PTO or up to two (2) available pre-planned unpaid days for the shifts taken off.

f. Hours worked by a nurse at the request of another nurse will not count toward the nurse's contractual minimum/FTE.

g. Hours worked by a nurse at the request of another nurse will not create any contractual overtime payment to the replacing nurse.

2. Requests for PTO shall be considered on a first-come-first-served basis. If two (2) or more requests are submitted on the same date for the same time off and granting both of them would result in a critical staffing shortage, the first nurse will be given the time off. The staff nurse shall be notified of approval within two (2) weeks of the submission of a request.

3. PTO which occurs during the pay periods(s) containing Spring Break, Thanksgiving, Christmas, and New Year's will be arranged according to departmental staffing practice. Requests for these time periods will be granted by the Manager on a rotational basis. Nurses will be notified no later than ten (10) weeks prior to the holiday.

4. PTO requests from the beginning of Memorial Day weekend through the end of Labor Day weekend will be limited to FTE hours times two (FTE x 2) rounded up to the nearest full day, so all nurses may enjoy a part of the summer months

off. Requests for additional hours may be granted by the Manager on a rotational basis. Each department may choose to develop alternative summer scheduling through the Shared Governance Team. This process shall occur no later than fifteen (15) months in advance of the upcoming summer season. Once a decision is reached, the Shared Governance Team must present the schedule to Management and the Staffing Office for approval by determining if all department needs are met. If approved, the Shared Governance team will call for a department vote. For approval, the majority of the nurses in the department (50% +1) must vote, and the majority of voters (50% +1) must vote in favor of the alternate summer scheduling process. Once the department vote is completed, the alternate summer scheduling process will be provided to LMCC for documentation. Only once during the contract period may a department vote to change the summer scheduling process.

5. PTO requests above established unit quotas, or in the immediate six (6) weeks following the date the request off is submitted, may be accomplished by “shift swaps” that do not result in overtime.

6. Nurses and Department Managers will work together in the scheduling of time off to ensure adequate staffing to meet the needs of patient care. The nurse will be required to arrange coverage for those scheduled shifts for which the nurse has requested PTO in the immediate six (6) weeks following the date the request off is submitted. Assistance in arranging such coverage may be requested from the Manager or Staffing Office.

7. A nurse may ask to rescind scheduled PTO prior to the date when the schedule covering such time off is posted. After schedule is posted, such a request for rescission may be granted if the Department Manager consents.

10I. **PTO Usage during Leave of Absence.** Nurses will be required to use accumulated PTO down to a two (2)-week bank for FMLA/OFLA unless they are being compensated through Paid Leave Oregon (PLO), Worker’s Compensation, or Short-Term Disability. To maintain benefits during a personal unpaid leave of absence, PTO equal to the employee’s assigned FTE must be used and may reduce or exhaust the two (2)-week bank.

10J. **Records of Accruals.** PTO accruals will be noted on the paycheck stub.

10K. **Payment Upon Termination.** PTO will be paid out to the nurse at termination provided that (1) the nurse has completed the introductory period; and (2) in the case of resignation, the nurse must have provided at least fourteen (14) calendar days' notice to the Hospital. PTO may not be used for the notice period, unless the resignation is the result of a bona fide family medical emergency.

10L. **Computation of Payment.** PTO pay will be computed on the nurse's hourly rate of pay at the time it is taken, including shift differential.

ARTICLE 11 – LEAVES OF ABSENCE

11A. Court Appearances.

1. **Jury Duty.** All employees may attend jury duty in accordance with their legal obligations to do so. Employees will be granted a leave of absence for this purpose provided that they give SHS reasonable advance notice of their obligation to serve. It is the employee's responsibility to notify their Manager upon receipt of the juror's summons and provide a copy to the Staffing Office.

   Benefits will be payable to employees for the time spent on jury duty only under the circumstances described below:

   a. If an eligible employee cannot rearrange their working schedule to avoid a conflict, they will be paid their regular daily rate for each scheduled full day missed due to jury duty. Any of the jury duty pay (other than travel expenses) received by the employee from other sources should be submitted to a Hospital cashier or Regional Business Office (RBO) Representative.

   b. **Work Attendance.** Evidence of jury duty attendance must be presented to SHS. The employee should continue to report for work on those days or parts of days when excused from jury duty or when jury duty does not conflict with their schedule.

   c. **Return to Work.** It is the employee's responsibility to report for employment at the end of an approved leave. Failure to do so may be considered a voluntary termination.

   d. **Status of the Employee Benefits While on Jury Duty Leave.** All employee benefits the employee is enrolled in will continue while the employee is on jury duty leave. However, the employee will be required to continue payment of any required contributions for insured benefits and retirement benefits during the jury duty leave if they want to keep them in effect.

2. **Witness Duty.** An employee who is required by law to appear in court as a witness may take unpaid time off for such purpose provided, they provide SHS with reasonable advance notice. If the employee is testifying on behalf of SHS, the day(s) in court will be paid.

11B. **<u>Bereavement Leave.</u>** In the event of a death of an immediate family member of a full- or part-time nurse, the nurse will be allowed up to four (4) normally scheduled working days off with pay following the death to arrange for and/or attend the funeral. Immediate family is defined as: spouse or domestic partner; child or the child's spouse or domestic partner; parent or the parent's spouse or domestic partner; sibling, step-sibling or the sibling or step-sibling's spouse or domestic partner; grandparent or the grandparent's spouse or domestic partner; and grandchild or the grandchild's spouse or domestic partner. Employees will be granted up to five (5) normally scheduled working days off with pay following the death of a spouse, significant other living as an integral member of the household or child (including miscarriage or fetal demise), including adopted, foster, step or in-law children. In the event of a death of one (1) non-family member pre-designated by the employee, the Hospital will release the employee up to three (3) days unpaid time to arrange for and/or attend the funeral.

11C. **<u>OFLA Bereavement Leave.</u>** Under OFLA an eligible employee may take up to two (2) weeks off to attend the funeral or alternative to the funeral, make arrangements necessitated by the death of a family member, or grieve the death of a family member. Family member is defined as:

1. Spouse or domestic partner;

2. Child or the child's spouse or domestic partner;

3. Parent or the parent's spouse or domestic partner;

4. Sibling, step-sibling or the sibling or step-sibling's spouse or domestic partner;

5. Grandparent or the grandparent's spouse or domestic partner;

6. Grandchild or the grandchild's spouse or domestic partner; and

7. Any individul related by blood or affinity whose close association with a covered individual is the equivalent of a family relationship.

If the employee experiences the death of more than one (1) family member in a year, the employee may take up to two (2) weeks for each death (up to a total of two (2) deaths under OFLA). The leave does not need to be taken in concurrent two (2) week periods.

Bereavement Leave counts towards the twelve (12) weeks of total leave permitted under OFLA. It does not add additional leave. Employees are required to use PTO equal to their normally scheduled hours. If PTO is unavailable, the leave will be unpaid. OFLA Bereavement Leave must be completed within sixty (60) days of the date on which the employee receives notice of the death of a family member.

11D. **Personal Unpaid Leave.** A personal leave without pay may be granted per the SHS Employee Time Off Policy. Personal unpaid leave will only be granted if operational needs can accommodate the absence. If a personal unpaid leave is denied, the nurse may request the reason for the denial and the reason will be given within seven (7) days. If the nurse fails to appear for work after the end of the leave, they will be considered to have voluntarily terminated employment.

11E. **Military Leave.** Military leaves will be granted in accordance with federal law.

11F. **Protected Leaves of Absence.** The Hospital will provide protected leave as required by law. Requests for a medical leave of absence outside of FMLA/OFLA/PLO shall be administered per the SHS Disability Accommodation Process-Americans with Disabilities Act Policy.

11G. **Workers' Compensation.** Medical leaves for compensable injuries will be granted in accordance with applicable law. The Hospital will maintain the nurse's coverage under its group health plan on the same conditions under which coverage would have been provided if the nurse had been continuously employed during the period of absence due to workers' compensation, which also qualifies for family medical leave.

ARTICLE 12 – PROFESSIONAL DEVELOPMENT

12A. **Orientation.** A nurse will receive an appropriate orientation to the Hospital and to the nursing unit assigned. The orientation will be based on the experience, qualifications, and expressed needs of the nurse and must be concluded before the nurse is counted in the core staffing complement of the unit. A nurse on orientation will not be scheduled consecutive weekends. When a nurse is assigned patients without a preceptor, they will be eligible for overtime or extra weekend premium for extra shifts worked at the need of the Hospital.

12B. **In-Services.** The Hospital shall attempt to provide necessary in-services for all three (3) shifts.

12C. **Continuing Education Fund.** The Hospital will provide a pool of money in the amount of forty thousand dollars ($40,000) effective annually on January 1st, to be used to pay expenses for registration fees or portions thereof related to educational leave to attend courses directly related to nursing. Educational dollars that are not used in each contract year will not be carried over. No travel expenses will be paid for virtual conferences. No rental car expenses will be covered, and meal reimbursement is limited to a maximum of seventy-five dollars ($75.00) per day of conference with detailed receipts required.

