

Memorandum of Understanding

June 30, 2016

Nurses working in the Perioperative unit will be notified of On-Call and NN/OC for next day after the surgical schedule is reviewed and it is determined there is need for less staff. One nurse will be placed on call in this situation. The nurse will be available for 7:00-3:30 shift and float to all the other units as pt. care warrants. The nurse will be available to float to all other units as patient care warrants. Determination will follow the contract guidelines as set forth on pages 15, 16 Article IV, Section H N/N Time. Staff will only be notified by 05:30 am by the night supervisor if the N/N is canceled due to a staffing issue. On-call person can be called in any time after 05:30.

Selection will be made on a rotating basis from the hospital electronic master float list. Those nurses whose turn it is to float, but whose skill set is required in the unit (e.g. Endo, On-Call O.R. nurse), may be exempt from the rotation that day as determined by the unit manager/team leader. Equal rotation should be utilized throughout the Perioperative area as determined by the contract page 14, Article IV, Section 1, G. Floating. The on-call person, is called in will be the float person.

For Hospital

Mary Leguina 6-30-16

For Union

Christin Broyles 6/30/16

Article 4

Section 1. Hours of Work

H. Not-Needed Time/Not-Needed - On Call

Page 16 - Line 11 – Added Language

If there are on-call nurses in multiple departments, call in order will be to primary department first.

Mary Kay Hant
For the Hospital

6-30-16
Date

Christian Boyer
For the Union

6/30/16
Date

Article 4

Section 1. Hours of Work

A. Work Shifts

The normal work shifts for nurses are day rotation, evening and night shifts. Day rotation requires that a nurse employed under these conditions may work any of the day hours as stipulated under day shifts as well as rotate onto the evening and night shifts as the needs of the Hospital dictate.

When preparing the schedule, the Hospital will schedule rotation{xe "Rotation" \i} onto the evening or night shift as equitably as possible. In distributing required scheduled rotations the parties agree that the number of evening or night shifts to which someone is assigned is in direct proportion to their scheduled hours.

~~In Specialty units the~~ Department Manager will, consistent with the goals outlined above, discuss the appropriate manner of distributing scheduled rotation with affected employees, and in good faith, attempt to arrive at and follow the consensus of the affected employees in the unit regarding the distribution of rotation providing that at no time will full staffing be jeopardized.

The normal hours for day shift{xe "day shift" \i} may include but are not limited to 7:00 AM to 3:30 PM. The normal hours for evening shift{xe "evening shift" \i} may include but are not limited to ~~3:10 PM to 11:40 PM.~~ 3pm-11:30pm

The normal hours for the night shift{xe "night shift" \i} may include but are not limited to ~~11:20 PM to 7:20 AM.~~ 11pm-7:30

Normal twelve (12) hour shifts may include but are not limited to 7:00 AM – 7:30 PM and 7:00 PM to 7:30 AM ~~7:15 PM to 7:15 AM.~~

The normal hours for the medical group practices day shift may include but are not limited to 8:00 AM to 5:00 PM, Monday through Friday.

Any variations in shifts will be discussed by the affected employees and the Department Manager with the intent to find a mutually satisfactory solution. The ultimate decision shall be at the sole discretion of the Hospital. When the Hospital decides to change an employee's normal shift hours on a regular basis, it shall give the affected employee at least six (6) weeks written notice, except in cases of emergencies.

B-F: no change

G. Floating{xe "Floating" \i}

All nurses including agency, traveling and per diem nurses, may be required to float as determined by the needs of the Hospital and Nursing Administration. Except in cases of emergency, RN's will not be floated to a charge position.

When necessary to float a nurse, it shall be done according to the following procedure:

1. Volunteers shall be sought from among nurses currently working.
2. If no volunteers are available selection will be made on a rotating basis from the ~~hospital electronic master float list~~ on Sharepoint ~~in the Staffing Office~~ according to dates previously floated. Floating

will be distributed on a rotating basis from the master float list providing the appropriate staffing mix is maintained for patient safety. For the purposes of floating, 2nd and 3rd Floor (future PCU) are considered one staff.

~~When the following conditions occur, the nurse who holds an alternate position in the department in need would float:~~

- ~~a. Birthing Center—When a nurse is needed specifically for labor or an imminent delivery or a “sick” or high risk infant.~~
 - ~~b. SCU—When a second nurse is needed for SCU level patients.~~
 - ~~c. ER—When acting as the second nurse on days or evenings or the only nurse on nights.~~
 - ~~d. Med-Surg Third Floor—When the patient assignment exceeds five patients per nurse on days, six patients per nurse on evenings or the second nurse on nights.~~
 - ~~e. Med-Surg Second Floor—When the patient assignment exceeds four patients per nurse on days, four patients per nurse on evenings or the second nurse on nights.~~
 - ~~f. ACU—When the patient ratio exceeds 3 Phase II patients per nurse or conscious sedation skills are needed.~~
 - ~~g. PACU—When acting as the second nurse.~~
 - ~~h. OR—Only OR qualified staff may float into the OR.~~
3. Newly hired nurses, on completion of orientation, will be placed at the bottom of the float rotation list.
 4. The RN Traveler, on completion of orientation, will be placed at the top of the float rotation list if the traveler’s contract permits. The hospital will make every effort to retain the right to float travelers in traveler contracts.

The floating nurse only performs those activities that s/he can perform with competence and comfort. Nurses who float shall not be required to perform duties on a unit's special skills checklist unless previously oriented to those skills. If not previously oriented to such skills, the nurse will be assigned only basic nursing duties. Additional orientation will be provided to any nurse who makes a reasonable request to the Department Manager or Nursing Supervisor stating that s/he does not feel prepared to perform certain required duties.

~~RNs from the Birthing Center and SCU will not be given a patient assignment unless it is known that they will not be called back to their unit. They should instead be assigned to assist another nurse or be given a functional assignment.~~

Only a fully cross-trained nurse will be required to take a patient assignment when floated. A staff member is cross-trained when competencies for a specific area have been demonstrated and maintained. ~~Cross-trained nurses are not subject to float rotation requirements.~~

Cross trained nurses may be required to float out of turn.

Office Practice LPN’s will not be required to float, but can volunteer to float.

H. Not-Needed Time/Not-Needed - On Call

All nurses may be required to take unpaid not-needed time {xe "not-needed time" \i} from their regular scheduled hours as determined by workload, census and other factors. Not-needed time will be distributed as consistently as possible among the staff of a given unit or area keeping with the appropriate staffing mix using the guidelines set forth herein. For the purposes of distribution, Med Surg 2 and Med

Surg 3 (future PCU) will be considered one area. Nurses may take paid earned time in lieu of unpaid not-needed time, with appropriate notations, by the employee, on the kronos log.

