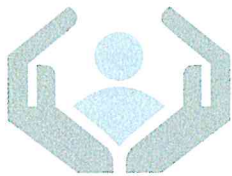


**CARSON TAHOE REGIONAL HEALTHCARE
and the
CARSON-TAHOE HEALTHCARE EMPLOYEE
ASSOCIATION**



**CONTRACT
2018 – 2021**



CARSON TAHOE

Regional Healthcare

CARSON CITY, NEVADA

AGREEMENT BETWEEN THE
CARSON TAHOE HEALTH SYSTEM, Inc., a Nevada Nonprofit Corporation
and the
CARSON-TAHOE HEALTHCARE EMPLOYEES ASSOCIATION

DURATION AND TERMINATION

The term of this agreement shall be from July 1, 2018 – June 30, 2021.

Notwithstanding the above, either party may request renegotiation of any issue contained herein, and if upon mutual consent to negotiate and if the issue is agreed to by the Hospital and the Association, the Agreement may be amended. A party proposing a matter for renegotiation shall give fifteen (15) days written notice to the other party describing in detail the subject to be discussed, except on waiver of notice by the other party. The serving of the fifteen (15) day written notice is not to be construed as forcing either party to agree to negotiate the issues.


In the event any provision of this agreement shall at any time be declared invalid by any court of competent jurisdiction or through governmental regulations or decree, such decision shall not invalidate the entire agreement, provided however, upon such invalidation the parties agree to meet and negotiate such parts or provisions affected. It being the expressed intention of the parties thereto that all other provisions not declared invalid shall remain in full force and effect.

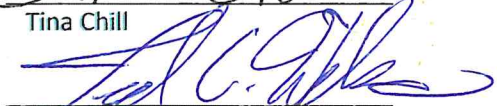
In the event the Federal Government or an agency of the Federal Government nullifies or indicates non-acceptance of any portion of this agreement, such portion shall be suspended and the parties shall meet promptly to negotiate such parts or provisions affected.

FOR THE ASSOCIATION

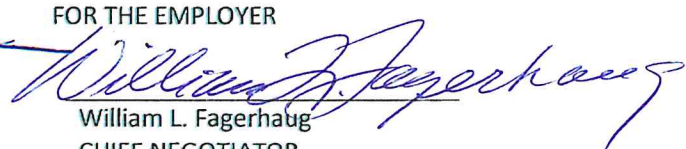

FRANCIS FLAHERTY
CHIEF NEGOTIATOR
CARSON-TAHOE HEALTHCARE
EMPLOYEES ASSOCIATION


Joyce Komura, CTHEA President


Tina Chill


Ted Wilkens

FOR THE EMPLOYER


William L. Fagerhaug
CHIEF NEGOTIATOR
CARSON TAHOE HEALTH
SYSTEM


Ed Epperson
Chief Executive Officer and
President

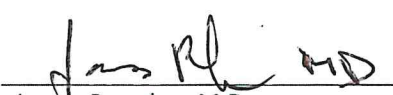

James Breeden, M.D.
Chairman of the Board of
Board of Carson Tahoe Health
System

TABLE OF CONTENTS

SECTION	CONTENT	PAGE #
	Durations and Termination	1
ARTICLE 1	Designations	2
ARTICLE 2	Purpose of this Agreement	3
ARTICLE 3	Recognition	4
ARTICLE 4	Management Rights	5
ARTICLE 5	Non-Discrimination	7
ARTICLE 6	Definitions	8
ARTICLE 7	Association Activities	11
ARTICLE 8	Communication to CTHEA	12
ARTICLE 9	Payroll Deductions	13
ARTICLE 10	Accrued Benefits	14
ARTICLE 11	Introductory Period	15
ARTICLE 12	Grievance and Arbitration Procedure	16
ARTICLE 13	Access to Records	20
ARTICLE 14	Classification Plan and Appeals	21
ARTICLE 15	Temporary Transfers	22
ARTICLE 16	Layoffs	23
ARTICLE 17	Hours of Work, Overtime, Rest Periods	25
ARTICLE 18	Meal Period	31
ARTICLE 19	Weekends	32
ARTICLE 20	Employee Educational Programs	33
ARTICLE 21	Leaves	37
ARTICLE 22	Insurance Benefits	39
ARTICLE 23	Stand-by, Call-back	42
ARTICLE 24	Shift Differential	44
ARTICLE 25	Longevity	45
ARTICLE 26	Salaries	46
ARTICLE 27	Paid Time Off (PTO) and Major Sick Plans	51
ARTICLE 28	Retirement Plan	58
ARTICLE 29	Safety Committee Participation	59
ARTICLE 30	Uniforms	60
ARTICLE 31	Employee Recognition Programs	61
ARTICLE 32	Nurse Staffing Participation	62
APPENDIX A	List of Bargaining Unit Classifications	63
APPENDIX B	Pay Grades Effective the first full pay period following 7/1/2018	70
APPENDIX C	Individual and Grouped Department Listing	72

ARTICLE 1 – DESIGNATIONS

As used in this Agreement, the term "Hospital" shall mean: Carson Tahoe Regional Healthcare a Nevada nonprofit corporation Tax ID (88-0502320); Carson Tahoe Health System, a Nevada nonprofit corporation, Tax ID (88-0502318) Carson Tahoe Continuing Care Hospital, Tax ID (26-1635811); Carson Tahoe Physician Hospital Organization LLC, Tax ID (39-2078486); Carson Tahoe Medical Group, Tax ID (02-0566741); their Boards of Trustees, Chief Executive Officers, administrative and supervisory personnel, and non-bargaining unit representatives of their designation, and the term "Association" shall mean Carson-Tahoe Healthcare Employees Association, Inc., or CTHEA, its Board of Directors, or designated representatives. Unless as otherwise stated herein, the term "Hospital" does not include facilities owned, leased, joint ventured or otherwise operated by the Hospital or which own the Hospital unless the facility or operation is staffed by employees of the Hospital.

ARTICLE 2 - PURPOSE OF THIS AGREEMENT

Section 1:

WHEREAS, it is the intent of the Hospital and Association to comply with applicable laws, through a system of employee-employer cooperation to foster and improve the well-being of employees, and maintain high standards of work performance on behalf of the physicians, staff and patients using the Hospital facilities, and

WHEREAS, the employees in the bargaining unit covered by the agreement have, by majority vote, stated their desire to be represented in their employment relations with the Hospital by the Association, the Association has been voluntarily recognized by the Hospital Board of Trustees in accordance with law and the National Labor Relations Act (hereinafter called the "Act", or any applicable successor statute), as the representative of said employees.

NOW, THEREFORE, the Hospital and Association, in consideration of the mutual covenants set forth, and intending to be bound by this Contract and Agreement, agree as follows:

ARTICLE 3 - RECOGNITION

Section 1:

The Association is recognized as the "sole and exclusive" bargaining representative concerning employees in the bargaining unit.

Section 2:

The Bargaining Unit referred to within this agreement shall include but is not limited to all those hourly full and part time classifications not excluded by Sections 3 and 4 and identified in Appendix A and updated and revised according to Article 14 Section 2. (Attached hereto).

Section 3:

All Non-bargaining unit classifications as defined in Section 4, Per Diem, Leased, Traveling or Temporary or new hire introductory employees, whether or not these employees are in a classification as set forth in Section 2 shall not constitute a part of the bargaining unit. The Hospital reserves all rights to develop pay and other benefits for these employees which may or may not be similar to those set forth herein.

Section 4:

Non-bargaining Classifications excluded from the unit are department directors, salaried (exempt from overtime) and supervisory and confidential employees as defined in the Act. Upon written request from the Association, the Hospital shall provide a current list of non-bargaining unit classifications.

Section 5:

The Association and its members, as individuals or as a group, will not initiate, cause, permit, or participate or join in any strike, work stoppage or slowdown, or any other restrictions of work, at any location in the Hospital during the term of this agreement. Employees in the bargaining unit, while acting in the course of their employment, shall not honor any picket line established in the Hospital by CTHEA or any other labor union or organization when called upon to cross picket lines in the line of duty. Disciplinary action, including discharge, may be taken by the Hospital against any employee or employees engaged in violation of this Article.

Section 6:

In the event of a strike, work stoppage, slowdown, picketing, observance of a picket line, or other restrictions of work in any form either on the basis of individual choice or collective employee conduct, CTHEA will immediately, upon notification, attempt to secure an immediate orderly return to work. This obligation and the obligations set forth in this section shall not be affected or limited by the subject matter involved in the dispute giving rise to the stoppage.

Section 7:

There shall be no lockout of employees during the life of this agreement.

ARTICLE 4 - MANAGEMENT RIGHTS

Section 1:

The Hospital retains all rights and all powers not explicitly limited by this contract, such rights include but are not limited to the following:

- a) To determine the nature and extent of services to be performed, as well as the right to determine and implement its function and responsibility.
- b) To manage all facilities and operations of the Hospital including the methods, means and personnel by which the Hospital operations are to be conducted except for safety considerations of the employee.
- c) To schedule working hours and assign work except for safety considerations of the employee.
- d) To establish, modify or change work schedules.
- e) To direct the work force, including the right to hire, assign, promote, demote or transfer any employee. This does not include the right to assign or transfer an employee as a form of discipline.
- f) To determine the location of all work assignments and facilities.
- g) To determine the layout and the machinery, equipment or materials to be used.
- h) To determine processes, techniques, methods and means of all operations, including changes, allocation or adjustments of any machinery or equipment.
- i) To determine the size and composition of the work force.
- j) To determine policy and procedures affecting the selection or training of employees.
- k) To establish, assess, modify and implement employee performance standards including, but not limited to, quality and quantity standards; the assessment of employee performances; and the procedures for said assessment. When practicable, the Association will be provided copies of proposed changes in advance.
- l) To control and determine the use and location of Hospital employees, property, material, machinery or equipment.
- m) To schedule the operation of and to determine the number and duration of shifts.
- n) To determine and enforce safety, health and property protection measures and require adherence thereto.
- o) To transfer work from one job site to another or from one location or unit to another.
- p) To introduce new, improved or different methods of operations, or to change existing methods.
- q) To layoff employees from duty for lack of work, lack of funds or for organizational efficiency.
- r) To reprimand, suspend, discharge or otherwise discipline employees consistent with the terms and provisions of the Agreement. In disciplinary actions, post-introductory {post-probationary} employees may only be reprimanded, suspended, demoted or terminated for just cause.
- s) To establish, modify, determine or eliminate job classifications (as "classification" is defined in Article 6 of this Agreement) and allocate Hospital positions to such classifications.
- t) To promulgate, modify and enforce work rules, safety rules, and regulations.

- u) To take such other and further action as may be necessary to organize and operate the Hospital in the most efficient and economical manner and in the best interest of the public it serves.
- v) To contract or subcontract any work with outside public or private entities, consistent with the employer's obligation to negotiate over the effects of any such action on the rights of current employees.

ARTICLE 5 - NON-DISCRIMINATION

Section 1:

The Hospital agrees not to interfere with, restrain, or coerce any employee in the exercise of any right guaranteed in the Act. The Association agrees not to interfere with, restrain, or coerce any employee in the exercise of any right guaranteed in the Act. Enforcement of this provision shall be done solely through the mechanism set forth in the Act.

ARTICLE 6 - DEFINITIONS

Section 1: For the duration of this agreement the following definitions will apply:

FULL-TIME EMPLOYEE: An employee who is classified and designated by management to regularly work 80 hours per pay period. Seventy two (72) or more hours per pay period will be considered a full-time employee for the purposes of the Article 22 insurance benefits provided herein.

PART-TIME EMPLOYEE: An employee who is classified and designated by management to regularly work a flexible schedule of forty (40) or more hours per pay period shall be considered a part-time employee for the purposes of the Article 22 insurance benefits provided herein.

REGULAR RATE OF PAY: Is defined as the straight time rate of pay per hour for an employee's pay grade within the employee's regular job classification.

ANNUAL EVALUATION DATE: Date assigned for fulfillment of employment requirements, regular performance evaluation, and adjustment, if any, of employee's wages.

CLASSIFICATION: A collection of duties and responsibilities assigned to one or more positions which are similar enough to allow for the designation of a common title and minimum qualifications.

DEPARTMENT: A component of the healthcare or Hospital operations that may or may not occur at a single location. The Hospital and CTHEA have agreed on the list of department groupings and departments included in Appendix D. At which time new department groupings or departments are created, the Hospital and CTHEA shall meet to discuss and decide whether the new department belongs as an individual department or under a current grouping. Grouped departments are treated as one department for purposes of Article 16 – Layoffs.