12D. **Continuing Education Days/Online Learning Hours.** Each nurse is entitled to take up to forty (40) hours for continuing education per year as arranged with the department scheduler, paid at their regular rate of pay. Voluntary education requests must be submitted and approved. Registration payment through PNCC requires course application to be received and approved at least six (6) weeks prior to course date. These forty (40) hours are in addition to the days the nurse spends acquiring required certifications, which days will also be paid at their regular rate of pay. One (1) hour of paid education leave will be granted for each CEU hour successfully completed and documented for online education. In-person education shall be paid eight (8) hours per course day at the nurse's regular rate of pay. Such time may not be paid in combination with regular work time so as to require any daily overtime payment. Education hours must be submitted for compensation no later than twenty-eight (28) days after completion. Education shall not be completed on holidays. Completion of online education hours shall be planned to minimize overtime.

12E. **Tuition Reimbursement.** The Hospital will provide tuition reimbursement in accordance with Hospital policy.

12F. **Voluntary Specialty Nursing Nonrequired Certification.** The Hospital will pay the examination fee for non-required voluntary specialty nursing certifications listed in Appendix A and approved by the Manager. Upon a nurse's initial receipt of such a non-required nationally recognized specialty nursing certification, the Hospital will pay the nurse a three hundred fifty-dollar ($350) bonus. The nurse will begin to receive the certification differential once verification of passing the examination has been received by Human Resources. If a nurse does not achieve the certification, the nurse will re-pay the Hospital for the examination fee. Expenses associated with recertification may be submitted to the PNCC for reimbursement.

12G. **Required National Specialty Nursing Certification.** The Hospital will pay a nurse for up to sixteen (16) hours spent in taking a preparatory study class and taking the certification exam for the first time for any national specialty nursing certification listed in Appendix A which is required by the Hospital. The Hospital will pay the necessary fee for the prep class and certification examination prior to the examination date. If a nurse chooses to pay the fee, the nurse will be reimbursed upon request. Such certification will not result in the payment of the bonus described above, but the nurse shall receive the certification differential once verification of passing the examination has been received by Human Resources. The Hospital will pay for the cost of recertification so long as prior approval is granted by the Manager or Vice President of Patient Care Services. Other expenses associated with recertification may be submitted to the PNCC for reimbursement. If a nurse does not achieve their certification, the nurse will re-pay the Hospital.

12H. **National Specialty Nursing Recertification.** Specialty certifications that are required for certain Charge Nurse, Resource Nurse, or Registered Nurse First Assist (RNFA) roles shall be compensated for thirty-five (35) hours of mandatory education completed online that applies toward recertification, not to exceed the total hours needed for certification. This will be compensated at the rate of one (1) hour base pay for each CE earned. This allotment will be separate from the forty (40) hours of elective education available annually to each SLCH RN.

Mandatory compensation will include recertification application fees, organizational membership dues, if paying such dues decreases the cost of recertification application, and online CE registration fees. All these costs will be paid by the appropriate nursing department, either through direct payment or reimbursement if the nurse chooses to pay for the costs first. SLCH PNCC will be provided with a current list of nurses who are impacted by this for assistance with education processing and recordkeeping.

12I. **Required Certification.** (Non-National Specialty Nursing. Examples include TNCC, ACLS, PALS, STABLE, NRP, TEAM, ENPC, Chemo/Bio-ONS.) The Hospital will pay for the examination fee and a determined amount of time to take the certification examination for initial certification and recertification. Such certification shall not result in the payment of the bonus or differential.

12J. **Mandatory SHS Education.** Mandatory education must be done either online or at any SHS facility. If a nurse chooses to complete an SHS-offered mandatory competency outside SHS, PNCC monies will apply (e.g. ACLS or PALS). Payment for hours will be equivalent to the time paid for Samaritan Professional Development classes. Nurses must use the time and attendance process to account for all time spent in education. Nurses who attend a required SHS course on a regularly scheduled workday where the class hours are less than the nurse's scheduled work hours may use PTO or take the remaining hours unpaid (e.g. a twelve (12)-hour nurse who attends an eight (8)-hour course would not be required to use PTO for the remaining four (4) hours).

ARTICLE 13 – PROFESSIONAL NURSING CARE COMMITTEE

13A. **Recognition.** A Professional Nursing Care Committee (PNCC) is to be established at the Hospital.

13B. **Responsibility.** The Hospital recognizes the responsibility of the Committee to recommend measures objectively for improvement of patient care, will duly consider such recommendations when submitted in writing, and will respond to the Committee in writing.

13C. **Objectives.** The objectives of the Committee are:

1. To constructively consider the practice of nurses.

2. To work constructively for the improvement of patient care and nursing practice.

3. To recommend to the Hospital ways and means to improve patient care.

4. To be responsible for equitable distribution of budgeted continuing education funds in a manner consistent with the Hospital staffing needs.

5. To exclude from any discussion grievances or any matters involving the interpretation of this Agreement.

13D. **Composition.** The Committee is to be composed of up to five (5) nurses employed at the Hospital and covered by this Agreement. The Committee members are to be elected by the nurse staff at the Hospital and be representative of clinical areas and shifts.

13E. **Frequency of Meetings.** The Committee shall schedule meetings as needed. Committee members may equitably share up to twenty-five (25) paid hours per month at the nurse's regular straight-time rate for the purpose of attending Committee meetings or performing PNCC-related duties. The meetings will be scheduled so as not to conflict with Hospital operations. The Committee shall prepare an agenda and keep minutes of all meetings, copies of which are to be provided to the PNAL Leadership and the Vice President of Patient Care Services. The Committee agenda and minutes are to be posted in the nursing units on those bulletin boards designated by the Hospital for the posting of minutes of similar meetings.

13F. **Special Meetings.** The Hospital may request special meetings with the Committee, but those meetings are not to take the place of the regularly scheduled meetings of the Committee. If the Hospital requests that the Committee undertake a special project or projects, the Hospital will do so, in writing, and specify the amount of time to be paid for such project(s). The Committee may then determine whether to undertake such special projects.

13G. **Nurse Staffing Discussions.** The Committee may request meetings with the Administration to discuss nursing staffing problems. The Committee may make written recommendations to the Vice President of Patient Care Services, who will give them due consideration and respond in writing to the Committee.

ARTICLE 14 – SENIORITY

14A. **Accrual.** Seniority is the length of continuous service with the Hospital as a nurse within the bargaining unit from date of hire. For Case Manager RNs accreted into this Agreement in 2025, seniority shall include continuous service as a Case Manager RN (including time in the position before it was included in the bargaining unit) in addition to continuous service in other bargaining unit positions. Should two (2) or more nurses be hired on the same date, the following procedure will break the tie:

1. Seniority within the department;

2. Hospital-wide seniority;

3. Seniority within Samaritan Health Services;

4. Date of original Oregon RN licensure; then

5. Lowest Oregon RN license number.

A bargaining unit employee who leaves or has left a position within the bargaining unit, but who remains continuously employed with the Hospital/SHS Corporate (i.e. Clinical Informatics), will not lose their previously accrued seniority upon return to the bargaining unit. In such instances the employee will not accrue seniority during the period of Hospital employment outside the bargaining unit.

14B. **Loss of Seniority.** A nurse will lose all seniority rights for one (1) or more of the following reasons:

1. Voluntary resignation, unless re-employed within six (6) months

2. Termination for just cause

3. Failure to return to work within three (3) days after being recalled by certified mail, return receipt requested, unless due to actual illness or accident

4. Layoff for more than twelve (12) consecutive months

14C. **Posting of Vacancies.** Notices of vacancies and new positions will be posted in the application software program and will remain on-line for seven (7) calendar days. Each notice will show the position, shift, unit and whether the position is full-time or part-time. Qualifications, experience, and certifications required may be viewed in the position description. A nurse who is interested in applying for any posted vacancy or new position shall make application on-line through the application software program to the Hospital within the above posting period. All applicants who meet the posted qualifications will be offered an interview. Each applicant will receive a written response, upon request, advising them of selection for the position or reason for non-selection.

14D. **Selection of Applicant(s).** Positions will be awarded according to skills and abilities. The Hospital shall judge skills and ability, but such judgment may not be arbitrarily or capriciously exercised. Provided that each nurse under consideration meets the posted qualifications and has equivalent skills, ability and performance, positions will be awarded by seniority in the following order:

1. Shift in department
2. Department
3. Current SLCH RN
4. SHS RN
5. Outside applicants

14E. **Seniority Lists.** Seniority lists will be maintained by the Hospital and sent, upon request, to the Association for review semiannually.