The RN traveler will be placed on the mandatory not needed time rotation of RNs. When the traveler's turn for not needed time comes, the BMH RN with the next not needed turn may choose to take not needed time or perform other assignments, which counts as a mandatory not needed turn for both.

Types of not-needed time are defined as follows:

Mandatory: An employee's turn according to dates/hours in the absence of voluntary not-needed. Hours in place of dates will be used in Perioperative Services. If two or more employees are subject to mandatory not-needed time, dates/hours will be used for final determination. If dates/hours are equal, the person with the least number of not-needed within the fiscal year will be given the not-needed.

Voluntary: An employee volunteers to take not-needed time if available. If more than one employee volunteers for not-needed time for a given shift, dates/hours will be used for final determination. If dates/hours are equal, the nurse with the least number of not-needed within the fiscal year will be given the not-needed. Voluntary not-needed/on-call will place the nurse at the bottom of the rotation list.

A continuous and ongoing master list, by unit or area, will be maintained in the Staffing Office, until such time as they are tracked in an electronic method that is available to all. The exception is Perioperative Services which will be kept in the department Staffing Office. Time given will be recorded in the list and "N/N" will be circled on the time sheet.

Priority	Not-Needed Type
1	Voluntary
2	Staff scheduled extra time by pay period when posted
3	Per Diem Staff/Travelers
4	Regular Staff/Travelers

- Not-needed time will be distributed according to the priority list above. In granting or assigning not-needed time, "Voluntary" shall be granted before "Mandatory" is assigned. Nurses who have projects, education or mandatories will be assigned those activities before being declared Not-Needed.
As an alternative to not-needed time/not-needed on call time, staff may, with mutual agreement of Department Manager or designee, attend appropriate available in-service or work on previously identified special projects.
- Not-Needed given on extra time, by pay period when the schedule is posted, does not count as a turn until the nurse reaches his or her baseline scheduled hours.
- If a nurse declines the offer of an extra shift(s) prior to the schedule being posted and subsequently accepts a shift(s) after the schedule is posted, this will count as extra time for the purposes of not-needed/on-call.
- After completion of orientation, the RN traveler will be placed at the top of the not needed list.

Not Needed sdata will be shared with the Union on a monthly basis until such time as they are tracked in an electronic method that is available to all.

Orientees and/or their preceptors are not exempted from not-needed time except at the discretion of the department manager.

Section 2. Overtime

There is a commitment to working collaboratively to assure efficient nursing care delivery systems and to support reasonable quality of work life for nurses while avoiding the costs associated with inefficient systems. Specifically, the Union and Management will problem solve to reduce costs associated with overtime.

The shift Supervisor must be notified if a nurse is unable to depart at his/her scheduled time.

If the shift Supervisor determines the need for a nurse(s) to stay beyond the scheduled shift, the Supervisor would authorize either voluntary or mandatory overtime compensation.

If a nurse stays beyond his/her shift and the time is not voluntary or mandatory, time worked will be paid at straight time for up to one hour worked beyond their scheduled shift if their assigned patient(s) has been -transferred to the care of another nurse.

A. All **authorized** work performed in excess of a baseline scheduled eight (8) hours in a day, with the exception of flex time (Article IV, Section 1 E), or forty (40) hours in a week shall be paid for at one and one-half (1 1/2) times the nurse's regular rate. All ten (10) hour or twelve (12) hour shifts in effect in a unit, shall be paid at one and one-half (1 1/2) in excess of ten (10) or twelve (12) worked or in excess of forty (40) hours in a week, whichever is appropriate. Any combining of regular baseline weekly hours into ten (10) or twelve (12) hour shifts shall be paid at the nurse's regular rate. There shall be no pyramiding of overtime.

B. A nurse assigned to accompany a patient on an ambulance{x "Ambulance Run" } trip shall be compensated at time and one-half (1 1/2) regular hourly rate with a minimum of four (4) hours pay.

C. Overtime rate shall equal 1 1/2 times the average base salary including differentials, over a two week payroll period.

D. Extra time hours{x "Extra time hours" } will be allocated as uniformly as possible and in such a manner as to minimize the use of overtime. Overtime will also be allocated as uniformly as possible. It is the nurse's responsibility to notify the Staffing Office in writing of the nurse's availability for overtime or extra time{x "availability for overtime or extra time"}.

E. Urgent Pay: Management may offer urgent pay (two times the employee's base rate) to fulfill staffing needs. Management must offer urgent pay if the unit needs additional staff within twenty-four (24) hours from the start of the shift.

Section 3. Mandatory Overtime

Mandatory Overtime is defined as unplanned work, which occurs due to unanticipated change in staffing, volume or acuity and occurs on a shift, by shift basis.

Before overtime is considered, management will seek volunteers, using the understaffed algorithm.

Management is committed to assigning mandatory overtime only after all voluntary staffing options are exhausted. Mandatory overtime will be limited to four (4) hours at the request of the employee provided that an urgent patient care situation, as defined by management, does not exist. Any nurse who is willing and able to work an eight (8) hour shift will have the option of returning to their next scheduled shift in twelve (12) hours following the completion of their overtime shift. In the event that the employee is unable to work mandatory overtime hours, the employee would have the option to decline one (1) turn of mandatory overtime in a six (6) month period, provided there is an additional nurse available to fill the current need, without being subject to corrective action. The next person on the list would move to the top for the shift in question. The person who is opting out would remain at the top of the list for the next MOT assignment

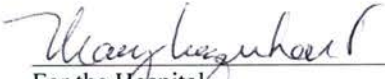
Any employee who volunteers for a shift, or portion of a shift, starting within a twenty four (24) hour period from the time they were asked to work will receive urgent pay (double time) a one hundred dollar (\$100) bonus for an eight (8) hour shift, (pro-rated at twelve dollars and fifty cents (\$12.50) per hour for the hours worked) in addition to applicable compensation. In addition, a staff member who volunteers for the shift will be placed at the bottom of the mandatory overtime rotation list. ~~Bonus money is not intended to be used for filling routine posted schedule vacancies.~~ Nurses who are offered and choose not to accept additional hours for available shifts that are to start greater than twenty-four (24) hours will not be eligible for bonus money if the hours remain uncovered within twenty-four (24) hours of start time.

Mandatory overtime will be determined in rotation, based on the master mandatory overtime list kept in the staffing office, and will be compensated at double time. The employee working mandatory overtime will not be given a patient assignment whenever possible and will be assigned to the same unit.