RECLASSIFICATION: A modification of a job classification that would result in a reduction or increase in salary for employees within the classification. In such a circumstance, employees who would suffer a reduction in salary as a result of such reclassification shall retain their current salary, which shall be considered “red-circled” or “frozen”; however, such an employee’s salary shall not thereafter increase by any means until the top salary range in the classification is equal to or exceeds the “red-circled” or “frozen” salary.

SENIORITY: Seniority for an employee shall be his/her total length of continuous service since his/her hire date into a benefitted position with the Hospital and includes prior continuous service with the predecessor Carson-Tahoe Hospital (Public County Hospital) but excludes any non-benefitted employment, e.g. casual or per diem employment, with either entity.

- A. The following shall constitute a break in continuous service, seniority, and status as an employee:
 - 1. A voluntary termination
 - 2. A discharge for just cause
 - 3. A layoff status of more than twelve (12) months
 - 4. Death or retirement
 - 5. Change of status to per Diem or casual
- B. In the event of a break in service, the employee's continuous service date will be the date the employee returns to a benefitted position.

BASE PAY or SALARY DEFINED: Base pay or salary as used in this agreement is the employee's base hourly rate and is exclusive of any shift and weekend differential, overtime or any other premium pay paid pursuant to this agreement.

PROMOTIONS: Any movement of an employee who has successfully completed an Introductory Period with the Hospital in a lower job classification to a job classification having a higher maximum salary range than the job classification presently occupied. When there is a promotion, as defined, the Hospital shall assign a new annual evaluation date to the employee. A promoted employee shall serve up to six (6) months in promotional introductory status as determined by the Hospital.

When a promotion has been accepted that involves an employee moving from one department to another, the department managers will mutually agree upon an established date that the promotion will become effective.

Where the two (2) job classifications involved are closely related to each other in a career path, the employee could be adjusted to the minimum of the new higher pay grade or could be accelerated higher into the new pay grade, at management's discretion. In no case will the new rate be lower than the rate of pay before the promotion. At the end of a successful introductory period, the employee may be considered for a percentage increase not to exceed five percent (5%).

Where the two (2) job classifications involved are not related to each other, the employee would be adjusted to the minimum of the new higher pay grade, but the employee may qualify, and be considered for the provisions set forth in Article 14, Section One. In no case will the new base rate be lower than the rate of base pay before the promotion.

Any employee who meets the minimum qualifications for a promotional position and who files an application for the position on a timely basis shall be offered the opportunity to interview for the position prior to management making its final selection of the candidate to fill the position.

TRANSFERS: A lateral transfer is defined as any movement of an employee from one job classification to another job classification with the same salary range and comparable responsibilities. When there is a transfer, as defined, the employee's annual evaluation date will not be changed. The employee shall be in a three (3) month introductory period, which may be extended up to a total introductory period of six (6) months. When an employee requests a transfer from one job classification to another unrelated job

classification the Hospital may, at its discretion, require such employee to accept the minimum starting wage applicable to the new job, but the employee may qualify for the provisions under Article 14, Section One.

Any employee who meets the minimum qualifications for a transfer opportunity and who files a transfer request for the position on a timely basis shall be offered the opportunity to interview for the position prior to management making its final selection of the candidate to fill the position.

DEMOTION OR DOWNWARD TRANSFER: Demotion or downward transfer is defined as any movement of an employee from one job classification to another job classification having a lower salary range than the job classification occupied. The annual evaluation date will not change. The employee shall be in a three (3) month introductory period, which may be extended up to a total introductory period of six (6) months. Where the two (2) job classifications involved are closely related to each other in a career path, the employee will be placed in the pay grade equal to the number of years he/she would have been in that job classification. Where the two (2) job classifications involved are not related to each other, the employee may be adjusted to the minimum of the new pay grade, or could be accelerated higher into the pay grade at management's discretion with consideration of employee qualifications.

JOB POSTING: All bargaining unit position opportunities will be posted for a minimum of five (5) business days at the Human Resources Department and on both the intranet/internet in one of the categories listed below as determined by the Hospital:

Category 1 – Position available to internal current employees and external applicants.

Category 2 – Position available to current employees only.

Category 3 – Position available to current employees only who are currently employed in the department where the vacancy exists.

Applicants can post their interests regarding job classification(s) on the Hospital website and receive notice of new position postings via e-mail.

When there are two or more employees competing for an available job posting, the hospital will consider recency of experience, performance evaluations, certifications, education, longevity with the Hospital, and, if applicable, longevity within the department where the posting exists. If all criteria listed above are equal, seniority, as defined in this Article, will be used as the tiebreaker to determine which candidate is selected.

DAY/DAYS: Use of word "day" or "days" in this agreement shall be subject to the following definition:

- a) Unless stated otherwise, a "day" is a calendar day.
- b) A "business day" is a day that the Hospital Human Resources office is open for business for the full day, i.e. normal posted work hours for the Human Resources office.

ARTICLE 7 - ASSOCIATION ACTIVITIES

Section 1:

Representatives of CTHEA shall be allowed paid release from scheduled work time to meet with management representatives in order to process bargaining unit grievances or to confer on matters of contract administration. Requests for such released time shall not be unreasonably denied.

The officers and representatives shall request and gain permission of their respective supervisors, in advance (one day when possible) for authorized time for Association or employee representation with management, so as not to disrupt Hospital activity. The supervisor shall make every reasonable effort to grant permission for the time requested. Unless otherwise specifically authorized in writing by Management, any and all Association activities within the Hospital shall be conducted in a non-work area and during authorized work time or during employee's non-work time.

By September 1, the Association shall provide the names of a total of ten (10) officers, board members and representatives designated to function in this capacity. If designations change during the year, the Hospital will be informed immediately of any changes in representatives.

Section 2:

At its own expense CTHEA shall be allowed bulletin board space at two (2) locations designated by the Hospital at Carson Tahoe Regional Medical Center (CTRMC) and appropriate bulletin board space at one (1) location designated by the Carson Tahoe Hospital System at each satellite facility and each remote site operated by the Hospital System. The CTHEA newsletter and/or announcements may be placed in a box, for the employees at these locations. CTHEA will also be provided with a site and icon on the Hospital's intranet. The Hospital will assist CTHEA in establishing the site, but CTHEA will be responsible for the site's content.

Section 3:

During the seven (7) months prior to expiration of this Agreement up to four (4) association representatives shall be compensated for all time spent during negotiating sessions with the Hospital at the employee's regular rate of pay if the time spent is during that employee's regularly scheduled hours. Such time will not be considered hours worked for purposes of computing overtime compensation.

ARTICLE 8 - COMMUNICATION TO CTHEA

Section 1:

It is the intention of the parties that CTHEA be kept informed of all matters having an effect upon employment relations of the Hospital employees; therefore, the Hospital will provide material to CTHEA including the following, or like materials:

- A. A complete set of the employer's Personnel Regulations, Personnel Policy Manual and Personnel Directives are available on the CTRH intranet. New personnel Regulations and Directives issued by Hospital Administration will be transmitted to CTHEA via e-mail contemporaneously with issuance.
- B. Budgetary and other financial information to which the Association is entitled under the Act.

Section 2: LABOR-MANAGEMENT COMMITTEE

- A. A committee of two (2) representatives of the Employer and two (2) representatives of the Association may meet at least quarterly for the purposes of:
 - 1. Discussing the administration of this Agreement;
 - 2. Exchange of general information of interest to both parties;
 - 3. Giving the Association representatives the opportunity to share the views of their members and/or make suggestions on subjects of interest to their members.
- B. The Labor Management Committee shall be advisory only and shall not engage in collective bargaining or reach any agreements which amend the contract.

Section 3:

Quarterly, the Hospital shall provide the Association with the names and classification of employees who have been hired, terminated, or transferred into or out of the bargaining unit.

ARTICLE 9 - PAYROLL DEDUCTIONS

Section 1:

Upon written authorization from a full-time or part-time employee, the Hospital will deduct the Association dues from wages of an Association member and remit them, along with a listing of names, to the Association.

Section 2:

Indemnification. The Association shall indemnify and hold the Hospital harmless against any and all claims, demands, suits and all other forms of liability which shall arise out of or by reason of action taken or not taken by the Hospital at the request of the Association under the provisions of this Article or through the proper execution of this Article.

ARTICLE 10 - ACCRUED BENEFITS

The benefits shall be earned and used as provided herein, i.e.,

Section 1:

If the rate of earning PTO is changed in this agreement, then all employees shall earn PTO at the rate and within the conditions set forth in this contract for the term of this contract. However, no employee shall have any past earned and accrued PTO hours reduced or increased retroactively based upon the new rate of earnings set forth in this contract.

Section 2:

If the conditions of eligibility for longevity pay are changed by this contract, then all eligible employees shall receive longevity pay during the term of the contract under the conditions set forth in this contract. However, no employee shall be required to repay the Hospital for past longevity pay received if the pay was based on conditions no longer applicable under this contract, nor will any employee receive retroactively additional pay based upon new eligibility not counted in previous agreements.

ARTICLE 11 - INTRODUCTORY PERIOD

Section 1:

All newly hired full-time and part-time employees shall fulfill an introductory period of no less than three (3) months nor more than twelve (12) months. Introductory employees shall accrue benefit credit from their date of hire. Employees are eligible for health benefits the first of the month following thirty (30) days of service.

Section 2:

New hire introductory employees shall not constitute a part of the bargaining unit. They may, however, join the Association unless they are excluded by Article 3, Section 3 and 4.

Section 3:

Full-time and part-time introductory employees shall receive a written performance evaluation after three (3) months and at specified intervals up to the twelfth month of their introductory period. Introductory employees may be terminated at any time for any lawful reason or no reason at all during the introductory period without regard to the completion of the evaluations provided by this section.

Section 4:

Employees who accept a promotion, lateral transfer, or demotion/downward transfer to a new classification will serve a minimum three (3) months introductory period and a maximum of six (6) months introductory period and may not process a grievance concerning their removal from the new position due to unsatisfactory performance in that position or any other failure to complete introduction. Employees will receive a written evaluation within ninety (90) days of their introductory period. If during the introductory period the employee is deemed to be unsatisfactory in the new position, management shall return him/her to his/her old position if it is available, or place the employee in an available position of similar duties and responsibilities at his/her previous rate of pay. If no such position is available, the employee shall be laid off in accordance with Article 16 - Layoffs.

Except as noted above, no benefits of the employee shall be affected by virtue of being in an introductory status as described in this section. During the introductory period the employee shall be verbally counseled as to duties, work standard, and management's expectations and his/her progress toward these expectations. Management shall consider an employee-initiated request to be transferred back to his/her previous position or one with similar duties and responsibilities.

Section 5:

The terms "introductory" and "introduction" used in this Article and in this agreement have the same connotation or meaning as the terms "probationary" and "probation" used in prior collective bargaining agreements.

ARTICLE 12 - GRIEVANCE AND ARBITRATION PROCEDURE

Section 1:

For the purpose of this agreement, a grievance is an alleged violation, misinterpretation, or misapplication of a specific provision of this agreement or appeal from disciplinary action as contemplated within Sections 4 and 5 of this article.

Section 2:

An employee who is going through the grievance and/or arbitration procedure, and/or his/her representative who has written authorization, may examine or have copied his/her personnel file during the normal Human Resources Office open hours, subject to the limitations of Article 13.

An employee will be entitled to a copy upon request and sign any material that is placed in his/her personnel file if it is of a derogatory nature. An employee's signature on a disciplinary or otherwise derogatory document indicates only that the employee has received a copy of the document and does not indicate that the employee agrees with the content of such a document.

Information considered in any appeal shall be limited to that which is related to a determination of the factual and legal issues in dispute. The employer's or employee's past performance by way of acts or failure to act may be shown by competent evidence. Reports, evaluations and other written evidence may be considered upon a showing that the parties were made aware of the contents of this material.

The time limits for an employee to advance the grievance, after a timely grievance is filed at Step 2, and for management to respond, are intended to assure an expeditious processing of a grievance. Should the employee fail to meet his/her time requirement, it will be deemed that he/she has forfeited his/her right to advance the grievance. If management fails to respond to a grievance in a timely manner, the grievant may proceed to the next step. The preceding notwithstanding, neither party shall unreasonably withhold agreement to extend these time limits based on the circumstances of each case.