14F. **Long-Term Layoff.** (Nurses holding an FTE) In case of a layoff that the Hospital expects to last for two (2) weeks or more or in the event of a permanent closure, the Hospital will first offer nurses in the unit on the shift involved, where the layoff will occur, the opportunity to take voluntary time off. If it is determined that this voluntary procedure is not satisfactory:

1. Nurses in the unit on the shift involved will be laid off in the reverse order of seniority, provided that the remaining nurses currently possess the necessary competency to perform the work to be done. The nurses to be laid off under the

preceding sentence may go on layoff or, if such a nurse has greater seniority than other nurses on the unit, may request to replace the most junior nurse on the same unit. When such a request is made, it will be granted and the most junior nurse on the unit will be laid off, provided that the remaining nurses on the unit and on the shift currently possess the necessary competency to perform the work to be done.

2. In the event of a layoff under Article 14.F.1 above, a laid-off nurse may request to replace the most junior nurse in the Hospital, provided that the laid-off nurse has greater seniority than the other nurse and has the necessary skills to perform the work to be done. In such circumstances, the replaced nurse will be laid off.

3. Nurses will be recalled from layoff in the order of seniority, provided that they have the necessary skills to perform the work to be done. A nurse who has replaced another nurse under Article 14.F.1 and 14.F.2 above will be deemed to be on layoff for purposes of recall rights. If a laid-off nurse is recalled to a shift different from the nurse's assigned shift at the time of the layoff, the nurse may refuse the recall, which will waive their recall rights for that assignment, but the nurse may not refuse more than two (2) such recalls during the layoff. When such waivers occur, the nurse's original layoff will continue.

4. Nurses who are laid off will receive severance pay per SHS policy.

14G. <u>Department/Unit Restructure.</u>

1. A department or unit restructure is defined as the merger of two (2) or more units into a single unit or a restructuring of an existing department or unit due to business need.

2. In the event of a department or unit restructure, the Hospital will give the employees and the Association a twenty-one (21) day notice.

3. Nurses will be given a seniority list of all current nurses in the department. Nurses will have ten (10) days to challenge the seniority date with Human Resources.

4. **Process.**

   a. The Hospital will determine the number of full-time and part-time FTEs by shift and skill mix required for the new or restructured department or unit.

   b. A list of the positions and work schedules in the new/restructured department or unit, including any qualification requirements, will be posted in the department or unit for at least ten (10) days.

   c. By the end of the posting period, each employee will submit to the Hospital a written list which identifies and ranks the employee's preferences for all available positions (first to last).

   d. Based upon these preference lists, the Hospital will assign employees to positions in the new/restructured department or unit based on skill mix and seniority. A representative from the Association may be present when the selection process takes place.

   e. The Hospital will let the nurses know of their selection within twenty-four (24) hours of the selection process.

   f. The Hospital will follow the scheduling posting requirements as outlined in Article 7.M for implementation of the new schedule, but the implementation will not be any sooner than six (6) weeks following the awarding of positions.

5. If an employee does not have a position after the process outlined in Article 14.G.4 above, refer to Article 14.F.2.

14H. Department Closure.

1. A department closure is defined as the indefinite closure of a Hospital department or unit, necessitating a reduction in force of all nurses in the department.

2. If the Hospital anticipates a department closure, a minimum of ninety (90) days' notice will be given to the Association and potentially impacted nurses detailing purpose and scope of the closure and the likely impacted departments, shifts, and positions. The Hospital will provide the Association with a list of open RN

positions at the Hospital and at all other Samaritan facilities. An open position is any position for which the facility is still accepting applications on the date the notice is provided.

3. Within fifteen (15) calendar days of notice to the Associaion, representatives of the Hospital and the Association will meet to discuss the proposed closure. The Association will be provided an opportunity to make suggestions for alternatives to avoid the closure. The Hospital will review the options suggested by the Association but will not be required to implement any of the suggested options.

4. If after meeting with the Association, the Hospital determines that a closure is still needed, the nurses in the department(s) to be impacted will be given a definitive notice of department closure a minimum of sixty (60) days before the effecitve date. The effective date of any department closure will be within the first week of the month to ensure benefit coverage through the end of the month.

5. Once they have received definitive notice of department closure, impacted nurses shall be given hiring preference for any vacant position within Samaritan Health Services (SHS) for which they are qualified, unless doing so violates the provisions of a collective bargaining agreement. This hiring preference shall be extended until twelve (12) months following a nurse’s date of termination.

6. Department or unit closure will trigger the layoff procedure in Article 14.F.

7. A nurse who is laid off due to department closure (including those bumped from a position due to the closure) needs to apply to vacant positions to be considered for, and given, hiring preference for open nursing positions within SHS. If the nurse chooses not to apply to any open nursing position or is not extended an offer after application, the nurse shall receive severance pay equivalent to sixteeen (16) weeks of pay at their FTE and regular hourly rate of pay.

8. The Hospital agrees to engage in impact bargaining in the event of a department closure.

ARTICLE 15 – EMPLOYMENT STATUS

15A. The Hospital has the right to hire, promote, and transfer nurses, except as specifically limited by this Agreement. The Hospital has the right to discipline, suspend, or terminate nurses for just cause. The Hospital shall notify the Association within twenty-four (24) hours of any suspension or termination of a nurse.

15B. Nurses will be advised that they may have a representative accompany them to any meeting with Nurse Managers that they reasonably believe may result in disciplinary action. The Hospital and nurse will agree within twenty-four (24) hours of a mutually acceptable date and time for the meeting. Such a meeting is not to be unreasonably delayed by the exercise of this right. Nurses will receive copies of any material of an evaluative or disciplinary nature to be placed in the supervisory or personnel files and will have the opportunity to attach a response to it.

15C. All nurses shall make every effort to give at least fourteen (14) calendar days' notice of intention to terminate employment with the Hospital. A nurse may request and will be granted an exit interview, if desired. To be eligible for all accrued PTO, the nurse shall give not less than fourteen (14) calendar days’ notice of intended resignation, but the Hospital will reasonably consider emergency circumstances which affect the nurse’s ability to give the requisite notice.

15D. Any nurse, other than an Introductory Nurse, who thinks they have been suspended, disciplined, or terminated without just cause may present a grievance for consideration under the grievance procedure.

15E. Verbal and written corrective actions shall not be considered in future progressive discipline after a period of three (3) years unless there has been another coaching or corrective action. If the nurse exhibits the same behavior, performance or practice again within the three (3) year period, they may be subject to a higher level of corrective action. Final Written corrective action will be subject to a five (5) year consideration period. Documented coachings are not included in a nurse’s HR file and will not be used for hiring/transfer decisions.

ARTICLE 16 – NO STRIKE, NO LOCKOUT

The parties agree that the services performed by nurses covered by this Agreement are essential to the public health, safety, and welfare. The Hospital therefore agrees that during the term of this Agreement it will not cause or permit any lockout of nurses from their work. Neither the Association nor any nurse will engage in any strike, stoppage of work, slowdown, picketing, sympathy strike, refusal to cross any picket line set up at the Hospital's premises, or any other actual or attempted interruption of work. Any such conduct will be deemed a violation of this Agreement, and any individual or groups of individuals engaged in such activities will be subject to disciplinary action up to and including termination. Any nurse charged with a violation of this provision will be afforded, prior to disciplinary action being taken, an opportunity to refute such a charge or present mitigating circumstances to the Hospital.

ARTICLE 17 – GRIEVANCE PROCEDURE

17A. A grievance is a dispute between the Hospital and the Association concerning the meaning, application, and/or interpretation of this Agreement. Grievances that arise between the parties are to be handled in accordance with the procedures of this Article, but it is the express intent of the parties that grievances be adjusted informally whenever possible and at the first level of supervision. This Article supersedes any other grievance and/or dispute-resolution procedure available to Hospital employees. The time limits contained in this procedure may be extended by mutual agreement of the Hospital and the Association. Grievances may be, by mutual consent of the parties, referred back for further consideration or discussion to a prior step or advanced to a higher step of the grievance procedure.

17B. Termination grievances must be filed in writing within the first fourteen (14) days following the termination and shall be initially filed with the Vice President of Patient Care Services or designee.

17C. The following four (4) steps constitute the grievance procedure:

1. **Step1.** If the nurse has a grievance that has not been settled informally, the nurse shall prepare and submit a written and signed grievance, using the Association grievance form, to their Nurse Manager within fifteen (15) days after the occurrence out of which it arises, or from the date the nurse reasonably should have been aware of the event(s) constituting the grievance. The written grievance is to set forth the nurse's understanding of the dispute, the names of the nurse(s) affected, the provision(s) of the Agreement alleged to have been violated, and the relief or remedy requested.

   If a nurse incurs a discipline within three (3) calendar days prior to taking PTO or leave of absence, the deadline for filing a grievance based upon that discipline shall be extended by the number of PTO or leave days taken by the nurse. For purposes of this paragraph, “discipline” includes verbal and written warnings. The Nurse Manager shall meet with the grievant and, at the grievant’s option, with a representative of the Association within fourteen (14) days of the filing of the grievance. Together, they shall try to resolve the grievance. The Nurse Manager shall give a written decision to the grievant, with a copy to the Association, within fourteen (14) days of the meeting.