Booking out for the employee's next scheduled shift within the next twenty four (24) hour period will result in forfeiture of bonus money for a voluntary shift and double time of a mandatory shift of four (4) hours or less.

This mandatory overtime language will be reviewed on-going in the Nursing Directors/Union Officers meeting, throughout the length of the contract. If the use of mandatory overtime does not decrease from current levels, Management will investigate options to minimize the use of mandatory overtime.

Section 4-5: No change. {xe "Sleep-In Policy" \i}


For the Hospital

6-30-16
Date


For the Union

6/30/16
Date

ARTICLE XVIII

SECTION 1. SCOPE OF AGREEMENT

ADDED LANGUAGE

“Should the hospital merge units, the union will have a right to request bargaining of the effect of the merger.”

Mary Kuznetsov 6-30-16
For the Hospital Date

Christian Brown 6/30/16
For the Union Date

**Tentative Agreement
June 28, 2016**

**ARTICLE 7: NO CHANGE EXCEPT
SECTION 6. RETIREMENT{XE "RETIREMENT" \I} PLAN**

401(a):

The Hospital will continue its present or equivalent Money Purchase pension plan (401(a)). The current plan is a 5% contribution to a retirement plan.

403(b):

The Employer will contribute an amount equal to 100% of your elective deferrals, subject to a maximum amount matching contributions which is based on your years of service as set forth in the table below. Years of service are defined as plan years during which you worked at least 1000 hours. Years of Service prior to January 1, 1993 are not considered.

<u>Years of Service</u>	<u>Maximum Matching Contribution</u>
2 through 9	.25% of your Compensation
10-14	.50% of your Compensation
15 or more	2% of your Compensation

It order to share in the matching contribution made for a Plan year you must satisfy the following condition(s):

- You must be employed by the Employer on the last day of the Plan year.
- You must have completed at least 1000 hours of service with the Employer during the Plan year.
 - The above condition(s) do not apply in the Plan year of your death.
 - The above condition(s) do not apply to the Plan year in which you terminate employment with the Employer because of your total disability.
 - The above condition(s) do not apply in the Plan year in which you terminate employment with the Employer at or after your normal retirement age.

Refer to the Summary Plan Document (SPD) for further details.

If the Hospital desires to change either retirement plan, it will first notify the Union to give it the opportunity to negotiate about such change prior to implementation of such change. A copy of the summary description of the retirement plan shall be furnished to each nurse once per year, upon request of that nurse.

Mary Lezshak 6-30-16 Christina Brocken 6/30/16
For the Hospital Date For the Union Date

MEMORANDA OF UNDERSTANDINGS

The Parties have agreed that the MOUs on the following pages which are currently in the back of the Contract will be deleted:

- p. 39 Improving Patient Satisfaction and HCAHP Scores
- p. 41 Retirement Plan – 2009 403(B) With Matching Contributions
- p. 42 Addendum to Memorandum of Understanding signed April 6, 2010
- p. 44 Performance Review
- p. 48 Clinical Ladder Program
- p. 49 Flexible Schedule – Float Pool – (LPN)
- p. 51 Monday Through Friday Surgical Unit Clarification

The Parties have agreed that the following Memoranda of Understandings shall be modified as indicated below:

- p. 40 A footnote will be added following Nursing Practice Council which states:

¹ The Evidence-Based Practice Committee now performs this function.

- p. 43 Retirement Plan at line 7, replace “Article VI, Section 6” with “Article VII, Section 6.”
- p. 46 Referral Bonus at line 12, replace “nine (9)” with “six (6).”

Mary Leazerha 6-30-16
For Hospital Date

Christean Bergeron 6/30/16
For Union Date

**Tentative Agreement
June 24, 2016**

Article VI, Section 2, Filling Vacancies

Line 39

. . . A nurse not selected to fill a vacancy for which s/he has applied shall be notified in writing within Five (5) days from the time the position was filled. Upon request, the applicant will be given the reason(s). The question of whether qualifications are relatively equal shall be subject to the grievance procedure.

When the hours of a vacancy are being considered to be changed to accommodate the needs of a outside candidate for the position, the revised hours for that position will be posted for an additional five (5) days.

The transfer or change in classification for a nurse shall be filled as expeditiously as possible. . . .

For p. 19, line 43

Mary Legeha 6-30-16
For Hospital Date

Deirdra Boyer 6/30/16
For Union Date

Tentative Agreement
June 30, 2016

ARTICLE 2, SECTION 1

D. OTHER PROBATIONARY PROVISIONS

At the option of the Department Manager the probationary period may be extended for another three (3) months. If the probationary period is extended, the Department Manager shall notify the Union chairperson and the employee.

During the first two months of active employment, discharge will be at the sole discretion of the Department Manager without recourse by the Union or the nurse. Discharge of a probationary employee shall be subject to just cause and the grievance procedure but not arbitration.

As soon as necessary, but in no case later than the conclusion of two (2) months, a probationary employee shall be notified in writing, by his/her Department Manager, of any deficiencies in his/her performance and offered assistance in correcting such deficiency.

Upon successful completion of the probationary period, nurses shall be regarded as regular (full-time, part-time or per diem) and accorded seniority status computed as of their last date of hire.

Mary Lezucha (6-30-16
For the Hospital Date

Christian Brager 6/30/16
For the Union Date

ARTICLE 7 SECTION 10. TUITION/FEES REIMBURSEMENT

With prior approval of the Department Manager, respective Vice President and Human Resources, one hundred percent (100%) of the cost, to a four thousand dollars (\$4,000.00) limit per calendar year will be reimbursed to nurses with one year continuing service on completion of the course with passing grade.

This will be for nurses who are scheduled and work twenty-four (24) hours a week or more, as reflected in their personnel file, and have obtained prior approval for a college credit course related to the nurse's present position or to prepare the nurse for a position of greater responsibility at the hospital, as determined by the Department Manager and respective Vice President.

~~Subject to other limitations in this section, this amount may also be applied to examination fees incurred in the successful completion of certification/recertification exams in the nursing specialty related to the nurse's practice.~~

Nurses receiving a separate form of educational support from the Hospital may be excluded from eligibility for funds under Tuition Reimbursement within the same calendar year. Examples may include, select specialized training arrangements with area colleges, agreements for loan forgiveness or other methods by which the hospital is already supporting the nurse's education growth.

The nurse agrees to continue employment at Brattleboro Memorial Hospital, at a minimum of 24 budgeted hours per week, as reflected in the nurse's personnel file, for one (1) year after approval receipt of payment by the Hospital. The nurse agrees to repay the Hospital should s/he terminate or reduce hours below the eligibility threshold during the one (1) year period. The amount to be repaid to the Hospital will be prorated for depends upon the number of months of consecutive employment completed since receiving tuition reimbursement funds approval of payment.