Section 3:

Step 1: Within ten (10) business days of the incident giving rise to the grievance, the employee shall present to Human Resources a written grievance on the standard grievance form available from the Human Resources Office or CTHEA. The written grievance shall contain but not be limited to the following:

1. Employee's name.
2. Employee's position, classification or title.
3. Employee's department or section.
4. Employee's mailing address and telephone number.
5. A brief statement of the nature of the grievance.
6. Section of Agreement alleged to have been violated/or disciplinary action which is being appealed.
7. Date of alleged violation/disciplinary action
8. Proposed solution of the grievance.
9. Signature of the employee.

10. Date the grievance was signed by the employee.

11. Name of CTHEA Representative and contact information (if known or applicable).

Procedure:

- The date and time the grievance is received by Human Resources will be recorded by that office on the grievance form. Within five (5) business days the affected Department Director or designee, in concert with Human Resources, will research the facts surrounding the grievance with involved management personnel and others and assemble relevant documents.
- The Association and affected employee(s) will work with Human Resources within the same five (5) business days of the filing of the formal written grievance to clarify requested information (RFI) and to provide documents relevant to the grievance.
- Only after all Requests for Information have been satisfied, HR will schedule a grievance meeting between a Hospital Director (appointed by the Hospital), and all parties to be represented. Only information reviewed by both parties may be discussed in Step 1. Each party will provide advance notice to the other of the personnel it will bring to the Step 1 grievance hearing. Unless mutually agreed otherwise, the Step 1 grievance hearing will be scheduled and conducted within 15 days of the date the formal written grievance is filed. Requests for extensions will not be unreasonably denied.
- At the Step 1 grievance meeting, a representative of Human Resources will act as a resource to both parties. Unless mutually agreed otherwise, the personnel present at the Step 1 grievance hearing will be limited to the affected employee(s) and CTHEA Representative, the direct manager of the employee(s), the Director appointed by the Hospital and the Human Resources representative designated by Human Resources to act as a resource for the parties.
- The Hospital Director appointed to hear a grievance of a disciplinary nature will to the extent possible be outside the direct chain of command of the employee(s) affected by the grievance.
- The Hospital Director will issue a written recommendation within seven (7) business days of this meeting.
- In grievances involving discipline [Article 4(r)] the Hospital bears the burden of proof and will present its case first at Step 1.
- In grievances alleging other contract violations, the Association bears the burden of proof and will present its case first at Step 1.
- Any recommendation to grant the grievance is subject to the approval of the Hospital Administrator.
- If the employee or Hospital Administrator rejects the Hospital Directors' written recommendation at Step 1, the employee may file a written appeal with the Administrator of the Hospital at Step 2 within seven (7) business days after the Association's acknowledged receipt of the written recommendation.

Step 2: The Hospital Administrator or designee (other than Human Resources) selected to hear a grievance of a disciplinary nature will to the extent possible be outside the direct chain of command of the employee(s) affected by the grievance and will schedule a grievance meeting within seven (7) business days of receipt of the written appeal. In grievances involving discipline [Article 4(r)] the Hospital bears the burden of proof and will present its case first at Step 2. In grievances alleging other contract violations, the association bears the burden of proof and will present its case first at Step 2.

The Association and management may have up to two (2) representatives present at the grievance meeting; in addition to the management representative and the grievant. Except in grievances involving contract interpretation, suspensions without pay and termination of post-introductory employees, Association representatives shall be limited to the employee representatives identified in Article 7(1). In grievances involving contract interpretation, suspensions without pay and termination of post-introductory employees one (1) of the Association's two (2) representatives may be the Association's legal counsel or bargaining representative; provided, the Association gives timely, written notice of its intent to bring legal counsel or its bargaining representative to the Step 2 grievance meeting.

There will be no limit on the number of witnesses allowed so long as their testimony is relevant to the issue in dispute and not redundant. The Hospital Administrator or designee may judge the relevancy of testimony of suggested witnesses or stipulate to their testimony. This decision would not prohibit such witnesses' appearance at Step 4 should the grievance proceed to arbitration. The Hospital Administrator or designee shall have (7) business days from the date the grievance meeting was held to give a formal response to the grievance.

If the issue is not resolved at the Step 2 grievance meeting, the employee may request the Association to proceed to Step 3, Federal Mediation or Step 4, Arbitration. Any grievance regarding discipline below the level of a suspension, demotion, or termination may only be appealed as far as Step 2. If the Association decides to request arbitration, the involved parties shall proceed as follows:

Step 3: Federal Mediation. The Hospital and Association may agree in writing to federal mediation of the grievance before a FMCS Commissioner/Mediator. Nothing occurring or exchanged in the mediation is admissible or can be referred to or introduced in the arbitration of the grievance. Any mediated settlement must be in writing and signed by the Hospital and the Association and is final and binding on the parties and prevents the grievance from proceeding to Step 4 - Arbitration.

Step 4: The request for arbitration must be made in writing by the Association to Human Resources within seven (7) business days from receipt of the formal management response from Step 2.

- A. The Association and the Hospital may mutually select an arbitrator. In the event the Hospital and the Association do not mutually select an arbitrator, either party may request a list of seven (7) arbitrators from the American Arbitration Association's labor and employment law panel (list only service) and alternately strike names from such a list until one name remains, which name shall be the arbitrator to serve for the case. The party to strike first shall be determined by a coin flip.

- B. The fees and expenses of the arbitrator shall be shared equally by the Association and Hospital. Each party, however, shall bear the costs of its own presentation, including preparation and post-hearing briefs and professional fees, if any.
- C. The arbitrator's decision shall be final and binding upon the parties. The arbitrator's authority shall be limited to the application and interpretation of the provisions of this Agreement and no arbitrator shall have the power to modify, amend or alter any terms or conditions of this Agreement or make any ruling in conflict with federal or applicable state regulations or municipal ordinances. The Arbitrator shall render a written decision within thirty (30) days following the hearing or by a date that is mutually agreed upon by the parties during the hearing.
- D. The employee may request any person to be his/her representative for proceedings under this Agreement, but the decision regarding who will represent a bargaining unit employee is the sole province of CTHEA.

CTHEA shall, if requested, determine who will act as representative of the employee and shall notify the employer and the employee. The Hospital shall decide who will represent management and will so notify the Association.

Section 4:

Oral and written reprimands may not be appealed to arbitration. Any grievance regarding discipline below the level of a suspension, demotion, or termination may only be appealed as far as Step 2.

Section 5:

The Hospital and the Association shall have the right to file grievances with each other. The aggrieved party shall officially notify the other party with a written statement of filing (so as not to be confused with formal negotiation) stating the nature of the grievance and the remedy requested.

An informal discussion shall take place between the parties within ten (10) business days from the date of the notification by written statement of filing. Should the grievance not be resolved at the informal discussion, it may be referred to Step 3 (Mediation) or Step 4 (Arbitration) within twenty (20) business days of the date of the informal discussion, provided that this procedure shall not constitute a waiver of rights under the Act.

ARTICLE 13 - ACCESS TO RECORDS

An employee or an employee's Association representative who has written authorization from the individual employee may examine that employee's entire personnel file during the normal business hours with the exception of confidential letters of reference or investigative reports of governmental agencies in connection with initial employment of the employee.

ARTICLE 14 - CLASSIFICATION PLAN AND APPEALS

Section 1:

The parties agree that good personnel compensation practice requires the maintenance of an objective job evaluation process for all positions covered by the agreement. This will be based upon similarities of duties and responsibilities, utilizing systematic and consistent tools so that the same requirements may be reasonably evaluated for all employees in each classification. Recent work experience and education relevant to the classification into which an employee is being hired may be recognized through acceleration of wage rate within the classification either upon hire or upon completion of introduction, provided however, the employee receives a satisfactory or better performance rating at the completion of introduction. The Hospital will include in the original hiring document verification of any accelerated hire rate and any conditions. The employee will sign the hire document to signify his/her knowledge, understanding and agreement. This document is not considered a contract in that it does not guarantee shift or duty station assignments.

Should an employee be transferred into a classification in which he/she has recent, relevant experience prior to being employed by the Hospital the accelerated wage rate may be applied.

Section 2:

The Hospital agrees to furnish CTHEA specific job descriptions for each new or changed position within the bargaining unit. CTHEA is to be notified of proposed changes in job descriptions prior to said job descriptions becoming effective. Within ten (10) days of receipt of the proposed job description, CTHEA will notify the Hospital in writing of any specific safety concerns.

Section 3:

It is agreed that the Hospital will furnish any individual employee with his/her own job description upon request. Should an employee be required in writing to work simultaneously under more than one job description and a conflict in priorities develops between the requirements of the job descriptions, the employee shall get clarification of priorities from his/her supervisor.

ARTICLE 15 - TEMPORARY TRANSFERS

An employee who is temporarily transferred or is otherwise required to perform all of the normally assigned duties during that shift of a job in a higher-rated position on a regularly-scheduled basis for more than five (5) shifts will be paid a higher rate. The minimum premium will be two and one-half percent (2.5%) above their regular hourly rate and the maximum will be 10% the determination to be made by Human Resources according to the position assigned to and the employee's applicable education and experience. Monies will be paid retroactive to the first day of performing higher rated duties. When an employee is temporarily transferred to a lesser-rated position, he/she will continue to be paid at his/her regular rate of pay.

ARTICLE 16 - LAYOFFS

Section 1:

Should management determine that it is necessary to reduce the work force due to lack of work, for lack of funds, or due to departmental reorganization, management will utilize the following procedure based on seniority as defined in Article 6, Section 1. Least senior employees shall be laid off by classification, and department, or department grouping, if applicable. In the event one or more employees have identical seniority, Hospital seniority will be determined by work performance criteria, such as performance evaluations, attendance, availability for call back and disciplinary history. Appendix D includes a list of individual and grouped departments. In cases where there is a department grouping, classification will be determined by the department grouping. The Hospital reserves the right to make schedule and primary location changes of employees when a lay-off affects employees within a department grouping across locations so long as the seniority system is utilized.

Ten (10) business days prior to the implementation of a lay off, management shall meet with the Association and provide an approximate dollar value savings attempting to achieve. The Association will reply to management within five (5) business days with written recommendation(s) as alternative(s) to lay off(s) for management to consider in its sole discretion. In the absence of any resolution by management and CTHEA within ten (10) business days, management will proceed with the next steps of this lay off procedure.

Management shall determine what classifications and by what numbers the reduction will take place. Management shall determine when the reductions will take place providing affected employees with a written notice at least ten (10) business days prior to the effective date of lay-off. If ten (10) business days of notice is not given, the Hospital will offer pay in lieu of notice.

Management shall confidentially provide to the Association President the names, classification, department, and seniority dates of bargaining unit employees to be laid off and shall offer to meet with the Association at least three (3) business days prior to notifying the employees of a layoff. This meeting will be held to attempt to formulate other options; if none reached, the formal lay-off procedure will commence. Employees will be laid off in the following order by classification, by seniority:

1. Temporary employees
2. Per Diem employees*
3. Part-time employees
4. Full-time employees

* A part- or full-time employee who is laid off may be offered Per Diem status. In the event such a part- or full-time employee accepts Per Diem status within twelve (12) months of the effective date of the layoff, such acceptance does not constitute a break in continuous service, seniority, and status as an employee as defined in Article 6, Section 1. In the event such a part- or full-time employee declines the offer of Per Diem status, other Per Diem employees may remain employed or be hired.

Section 2:

As openings develop in laid-off classifications, management shall recall laid-off employees to those classifications according to seniority: the most senior employees first. Management may consider specialized training, knowledge and ability to perform available work in the decision and order of recall.

Employees will be recalled by certified mail sent to the employee's last known address. Employees will have seven (7) days from the mailing date to inform the Hospital of their intention to work and fourteen (14) calendar days in which to report to work. It is the responsibility of the employee to keep the Hospital informed of his/her current address and telephone number.

After twelve (12) months in layoff status the employee will lose his/her seniority and should he return to work at a later date will have a new hire-seniority date.

ARTICLE 17 - HOURS OF WORK, OVERTIME, REST PERIODS

Section 1:

The Hospital may schedule and assign overtime based on its operational requirements. Overtime (time and one-half) will be paid for time worked over eight (8) hours per day or eighty (80) hours in a pay period, except as provided in Article 17, Section 2.

All overtime must be approved by the supervisor or department manager. In no case will an employee be denied overtime if it is occasioned by responding to any work-related situation. However, an employee who works unauthorized overtime may be subject to disciplinary action. For the purposes of computing overtime, productive hours shall be limited to actual hours worked only, and will not include non-productive hours, (i.e., PTO, major sick, call-back or stand-by time, jury duty, etc.)