2. **Step 2.** If the grievance is not resolved at Step 1, it may be appealed in writing to the Vice President of Patient Care Services (Step 2) by the grievant or the Association within fourteen (14) days of receipt of the written Step 1 response to the grievant.

   The Vice President of Patient Care Services shall meet with the Association representative and, at the option of the grievant, the grievant within fourteen (14) days of the receipt of the appeal, and together they shall attempt to resolve the grievance. The Vice President of Patient Care Services shall give a written decision to the grievant and the Association within fourteen (14) days after the meeting.

   The Association may initiate a grievance and direct it initially to the Vice President of Patient Care Services if the issue affects the right or benefits of at least four (4) nurses within the bargaining unit.

3. **Step 3.** If the grievance is not settled at Step 2, it may be appealed to the CEO within fourteen (14) days following receipt by the grievant and the Association of the written response at Step 2. The parties shall meet within ten (10) days of receipt of the appeal at a mutually convenient time to attempt to resolve the grievance. The CEO will issue a written response to the grievant and the Association within fourteen (14) days following the meeting.

4. **Step 4.** If the CEO's determination at Step 3 is unsatisfactory to the grievant or if such determination has not been made within the described time, the Association may within fourteen (14) calendar days of the CEO's decision (or the date the decision should have been received) request that the Hospital participate in non-binding mediation through the Federal Mediation and Conciliation Service (FMCS). If (a) the Association does not request mediation, (b) the Hospital does not agree to Mediation, or (c) mediation does not result in resolution of the grievance, the Association may, within fourteen (14) calendar days of the precipitating event (for (a) the response or deadline for response from the CEO, for (b) the Hospital's decision not to participate in mediation, or for (c) the unsuccessful mediation session), refer the grievance to arbitration.

17D. <u>Arbitration.</u>

1. The arbitrator will be selected from a list of names supplied by FMCS of seven (7) experienced Oregon resident arbitrators. Each party will alternatively strike names until only one (1) name remains. A flip of the coin will decide which party is to first strike a name.

2. The expenses of the arbitration, including the arbitrator's fee, will be borne equally by the parties. Each party will, however, be responsible for its own representation fees and witness compensation, if any.

3. The arbitrator will not have the authority to modify, add to, alter, or detract from the provisions of this Agreement. The award of the arbitrator is to be written and will be binding on the parties.

4. Grievances involving a claim by the grievant and the Association for back pay and benefits are to be processed by the parties expeditiously. The amount of back pay and benefits may be adjusted by the arbitrator if there is clear and convincing evidence of delay on the part of either party, but in no event will the arbitrator have the authority to award back pay or benefits greater than that which would have been earned by the grievant based on their regular schedule.

17E. As used in this Article, days means calendar days.

17F. Nothing in this Article precludes the Association and/or a nurse from discussing with the Hospital other concerns that are not within the definition of a grievance.

ARTICLE 18 – HEALTH AND WELFARE

18A. **Testing.** At the time of employment and annually thereafter, each nurse must fulfill Employee Health requirements.

18B. **Medical and Dental Plans.** Each full-time nurse and part-time nurse who is regularly scheduled to work at least twenty (20) hours per week may participate in one (1) of the medical, dental, and vision plans offered as part of the Samaritan Choice Plans, in accordance with its terms. The Hospital retains the right to change the medical and/or dental plans offered as part of Samaritan Choice Plans, provided that any such successor plan is substantially equivalent to the previously existing plan.

18C. **Premium Rate Determination.** The employee's contribution rate will be the same as the rest of the majority of the Hospital's employees, provided, however, that the Health and Welfare Plan premium changes do not exceed the parameters listed below:

1. No increase to premiums in plan year 2026.

2. Premiums will not increase by more than three percent (3%) in plan year 2027.

3. Premiums will not increase by more than five percent (5%) in plan year 2028.

18D. **Insurance Opt-Out.** Nurses may opt-out of medical/pharmacy benefits with proof of other insurance and receive fifty-five dollars and thirty-nine cents ($55.39) per pay period. Such proof much be provided annually to Human Resources. In addition to providing documentation, the employee must opt-out electronically in the benefits enrollment system annually.

18E. **Life Insurance and Long-Term Disability.** During the term of this Agreement, nurses will participate in the life insurance and long-term disability plan as in accordance with the provisions of the SHS plan. During the term of this Agreement, nurses may also participate in the voluntary insurance plans in accordance with the provisions in the SHS plan.

18F. **Short-Term Disability.** During the term of this Agreement, nurses may participate in the short-term disability insurance plan according to the provisions of the short-term disability plan provided by SHS. The opportunity to elect short-term disability will be available to new employees upon hire and all employees at least annually.

18G. **Section 125 Plan.** The Hospital will provide a Section 125 plan that will allow the pretax payment of insurance premiums, un-reimbursed medical expenses, and dependent care. An election of the amount to be withheld monthly must occur each year, and unused amounts will be handled as per plan rules.

18H. **Benefits for Per Diem Nurses Working More Than Forty (40) Hours Per Pay Period.** Per Diem Nurses who for the previous six (6) months have on average worked forty (40) hours or more per pay period in a Per Diem position will upon request be granted benefits of a regular FTE, except paid time off (PTO), appropriate to number of hours worked. These Nurses will forfeit the Per Diem differential in lieu of those benefits. Nurses must maintain the forty (40) hours per pay period average which will be reviewed on a bi-annual basis to remain eligible for benefits. Participating nurses who do not maintain the forty (40) hour per pay period average shall be notified no less than thirty (30) days prior to loss of benefits.

18I. **Health Insurance Advisory Committee.** Samaritan Health Services (SHS) will maintain a Health Insurance Advisory Committee.

1. The Committee will include a PNAL representative. The PNAL Executive Committee will appoint one (1) primary representative and one (1) alternate representative from the bargaining unit. The representatives' employment shall be in good standing. The nurse will be paid for time attending meetings. This time will not drive contractual overtime.

2. The purpose of the Committee will be to review claims experience, utilization, and trends in the insurance industry. The Committee will be a forum to provide and share information, ask questions, address concerns, and make recommendations regarding the insurance plan. Substantive changes to plan benefits or premiums for any SHS insurance plan will be shared with the Committee before the changes are made. Materials supporting benefit changes and premium increases will be provided to the Committee.

3. The Committee will meet at least twice a year or more often as described by the Committee. The date of meetings will be set one (1) month in advance of the meeting date. Meetings will be scheduled to include the PNAL representative. The nurse representative shall arrange with department leadership time to attend if the meeting occurs during work hours.

ARTICLE 19 – RETIREMENT

19A. **Samaritan Health Services Tax Shelter Annuity (403b).** The Hospital will provide a Tax Shelter Annuity (TSA) plan for all nurses who are legally eligible to participate. The TSA program provided as part of the Samaritan Health Services Tax Sheltered Annuity will permit eligible employees to contribute up to the maximum allowable by applicable law.

19B. **Hospital Match to the Samaritan Health Services TSA.**

1. For nurses hired on or before September 24, 2013, the Hospital will match the contribution of the eligible nurses up to three percent (3%) of gross pay.

2. For nurses hired after September 24, 2013, the Hospital will match the contribution of the eligible nurses up to two percent (2%) of gross pay. For nurses hired after September 24, 2013, the Hospital will increase the match of the contribution of eligible nurses up to three percent (3%) of gross pay once the nurse has completed fifteen (15) consecutive years of SHS employment.

19C. **Samaritan Health Services Retirement Plan.** Nurses will participate in accordance with the terms of the Samaritan Health Services Retirement Plan which will include a contribution by the Hospital of four percent (4%) of eligible compensation.

ARTICLE 20 – SEPARABILITY

If any provision of this Agreement is at any time declared invalid by any court of competent jurisdiction or through government regulations or decree, that decision will not invalidate the entire Agreement, it being the express intention of the parties hereto that all other provisions not declared invalid will remain in full force and effect.

ARTICLE 21 – SUCCESSOR

If the Hospital, by merger, consolidation, sale of assets, franchise, or any other means, enters into an agreement with another firm or individual that in whole or part affects the existing collective bargaining unit, then the successor firm or individual will be bound by each and every provision of this Agreement. The Hospital shall call this provision of the Agreement to the attention of any firm or individual with which it seeks to make an agreement as aforementioned, and if notice is so given, the Hospital will have no further obligations hereunder from date of takeover.

ARTICLE 22 – SURGICAL SERVICES

22A. The Surgical Services department shall be composed of the following units: Main Operating Room (OR), Post Anesthesia Care Unit (PACU), and Ambulatory Surgery (SDC).