Mary Leach
For the Hospital

6-30-16
Date

Rebecca Peterson
For the Union

6/30/16
Date

TENTATIVE AGREEMENT

JUNE 30, 2016

ARTICLE VI

SECTION 4. REDUCTION IN FORCE{x\ "REDUCTION IN FORCE" \i}

When the Hospital determines that a reduction-in-force requiring layoff of regular full- and part-time nurses in excess of one (1) week becomes necessary, the following procedures will apply:

A. Notification

The Hospital shall notify the Union of the position classification/job code, department, shift, and FTE or portion thereof for each position to be eliminated at least ten (10) calendar days, excluding Saturdays, Sundays, and Holidays, before the effective date of the layoff. Upon request, the Hospital, during the ten (10)-day period, will meet and confer with the Union to explore alternatives to the layoffs.

B. Departments

The parties agree that the following shall be considered separate departments under this Article:

Unit Cost Centers{x\ "Reduction in Force:Unit Cost Centers: " \i}		
Operating Room	Medical-Surgical	Birthing Center
PACU	ACU	Oncology
Care Management	Special Care Unit	Emergency Room
Occupational Health	Physician Practices	

C. Selection

Where two (2) or more nurses occupy the same position classification/job code, department, shift and FTE or portion thereof, nurses will be laid off in the following order:

1. volunteers among qualified nurses;
2. probationary nurses; and
3. nurses in reverse order of Hospital seniority

D. Bumping

1. In order of Hospital seniority, the most senior nurse in the position designated for layoff under Section 3 of this Article may:
 - a. accept any vacant position for which the nurse is qualified; or
 - b. if there is no other available vacant position on the nurse's shift with the same or greater FTE, the nurse may bump any less senior nurse in her/his department on either of the other shifts or the least senior nurse in the bargaining unit. The nurse displaced in this first bump may bump the least senior nurse in his/her department for the remaining shift or the least senior nurse in the bargaining unit. The nurse who has been displaced by the second bump may, in turn, displace the least senior person in the bargaining unit.

Any eligible nurse who exercises bumping rights must be qualified for the position and must agree to work the required hours for the position.

- c. If there is more than one nurse designated for layoff, the other nurses, in order of Hospital seniority, may then invoke the procedure of this subsection.
2. If a nurse refuses to bump, the nurse waives all rights to bumping and shall be laid off with recall rights.
 3. An nurse with bumping rights must exercise such rights within forty-eight (48) hours (excluding Saturdays, Sundays and holidays) of being notified in writing of her/his bumping options.

E. Recall

1. Nurses shall be recalled by Hospital seniority.
2. Nurses shall remain on the recall list for one (1) year unless the nurse fails to accept recall to a position with the same classification/job code, department, shift and FTE as she/he had when laid off within ten (10) calendar days, excluding Saturdays, Sundays and holidays, of the Hospital's depositing a registered offer letter in the mail to the nurse's address of record at the Hospital.
3. In the event a permanent position becomes available during the period of layoff, that job vacancy will be posted. Employees on layoff shall receive preference to other applicants, provided they meet availability requirements of the posting and are, in the judgment of the Department Manager or designee, fully competent to perform all the duties of the position and work the required hours. Any laid off employee who takes the position shall retain recall rights to the employee's former position. Nurses on the recall list may work as a per diem without loss of recall rights.
4. The Hospital reserves the right to use temporary help for fill-in of short duration. Nurses on the recall list who volunteer to work in a temporary position shall provide the Hospital with current phone numbers and/or email addresses. Before hiring temporary Nurses from other sources, the Hospital will make every effort to contact the nurses, who have volunteered, informing them of the classification/job code, department, shift, FTE and estimated duration of the temporary position. The most senior volunteer who responds within two (2) calendar days, excluding Saturdays, Sundays, holidays and the day of notification, shall get the temporary position. If no nurse responds within the two (2)-day period, the Hospital may hire from any source. Nurses who accept temporary positions shall retain recall rights.
- ~~5. Prior to the calendar year in which her/his layoff occurs, a nurse may elect in writing to receive all accrued but unused earned time on a specified payroll date as of, or within one (1) year after, layoff. Absent an election in conformance with this subsection, all accrued but unused earned time will be paid out at the time of layoff. If the nurse is recalled prior to the date s/he elected to be paid out, the accrued but unused earned time will not be cashed out. All accrued but unused earned time paid out during layoff will be at the nurse's rate of pay at the time of layoff.~~
- 6.5. All accrued but unused earned time will be paid out at the time of the layoff. All accrued but unused earned time paid out during the layoff will be at the nurses rate of pay at the time of the layoff. The payout is based on base pay only, and will not include any relevant differentials.
- 7.6. A nurse will not accrue benefits while on layoff. If recalled within one (1) year of layoff, the nurse's seniority date will remain the most recent date of hire.

May Leighton 6-30-16

For the Hospital

Date

Christen Broder 6/30/16

For the Union

Date

Tentative Agreement
June 24, 2016

LEAVE OF ABSENCE – PAGES 34-36

LEAVE OF ABSENCE

A leave of absence without pay may be granted to regular full-time and part-time nurses upon approval of the Department Manager and Director, Human Resources. A leave of absence without pay may be granted for the following reasons: Education, Discretionary Medical, Military, Newborn Infant Care, Legislative Leave, and leaves qualifying under the Vermont Parental and Family Leave Law (VTPFLL) and the Federal Family and Medical Leave Act (FMLA). A request for a leave of absence will be considered based upon the employee's length of service, work record, reason for desiring the leave and the staffing requirements of the department. The nurse will be notified in writing of any benefit changes which result from the leave.

An employee returning from a discretionary medical or newborn infant care leave of absence within three (3) months of commencing the leave shall be reinstated to his/her prior position (unless that position has been eliminated) provided the employee is willing to work the same number of hours and the same shift as s/he worked prior to the leave. If the discretionary medical or newborn infant care leave exceeds three (3) months and/or is combined with another approved leave, or sick leave, and the combination of leaves exceeds three (3) months, the employee's right to return to his/her prior position shall be the same as that accorded to nurses as stated in the next paragraph.

Employees returning from leaves of absence other than discretionary medical or newborn infant care leave will be reinstated to his/her prior position only if that position is available and the nurse is willing to work the same number of hours and the same shift as s/he worked prior to the leave. If that position is not available, the nurse shall be placed in another nurse position which is vacant. If no nurse position is vacant the returning nurse will be able to displace the nurse with the least seniority, provided s/he is qualified to do the job and is willing to work the required hours and shift. Following his/her return to employment, the nurse will be permitted to bid on his/her prior position when it becomes vacant. Providing s/he is willing to work the required number of hours and shift, the nurse will be given preference over all other nurses bidding for that position.