Employees who know they are going to be absent are expected to report the reason for the absence as soon as possible but not less than two (2) hours prior to the beginning of their shift. Employees are responsible for knowing and complying with any posted department protocol for calling in absent. In the event there is not a posted protocol, employees must report the absence to their immediate supervisor or department manager.

Section 2:

The Hospital may establish regular shifts of up to twelve (12) duty hours without paying overtime. In such cases, the employee working the longer shift must sign a written shift agreement indicating his/her agreement that overtime will be paid when the productive hours worked exceed the regularly scheduled shift or forty (40) hours in a work week.

- A. Full-time 12-hour shift employees will be scheduled for a seventh shift every third pay period. Full time 12-hour shift employees who do not want to work or be scheduled for a seventh shift every third pay period must opt out by executing a written document, which will be effective for the next full shift scheduling cycle following revocation. An employee may alternate between opting in and opting out no more than once per fiscal year. Any 12-hour shift employee who does not opt out will be expected to work the scheduled shift unless "flexed" by the Hospital in accordance with this Article 17.
- B. The Hospital must provide a new shift agreement as required by this Section when it changes an employee's shift, and if the Hospital fails to provide the appropriate shift agreement to the employee, the Hospital must pay the employee overtime based on the employee's prior shift agreement. In the absence of a signed shift agreement, the employee will default to the eight (8) hour shift agreement as defined in Section 1 of this Article. When the Hospital provides a new shift agreement to an employee pursuant to this Section, all prior shift agreements are deemed void, but will remain in the employee's personnel file for historical reference.

Section 3:

The Hospital may establish variable shifts of up to twelve (12) duty hours without paying overtime for employees working in the Patient Access or Perioperative Services Departments, subject the following:

- A. Employees must be provided with reasonable advance notice prior to shift variation;
- B. Employees will receive overtime (time and one-half) for hours worked in excess of hours scheduled on any given shift, regardless of whether or not the employee works more than forty (40) hours in a work week;
- C. Employees will sign a Forty-Hour Shift Agreement, the form of which must be mutually approved the Hospital and the Association;
- D. The provisions of this Section 3 may only be utilized with employees assigned to the Patient Access or Perioperative Services Departments;
- E. Except as stated herein, all other provisions of this Article 17 are fully applicable to employees working variable shifts.

Section 4:

The Hospital agrees that regular eight-hour shift scheduling shall not include shifts which cause a "double back" unless such shift is part of a normal rotation and was so posted prior to acceptance by the employee assigned to that shift. This language shall not prevent the Hospital from assigning shifts causing a "double back" when necessary because of short-term staffing needs, an emergency, or when the employee and the supervisor agree to such assignment. A "double back" is that shift worked by an employee after having just eight (8) hours off since the previously worked shift was completed.

Section 5:

The normal pay period for full-time employees shall consist of eighty (80) hours. The Association agrees that the Hospital has the right to hire, direct, transfer, assign or change individual employee's shifts. Any shift changes are grievable if they are done capriciously, arbitrarily, or as a form of harassment or discipline.

Section 6:

Any duty that begins before midnight and ends after midnight will be considered as time worked on the day the shift begins. For purposes of computing worked holiday overtime, an employee will be paid time and one half, if the majority of the hours of the shift worked are on a recognized holiday.

Section 7:

All employees will be granted two (2) fifteen minute rest breaks each work shift. The rest period will be scheduled by the department manager or supervisor in charge but will not be scheduled immediately before or after a meal break, nor immediately at the start or end of the working shift. Such rest breaks will not be subject to on-call or stand-by status, except in case of an emergency in which the employee's immediate presence is necessary. Employees must remain on the premises during breaks.

Section 8:

Reporting time: Employees shall be on the job ready to start work at the appointed time.

Section 9:

Normally, employees are not to leave the Hospital during their work shift except for emergencies or official Hospital business. An employee who wishes to leave the Hospital during his/her shift must have permission from his/her immediate supervisor or department manager to do so. An employee who receives permission to leave on personal business must sign/clock out when he/she leaves and sign/clock in when he/she returns.

Section 10:

Management reserves the right to reduce the employee work force on a daily basis because of lack of work or lack of funds. Employees may be required to take time off in the following manner:

- A. EARLY HOME: Employees who report on time for their scheduled shift and are required by the supervisor to work less than their scheduled shift will receive a minimum of two (2) hours at their regular hourly rate or actual hours worked, whichever is greater. Employees may opt to use Paid Time Off or not be paid for the remainder of the shift (i.e. flex time). Employees may be allowed to stay and work at duties determined by the Hospital. Employees sent home early pursuant to this section and not placed on official standby status may be recalled to work during the employee's regular scheduled shift at the employee's regular hourly rate. Early home shall be implemented in the following order:
 - 1. Temporary employees
 - 2. Then Per Diem employees
 - 3. Then Part-time employees
 - 4. Then Full-time employees

Subject to the required skill mix of staff and the needs of the patients: no Part-time employees will be sent home until all Temporary and Per Diem employees have been sent home; and, no Full-time employees will be sent home until all Temporary, Per Diem and Part-time employees have been sent home; provided, the Hospital may send home a Part- or Full-time employee who is in overtime or premium pay status.

Subject to the aforementioned Early-home order, the Hospital will make every effort to see that the hours spent in Early Home rotation is equally distributed among those employees on shifts affected by the need according to the skill mix of the staff and the needs of the patients and department for such a rescheduling device. Equitable distribution may not always be possible in departments or department groupings containing multiple physical locations. By way of example:

The Hospital will make every effort to equally distribute Early Home rotation among Temporary employees on affected shifts, but this will not change the fact that Temporary employees will be the first group from which employees are sent home early.

The Hospital will make every effort to equally distribute Early Home rotation among Per Diem employees on affected shifts, but this will not change the fact that Per Diem employees will be the second group from which employees are sent home early.

The Hospital will make every effort to equally distribute Early Home rotation among Part-time employees on affected shifts, but this will not change the fact that Part-time employees will be the third group from which employees are sent home early and that Temporary and Per Diem Employees will always be sent home before Part-time employees.

The Hospital will make every effort to equally distribute Early Home rotation among Full-time employees on affected shifts, but this will not change the fact that Full-time employees will always be the last group from which employees are sent home early and that Temporary, Per Diem and Part-time Employees will always be sent home before Full-time employees.

- B. HOSPITAL REQUEST: Employees notified by telephone as soon as possible, but not less than one and one-half (1 ½) hours prior to the beginning of their scheduled shift of the necessity to remain at home will not report to work. The employee must be notified at that time if he or she is on standby status. If an attempt to contact the employee is made by leaving a message(s) at all listed and available phone numbers without speaking directly to the employee with at least one and one-half (1 ½) hours advance notice and the employee arrives at the Hospital to work, the employee may be sent home and is not subject to a two hour minimum. If the employee is contacted by management less than one and one-half (1 ½) hours prior to the start of the scheduled shift, the two hour minimum applies. Hospital-requested employees have the option of using Paid Time Off or taking the shift off without pay. (i.e. flex time) Those employees who do not provide the Human Resources Office and/or their supervisor with a current telephone number where they may normally be reached, may be sent home on arrival to work without pay. Hospital request shall be implemented in the follow order:
1. Temporary employees
 2. Then Per Diem employees
 3. Then Part-time employees
 4. Then Full-time employees

Subject to the required skill mix of staff and the needs of the patients: no Part-time employees will be called off until all Temporary and Per Diem employees have been

called off; and, no Full-time employees will be called off until all Temporary, Per Diem and Part-time employees have been called off; provided, the Hospital may call off a Part- or Full-time employee who would be in overtime or premium pay status. Subject to the aforementioned Hospital-request order, the Hospital will make every effort to see that the hours spent in Hospital Request rotation is equally distributed among those employees on shifts affected by the need according to the skill mix of the staff and the needs of the patients and department for such a rescheduling device. By way of example:

The Hospital will make every effort to equally distribute Hospital Request rotation among Temporary employees on affected shifts, but this will not change the fact that Temporary employees will be the first group from which employees are called off.

The Hospital will make every effort to equally distribute Hospital Request rotation among Per Diem employees on affected shifts, but this will not change the fact that Per Diem employees will be the second group from which employees are called off.

The Hospital will make every effort to equally distribute Hospital Request rotation among Part-time employees on affected shifts, but this will not change the fact that Part-time employees will be the third group from which employees are called off and that Temporary and Per Diem Employees will always be called off before Part-time employees.

The Hospital will make every effort to equally distribute Hospital Request rotation among Full-time employees on affected shifts, but this will not change the fact that Full-time employees will always be the last group from which employees are called off and that Temporary, Per Diem and Part-time Employees will always be called off before Full-time employees.

Equitable distribution may not always be possible in departments or department groupings containing multiple physical locations. Employees called off pursuant to this section and not placed on official standby status may be recalled to work during the employee's regular scheduled shift at the employee's regular hourly rate.

- C. DELAYED START: Employees notified by telephone as soon as possible, but not less than one and one-half (1 ½) hours prior to the beginning of their scheduled shift of the necessity to arrive at work later than their originally scheduled shift starting time will report to work at the revised starting time. The employee must be notified at that time if he or she is on standby status. If an attempt to contact the employee is made by leaving a message(s) at all listed and available phone numbers without speaking directly to the employee with at least one and one-half (1 ½) hours advance notice and the employee arrives at the Hospital to work at the originally scheduled shift starting time, the employee may be sent home and

is not subject to a two hour minimum. If the employee is contacted by management less than one and one-half (1 ½) hours prior to the start of the scheduled shift, the two hour minimum applies. Delayed-start employees have the option of using Paid Time Off or time off without pay. (i.e. flex time) Those employees who do not provide the Human Resources Office and/or their supervisor with a current telephone number where they may normally be reached, may be sent home on arrival to work without pay. The implementation order utilized for Early Home and Hospital Request will be utilized in the same manner for Delayed Start. Employees start delayed pursuant to this section and not placed on official standby status may be recalled to work during the employee's regular scheduled shift at the employee's regular hourly rate.

- D. EMPLOYEE REQUEST: Employees may alert their supervisor that they are volunteering for Early Home, Hospital Request or Delayed Start. Employees who volunteer may opt to use Paid Time Off or not be paid for the remainder of the shift (i.e. flex time). If a Part-time employee volunteers, that employee may be sent home early, called off or start delayed before all or any Temporary and Per Diem employees have been sent home early, called off or start delayed; and, if a Full-time employee volunteers, that employee may be sent home early, called off or start delayed before all or any Temporary, Per Diem and Part-time employees have been sent home early, called off or start delayed.

- E. SUPPLEMENTAL STAFFING: Should census increase, the employee who took an early home or Hospital request day shall be given the first opportunity to work another day to complete his/her regularly scheduled hours for that pay period. Opportunities for supplemental staffing may be at differing physical locations for employees in departments or department groupings containing multiple physical locations. This time will not be eligible for call-back pay. This offer will be made in the following order:
 - 1. Full-time employees
 - 2. Part-time employees
 - 3. Per Diem employees
 - 4. Temporary employees

- F. PTO ACCRUAL: Employees sent home early, called off or start delayed pursuant to this section will accrue PTO for the shift as scheduled, and those employees placed in a standby-by status pursuant to this section will also accrue PTO for the entire shift as scheduled, regardless of any call back pay.

ARTICLE 18 - MEAL PERIOD

Section 1:

Any employee may leave the Hospital during his/her meal period provided that he/she informs his/her supervisor and signs/clocks out on leaving and signs/clocks in on return. Should the supervisor require the employee to remain on the premises during his/her meal period, stand-by pay shall be paid for the meal period. Every effort will be made to provide employees with an uninterrupted meal period. If an employee works more than eight (8) hours (except as modified by Article 17, Section 2), he/she shall receive overtime, as initialed by the Supervisor.

Section 2:

Any non-exempt, hourly employee may, from time to time, be prevented from being relieved of all work duty during the employee's meal period. When the employee is required to work during any portion of such an on-the-job meal period, the employee shall be paid for the entire meal period as regular work time, or overtime pay, if applicable.

ARTICLE 19 - WEEKENDS

Section 1:

Subject to the requirements for adequate patient care, the Hospital may schedule all full-time and part-time employees for at least every third Saturday and Sunday off except by mutual agreement to the contrary. Mutual agreement is deemed to have been reached with an employee if he/she signs a weekend waiver agreement stating that he/she has been informed of this article but agrees to work weekends as a part of his/her regular work week.