22B. **Required Surgical On-call.** Scheduled on-call is required of nurses in the OR, PACU, and Ambulatory Surgery. Surgical Services nurses will not be required to work more than forty-six (46) hours per month at the regular Surgical on-call and callback pay. Nurses are responsible to enter their call time into Kronos. If more coverage is needed for the department after the required call is scheduled, a nurse may volunteer to share those hours. Volunteers for extra call will have an opportunity to share those hours. If further coverage is required, there will be a rotation of extra shifts until all shifts are covered. The Hospital will make every effort to limit a nurse's maximum call per month to one (1) weekday per week and one (1) full weekend.

1. **Weekend On-call.** 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 and/or assigned by rotation within each unit.

2. **Vacations.** Scheduled vacations do not exempt the nurse from the assigned call weekend. The nurse is required to find call coverage. If a nurse is on vacation for greater than one (1) week, the required call will be reduced in relation to the time taken (e.g. one (1) full week of PTO in a month requires the nurse to take thirty-five (35) hours of call; two (2) full weeks of PTO in a month requires the nurse to take twenty-three (23) hours of call). If a nurse chooses to take more call, bonus pay will not be paid until the forty-six (46) hours per month minimum is met.

22C. **Holiday Surgical On-call.** Holiday call is required and will be equally shared and assigned by rotation. Holidays will be split into two (2) groups: spring/summer holidays (Easter, Memorial Day, 4th of July, and Labor Day) and fall/winter holidays (Thanksgiving, Christmas Eve, Christmas Day, and New Year's Day). A rotation will be established within each unit. In the OR and PACU, one (1) spring/summer and one (1) fall/winter holiday will be assigned by rotation. In the OR, if the unit is closed and/or a holiday is attached to the weekend (e.g. Thursday or Monday), the weekend will be assigned with the holiday. In Ambulatory Surgery, holiday call rotation will alternate yearly between holiday groups. Rotation in all units will be

based on the number of nurses assigned to take call within that unit and may vary from year to year.

22D. <u>No Rest Overtime Rule.</u> A nurse who has worked any combination of hours, including callback or scheduled hours, such that the nurse has not received ten (10) consecutive hours off immediately prior to the nurse's next scheduled shift may:

1. Self-cancel and not work the next regularly scheduled shift before that shift begins in accordance with the established call-off process. The nurse may request not to use PTO;

2. Request to be excused from the beginning of the next regularly scheduled shift to rest and then report to work later, with Management approval, if the Hospital has a need. If the request is granted, and if the nurse has not received ten (10) consecutive hours of rest when the nurse returns to the shift, the nurse will be paid No Rest Overtime (one and one-half (1½) times the nurse's regular hourly rate of pay); or

3. Choose to work the shift and be paid one and one-half (1½) times the nurse's regular hourly rate of pay.

All subsequent hours will be paid at No Rest Overtime until the nurse has had ten (10) hours of rest.

In the event of a Mandatory Absence in the nurse's unit and shift, a nurse working under Article 22.D.3 will be the first to be reduced in hours on that shift or given the option to go to straight time for the remainder of their shift. If the nurse is assigned a Mandatory Absence and does not complete their regularly scheduled shift, the nurse will be paid half (½) the nurse's hourly base rate per hour for the remaining hours of the nurse's regularly scheduled shift.

22E. <u>Surgical Services Floating.</u>

1. A nurse's home unit is the unit a nurse is hired into.

2. Surgical Services nurses may be floated to units within Surgical Services for which they are appropriately trained and qualified or act as Helping Hands.

3. Nurses may be floated outside of Surgical Services and may take a patient care assignment, provided they are appropriately trained and qualified, or act as Helping Hands.

4. Any nurse being floated from their home unit will be oriented to the new unit's physical environment.

22F. Tiered Call.

Tier	Hour of Call in a Schedule Period	Call Pay
Tier 1	0-46 hours	1x contractual call rate
Tier 2	>46-72 hours	2x contractual call rate
Tier 3	>72 hours	3x contractual call rate

Nurses in Tier 2 and 3 call will receive an additional ten dollars ($10.00) per hour for each callback hour worked. This does not apply to callback for holidays or orphan call when the nurse is in Tier 3 call. For holidays, hours worked on callback are paid at two (2) times the base rate of pay. If a nurse is called back from orphan call when the nurse is already in Tier 3, they will receive an additional twenty dollars ($20.00) per hour for each hour called back while on orphan call.

22G. Volunteer Surgical On-call. If nurses regularly scheduled outside of OR, Ambulatory Surgery, or PACU volunteer to take call for OR, Ambulatory Surgery, or PACU, the nurse will be paid bonus call pay retroactive back to the first hour, once the minimum of forty-six (46) hours of call are completed, including sixteen (16) weekend hours per month.

22H. Orphan Call. Orphan call is defined as an assigned Surgical on-call period which has become available due to illness, injury, or termination/resignation after the on-call schedule for the month has been posted. Volunteers who agree to take orphan call will receive tiered call payment. If the nurse is already in Tier 3, they will receive an additional twenty dollars ($20.00) per hour for each hour worked when called back while on orphan call. The nurse shall make Management aware of the callback hours. If there are no volunteers for an orphan call situation, the call will be assigned by rotation.

22I. **Surgical Services Callback.** Callback is defined as time called back from on-call. Callback will be paid at the rate of one and one-half (1½) times the base rate of pay for all hours when called back plus applicable differentials. If a nurse is called back, the minimum pay for callback is three (3) hours. In addition, Surgical on-call pay will continue during periods of callback. Callback hours paid may not exceed the number of hours scheduled Surgical on-call. Callback shall not be paid in combination with regular pay for the same hours worked. If a nurse is scheduled to be on-call following a regular shift and is required to work past the end of the shift to complete necessary tasks related to a late surgical case, the nurse shall be deemed to have been called back from the end of the regular shift.

22J. **Non-Scheduled Callback.** If an OR, PACU, or Ambulatory Surgery nurse works beyond sixty (60) minutes beyond their assigned work hours or gets called back to work outside of the unit's regular hours of operation, when not on Surgical on-call, the nurse shall be compensated at one and one-half (1½) times base rate of pay plus ten dollars ($10.00) per hour and tiered call pay for a minimum of three (3) hours. Tiered on-call pay will be paid at Tier 2 or 3 depending on their total on-call hours worked at that point of the calendar month.

22K. **Callback Meal and Rest Break.** Rather than waiting at the hospital at the end of a callback shift for a break, the nurse may choose to forgo such break and leave.

22L. **Registered Nurse First Assist (RNFA).** Any nurse who has Hospital privileges to work as a Registered Nurse First Assist in surgery.

22M. **Surgical Services Per Diem Nurses.** Per Diem Nurses are required to sign up for four (4) shifts per schedule period unless they have a different written agreement with Management. Per Diem Nurses are not required to take call but may agree to do so voluntarily. If a Per Diem Nurse has a shift canceled pursuant to Article 7.J, such canceled shift will count towards the minimum obligation of four (4) shifts per schedule period. Per Diem Nurses will receive overtime for hours worked over forty (40) hours in a workweek. Per Diem Nurses will be paid at one and one-half (1 ½) times their base rate of pay for all hours worked above thirty-six (36) hours per workweek if the hours were picked up after the schedule opened house-wide and

the nurse scheduled their contractual minimum shifts. Per Diem Nurses who agree to work on short notice (within forty-eight (48) hours) are eligible for short notice pay under Article 23.E.16.

ARTICLE 23 – COMPENSATION

23A. **Wage Step Placement.** Registered Nurses will be placed on the appropriate step of the wage scale based on years of experience as accepted at the time of hire. New hires and transfers into the bargaining unit will be given year-for-year credit for prior experience toward step placement for recent related experience in an acute care setting or related experience in a non-acute care setting, at the discretion of the Hospital (e.g. RN at a stand-alone surgical center). Other RN experience will be credited as one (1) year of credit for every two (2) years of experience. If the nurse has ten (10) months or more of applicable experience, as outlined above, it will count as one (1) year. For example, two (2) years and ten (10) months shall count as three (3) years of experience. New hires and transfers will be placed at the wage step corresponding to the years of prior experience.

23B. **Step Advancement.** Nurses will progress to the next step on the scale on the nurse's anniversary date. Nurses transferring from within Samaritan Health Services will continue with original hire/anniversary date.

23C. **Step Correction.** Nurses who were on a longevity step prior to July 1, 2025, will be placed on the step that reflects their previously credited years of experience and their years of service at SLCH. This change will be effective the pay period that begins at least forty-five (45) days after ratification of this Agreement.

23D. **Wage Scale.**

1. Effective July 14, 2025, the wage scale shall increase by fourteen point five nine percent (14.59%). If ratification is not complete by July 14, 2025, increased wages shall be paid retroactive to July 14, 2025.