A. Education

Eligibility – One (1) Year of Continuous Employment

An Education Leave of Absence may be granted for a maximum of one (1) year. When an eligible employee requests an Education Leave of Absence, application must be made at least one (1) month prior to the commencement of the leave. The employee must present explicit information, including course of study, dates of the leave etc., to the Department Manager.

B. Discretionary Medical

Eligibility – Three (3) Months of Employment

A leave of absence may be granted for discretionary medical reasons, regardless of the amount of accrued sick bank/earned time, for the period of time the nurse is physically unable to perform the duties of his/her job, but in no event for a period to exceed three (3) months. Maternity leave is to be treated as any other medical disability.

To qualify for discretionary medical leave, the nurse will be required to submit a physician's statement indicating the nature of the disability, the limitations of the disability, and the estimated date that the nurse will be able to resume his/her normal duties. The Hospital may, at its discretion, require an examination by a doctor of its choice, providing, however, that if it exercises this option, it shall pay the full cost of the examination.

The Hospital may require that, prior to a nurse's returning to work from a discretionary medical leave of absence (or at any time a medical disability becomes apparent), the nurse obtain a physician's statement indicating that the nurse is physically capable of performing the duties of his/her job without risk to himself/herself or others.

The maximum period of time allowed for a medical disability may be extended for up to six (6) months beyond the three (3) month period at the sole discretion of the Hospital.

C. Military

Eligibility – No Length of Service Requirement

Eligibility: No length of service requirement

Active Service: A leave of absence will be granted for the amount of military active service required, pursuant to the requirements of Federal Law.

D. Newborn Infant Care

Eligibility – One (1) Year of Continuous Employment

An employee may be granted a leave of absence to provide care to a newborn infant. This leave shall not exceed six (6) months and shall be in addition to, and run on consecutively with, any medical disability for which the employee was eligible.

E. Excused Time Off

Nurses who are not eligible for a leave of absence may be allowed time off without pay at the discretion of Nursing Administration, providing the length of the excused time is four (4) calendar weeks or less.

F. Legislative Leave

The Hospital will comply with Title 21 Vermont Statutes Annotated Section 496 relating to running for and serving in Vermont Legislature.

G. VT Parental and Family Leave Law (VTPFLL) and Family and Medical Leave Act (FMLA) and Short Term Family Leave

All State and Federally mandated leaves will be granted in accordance with prevailing State and Federal laws.

Mary Logunov 6-30-16
For Hospital Date

Christina Brejcek 6/30/16
For Union Date

ARTICLE XII

HEALTH AND DENTAL INSURANCE

A. Full-time regular and part-time regular nurses whose regular approved work schedule is twenty (20) hours or more a week are eligible to participate in either of the Hospital's Medical Plans pursuant to the terms of the insurance agreement, or a substantially equivalent plan.

Cost of Membership - The Hospital and Registered Nurse will contribute as follows:

Membership	<u>Percent Paid</u> BMH/Nurse	<u>Scheduled</u> Hours
Single	75%/25%	20 - 40 hrs.
2 Person & Family	70%/30% (75%/25% single portion)	20 -40 hrs.

The Hospital will determine a dollar amount that the hospital will contribute for each plan. The dollar amount shall not be less than 75% of the single silver plan or less than 70% of the 2 Person & Family single (75% single portion.)

Nurses who fail to contribute their share of the premium or whose regular approved weekly hours change to under twenty (20) hours (except as noted below) will be dropped from the group plan.

B. Employees eligible for the group health plan are also eligible to participate in the currently offered dental plan or a substantially similar plan. The Hospital's contribution for the dental plan made on behalf of bargaining unit members electing to join the plan shall be equivalent to the contribution being made for non-bargaining unit members in the plan. All nurses regularly scheduled to work twenty (20) or more hours per week will be eligible to participate in the dental insurance plan.

C. Nurses may remain in the Hospital's group health and dental plans while on an approved leave of absence providing they pay the full amount of the premium monthly, except that for medical leave of absence beyond those granted pursuant to State or Federal FMLA laws, the employee may only continue health and dental insurance under COBRA provisions. Similarly, if permitted by the relevant insurance carrier, nurses who are scheduled to work for at least sixteen (16) hours but less than twenty (20) hours per week may sign up for the Hospital's group health and/or dental plan provided they pay the full amount of the premium in advance, monthly, except that for medical leave of absence beyond those granted pursuant to State of Federal FMLA laws, the employee may only continue health and dental insurance under COBRA provisions.

Each nurse shall be given booklets outlining the health & dental plans benefits once a year, upon request from that nurse.

Mary Leach 6-30-16 Christen Boyles 6/30/16
For the Hospital Date For the Union Date

Tentative Agreement
June 28, 2016

Memorandum of Understanding Scheduling 6/28/16

The Union and the Hospital agree to review scheduling practices in the Joint Staffing Committee with the following goals.

1. Schedules posted electronically, accessible from the internet
2. Baseline schedules
3. Posting four weeks in advance
4. Holiday distribution
5. Simplify and clarify the process for requesting vacation and time off

Christian Boyesen 6/30/16
For the Union Date

Mary Lippert 6-30-16
For the Hospital Date

Article 11: No change except:

2. Scheduling Earned Time for Vacations

All vacations must be approved by the nurse's Department Manager and shall not interfere with patient needs, required Hospital coverage and service demands. Vacation requests for time off from June through September must be submitted in writing on a form agreed to by the Union and the Hospital to the Department Manager by March 1. The Hospital will notify the nurses by April 1 as to whether their request has been approved or denied. If a vacation request has been approved said approval may be rescinded only upon an unforeseen change, including, but not limited to, change in replacement availability caused by resignations or terminations.

Non-prime time vacation requests and all physician practice nurses' vacation requests must be submitted in writing on a form agreed to by the Union and the Hospital at least one (1) month prior to requested vacation time, but no more than twelve (12) months prior to the requested vacation time. The Hospital will notify the nurse no later than fourteen (14) days after his/her written request has been submitted as to whether it has been approved or denied. Prior to the request approval for all vacations when more than one (1) nurse has requested vacation or any earned time off for the same date(s) and both/all cannot be accommodated due to staffing needs, the most senior nurses' request shall be granted. If a vacation request has been approved said approval may be rescinded only upon an unforeseen change, including, but not limited to, a change in replacement availability caused by resignations or terminations.

The Hospital reserves the right to schedule no more than ten (10) consecutive vacation days at a time.