Section 2:

When the majority of hours assigned fall between 3:00 p.m. on Friday and 7:00 a.m. on Monday, employees shall be paid a weekend differential in the amount of \$1.00 per hour for the entire shift in addition to existing shift differentials pursuant to Article 24 for all qualifying hours worked.

ARTICLE 20 - EMPLOYEE EDUCATIONAL PROGRAMS

It is the policy of the Hospital to encourage and financially assist regular employees in improving their own effectiveness and to enhance their opportunity for advancement by their participation in educational programs and by service on selected committees. Regular full-time and part-time employees are eligible for this program.

Section 1:

REQUIRED MEETINGS DURING WORK HOURS: Employees who are required to attend committee or informational meetings during their regular work hours will be compensated at their regular rate of straight time pay for the time in attendance.

Section 2:

VOLUNTARY MEETINGS DURING WORK HOURS: Employees who voluntarily attend committee or informational meetings must request approval from their manager. With their manager's approval, they will be compensated at their regular rate of straight time pay.

Section 3:

REQUIRED MEETINGS OUTSIDE OF WORK HOURS: Employees who are required by management to attend committee or any other meetings outside their normal working hours, shall be compensated for the time actually spent in attendance as if it were time worked.

Section 4:

VOLUNTARY MEETINGS OUTSIDE WORK HOURS: Employees who voluntarily attend committee or informational meetings outside their normal working hours will not be compensated for that attendance since it is voluntary.

Section 5:

HOSPITAL SPONSORED TRAINING SESSIONS, WORKSHOPS, OR IN-SERVICES:

REQUIRED: When an employee is required by management to attend Hospital sponsored training sessions, workshops or in-services, an employee shall be compensated for time actually spent in attendance. If the sessions duration is less than the number of hours of the employee's regular shift, management may allow the employee an opportunity to return to work to complete his/her shift or the employee may, with the manager's approval, go home and use PTO or take leave without pay for the remainder of the shift.

VOLUNTARY: When an employee's request to attend Hospital sponsored training sessions, workshops or in-services is approved by management, and if the employee has been scheduled to work on the day in question the employee will be compensated at their regular rate of straight time pay.

Section 6:

NON-HOSPITAL SPONSORED TRAINING SESSIONS, WORKSHOPS, OR IN-SERVICES.

REQUIRED: When an employee is required by management to attend a workshop or seminar not sponsored by or held in the Hospital, the registration fee, room, board, and travel expenses shall be reimbursed. An employee shall be paid his/her regular daily straight time equivalent rate of pay, or overtime as dictated by the Fair Labor Standards Act (FLSA) or any applicable successor statute, for each day spent traveling to, attending, and returning from a required workshop or seminar.

VOLUNTARY: When an employee's request to attend a workshop or seminar not sponsored by or held in the Hospital is approved by management, the registration fee may be paid in full or in part by the Hospital. An employee will be paid his/her regular daily straight time equivalent rate of pay had he/she been scheduled to work on the days in question for each approved day.

Section 7:

COLLEGE OR ACADEMIC STUDY

- A. Reimbursement is provided for those college courses which have application in the health care or Hospital environment and are directly related to the employee's current position, or serve as preparation for future assignment and career growth within the organization as determined by management.
- B. College courses are those provided by an accredited institution which normally provide credit leading toward a degree, diploma or certification, and extend over a continuous, specific time frame.
- C. Eligibility:
 - 1. Regular Full Time or Part Time Status employees with at least six (6) months of continuous service as of the date the course begins are eligible to participate in the program.
 - 2. Eligible employees must have no record of formal Disciplinary Action in the 6 months prior to the date the course begins. However, a Disciplinary Action does not automatically disqualify an employee but will be evaluated by Human Resources to explore the circumstances, time frames and demonstrated improvement since the date of the Disciplinary Action.
- D. Eligible employees must complete the "Tuition Reimbursement Request" form prior to the start of the courses. Reimbursement is provided for up to 100% of the eligible expenses, up to the maximum of \$3,000 per every twelve months, based on a calendar year tally according to the date the courses are completed. Educational reimbursement is provided for tuition, books and student fees. This benefit does not include reimbursement for other expenses such as supplies, meals or transportation.
- E. Reimbursement is not available for any eligible expenses that are covered by other financial aid sources such as Pell Grants or the Millennium Scholarship.

- F. Reimbursement is made after the completion of the courses and after receipt of verification of having received a grade of "C" or better for undergraduate courses, "B" or better for graduate courses, or "Pass" for "Pass-Fail" graded courses. The employee must also submit all receipts to verify payment.
- G. The employee must continue employment in Full Time or Part Time Status during the course time and for two (2) full years after the date of reimbursement. Effective for tuition reimbursement approved on and after July 1, 2015 fifty percent (50%) of the full Reimbursement amount is "forgiven" for each full year worked in Full- or Part-Time status. After two full years, no Reimbursement is due back. If an employee does not continue employment in Full- or Part-Time Status during the course time and for two (2) full years after the date of receiving reimbursement, the employee must refund the reimbursement to the Hospital by payroll deduction from wages payable at the time of the employee's separation, or change to per diem status, or by other mutually agreed upon method.
- H. The time which the employee must spend at classes should not interfere with his/her normal work schedule or job assignment.

Section 8:

The Hospital shall pay the fees and costs of any Hospital required training including the employee's regular (base) rate of pay excluding professional licensing or registration fees.

- 1. Basic Life Support (BLS), Advance Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification and training;
 - a. Employees requiring BLS, ACLS and/or PALS for their position as per their job description will be eligible to receive the course free of charge if undertaken through Carson Tahoe Health's Education department, either by "live" or online training.
 - b. Employees taking such courses live will be compensated in accordance with Article 20.
 - c. Employees taking such courses through Carson Tahoe Health's Education department online will be compensated as follows:
 - i. BLS certification: 4 hours
 - ii. ACLS certification: 8 hours
 - iii. ACLS recertification: 4 hours
 - iv. PALS certification: 8 hours
 - d. Employees who require recertification that opt to take a full certification course will only be paid for the recertification time (4 hours).
 - e. Paid time will be paid at regular time and employee is required to communicate with their Manager to ensure no overtime is incurred prior to taking the certification.
 - f. Paid time includes online and/or skills (live) portion of training.
 - g. Paid time is to be recorded in Companies Time and Attendance System.

2. Annual In-service

- a. Employees will be paid a maximum of 4 hours to complete their Annual In-service (online training).
- b. Paid time will be paid at regular time and employee is required to communicate with their Manager to ensure no overtime is incurred prior to completing the annual in-service.
- c. Paid time is to be recorded in Companies Time and Attendance System.

ARTICLE 21 - LEAVES

Section 1:

Jury Duty (Civil Leave): A regular full-time or part-time employee who is called and reports for jury duty shall be paid by the Hospital at the employee's regular straight time hourly rate for each day partially or wholly spent in jury duty. The employee must have been originally scheduled to work for the Hospital on the day(s) and is not able to work because of jury duty service. An employee who spends only a partial day in jury duty will report back to work to his/her supervisor and may be asked to stay to complete his/her regular shift at duties determined by his/her supervisor.

The amount of pay shall be equal to the employee's usual assigned number of hours of work, multiplied by the employee's regular straight time rate of pay. The employee will remit any jury fees received to the Hospital and the employee will be paid his/her regular straight time hourly rate for each day partially or wholly spent in jury duty. Such hours will be considered non-productive hours and will not be used in the computation of overtime.

The employee will provide his/her supervisor with proof of jury duty immediately upon receiving notice to report for jury duty. An employee claiming jury duty under false pretenses or not conforming to the above is subject to disciplinary action.

An employee shall cooperate with management if management deems it necessary to seek an exemption from jury service due to compelling Hospital needs.

Employees on a scheduled night shift prior to an assigned day of jury duty shall receive jury duty pay for that night. An employee, if assigned to work following a full day of required jury duty, may take a PTO day off.

Section 2:

An employee who is subpoenaed to appear in court or give depositions on matters directly relating to his/her job at the Hospital will be compensated at his/her regular daily straight time equivalent rate of pay for a shift. Depending on the length and severity of the matter, an employee may be required to work part of his/her shift. No leave under this section shall be available to an employee who is the initiator or plaintiff of an action in court or other administrative procedure.

Employees who are subpoenaed to appear in court or to give depositions on non-Hospital related matters must use PTO (if eligible) or take leave without pay. In either case an employee must provide a copy of the subpoena to the supervisor immediately. Failure to do so may result in disciplinary action.

Section 3:

An employee may be absent on a qualified medical leave as defined by the Family Medical Leave Act (FMLA) for up to 12 weeks so long as he/she provides documentation of physical inability to work from a healthcare provider to the Department Manager and the Human Resources Office.

Section 4:

In cases where a leave of absence extends beyond that provided by FMLA, the Hospital will attempt to return the employee to his/her former position when it is practical to do so. The

determination of whether or not it is "practical" to do so is reserved exclusively to the Hospital, and such a determination is not subject to the grievance procedure of this Agreement. When a Leave of Absence commences, PTO and/or Major Sick Time must be used at the regular rate of hours worked in a shift, until exhausted. Part-time employees must use PTO and/or Major Sick at a rate corresponding to the average number of hours worked over a three (3) month period.

Section 5:

Military personnel ordered to active duty may apply to use accrued major sick time after depletion of accrued PTO to make up the difference between gross monthly military pay and the employee's former Hospital monthly base pay. PTO and Major Sick accruals cease during active military duty. When released from active duty the employee must notify CTRH in a timely manner, according to governmental statutes in order to be officially reinstated.

Section 6:

Full-time and part-time employees with at least six (6) months of employment with Carson Tahoe Regional Healthcare may request an unpaid Personal Leave of Absence for compelling personal reasons, other than those allowable under the other Leaves defined in this contract. An employee is limited to one such leave request during a rolling 12-month period, and any leave granted will not exceed 30 days. Approval of this personal leave is the exclusive right of CTRH.

An employee on a Personal Leave of Absence of more than thirty (30) days will not be assured of the same position upon his/her return. Business need will dictate the decision to replace the employee or to hold the position until their return.

ARTICLE 22 - INSURANCE BENEFITS

Section 1:

Full and Part time employees are eligible for insurance benefits.

Section 2:

Joint Hospital-Association Insurance Committee: The Joint Hospital-Association Insurance Committee ("Joint Committee") is to be composed of three members each from the Hospital and the Association. The Joint Committee shall have the power to determine the nature of health insurance within the level of contributions set forth herein.

Section 3:

Cafeteria Plan

- A. The Hospital will provide a Cafeteria Plan effective January 1, 2014 with open enrollment scheduled for October/November of any given year. A Cafeteria Plan recognizes that employees have diverse medical needs, and will allow employees to choose benefit plans based on their individual needs. Subject to any restrictions imposed by state or federal law, or the Joint Committee, employees may select any health insurance plan and other benefits from the "menu" for themselves and their eligible dependents. The Cafeteria Plan menu will have a combination of non-taxable and taxable election options based on current Federal IRS regulations. The health plan selections and other items on the menu will be determined by the Joint Committee defined in Section 2 above; however, the Hospital and the Association agree that the menu will include a plan featuring a lower premium than the plan currently provided pursuant to Section 3 and 4 above. In the event the Joint Committee places a Health Reimbursement Account ("HRA") or Health Savings Account ("HSA") plan on the menu with a higher deductible plan, the employer (Hospital) contribution to the employee's HRA or HSA account will be \$500 for employee only and \$1,000 for employees with one or more eligible dependent(s).
- B. The Hospital will provide each eligible Full time employee with a Benefit Dollar Credit per bi-weekly pay period to pay for medical, dental and basic vision insurance coverage selected by the employee and to apply towards the cost of their selected health plan for themselves and their eligible dependents. The Hospital will provide eligible Part time employees with a Benefit Dollar Credit equal to 75% of the Full time Benefit Dollar Credit per bi-weekly pay period to pay for medical, dental and basic vision insurance coverage selected by the employee and to apply towards the cost of their selected health plan for themselves and their eligible dependents. Employees will pay any difference between total premium cost of their selected benefit plan and the Benefit Dollar Credit via automatic payroll deduction. Every July the Joint Committee will determine premiums and the Benefit Dollar Credit for the year following utilizing factors such as claims experience, administrative costs and health care cost projections. In making such a determination, the Joint Committee will work with an actuary and an insurance broker. The Joint Committee will adjust the Benefit Dollar Credit

upwards or downwards by the same percentage it adjusts premiums for each health insurance plan on the menu.