2. Effective July 13, 2026, the wage at every step of the scale shall increase by four percent (4%).

3. Effective July 12, 2027, the wage at every step of the scale shall increase by four percent (4%).

Samaritan Lebanon Community Hospital ONA Wage Scale							
Years of Experience	Pre-Ratification		Effective July 14, 2025-June 30, 2028				
	Step	7/1/2024	Step	7/14/2025	7/13/2026	7/12/2027	Step (%)
0	Step 1	$46.59	Step 1	$53.39	$55.53	$57.75	--
1	Step 2	$47.99	Step 2	$54.99	$57.19	$59.48	3.0%
2	Step 3	$49.43	Step 3	$56.65	$58.91	$61.27	3.0%
3	Step 4	$50.91	Step 4	$58.34	$60.68	$63.11	3.0%
4	Step 5	$52.44	Step 5	$60.09	$62.49	$64.99	3.0%
5	Step 6	$54.01	Step 6	$61.90	$64.38	$66.95	3.0%
6	Step 7	$55.64	Step 7	$63.75	$66.31	$68.96	3.0%
7	Step 8	$57.30	Step 8	$65.66	$68.29	$71.02	3.0%
8	Step 8	$57.30	Step 9	$66.65	$69.32	$72.09	1.5%
9	Step 9	$59.02	Step 10	$67.63	$70.34	$73.16	1.5%
10	Step 9	$59.02	Step 11	$68.65	$71.40	$74.25	1.5%
11	Step 10	$60.79	Step 12	$69.66	$72.45	$75.35	1.5%
12	Step 10	$60.79	Step 13	$70.71	$73.54	$76.48	1.5%
13	Step 11	$62.62	Step 14	$71.75	$74.62	$77.61	1.5%
14	Step 11	$62.62	Step 15	$72.83	$75.74	$78.77	1.5%
15	Step 12	$64.50	Step 16	$73.91	$76.86	$79.94	1.5%
16	Step 12	$64.50	Step 17	$74.35	$77.32	$80.42	0.6%
17	Step 12	$64.50	Step 18	$74.79	$77.79	$80.90	0.6%
18	Step 12	$64.50	Step 19	$75.24	$78.25	$81.38	0.6%
19	Step 12	$64.50	Step 20	$75.68	$78.71	$81.86	0.6%
20	Step 13	$66.43	Step 21	$76.12	$79.17	$82.34	0.6%
21	Step 13	$66.43	Step 22	$76.58	$79.65	$82.83	0.6%
22	Step 13	$66.43	Step 23	$77.04	$80.12	$83.33	0.6%
23	Step 13	$66.43	Step 24	$77.49	$80.60	$83.82	0.6%
24	Step 13	$66.43	Step 25	$77.95	$81.07	$84.31	0.6%
25	Step 14	$68.42	Step 26	$78.41	$81.55	$84.81	0.6%
26	Step 15	$68.83	Step 27	$78.88	$82.03	$85.31	0.6%
27	Step 16	$69.25	Step 28	$79.35	$82.53	$85.83	0.6%
28	Step 17	$69.66	Step 29	$79.83	$83.03	$86.35	0.6%
29	Step 18	$70.08	Step 30	$80.31	$83.53	$86.87	0.6%
30	Step 19	$70.50	Step 31	$80.79	$84.02	$87.38	0.3%
31	Step 20	$70.68	Step 32	$81.03	$84.27	$87.64	0.3%
32	Step 21	$70.85	Step 33	$81.27	$84.52	$87.90	0.3%
33	Step 22	$71.03	Step 34	$81.52	$84.78	$88.17	0.3%
34	Step 23	$71.21	Step 35	$81.76	$85.03	$88.43	0.3%
35	Step 24	$71.39	Step 36	$82.01	$85.29	$88.70	0.3%

23E. Differentials and Premiums.

1. **Shift Differential.** Nurses working hours on both evening and night shifts will be paid the differential based on the time the hours are worked. Nurses working a shift that overlaps into evening or night shift will be paid shift differential only

when most of their hours fall within evening or night shift and will be paid the differential for all hours of their shift.

a. Evening shift is considered to be the hours between 1500 and 2300. Nurses will receive a differential of six percent (6%) of the base rate of pay under Article 23 when they work a shift where the majority of hours fall within the evening shift. Evening shift differential shall be paid when the worked hours of the shift change due to mandatory education, MA, or at the request of the Hospital.

b. Night shift is considered to be the hours between 2300 and 0730. This differential will be applied as follows:

Wage Scale Step	Differential
1	12.5%
2-6	15%
7 – 10	17.5%
11 – 36	20%

Night shift differential shall be paid when the worked hours of the shift change due to mandatory education, MA, or at the request of the Hospital.

2. **Charge Nurse Differential.** Nurses serving in a charge capacity will receive a differential of six percent (6%) of the nurse's base rate of pay. This differential is included in the base rate of pay for Charge Nurses, and all other percentage-based premiums are calculated from that base rate of pay.

3. **Relief Charge Nurse Differential.** Nurses serving in a relief charge capacity will receive a differential of six percent (6%) of the nurse's base rate of pay for actual hours spent in the relief charge role.

4. **Resource Nurse Differential.** Nurses serving in a Resource Nurse capacity will receive a differential of six percent (6%) of the nurse's base rate of pay for all compensated hours. This differential is included in the base rate of pay for Resource Nurses, and all other percentage-based premiums are calculated from that base rate of pay.

5. **Relief Resource Nurse Differential.** Nurses serving in a relief Resource Nurse capacity will receive a differential of six percent (6%) of the nurse's base rate of pay for actual hours spent in the relief Resource Nurse role.

6. **Per Diem Nurse Differential.** Per Diem Nurses will receive the following differential:
   a. Effective the first pay period following ratification, the Per Diem differential will be nine percent (9%).

   b. Effective July 13, 2026, the Per Diem differential will be twelve percent (12%).

   c. Effective July 12, 2027, the Per Diem differential will be fifteen percent (15%).

7. **Preceptor Differential.** Nurses who act in the capacity of a preceptor at the request of the Hospital will be paid a differential of three percent (3%) of the nurse's base rate of pay for all hours worked. Eligibility requirements are specified in the SHS Preceptor Policy. Compensation will start the first pay period following completion and submission of the precepting training requirements. Nurses who act as preceptors will receive feedback on their annual performance appraisal related to such duties.

8. **Weekend Differential.** For any shift predominately worked on a Saturday or Sunday, the nurse shall be paid a differential of five percent (5%) of the nurse's base rate of pay. Effective October 20, 2025, for all pay-related purposes, the weekend shall begin at 1900 on Friday and end at 0700 Monday. For all other purposes, the weekend is defined as Friday 1900 through Sunday 1900.

9. **Certification Differential.** A nurse may apply for and will receive a certification differential of three percent (3%) of the nurse's base rate of pay; a second certification shall be compensated at one percent (1%) of the nurse's base rate of pay, if the nurse has a current national specialty certification listed on Appendix A that is relevant to department where the nurse works the majority of their hours. The differential will commence the first day of the pay period following the date that written evidence of the passing test score or continuing certification is received by SLCH HR. This differential will be automatically

discontinued if certification lapses. If a nurse changes department, the nurse may request to maintain the differential as long as the certification remains applicable to their nursing practice.

10. **Registered Nurse First Assist (RNFA) Differential.** Any nurse credentialed to work as an RNFA shall receive a differential of six percent (6%) of the nurse's base rate of pay for hours worked in the RNFA capacity.

11. **Acting House Supervisor Differential.** Any Charge or Resource Nurse designated to be an Acting House Supervisor by the Hospital shall receive a premium of six percent (6%) above their base rate of pay for hours worked in this capacity. All other nurses shall receive a premium of twelve percent (12%) for all hours worked in this capacity.

12. **BSN/MSN/Doctorate Differential.** A differential of three percent (3%) of the nurse's base rate of pay will be paid to ONA-represented nurses who hold a BSN. A differential of four percent (4%) of the nurse's base rate of pay will be paid to ONA-represented nurses who hold an MSN/Doctorate degree in Nursing. Nurses will be eligible for only one (1) advanced degree differential. BSN/MSN/Doctorate diploma or official transcript must be received in the HR Service Center for differential to begin. The differential will commence the first day of the pay period following the date that evidence is received by the HR Service Center.

13. **Float Differential.** Nurses who float outside of their designated department or unit at the request of the Hospital, including as Helping Hands, shall receive an additional two dollars ($2.00) per hour for hours spent floating. The nurse must complete a labor level transfer at the clock to receive this differential; reasonable exceptions requested within the current pay period may be granted by department leadership.

14. **Bilingual Differential.** Nurses will be eligible for a bilingual differential per SHS policy.

15. **Transport Bonus.** A nurse who is assigned to accompany a patient to another facility via ambulance will receive a seventy-five dollars ($75.00) transport bonus.

16. **Short Notice Pay.** Vacancies and other staffing needs within forty-eight (48) hours of the start of the shift will be considered short notice. At the request of the Hospital, all hours worked to fill such vacancies and staffing needs shall be paid at one and one-half (1½) times the nurse's base rate of pay plus fifteen dollars ($15.00) per hour.

23F. On-call.

1. Census/Scheduled on-call is defined as on-call for low census or scheduled on-call outside regular work hours in all Hospital departments.