Every consideration will be given to a nurse who requests extended vacation time off. Existing vacancies, providing temporary coverage, including the possible posting of temporary hours, and minimizing shift rotation are some of the criteria which will be considered.

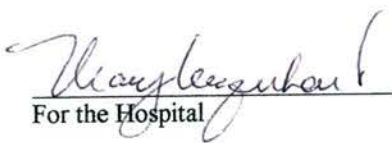
3. Holidays

Accrued earned time will be used when a nurse's regularly scheduled work days falls on one of the Hospital's six (6) designated holidays, and the nurse is not scheduled to work and/or the department is closed. The designated holidays are New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

When a paid holiday falls on Saturday, the Hospital shall observe it on the preceding Friday. When a holiday falls on a Sunday, it will be observed on the following Monday. Department Managers, with the advance approval of the VP Patient Care Services and the President, may schedule the holiday for their department on the actual day of the holiday rather than on a day the Hospital observes it. Exceptions may need to be made for federally scheduled holidays.

Nurses who work on the designated holiday will be paid the appropriate holiday shift differential. Nurses who are scheduled to work on a designated holiday and fail to do so without authorization will forfeit an amount of earned time equal to the hours scheduled to work on the day unless the nurse is excused by the proper authority.

Approval for holidays off will be rotated as equally as possible. An employee may volunteer, but shall not be required to work both Thanksgiving and Christmas in a calendar year.


For the Hospital 6-30-16
Date


For the Union 6/30/16
Date

ARTICLE III

SECTION I. SALARY SCALE

As of the effective date of this contract, the pay scale for staff nurses shall be as indicated below. Per diems will be eligible for step increase each year. Except as provided below, newly graduated nurses shall be hired in at Step 1, which would be the starting rate. Lack of license is considered just cause for termination.

Except as provided below, a person with continuous employment within the Hospital but outside the bargaining unit who is hired as a graduate nurse or as a nurse will be placed at the appropriate step of the salary scale closest to (but not below) the wage rate previously earned by that employee.

RN Hire-in: The Hospital, for purposes of determining an appropriate hire-in rate shall credit recent experience relevant to the unit for which an employee will be hired, as determined by the Department Manager, using acceptable professional standards as follows:

Relevant R.N. Experience

Non-relevant R.N. Experience

<u>Years</u>	<u>Step</u>
Less than 1	1
1 but Less than 2	2
2 but Less than 3	3
3 but Less than 4	4
4 but Less than 5	5
5 but Less than 6	6
6 but Less than 7	7
7 but Less than 8	8
8 but Less than 9	9
9 but Less than 10	10
10 but Less than 11	11
11 but Less than 12	12
12 but Less than 13	13
13 but Less than 14	14
14 but Less than 15	15
15 but Less than 16	16
16 but Less than 17	17
17 but Less than 18	18
18 but Less than 19	19
19 but Less than 20	20
20 but Less than 21	21
21 but Less than 22	22
22 but Less than 23	23
23 but Less than 24	24
24 but Less than 25	25
25 but Less than 26	26
26 or greater	27

<u>Years</u>	<u>Step</u>
Less than 2	1
2 but Less than 4	2
4 but Less than 8	3
8 or greater	4

Prior LPN Experience

50% credit applied for prior years of LPN experience @ BMH or other hospital LPN experience.

The starting rate for a nurse who has both relevant and non-relevant experience will be calculated by:

- Determining what step s/he would be eligible for on the relevant scale, and then
- adding one step for the non-relevant experience.

A nurse whose sole prior experience has been in office nursing shall be hired at Step 1.

A nurse whose sole prior experience has been in a nursing home shall be hired at Step 2, unless hired for a medical/surgical unit in which case s/he shall be hired pursuant to the relevant experience category as defined above.

When the Department Manager determines that an exceptional circumstance exists, s/he shall first discuss the issue with an officer of the Union. If no agreement is reached, the Hospital may offer a wage rate which is one step higher than otherwise provided for, which the Union may grieve.

The Hospital and the Union hereby agree that the "hire in language" shall only be applicable prospectively and shall not require any changes in the wage rate of existing registered nurses.

Rehire: Persons rehired within one (1) year for the same unit will start at the same step as when they left, provided they left with proper notice.

RN Salary Scales: See attached

Step increases shall be effective as outlined in the chart below.

LPN HIRE-IN: The Hospital, for purposes of determining an appropriate hire-in rate shall credit recent experience, relevant to the unit for which an employee will be hired, as determined by the Department Manager, using acceptable professional standards as follows:

<u>Relevant LPN Experience</u>		<u>Non-relevant LPN Experience</u>	
<u>Years</u>	<u>Step</u>	<u>Years</u>	<u>Step</u>
Less than 1	1	Less than 2	1
1 but Less than 2	2	2 but Less than 4	2
2 but Less than 3	3	4 but Less than 8	3
3 but Less than 4	4	8 or greater	4
4 but Less than 5	5		
5 but Less than 6	6		
6 but Less than 7	7		
7 but Less than 8	8		
8 but Less than 9	9		
9 but Less than 10	10		
10 but Less than 11	11		
11 but Less than 12	12		
12 but Less than 13	13		
13 but Less than 14	14		
14 but Less than 15	15		
15 but Less than 16	16		
16 But Less than 17	17		
17 but Less than 18	18		
18 but Less than 19	19		
19 but less than 20	20		
20 but Less than 21	21		
21 but Less than 22	22		
22 but Less than 23	23		
23 but Less than 24	24		
24 but Less than 25	25		
25 but Less than 26	26		
26 or greater	27 (<u>This step is only available beginning October 2018</u>)		

The starting rate for a LPN who has both relevant and non-relevant experience will be calculated by:

1. Determining what step s/he would be eligible for on the relevant scale, and then
2. adding one step for the non-relevant experience.

A LPN hired as a Hospital LPN, whose sole prior experience has been in office nursing, shall be hired using the non-relevant scale.

A LPN hired as a Hospital LPN, whose sole prior experience has been in a nursing home shall be hired at Step 2, unless hired for a medical/surgical unit in which case s/he shall be hired pursuant to the relevant experience category as defined above.

A LPN with office practice experience when hired for a physician practice shall be credited on the relevant scale for the purpose of initial step placement.

When the Department Manager determines that an exceptional circumstance exists, s/he shall first discuss the issue with an officer of the Union. If no agreement is reached, the Hospital may offer a wage rate which is higher than otherwise provided for, which the Union may grieve.

The Hospital and the Union agree that the "hire in language" shall only be applicable prospectively and shall not require any changes in the wage rate of existing LPNs.

Rehire: Persons rehired within one (1) year for the same department will start at the same step or higher as when they left, provided they left with proper notice.