- C. Employees may use any remaining funds/Benefit Dollar Credit not used for their selected health insurance benefit plan towards the purchase of other benefits on the menu, such as life insurance, AD&D insurance, long-term disability insurance, fitness center membership and other voluntary coverages offered by the Hospital. Subject to finalization of the menu and legal compliance criteria, an option for education benefits is pending. Employees will pay the difference between the actual premium costs of their selected additional menu items and remaining funds/Benefit Dollar Credit via automatic payroll deduction.
- D. During the annual open enrollment period, employees may “pre-trade” up to 40 hours of PTO to be accrued in the following year for additional Benefit Credit Dollars based on the employee’s hourly rate at the beginning of the open enrollment period. These additional Benefit Credit Dollars may be utilized as set forth in subsection C above or as contributions to a health savings account, in the event the Joint Committee places an HSA plan on the menu and the employee selects such a plan, or as contributions to the employee’s 401(k) plan. Under current IRS regulations, any unused Benefit Dollar Credit derived from pre-trade PTO must be taken by the employee as taxable income.
- E. The Hospital benefit plan and Hospital contribution may be optional for employees that can provide acceptable proof of similar coverage through another source. Approval for waiver of a Hospital benefit plan shall be at the Hospital’s sole discretion. If an employee waives the Hospital benefit plan, the employee shall receive a taxable, fixed dollar amount per bi-weekly pay period in lieu of coverage. The Joint Committee will adjust the taxable, fixed dollar amount agreed upon by the Hospital and the Association upwards or downwards at the same time and by the same percentage it adjusts the Benefit Dollar Credit upwards or downwards.

Section 4:

The Joint Committee shall govern the implementation of the benefits as set forth in the Self-funded Insurance Plan. Association and Hospital members of the Joint Committee shall have equal authority, with the Hospital Chief Executive Officer approving any increase or decrease of premiums or benefits based on recommendations made by the Joint Committee and the CTHEA Board. The self-insured trust fund shall in no way be intermingled with the Hospital's general fund and shall be audited at least annually. It shall be the responsibility of the Joint Committee to ensure among other things that the Self-funded Insurance Plan is administered within the funds allocated to this program.

Section 5:

Employees who: 1) have retired under the Nevada Public Employees Retirement System (PERS); and 2) have enrolled in the State of Nevada Public Employee Benefit Plan (PEBP) as their primary health insurance provider on and after May 1, 2008; and 3) who receive a subsidy for post-retirement insurance paid by CTRH pursuant to NRS Chapter 287 [enacted pursuant to A.B. 286] (subsidy) shall not be entitled to any insurance benefits provided by this article and instead

will be entitled to the difference (if any) between the then existing monthly CTRH contribution for employee-only coverage and the monthly subsidy paid by CTRH to the PEBP. Annual adjustments apply concurrent with any change in the cost of either the CTRH insurance employee-only premium amount or the PEBP subsidy amount. The difference (if any) will be paid directly to the employee prorated in the bi-weekly pay. Employees may re-enroll in the CTRH plan (plan) subject to the then existing terms and conditions of the plan if the employee cancels or is otherwise no longer covered by the PEBP and the CTRH is no longer paying a subsidy.

Section 6:

Either party may open this Article upon 15 days advance notice to address urgent issues arising as a result of implementation of the Patient Protection and Affordable Care Act. An “urgent issue” exists when continued operation of this Article without modification would violate state or federal law.

ARTICLE 23 – STAND-BY, CALL-BACK

Section 1:

Stand-by: Any employee is in stand-by status when he/she is required to be immediately available by phone or other device during specified hours or required to remain on the premises during meal periods as outlined in Article 18, Section 1 and 2. He/she is required to be prepared to work as the need arises within a reasonable period of time, even though the need for such work may not arise. The Hospital may call back the employee for any purpose deemed necessary.

Call-back: Any employee will be considered "Called back to work on an unscheduled basis" if he/she is contacted after he/she has left Hospital premises from his/her past regular work shift or he/she is on a scheduled day off, except as provided in Article 17, and must report back to work within 24 hours of the time of contact.

Section 2:

Stand-by for all Hospital employees shall be the greater of \$6.00 per hour or 30% of base salary for every hour assigned to stand-by status not exceeding \$9.37 per hour. Stand-by status and pay ceases when the stand-by assignment ceases or when call-back status and pay begins.

Section 3:

Any employee who is called back to work from stand-by status will be paid a minimum of two (2) hours at one-and-one half times the regular hourly rate. When the employee is called back to work more than once within the same shift, the two-hour minimum will apply but cannot overlap.

Example One: If an on-call employee is called back at 9 p.m. for one hour, leaves the premises and is called back at 10:30 p.m., the employee still is under the original two-hour block of call-back. If the second call-back lasts until 12 a.m., the employee will be compensated from 9 p.m. to 12a.m., for a total of three hours.

Example Two: If an employee is called back at 9 p.m., works for one hour, leaves the premises and is called back at 1 a.m. for another two hours, his or her time would be calculated differently. Since the employee worked from 9 to 10 p.m. and 1 to 3 a.m., he or she would receive four hours of compensation for two, two-hour time blocks.

Section 4:

For any work done from home on a call-back (on the phone or computer), the call-back will be paid for the actual time worked. The two (2) hour minimum will not apply.

Section 5:

If an employee is required to carry a "cell phone" as part of stand-by status, the device shall be provided by the Hospital on employee's request. Should an employee be required to carry a "cell phone" during his/her non-scheduled work hours, he/she shall be considered on stand-by and be paid the appropriate stand-by rate and when called back to work will be paid the appropriate call-back rate.

Section 6:

If a phlebotomist/lab assistant is assigned to perform blood draws at the Carson City Sheriff's Office or other location designated by law enforcement the employee shall receive stand-by pay at the rate of \$25.00 for each 12 hours assigned by the Hospital to such stand-by status and in addition shall receive \$35.00 per blood draw on such assigned shifts

In instances in which multiple types of stand-by have been assigned for the same time period, the employee will be compensated for the stand-by at the higher of the applicable stand-by rates. When an employee is called back during periods of multiple stand-by, the employee will be compensated at the rate appropriate to the reason for the call back.

Section 7:

If a Hospital Employee is called back to accompany the transport of a patient outside of Carson City (RN only) the employee will be paid \$150.00 or the call-back rate, whichever is the greater amount.

Section 8:

If a Hospital Employee is called in to duty from stand-by on the recognized holidays, Thanksgiving or Christmas, the employee will receive double time pay for worked hours. Stand-by ends when double time begins.

Section 9:

An employee who is on stand-by on a recognized holiday may utilize PTO to make up their regularly scheduled hours. If such an employee is called back to work, the employee will be paid at the appropriate call-back rate for hours worked (including any two-hour minimum). Under no circumstances will such an employee also be paid PTO for hours actually worked or captured in a two-hour minimum.

ARTICLE 24 - SHIFT DIFFERENTIAL

Each employee working a shift classified as other than a "day" shift shall receive shift differential for all hours so worked as provided below.

Shift differential shall be paid as follows for shift workers:

DAY SHIFT: When the majority of hours worked fall between 7:00 a.m. and 3:00 p.m., employees shall receive no shift differential.

SWING SHIFT: When the majority of hours worked fall between 3:00 p.m. and 11:00 p.m., employees shall be paid a shift differential in the amount of an additional two dollars and twenty-five cents (\$2.25) per hour for all hours worked.

NIGHT SHIFT: When the majority of hours worked fall between 11:00 p.m. and 7:00 a.m. employees shall be paid a shift differential in the amount of an additional three dollars (\$3.00) per hour for all hours worked.

If an employee is eligible for shift differential but the shift differential will be cancelled by the automated timekeeping system because the department manager requested the employee to work additional hours, the employee will notify management of the discrepancy and management will ensure the employee receives the appropriate shift differential. An employee "flagging" or making notes of the discrepancy in the automated timekeeping system will serve as notice to the manager, who will validate the shift differential.

ARTICLE 25 – LONGEVITY

Section 1:

Full-time and part-time employees shall be entitled to annual payments in recognition of continuous service with the Hospital including prior continuous service with the predecessor Carson-Tahoe Hospital. Payment shall be made once a year, in either the last payroll of November or first payroll of December. All full-time and part-time employees whose fifth year of service falls in that calendar year shall receive full payment at that time. Employees with five (5) or more years of continuous service who terminate, or reclassify to Per Diem status, will have their longevity paid at a prorated rate in direct proportion to the months worked since the last longevity check was earned. Fifteen (15) days or beyond shall constitute one full month. The longevity check will be included in the termination or next regularly scheduled paycheck.

The payment of longevity shall be based on an employee receiving an evaluation with an overall rating of Successful or above on the last performance review. The following shall be the schedule of payments by years of service.

Years of Service	Amount of Payment
5	\$120
6	\$150
7	\$180
8	\$210
9	\$240
10	\$270
11	\$550
12	\$600
13	\$650
14	\$700
15	\$750
16	\$800
17	\$850
18	\$900
19	\$950
20	\$1,000
21	\$1,050
22	\$1,100
23	\$1,150
24	\$1,200
Etc.	Etc.
No Maximum	

ARTICLE 26 - SALARIES

Section 1:

The Hospital shall furnish the Association with a cumulative report on a quarterly basis during each contract year that shows the number of employees in the bargaining unit receiving each merit increment and what percentage that number constitutes of the entire bargaining unit. The quarterly report shall also identify the number and percentage of employees in the bargaining unit who have or continue to be "topped out", which means that their merit increase could not be fully implemented because they had reached the top of their salary range, and what merit increase those topped out employees were awarded.

For the term of this agreement, the minimum and maximum of the salary ranges for the classifications covered by this Agreement are increased effective the first full pay period in July by the USDL All-Cities-All Urban Consumers CPI for the year ending March not to exceed 4.0%. Base pay for individual employees is not increased based on the increase of the minimum and maximum of the salary ranges. However, those salaries that fall below the new minimum will be increased to the new minimum.

Section 2:

New employees will typically start at the minimum for their respective pay grade. Management may recognize previous experience and education in an equitable relationship to current employees as set forth in Article 14.

Section 3:

- A. New Hires who have obtained a Bachelor's Degree or other advanced degree from an accredited institution in the employee's field of service, which is not a requirement of the position, regardless of the number of degrees obtained, receive a pay level which is 5% higher.
- B. New Hires who have obtained any Certifications in the employee's field of service that are above and beyond the requirements for the position, regardless of the number of these Certifications, receive a pay level which is 2.5% higher.

To qualify, the Certifications must be issued by a national professional organization, have expiration dates and require ongoing CEUs to renew. Employees who fail to renew Certifications or allow them to become inactive will no longer be eligible for the higher salary level.

- C.
 - 1. The regular pay rate of employees who are certified to insert a peripherally inserted central catheter (a "PICC line") will be elevated by 2.5%. This premium is not subject to the Certification limitation set forth in Section 3(B) above and will be in addition to any 2.5% premium received pursuant to that subsection; but in no event will an employee's regular rate exceed the maximum salary for the employee's pay grade.
 - 2. Additionally, when such an employee is called upon to insert a PICC line(s), the employee will clock out of the employee's regular pay rate and clock in at a rate

10% above that regular rate ("PICC rate"), and remain clocked in at that higher rate until the PICC line(s) insertion is completed.

3. In order to remain eligible for the 2.5 % elevated pay rate and 10% increase for time actually spent inserting PICC lines, an employee must insert at least twenty-four PICC lines during any two consecutive calendar years, excluding the two years following the employee's hire date, initial PICC line certification date or July 1, 2018.

Section 4:

Temporary placement of new classifications in a pay grade shall be made by Human Resources for the purpose of filling a position. Such placement may be moved up or down the pay grade assignments when the parties next meet for negotiations. The right to establish new job classifications, job descriptions and their duties and responsibilities, or change existing job classifications, job descriptions, and their duties and responsibilities belongs completely to the Hospital.

The Hospital may at its discretion make increases in classifications and salary ranges covered by and during the term of this Agreement based on difficult to recruit classifications or other labor market considerations, as determined by the Hospital. Special increases to an employee's base pay may also be granted if it is determined that an individual's Job is improperly classified to a specific Salary Grade or that a major shift in the labor market has occurred, requiring a change in the salary structure. Such determination and implementation of such increases are not subject to the negotiated grievance procedure. The Hospital will meet and discuss (but not negotiate) any such increases with the Association prior to implementation of such changes.