2. On-call will be paid at the rate of seven dollars and fifty cents ($7.50) per hour. On the holidays set forth in Article 9, such on-call rate will be nine dollars ($9.00) per hour.

23G. All new increases or pay practice changes introduced in this contract shall commence on the first (1st) day of the first (1st) pay period following ratification unless otherwise specified.

ARTICLE 24 – STAFFING AND WORKPLACE SAFETY

24A. **Commitment to Safe Staffing.** The Hospital and Association have a shared commitment to nurse staffing that provides safe patient care and a safe work environment for nurses and which follows evidence-based practices and nationally recognized professional standards of nurse staffing, where they exist.

24B. **Compliance with Oregon Hospital Staffing Law.** The Hospital and the nurses will act in compliance with the Oregon Hospital Staffing Law.

24C. **Commitment to Providing a Safe Workplace.** The Hospital and Association recognize the importance of maintaining a safe workplace for employees. The Hospital is committed to taking appropriate necessary action to provide a safe workplace.

24D. **Workplace Violence.** The Hospital will encourage nurses who are victims of assault in the workplace to report the event and will recognize the potential emotional impact. The Hospital will follow its established process regarding workplace violence reports.

1. Wellbeing resources are available to nurses via Samaritan's employee assistance program.

2. The Hospital monitors the incidents of reported behavior/combative persons, weapons/hostage situations and active threat on campus, and the reported occurrences of workplace violence. The data will be shared and reviewed with the house-wide Employee Safety Committee to the extent permitted by HIPAA. This data will be used to evaluate training and other needs.

3. In the event of an injury as a result of workplace violence inflicted by another person, at the nurse's request, they will be released from duty for the remainder of their shift without loss of compensation or use of PTO. If additional time away is needed, the nurse should contact the leave administrator to explore programs, resources, and available options. Nurses who file a worker's compensation claim due to an assault at work will have the waiting period paid for by the Hospital without deduction of PTO hours.

4. A nurse who has been assaulted by a patient or that patient's family member or visitor shall not be required to assume the assignment of that patient without the consent of the nurse, except in cases of an emergency.

5. The Hospital will extend reasonable cooperation to any nurse assaulted in the workplace who chooses to exercise their rights under the law.

ARTICLE 25 – DURATION OF AGREEMENT

This Agreement is in full force and effect on ratification (except where otherwise designated), and, as expressly set forth hereunder, will remain in effect until June 30, 2028, and from year to year thereafter unless either party gives written notice to the other party at least ninety (90) days prior to the expiration date of its desire to terminate or modify this Agreement.

IN WITNESS HERETO, the parties have executed this Agreement on the dates set forth below:

OREGON NURSES ASSOCIATION

Mary Crawford-Seekatz, RN,
Post-Anesthesia Care Unit, Chair

Hailey Baker, RN,
Critic al Care Unit

Larry Gibbons, RN,
Emergency Department

Corinne Howard, RN,
Operating Room

Patrick Johns, RN,
Acute Care Unit

Ashley Bromley,
Labor Relations Representative

SAMARITAN LEBANON COMMUNITY HOSPITAL

Jennifer Kimberlain, VP Patient Care Services

Jennifer Kimberlain,
VP Patient Care Services

Olivia Moffett,
Labor Relations Business Partner

Beth Gasperini Nurse Manager

Beth Gasperini,
Nurse Manager

Cassy Hamilton, Nurse Manager

Cassy Hamilton,
Nurse Manager

Kerry Kilgore, Nurse Manager

Kerry Kilgore,
Nurse Manager

Trisha Estes, Nurse Manager

Trisha Estes,
Nurse Man ager

Trish Weber

Trish Weber,
Nurse Manager

Megan VanDelinder, Senior HR Business Partner

Megan VanDelinder,
Senior HR Business Partner

APPENDIX A – SPECIALTY CERTIFICATIONS

ACM	Accredited Case Manager
AOCN	Advanced Oncology Certified Nurse
CAPA	Certified Ambulatory, Peri-Anesthesia Nurse
CARN	Certified Addictions Nurse
CCCN	Certified Continence Care Nurse
CCM	Certified Case Manager
CCRN	Critical Care RN
CEN	Certified Emergency Nurse
CFRN	Certified Flight Registered Nurse
CGRN	Certified Gastroenterology Registered Nurse
CHPN	Certified Hospice/Palliative Nurse
CMC	Certified Cardiac Medicine
CMSRN	Certified Medical Surgical Registered Nurse
CNOR	Certified Nurse, Operating Room
COCN	Certified Ostomy Care Nurse
CPAN	Certified Peri-Anesthesia Nurse
CPEN	Certified Pediatric Emergency Nurse
CPN	Certified Pediatric Nurse
CRNFA	Certified RNFA
CRNI	Certified Registered Nurse Intravenous
CWCN	Certified Wound Care Nurse
CWOCN	Certified Wound, Ostomy, Continence Nurse
HNC	Holistic Nurse Certification
IBCLC	Certified Lactation Nurse
OCN	Oncology Certified Nurse
ONC	Orthopedic Nurse Certificate
PCCN	Progressive Care Certified Nurse
RNC	Maternal/Neonatal Nursing Certificate, Low Risk Neonatal (LRN), Electronic
RN, CBC	Gerontological
	Medical Surgical
	Pain Management
SANE	Sexual Assault Nurse Examiner
TCRN	Trauma Certified Register Nurse

APPENDIX B – SCHEDULE OF SCHEDULES

SLCH Schedule of Schedules								
4 Week Schedule Period			Work on Schedule 6 Weeks	Casual Open Date (pick up 4 shifts in schedule period) 5 Weeks Prior	Open Shifts to Department Staff only	Open Shifts to Cross Trained Staff	IFF Opens 2 Weeks Prior	Post Date
6/30/25	thru	7/27/25	5/19/25	5/26/25	6/2/25	6/9/25	6/16/25	6/2/25
7/28/25	thru	8/24/25	6/16/25	6/23/25	6/30/25	7/7/25	7/14/25	6/30/25
8/25/25	thru	9/21/25	7/14/25	7/21/25	7/28/25	8/4/25	8/11/25	7/28/25
9/22/25	thru	10/19/25	8/11/25	8/18/25	8/25/25	9/1/25	9/8/25	8/25/25
10/20/25	thru	11/16/25	9/8/25	9/15/25	9/22/25	9/29/25	10/6/25	9/22/25
11/17/25	thru	12/14/25	10/6/25	10/13/25	10/20/25	10/27/25	11/3/25	10/20/25
12/15/25	thru	1/11/26	11/3/25	11/10/25	11/17/25	11/24/25	12/1/25	11/17/25
1/12/26	thru	2/8/26	12/1/25	12/8/25	12/15/25	12/22/25	12/29/25	12/15/25
2/9/26	thru	3/8/26	12/29/25	1/5/26	1/12/26	1/19/26	1/26/26	1/12/26
3/9/26	thru	4/5/26	1/26/26	2/2/26	2/9/26	2/16/26	2/23/26	2/9/26
4/6/26	thru	5/3/26	2/23/26	3/2/26	3/9/26	3/16/26	3/23/26	3/9/26
5/4/26	thru	5/31/26	3/23/26	3/30/26	4/6/26	4/13/26	4/20/26	4/6/26
6/1/26	thru	6/28/26	4/20/26	4/27/26	5/6/24	5/13/24	5/18/26	5/6/24
6/29/26	thru	7/26/26	5/18/26	5/25/26	6/1/26	6/8/26	6/15/26	6/1/26
7/27/26	thru	8/23/26	6/15/26	6/22/26	6/29/26	7/6/26	7/13/26	6/29/26
8/24/26	thru	9/20/26	7/13/26	7/20/26	7/27/26	8/3/26	8/10/26	7/27/26
9/21/26	thru	10/18/26	8/10/26	8/17/26	8/24/26	8/31/26	9/7/26	8/24/26
10/19/26	thru	11/15/26	9/7/26	9/14/26	9/21/26	9/28/26	10/5/26	9/21/26
11/16/26	thru	12/13/26	10/5/26	10/12/26	10/19/26	10/26/26	11/2/26	10/19/26
12/14/26	thru	1/10/27	11/2/26	11/9/26	11/16/26	11/23/26	11/30/26	11/16/26
1/11/27	thru	2/7/27	11/30/26	12/7/26	12/14/26	12/21/26	12/28/26	12/14/26
2/8/27	thru	3/7/27	12/28/26	1/4/27	1/11/27	1/18/27	1/25/27	1/11/27
3/8/27	thru	4/4/27	1/25/27	2/1/27	2/8/27	2/15/27	2/22/27	2/8/27
4/5/27	thru	5/2/27	2/22/27	3/1/27	3/8/27	3/15/27	3/22/27	3/8/27
5/3/27	thru	5/30/27	3/22/27	3/29/27	4/5/27	4/12/27	4/19/27	4/5/27
5/31/27	thru	6/27/27	4/19/27	4/26/27	5/3/27	5/10/27	5/17/27	5/3/27
6/28/27	thru	7/25/27	5/17/27	5/24/27	5/31/27	6/7/27	6/14/27	5/31/27
7/26/27	thru	8/22/27	6/14/27	6/21/27	6/28/27	7/5/27	7/12/27	6/28/27
8/23/27	thru	9/19/27	7/12/27	7/19/27	7/26/27	8/2/27	8/9/27	7/26/27
9/20/27	thru	10/17/27	8/9/27	8/16/27	8/23/27	8/30/27	9/6/27	8/23/27
10/18/27	thru	11/14/27	9/6/27	9/13/27	9/20/27	9/27/27	10/4/27	9/20/27
11/15/27	thru	12/12/27	10/4/27	10/11/27	10/18/27	10/25/27	11/1/27	10/18/27
1/11/27	thru	2/7/27	11/30/26	12/7/26	12/14/26	12/21/26	12/28/26	12/14/26
2/8/27	thru	3/7/27	12/28/26	1/4/27	1/11/27	1/18/27	1/25/27	1/11/27
3/8/27	thru	4/4/27	1/25/27	2/1/27	2/8/27	2/15/27	2/22/27	2/8/27
4/5/27	thru	5/2/27	2/22/27	3/1/27	3/8/27	3/15/27	3/22/27	3/8/27
5/3/27	thru	5/30/27	3/22/27	3/29/27	4/5/27	4/12/27	4/19/27	4/5/27
5/31/27	thru	6/27/27	4/19/27	4/26/27	5/3/27	5/10/27	5/17/27	5/3/27
6/28/27	thru	7/25/27	5/17/27	5/24/27	5/31/27	6/7/27	6/14/27	5/31/27
7/26/27	thru	8/22/27	6/14/27	6/21/27	6/28/27	7/5/27	7/12/27	6/28/27