LPN SALARY SCALES: see attached
Step increases shall be effective as outlined in the chart below.

SECTION 2 – TOP STEP LUMP SUM

In lieu of a base rate increase, all the nurses at the top step in the first pay period in October will receive a lump sum bonus of 2% of base rate, calculated on all hours worked and all earned time paid in the prior twelve (12) months; excluding earned time buy back paid.

SECTION 3. LUMP SUM BONUS

~~All nurses will receive a lump sum bonus of 1% of base rate, calculated on all hours worked and all earned time paid in the prior twelve (12) months (July 2014 – June 2015), excluding earned time buy back paid. Lump sum checks to be issued July 16, 2015~~

SECTION 4-7: NO CHANGE

SECTION 8. RELIEF IN HIGHER CLASSIFICATION (RN ONLY)

A registered nurse when designated by Administration to a ~~Nursing Supervisor position~~ or an interim Department Manager position will receive a differential of five dollars (\$5.00) per hour.

SECTION 9-10 NO CHANGE

SECTION 11. HOLIDAY DIFFERENTIAL

Double time shall be paid to non-exempt nurses who work on the holiday beginning with Thanksgiving eve, 11:00 PM through 11:00 PM Thanksgiving Day. A holiday differential of ten dollars (\$ 10.00) per hour shall be paid to nurses, who are called back to the Hospital from on-call, to work on the Thanksgiving holiday, as designated in this contract.

Double time shall be paid to non-exempt nurses who work on the holiday beginning with Christmas eve, 3:00 PM through 11:00 PM Christmas Day. A holiday differential of ten dollars (\$ 10.00) per hour shall be

paid to nurses, who are called back to the Hospital from on-call, to work on the Christmas holiday, as designated in this contract.

Double time shall be paid to non-exempt nurses who work on the holiday beginning with New Year's{xe "New Year's" \i} eve, 3:00 PM through 3:00 PM New Year's Day. A holiday differential of ten dollars (\$ 10.00) per hour shall be paid to nurses, who are called back to the Hospital from on-call, to work on the New Year's holiday, as designated in this contract.


Time and one half (1 1/2) shall be paid to non-exempt nurses who work on the holiday beginning with Memorial Day{xe "Memorial Day" \i} eve, 11:00 PM through 11:00 PM Memorial Day. A holiday differential of ten dollars (\$ 10.00) per hour shall be paid to nurses, who are called back to the Hospital from on-call, to work on the Memorial Day holiday, as designated in this contract.

Time and one half (1 1/2) shall be paid to non-exempt nurses who work on the holiday beginning with Fourth of July{xe "Fourth of July" \i} eve, 11:00 PM through 11:00 PM Fourth of July Day. A holiday differential of ten dollars (\$ 10.00) per hour shall be paid to nurses, who are called back to the Hospital from on-call, to work on the Fourth of July holiday, as designated in this contract.

Time and one half (1 1/2) shall be paid to non-exempt nurses who work on the holiday beginning with Labor Day{xe "Labor Day" \i} eve, 11:00 PM through 11:00 PM Labor Day. A holiday differential of ten dollars (\$ 10.00) per hour shall be paid to nurses who are called back to the Hospital from on-call, to work on the Labor Day holiday, as designated in this contract.

For those nurses working twelve (12) hour shifts{xe "shifts:12 hour" \i}, differential will be paid for those hours worked during the applicable differential period.

SECTION 12-14: NO CHANGE


For the Hospital 6-30-16
Date


For the Union 6/30/16
Date

LPN

Effective October 2, 2016 – LPN step values increase 25 cents and LPNs on a step move up one (1) step

Step 1	\$16.02	Step 10	\$19.10	Step 19	\$22.77
Step 2	\$16.34	Step 11	\$19.48	Step 20	\$23.22
Step 3	\$16.66	Step 12	\$20.86	Step 21	\$23.68
Step 4	\$16.99	Step 13	\$20.25	Step 22	\$24.15
Step 5	\$17.32	Step 14	\$20.65	Step 23	\$24.63
Step 6	\$17.66	Step 15	\$21.06	Step 24	\$25.12
Step 7	\$18.01	Step 16	\$21.48	Step 25	\$25.59
Step 8	\$18.37	Step 17	\$21.90	Step 26	\$26.10
Step 9	\$18.73	Step 18	\$22.33		

Effective April 2, 2017 – LPNs remain on their current step and step values increase 2.5%

Step 1	\$16.42	Step 10	\$19.58	Step 19	\$23.34
Step 2	\$16.75	Step 11	\$19.97	Step 20	\$23.80
Step 3	\$17.08	Step 12	\$20.36	Step 21	\$24.27
Step 4	\$17.41	Step 13	\$20.76	Step 22	\$24.75
Step 5	\$17.75	Step 14	\$21.17	Step 23	\$25.25
Step 6	\$18.10	Step 15	\$21.59	Step 24	\$25.75
Step 7	\$18.46	Step 16	\$22.02	Step 25	\$26.23
Step 8	\$18.83	Step 17	\$22.45	Step 26	\$26.75
Step 9	\$19.20	Step 18	\$22.89		

Effective October 1, 2017 – LPNs currently on a step move up one (1) step – New Step 27 added to scale

Step 1	\$16.42	Step 10	\$19.58	Step 19	\$23.34
Step 2	\$16.75	Step 11	\$19.97	Step 20	\$23.80
Step 3	\$17.08	Step 12	\$20.36	Step 21	\$24.27
Step 4	\$17.41	Step 13	\$20.76	Step 22	\$24.75
Step 5	\$17.75	Step 14	\$21.17	Step 23	\$25.25
Step 6	\$18.10	Step 15	\$21.59	Step 24	\$25.75
Step 7	\$18.46	Step 16	\$22.02	Step 25	\$26.23
Step 8	\$18.83	Step 17	\$22.45	Step 26	\$26.75
Step 9	\$19.20	Step 18	\$22.89	Step 27	\$27.29

Effective April 1, 2018 - LPNs remain on their current step and step values increase 2.0%

Step 1	\$16.75	Step 10	\$19.97	Step 19	\$23.81
Step 2	\$17.09	Step 11	\$20.37	Step 20	\$24.28
Step 3	\$17.42	Step 12	\$20.77	Step 21	\$24.76
Step 4	\$17.76	Step 13	\$21.18	Step 22	\$25.25
Step 5	\$18.11	Step 14	\$21.59	Step 23	\$25.76
Step 6	\$18.46	Step 15	\$22.02	Step 24	\$26.27
Step 7	\$18.83	Step 16	\$22.46	Step 25	\$26.75
Step 8	\$19.21	Step 17	\$22.90	Step 26	\$27.29
Step 9	\$19.58	Step 18	\$23.35	Step 27	\$27.84