Section 5:

Merit Pay Plan. This system provides a means for employees who meet specific requirements to move within the pay range for their classification. At the beginning of the payroll period following the employee's position entry anniversary date, an employee whose current annual evaluation reflects an overall rating of 2.5 to 5.0 will receive an increase to base salary in the following amount, providing that the employee shall not exceed the top of his/her pay range:

<u>Evaluation</u>	<u>Rating</u>	<u>Merit Increase</u> [*]
Less than 2.5	Unacceptable	None*
2.5 – 2.9	Needs Development	1.0%
3.0 – 3.9	Successful	3.0%
4.0 – 4.5	Highly Effective	3.5%
4.6 – 5.0	Exceptional	4.5%

* If an employee receives a merit increase less than the Section 1 range adjustment the employee will be provided a 90 day improvement plan. The department head will inform the employee, in writing, and state reasons upon which the decision was based, and a prescribed remedy to improve the employee's performance. If by the end of the 90 day improvement plan the

employee has met the standards imposed by the improvement plan the employee will be granted a merit increase equal to the section 1 range adjustment and paid from that date;

If an employee receives a score of less than 2.5, then the employee can submit an appeal and will be given an evaluation by evaluator's supervisor.

Any merit increase under this Section, or any stipend pursuant to Section 6 below, will be calculated using the salary schedule in effect on the first day of the first full pay period following the due date of the evaluation.

Section 6:

Employees who have reached or neared the top of their pay range may or may not be eligible for their full merit increase amount, according to the results of their annual evaluation and also according to the movement of the maximum of the salary range. In these cases, the employees will receive an increase to base pay up to the maximum of their salary range, and the balance of the merit increase as a lump sum stipend. The stipend will be based on the remaining eligible percent increase earned multiplied by the total number of hours the employee was paid or flexed (with or without PTO), not to exceed 2,080 hours per year, multiplied by the employee's straight time rate, during the 12 calendar months between annual evaluations. The stipend is subject to the evaluation/merit increase criteria in section 5 and shall be paid in the pay period following the employee's annual evaluation. The stipend will not be added to the employee's pay scale or hourly rate of salary. Topped out employees may requalify for this benefit on an annual basis.

There is no "right" to any merit increase. Increases are conditioned solely on an employee meeting work performance standards set by Hospital management as evaluated by the employee's supervisor or manager. For this purpose the Hospital has adopted a criteria-based job description and performance evaluation. Evaluation decisions and work performance standards set by Hospital management are not subject to the negotiated grievance procedure.

In order to address inquiries or resolve disputes regarding the Merit Plan's implementation, application, or interpretation, the Association shall be allowed to bring these issues forward as an agenda item in the Labor-Management Committee.

Section 7:

Other Special Increases

- A. After initial hire, employees who are in hard to recruit positions, are eligible for an increase in salary when obtaining degrees or certifications that are not required by the job description. The amount of increase is the same as upon hire under similar circumstances (see Section 3 above.) The certification must be maintained in a current, active status. Otherwise, this salary increase will be removed from the employee's record.

This increase is effective on the beginning of the next pay period after submission of the appropriate and approved paperwork to Human Resources.

- B. Preceptor pay: Whenever any employee is a formal Preceptor, an additional \$1 per hour is added to the base rate of pay for those hours actually worked as a Preceptor. The employee must have successfully completed the formal Preceptor training program to be eligible to receive this extra pay.

In order to qualify for this special pay, the Preceptor activities must be approved and scheduled in advance by the supervisor and must not be a normal part of the job, but are duties over and above what is required for the position.

- C. Pay for leading training programs: Whenever any employee leads formal training programs on the job, an additional 5% is added to the base rate of pay for those hours actually worked as a formal trainer.

In order to qualify for this special pay, the following criteria must be met:

1. A discussion must occur between the employee and manager about the training need and benefit;
2. The trainer must submit a proposal or outline for the training program; and
3. the proposal or outline must be approved and scheduled in advance by the supervisor and must not be a normal part of the job, but are duties over and above what is required for the position.

The employee will be paid their regular rate for the above activities. The employee is eligible for the 5% increase after the proposal is approved when completing the following: preparation for the training, developing training materials (power points/handouts), researching, preparing and submitting training for continuing education credit, and conducting the training. Examples of this training include a department skills day, a peri-op program.

- D. Lead Pay/Team-Leader Pay

Whenever an employee works as the lead worker on the shift, the employee is paid at a rate that is 3% higher than the regular base pay.

This designation must be approved and scheduled in advance by the supervisor on each applicable shift.

- E. CAP

(Effective July 1, 2018, the CAP program will be phased out. Employees currently in the program will be allowed to continue until July 1, 2019. No new employees may be added to this program after July 1, 2018.)

The Career Advancement Program (CAP) provides a system for recognizing and rewarding employees who provide leadership by volunteering in health-care related community projects, participating in professional associations and completing special projects over and above the requirements of their job description.

Full Time and Part Time employees are eligible for this program and must maintain full time or part time status throughout the year in which they are eligible for any CAP payment.

Eligible employees must have worked for CTRH for a minimum of one (1) year when they make their initial CAP application.

The most recent performance evaluation for eligible employees must have no areas of performance below "Successful" or "Effective".

Any formal written counseling memo within the twelve (12) months prior to the submission of the CAP application will exclude the employee from participation in the CAP at that time.

The employee must have acceptable attendance at departmental staff meetings in the prior twelve (12) months, as certified by the department manager.

Completed CAP application documents must be submitted to Human Resources for approval. CAP pay begins, when eligible, on the first day of the pay period following approval.

CAP "points" are provided for Community Healthcare-related Volunteer efforts not required by the job description and that are in the community outside of the work environment.

The CAP points are translated into an increase to base pay for the next twelve (12) months according to the following schedule: (Employees must reapply annually for continued CAP eligibility):

32 CAP Points equals an increase of 2.5%.

F. Special Increases

Special increases may be approved by Human Resources and granted to individuals or to groups of individuals, and are usually based on exceptional job performance, completion of a major project or other extenuating circumstance. These increases are in the form of a one-time incentive bonus and are not added to the employee's base rate of pay. Such determination and implementation of such increases are not subject to the negotiated grievance procedure. The Hospital will meet and discuss (but not negotiate) any such special increases with the Association prior to implementation of such increases.

ARTICLE 27 – PAID TIME OFF (PTO) AND MAJOR SICK LEAVE PLANS

The following describes the Paid Time Off and Major Sick Leave plans at the Hospital for unit employees:

Section 1: ACCRUAL

- A. Employees with a seniority/continuous service date (as defined in Article 6-Definitions) prior to July 1, 2006, will accrue PTO based on the following table:

Based Upon 80 paid hours per pay period	5 Years Thru 9 Years	10 or more Years
Total PTO: Days (8 hour days)	33	38
Hours	264	304
Hours Accrued Per Pay Type Hours as defined below	0.1269	0.1462
Maximum Accrual Hours	396	456

- B. Employees with a seniority/continuous service date (as defined in Article 6-Definitions) after July 1, 2006 and prior to July 1, 2011, will accrue PTO based on the following table:

Based Upon 80 paid hours per pay period	Seniority/Cont. Service date thru 2 Years	3 Years Thru 5 Years	6 Years Thru 9 Years	10 Years Thru 14 Years	15 or more Years
Total PTO: Days (8 hour days)	25	30	32	36	38
Hours	200	240	256	288	304
Hours Accrued Per Pay Type Hours as defined below	0.0962	0.1154	0.1231	0.1385	0.1462
Maximum Accrual Hours	300	360	384	432	456

- C. Employees with a seniority/continuous service date (as defined in Article 6-Definitions) after July 1, 2011 will accrue PTO based on the following table:

Based Upon 80 paid hours per pay period	Seniority/Cont. Service date thru 2 Years	3 Years Thru 9 Years	10 Years Thru 19 Years	20 or more Years
Total PTO: Days (8 hour days)	24	28	33	38
Hours	192	224	264	304
Hours Accrued Per Pay Type Hours as defined below	0.0923	0.1077	0.1269	0.1462
Maximum Accrual Hours	288	336	396	456

- D. Paid Time Off is accrued by Full Time and Part Time employees according to the applicable above table on all paid hours, up to the maximum of 84 paid hours per pay period. "Paid Hours" includes hours for all straight time pay, flex hours (scheduled work hours not worked due to an "early home" or "Hospital request" [See Article 17]), call back and holiday paid hours. PTO is accrued on the overtime pay type. PTO does not accrue on standby or Registry pay.
- E. Employees sent home early pursuant to Article 17 will accrue PTO for the shift as scheduled. Employees sent home early in a standby status pursuant to Article 17 will also accrue PTO for the shift as scheduled, regardless of any callback pay.

Section 2: ADMINISTRATIVE GUIDELINES

- A. During the first three months of continuous employment, an employee may use accrued PTO subject to normal supervisory approvals, limited to listed holidays and to Hospital-required "flex" days for low census. An employee's PTO balance may not go into a negative balance. Otherwise, employees shall become eligible to use accrued Paid Time Off and Major Sick benefits upon completion of three (3) months of service. Should the employee terminate employment during the introductory period, no PTO is available at time of termination, and any Paid Time Off used during the introductory period must be paid back at the time of termination.
- B. A terminating or laid-off employee who has completed his/her probationary period will be paid all accrued but unused Paid Time Off, in his/her final paycheck.
- C. There are nine (9) recognized holidays on which an employee will be paid time and one-half if he/she works those days. New Year's Day (January 1), President's Day (third Monday in February), Memorial Day (last Monday in May), Independence Day (July 4), Labor Day (first Monday in September), Veterans Day (November 11), Thanksgiving (fourth Thursday in November), Family Day (Friday following Thanksgiving), and Christmas (December 25) will be these recognized

holidays. PTO, if available, can be used when off work due to an official Hospital holiday.

- D. An employee may accumulate PTO hours up to a maximum of one and one half (1½) times his/her current annual accumulation rate. The employee should take at least one week of time off each calendar year. Employees will use PTO exceeding the new maximum prior to December 31, 2011, or be paid for such PTO in the first full pay period following January 1, 2012.
- E. PTO (other than for illness) should when possible be scheduled through the Department Manager as follows:

Less than one (1) Day Requested Off	One (1) to Four (4) Days Requested Off	Five (5) to Ten (10) Days Requested Off	Eleven (11) or more Days Requested Off
Employee will, when possible, provide at least 48 hours advance notice to Manager.	Employee will, when possible, provide at least two (2) days advance notice to Manager.	Employee will, when possible, provide at least one (1) month advance notice to Manager.	Employee will, when possible, provide at least two (2) months advance notice to Manager.
Manager will approve or deny within one (1) business day.	Manager will approve or deny within two (2) business days.	Manager will approve or deny within ten (10) business days.	Manager will approve or deny within fifteen (15) business days.

1. Subject to the required skill mix of staff, seniority (as defined in Article 6) will be controlling when two or more employees are seeking to utilize PTO on the same available day(s). An “available day” is one which has not been previously requested by and approved for another employee, regardless of seniority.
 - a. An exception to using seniority occurs when a competing employee has not been able to take PTO for reasons beyond their control, e.g. not able to take PTO due to a competing or another employee being on a leave of absence, FML, or injury.
 - b. The mechanisms established hereby are not applicable to holidays. In the case of holidays, each department will establish an equitable method to ensure that all employees in the department have roughly equal access to PTO for holidays.
 2. Should the employee’s request be denied, the employee should be given an acceptable reason for denial and a reasonable alternative may be proposed by the employee and approved by the employee’s Department Head or designee subject to operational requirements of the Hospital.
 3. The Manager has primary responsibility for arranging coverage for an employee utilizing PTO. The Hospital and Managers will make every effort to staff departments at sufficient levels to accommodate reasonable PTO requests from department employees.
- F. Full-time or part-time employees transferring to a Per Diem status will be paid all available PTO hours at the time of the status change. When an employee converts

from full-time to part-time or part-time to full-time, he/she retains all PTO previously available to him/her.

- G. Bereavement leave and "family illness" leave will be covered under PTO.
- H. When an employee's accrual rate changes by virtue of his/her anniversary date, the new accrual rate will be calculated starting with the beginning of the next pay period following the pay period in which the anniversary date falls.
- I. PTO may not be used as part of the termination notice period.
- J. PTO is not used in the computation of overtime.
- K. Available PTO hours must be used prior to an employee requesting time off without pay and it being granted.