SLCH Schedule of Schedules								
4 Week Schedule Period			Work on Schedule 6 Weeks	Casual Open Date (pick up 4 shifts in schedule period) 5 weeks prior	Open Shifts to Department Staff only	Open Shifts to Cross Trained Staff	IFF Opens 2 Weeks Prior	Post Date
8/23/27	thru	9/19/27	7/12/27	7/19/27	7/26/27	8/2/27	8/9/27	7/26/27
9/20/27	thru	10/17/27	8/9/27	8/16/27	8/23/27	8/30/27	9/6/27	8/23/27
10/18/27	thru	11/14/27	9/6/27	9/13/27	9/20/27	9/27/27	10/4/27	9/20/27
11/15/27	thru	12/12/27	10/4/27	10/11/27	10/18/27	10/25/27	11/1/27	10/18/27
12/13/27	thru	1/9/28	11/1/27	11/8/27	11/15/27	11/22/27	11/29/27	11/15/27
1/10/28	thru	2/6/28	11/29/27	12/6/27	12/13/27	12/20/27	12/27/27	12/13/27
2/7/28	thru	3/5/28	12/27/27	1/3/28	1/10/28	1/17/28	1/24/28	1/10/28
3/6/28	thru	4/2/28	1/24/28	1/31/28	2/7/28	2/14/28	2/21/28	2/7/28
4/3/28	thru	4/30/28	2/21/28	2/28/28	3/6/28	3/13/28	3/20/28	3/6/28
5/1/28	thru	5/28/28	3/20/28	3/27/28	4/3/28	4/10/28	4/17/28	4/3/28
5/29/28	thru	6/25/28	4/17/28	4/24/28	5/6/28	5/13/28	5/15/28	5/6/28
6/26/28	thru	7/23/28	5/15/28	5/22/28	5/29/28	6/5/28	6/12/28	5/29/28

1 Consistent with Article 6.C and Article 7.M, the schedule opens to Variable Nurses on the
2 same date identified in the column entitled "Work on Schedule Six Weeks Prior".

Surgical Services Schedule of Schedules				
Month			Casual Open Date (pick up 4 shifts in schedule period)	Post Date
7/1/25	thru	7/31/25	5/19/25	5/26/25
8/1/25	thru	8/31/25	6/23/25	6/30/25
9/1/25	thru	9/30/25	7/21/25	7/28/25
10/1/25	thru	10/31/25	8/25/25	9/1/25
11/1/25	thru	11/30/25	9/22/25	9/29/25
12/1/25	thru	12/31/25	10/21/25	10/28/25
1/1/26	thru	1/31/26	11/21/25	11/28/25
2/1/26	thru	2/28/26	12/22/25	12/29/25
3/1/26	thru	3/31/26	1/19/26	1/26/26
4/1/26	thru	4/30/26	2/19/26	2/26/26
5/1/26	thru	5/31/26	3/21/26	3/28/26
6/1/26	thru	6/30/26	4/21/26	4/28/26
7/1/26	thru	7/31/26	5/21/26	5/28/26
8/1/26	thru	8/31/26	6/21/26	6/28/26
9/1/26	thru	9/30/26	7/22/26	7/29/26
10/1/26	thru	10/31/26	8/21/26	8/28/26
11/1/26	thru	11/30/26	9/21/26	9/28/26
12/1/26	thru	12/31/26	10/21/26	10/28/26
1/1/27	thru	1/31/27	11/21/26	11/28/26
2/1/27	thru	2/28/27	12/22/26	12/29/26
3/1/27	thru	3/31/27	1/19/27	1/26/27
4/1/27	thru	4/30/27	2/19/27	2/26/27
5/1/27	thru	5/31/27	3/21/27	3/28/27
6/1/27	thru	6/30/27	4/21/27	4/28/27
7/1/27	thru	7/31/27	5/21/27	5/28/27
8/1/27	thru	8/31/27	6/21/27	6/28/27
9/1/27	thru	9/30/27	7/22/27	7/29/27
10/1/27	thru	10/31/27	8/21/27	8/28/27
11/1/27	thru	11/30/27	9/21/27	9/28/27
12/1/27	thru	12/31/27	10/21/27	10/28/27
1/1/28	thru	1/31/28	11/21/27	11/28/27
2/1/28	thru	2/29/28	12/22/27	12/29/27
3/1/28	thru	3/31/28	1/20/28	1/27/28
4/1/28	thru	4/30/28	2/20/28	2/27/28
5/1/28	thru	5/31/28	3/21/28	3/28/28
6/1/28	thru	6/30/28	4/21/28	4/28/28
7/1/28	thru	7/31/28	5/21/28	5/28/28
8/1/28	thru	8/31/28	6/21/28	6/28/28

LETTER OF AGREEMENT – CASE MANAGER ACCRETION

1. **Step Placement.** Beginning the first day of the first full pay period after ratification of the Collective Bargaining Agreement, Case Manager RNs shall be placed on the ONA Wage Scale in Article 23 according to their years of experience. Within thirty (30) days of reaching tentative agreement, the Hospital will evaluate the experience of each Case Manager RN and inform both the Case Manager RNs and the Association of the step placement of each Case Manager RN based upon their years of experience as determined according to the provisions of Article 23.

2. **Red Circling.** No nurse will experience a reduction in wages or step placement based upon implementation of the Collective Bargaining Agreement. In circumstances where a Case Manager RN is currently being paid a higher hourly rate than their credit for nursing experience reflects, they will be placed at the step which most closely reflects their current rate and does not cause a reduction in pay. They shall remain at that pay step until their credit for nursing experience is equivalent to the experience credit needed to move to the next step (commonly referred to as “red circling”), and they shall continue to progress to subsequent wage steps in accordance with Article 23.

3. **Staffing Plan.** A Case Management staffing plan shall be developed in collaboration with Case Management RNs, follow appropriate approval processes, and be incorporated into the Acute Care Staffing Plan by January 1, 2026.

4. **Work Patterns.** Established work patterns will continue. If patterns need to be adjusted, a collaborative conversation between all Case Managers and the Manager will happen to find an equitable solution for all parties. If consensus is not established, the Manager maintains the right to set the patterns to meet departmental needs. No change will be made without six (6) weeks’ notice unless it is done by mutual agreement between the Case Manager and Manager.

Resources for ONA-SLCH Nurses

ONA-SLCH Webpage
Stay in the know of everything happening within the ONA/SLCH BU:
www.oregonrn.org/slch

ONA-SLCH CBA
View the searchable web version of your contract:
bit.ly/4pnnFd1

Update Your Contact Information
Make sure ONA has your up to date contact information:
www.oregonrn.org/update

Become a Member!
Our members are our strength. Become a member today:
www.oregonrn.org/apply

Report Unsafe Staffing & Missed Breaks to OHA
Report your missed breaks and any unsafe staffing here:
www.oregonrn.org/staffingcomplaints

Contact the PNCC
Reach out to the PNCC via email at:
slchpncc@samhealth.org

ONA Oregon Nurses Association
Caring for Oregon

Learn more at **OregonRN.org**