Effective October 14, 2018 -- LPNs currently on a step move up one (1) step

Step 1	\$16.75	Step 10	\$19.97	Step 19	\$23.81
Step 2	\$17.09	Step 11	\$20.37	Step 20	\$24.28
Step 3	\$17.42	Step 12	\$20.77	Step 21	\$24.76
Step 4	\$17.76	Step 13	\$21.18	Step 22	\$25.25
Step 5	\$18.11	Step 14	\$21.59	Step 23	\$25.76
Step 6	\$18.46	Step 15	\$22.02	Step 24	\$26.27
Step 7	\$18.83	Step 16	\$22.46	Step 25	\$26.75
Step 8	\$19.21	Step 17	\$22.90	Step 26	\$27.29
Step 9	\$19.58	Step 18	\$23.35	Step 27	\$27.84

Effective April 14, 2019 - LPNs remain on their current step and step values increase 2.0%

Step 1	\$17.09	Step 10	\$20.37	Step 19	\$24.28
Step 2	\$17.43	Step 11	\$20.78	Step 20	\$24.76
Step 3	\$17.77	Step 12	\$21.19	Step 21	\$25.25
Step 4	\$18.12	Step 13	\$21.59	Step 22	\$25.76
Step 5	\$18.47	Step 14	\$22.02	Step 23	\$26.27
Step 6	\$18.83	Step 15	\$22.46	Step 24	\$26.75
Step 7	\$19.21	Step 16	\$22.91	Step 25	\$27.29
Step 8	\$19.59	Step 17	\$23.35	Step 26	\$27.84
Step 9	\$19.97	Step 18	\$23.81	Step 27	\$28.40

RN

Effective October 2, 2016 - RNs currently on a step move up one (1) step

Step 1	\$25.80	Step 10	\$30.84	Step 19	\$36.85
Step 2	\$26.32	Step 11	\$31.46	Step 20	\$37.59
Step 3	\$26.85	Step 12	\$32.09	Step 21	\$38.34
Step 4	\$27.39	Step 13	\$32.73	Step 22	\$39.11
Step 5	\$27.94	Step 14	\$33.38	Step 23	\$39.89
Step 6	\$28.50	Step 15	\$34.05	Step 24	\$40.69
Step 7	\$29.07	Step 16	\$34.73	Step 25	\$41.50
Step 8	\$29.65	Step 17	\$35.42	Step 26	\$42.33
Step 9	\$30.24	Step 18	\$36.13	Step 27	\$43.18

Effective April 2, 2017 – value of each step increases 2.5%

Step 1	\$26.45	Step 10	\$31.61	Step 19	\$37.77
Step 2	\$26.98	Step 11	\$32.24	Step 20	\$38.53
Step 3	\$27.52	Step 12	\$32.88	Step 21	\$39.30
Step 4	\$28.07	Step 13	\$33.54	Step 22	\$40.09
Step 5	\$28.63	Step 14	\$34.21	Step 23	\$40.89
Step 6	\$29.20	Step 15	\$34.89	Step 24	\$41.71
Step 7	\$29.78	Step 16	\$35.59	Step 25	\$42.54
Step 8	\$30.38	Step 17	\$36.30	Step 26	\$43.39
Step 9	\$30.99	Step 18	\$37.03	Step 27	\$44.26

Effective October 1, 2017 – RNs currently on a step move up one (1) step

Step 1	\$26.45	Step 10	\$31.61	Step 19	\$37.77
Step 2	\$26.98	Step 11	\$32.24	Step 20	\$38.53
Step 3	\$27.52	Step 12	\$32.88	Step 21	\$39.30
Step 4	\$28.07	Step 13	\$33.54	Step 22	\$40.09
Step 5	\$28.63	Step 14	\$34.21	Step 23	\$40.89
Step 6	\$29.20	Step 15	\$34.89	Step 24	\$41.71
Step 7	\$29.78	Step 16	\$35.59	Step 25	\$42.54
Step 8	\$30.38	Step 17	\$36.30	Step 26	\$43.39
Step 9	\$30.99	Step 18	\$37.03	Step 27	\$44.26

Effective April 1, 2018 – value of each step increases 2%

Step 1	\$26.98	Step 10	\$32.24	Step 19	\$38.53
Step 2	\$27.52	Step 11	\$32.88	Step 20	\$39.30
Step 3	\$28.07	Step 12	\$33.54	Step 21	\$40.09
Step 4	\$28.63	Step 13	\$34.21	Step 22	\$40.89
Step 5	\$29.20	Step 14	\$34.89	Step 23	\$41.71
Step 6	\$29.78	Step 15	\$35.59	Step 24	\$42.54
Step 7	\$30.38	Step 16	\$36.30	Step 25	\$43.39
Step 8	\$30.99	Step 17	\$37.03	Step 26	\$44.26
Step 9	\$31.61	Step 18	\$37.77	Step 27	\$45.15

Effective October 14, 2018 – RNs currently on a step move up one (1) step

Step 1	\$26.98	Step 10	\$32.24	Step 19	\$38.53
Step 2	\$27.52	Step 11	\$32.88	Step 20	\$39.30
Step 3	\$28.07	Step 12	\$33.54	Step 21	\$40.09
Step 4	\$28.63	Step 13	\$34.21	Step 22	\$40.89
Step 5	\$29.20	Step 14	\$34.89	Step 23	\$41.71
Step 6	\$29.78	Step 15	\$35.59	Step 24	\$42.54
Step 7	\$30.38	Step 16	\$36.30	Step 25	\$43.39
Step 8	\$30.99	Step 17	\$37.03	Step 26	\$44.26
Step 9	\$31.61	Step 18	\$37.77	Step 27	\$45.15

Effective April 14, 2019 – value of each step increases 2%

Step 1	\$27.52	Step 10	\$32.88	Step 19	\$39.30
Step 2	\$28.07	Step 11	\$33.54	Step 20	\$40.09
Step 3	\$28.63	Step 12	\$34.21	Step 21	\$40.89
Step 4	\$29.20	Step 13	\$34.89	Step 22	\$41.71
Step 5	\$29.78	Step 14	\$35.59	Step 23	\$42.54
Step 6	\$30.38	Step 15	\$36.30	Step 24	\$43.39
Step 7	\$30.99	Step 16	\$37.03	Step 25	\$44.26
Step 8	\$31.61	Step 17	\$37.77	Step 26	\$45.15
Step 9	\$32.24	Step 18	\$38.53	Step 27	\$46.05