Section 3: CASH OUT OF ACCRUED PAID TIME OFF

Employees will be permitted to apply for a cash out of a portion of their accrued Paid Time off in lieu of taking the PTO as paid time off subject to the following procedures:

- A. Eligibility
 1. The employee must be employed continuously in a full or part time benefited position for a minimum of one (1) year.
 2. The employee must have a minimum of 120 hours of accrued PTO
- B. Access
 1. The minimum amount of PTO that can be requested to cash out is twenty (20) hours;
 2. The employee must have a minimum balance of 80 hours of accrued PTO after the cash out;
 3. The maximum amount of PTO that may be cashed out in a given calendar year is eighty (80) hours;
 4. An employee can request a cash out of PTO a maximum of two times per calendar year; and
 5. An exception to the eighty (80) hours limit above can be requested, but is limited to demonstrated medical or financial hardship(s) as determined by the Hospital.
- C. Process
 1. The request for cashing out PTO may be submitted to Human Resources (HR) at any time on a form provided by HR. Disbursement of checks will occur from the Payroll department on the next regular Friday payday after 14 days from the date of request or approval of the hardship.
 2. Cashed out PTO will be treated as regular income for tax purposes.
 3. In order to comply with the regulations of the United States Treasury Department and the Internal Revenue Service surrounding constructive receipt, cashed out PTO will be valued at \$0.90 on the dollar.

Section 4: TRADE OF ACCRUED PTO

Employees may also elect to trade accrued Paid Time Off hours for cash to be added to the employee's paycheck to help pay for other benefits or to use as additional taxable take-home pay, under the following procedures:

- A. The PTO trade request must be made once yearly during the annual benefits Open Enrollment period for implementation throughout the following calendar year;
- B. The employee may trade any number of accrued PTO hours for cash but must leave at least eighty (80) hours of accrued PTO in their PTO bank after the trade;
- C. The value of the PTO traded hours is calculated using the employee's hourly rate on the first day of the annual Open Enrollment, and will not change throughout the following calendar year;
- D. In order to comply with the regulations of the United States Treasury Department and the Internal Revenue Service surrounding constructive receipt, traded PTO hours will be valued at \$0.90 on the dollar;
- E. The total value of the PTO traded hours will be divided by 26 and added proportionately to each paycheck as taxable income in the following calendar year.
- F. If the employee leaves employment during the calendar year, the value of the remaining PTO traded hours will be added to the employee's final paycheck.

Section 5: PTO CONVERSION OF HOURS ACCRUED IN THE FUTURE (Pursuant to Article 22, Section (3)(D))

Employees may also elect to convert Paid Time Off hours to be earned in the future for Benefit Dollar Credits to be added to the employee's bi-weekly paycheck to help pay for other benefits or to use as additional taxable take-home pay, under the following procedures.

- A. The PTO conversion request must be made during the annual benefits Open Enrollment period for implementation during the following calendar year. The conversion request is made through the process identified by the hospital.
- B. The employee may convert up to 40 hours of PTO which would be earned during the following benefit year for Benefit Dollar Credits.
- C. The value of PTO hours converted is calculated using the employee's base hourly rate on October 1 each year immediately preceding the annual Open Enrollment period and will not change throughout the following calendar year. Converted PTO will be valued at \$1.00 on the dollar.
- D. The total value of the PTO hours converted will be divided by 26 and that number will be added to each paycheck as taxable Benefit Dollar Credits in the following calendar year. PTO earned during the year will be reduced by the proportionate number of hours converted by the employee. The conversion election is only valid for one year.
- E. Benefit Dollar Credits not spent on welfare, retirement or voluntary benefits will revert to taxable income on the employee's paycheck each pay period.

Section 6: MAJOR SICK ACCRUAL

Full-time and Part-time employees will accrue Major Sick hours at the rate of .0192 hours per hour paid not to exceed 1.54 hours per pay period. "Hours paid" are defined the same as hours paid for PTO accrual.

- A. The maximum accrual for the Major Sick Bank will not exceed 1,040 hours.
- B. Full-time and Part-time employees must complete 3 months of continuous employment to be eligible to use Major Sick time.

- C. The accumulated Major Sick balance in excess of 300 hours will be paid to an employee upon termination or resignation, at 50% of the balance. i.e., employee has 400 hours and would be paid at 50 hours at his/her current rate of pay. $(400-300 = 100 \text{ divided by } 2 = 50 \text{ hours})$. Payment will not exceed \$5,000 per employee. The accumulated Major Sick balance under 300 hours will not be paid to the employee upon termination or resignation, and all balances in the bank are eliminated. If laid-off, the balance will be reinstated if the employee is rehired within twelve (12) months.
- D. An employee is eligible to use Major Sick time off for their own illness or when they are receiving certain medical services. The employee must submit documentation from a licensed physician certifying that he/she is disabled and unable to work. The criteria for accessing the Major Sick bank is described in the following:
1. An employee may access the Major Sick bank immediately, when the employee is hospitalized or receives an outpatient procedure that requires physician monitored sedation.
 2. An employee may access the Major Sick bank immediately, when the employee has been injured at work and it is an approved claim with the Workers Compensation insurance carrier.
 3. An employee may access the Major Sick bank after the employee has been off work for forty (40) consecutive hours or seven (7) consecutive days. When this option is initiated, the employee must use PTO, if available, for the regular scheduled shifts during the first forty (40) hours or seven (7) days scheduled.
 4. An employee may access the Major Sick Bank for the purpose of taking care of an immediate family member, only if approved for FML for the same purpose, and documentation is produced to indicate the family member's need for care. This provision is not applicable in the case of intermittent FML to care for a family member.
 5. If the Hospital deems it necessary it may require a second certification of a disability by a licensed physician of its choice. The Hospital will assume the expense of any such examination and reserves the right to select the physician.
- E. Accrued time in the Major Sick Bank is eliminated when an employee transfers to Per Diem status.
- F. Major Sick Bank accumulation may be used in the case of disability due to an on-the-job illness or injury for the waiting period and to supplement Workers Compensation disability payment up to an employee's daily take home rate. Part-time employees will be paid based on their average hours worked in the previous three (3) months.
- G. If an employee has completed his/her waiting period under Major Sick and attempts to return to work but is unable to, he/she will not have to complete a second waiting period as long as it is a continuing disability/diagnosis and the licensed physician recertifies him/her as disabled.

- H. If an employee is permitted by his/her physician to return to work on a part-time basis following a disability, he/she will be allowed to supplement his/her pay up to the equivalent of his/her normal daily straight time rate from his/her Major Sick Bank. An employee may not do this more than six (6) weeks per occurrence of a diagnosis/disability.
- I. Once an employee is released by the licensed physician to return to work, and is able to resume his/her previous work schedule and job responsibilities, Major Sick time compensation will stop. Further follow-up medical treatment (i.e. Dr. office visits, etc.) will be paid from PTO, if available.

ARTICLE 28 - RETIREMENT PLAN

The Hospital agrees to continue to make a 401(k) plan comparable to the one existing on June 30, 2011, available to bargaining unit employees. For bargaining unit employees that contribute a percentage of their gross annual income received from the Hospital to the 401(k), the Hospital will make a matching contribution as follows:

Employee's Contribution (Percentage of Gross)	Hospital's Matching Contribution
1.0%	1.0%
2.0%	2.0%
3.0%	3.0%
4.0%	4.0%
5.0%	4.5%
6.0% or more	5.0%

The employee shall be immediately and fully vested in both his/her individual contribution and the Hospital's matching contribution.

ARTICLE 29 - SAFETY COMMITTEE PARTICIPATION

The parties agree to provide one position on the Hospital Safety Committee to represent the Association and the employees of the bargaining unit. The Association shall designate the representative in writing and that person shall be responsible to attend the monthly meetings of the Committee. The person selected will be paid for time spent attending the meeting and he/she shall be responsible to maintain confidentiality with regard to certain discussions held by the Committee pertaining to any individual employee or patient.

ARTICLE 30 – UNIFORMS

The Hospital has established standards for employees regarding attire, cleanliness and appearance and employees must comply with these standards. Specific standards of attire apply to employees who provide direct patient care or who work in patient care areas.

- A. Some departments require their employees to wear uniforms while on duty. If uniforms are distinctive in design and/or color, they are provided by the Hospital. Replacements are provided according to reasonable wear and tear standards. These uniforms that are supplied by the Hospital are of a fabric and style that are to be washed and maintained by the employee.
- B. Employees who provide direct patient care are responsible for the maintenance of their scrubs and lab coats, with the exception of those working in areas that are determined by Infection Control standards to require the scrubs and lab coats to remain on the premises and to be washed by the Hospital.

ARTICLE 31 – EMPLOYEE RECOGNITION PROGRAMS

The Hospital may provide both formal and informal recognition programs to reward employees who go above and beyond. These recognition programs may include small monetary awards, public announcements and other ways to publicly thank these special deserving employees.

ARTICLE 32 – NURSE STAFFING PARTICIPATION

The parties agree to provide two positions on the CTRH Nurse Staffing Committee to represent the Association and the employees of the bargaining unit. The Association shall designate the two Registered Nurse (RN) representatives in writing and these persons shall be responsible to attend the quarterly meetings of the Committee. The persons selected will be paid for time spent attending the meeting and he/she shall be responsible to maintain confidentiality with regard to certain discussions held by the Committee pertaining to any individual employee or patient. This committee is advisory only and does not waive any management rights in Article 4.

APPENDIX A
BARGAINING UNIT CLASSIFICATIONS

Accounts Payable Rep
Activity Specialist-BHS
Administrative Assistant
Administrative Assistant Engineering
Administrative Support
Admissions and Registration Rep
Advanced Practice Emergency Department Technician
Aerobic Exercise Instruct
AHA Instructor & Education Assistant
AIC Clerk
Ambulatory Infusion Center Medical Assistant
Anesthesia Technician
Assessment Counselor
Athletic Trainer
Basic Life Support Instructor
BHS Admission Coordinator
BHS Patient Access & Utilization Rep
Billing Specialist
Buyer
Buyer Surgical Services
Cancer Center Assistant
Cancer Center Receptionist
Cancer Patient Assistant
Cardiac Device Specialist RN
Cardiac Sonographer
Cardiac Surg Tech Assistant
Cardiology Technician I, II & III
Care Manager
Case Manager
Case Management Resource Liaison
Cashier
Central Supply Tech / Central Services Tech
Certified Nursing Assistant
Certified Occupational Therapy Assistant (COTA)
Certified Tumor Registrar
Charge Registered Nurse
Childbirth Educator
Clinic Admin Assistant
Clinic Authorization Clerk
Clinic Billing Liaison
Clinic LPN
Clinic Medical Assistant I & II

Clinic Medical Records Clerk
Clinic Receptionist
Clinic Registered Nurse
Clinical Application Analyst
Clinical Application Specialist
Clinical Documentation Specialist
Clinical Lab Technologist
Clinical Pharmacist Specialist ID
C.N.A Sitter
Coder & Biller
Coder 1,2,3
Coding Diagnostician
Collector
Compliance Auditing Assistant
Cook
Coordinator - Cardiac & Pulmonary Rehab
Courier
Credit Reimbursement Balance Specialist
Crisis Counselor
CT Technologist
CTC Cardiac Device Tech
CTC Cardiac Device Tech Certified
CTC Congestive Heart Failure RN
CTC Device Specialist
CTC Lead Medical Assistant no Cert
CTC Lead Medical Assistant with Cert
CTC Medical Assistant I & II
CTC Medical Record File Clerk
CTC Pacemaker RN
CTC Patient Care Coordinator
CTC Registered Nurse
CTMG EMT Quality & Outcomes Specialist
Customer Experience Rep
Data Assistant
DE Staffing Coordinator
Denial Management Coordinator
Development Specialist
Diabetes Patient Educator
Diet Clerk
Dietetic Technician
Dietitian
Discharge Facilitator
Discharge Planner
Dishwasher
EDI Billing Specialist

Education Assistant
Education Liaison
Electrician
Emergency Dept Technician
Emergency Management Tech
Employee Health Assistant
Endoscopy Tech
Environmental Services Assistant
ER Case Manager
Exercise Physiologist
Facilities Technician
FANS Coordinator
Fin Counselor-Inpatient
Finance Assistant
Food & Nutrition Lead
Food Service Worker
Grounds Technician
Head MT
Head MT-Blood Bank
Head MT-Chemistry
Head MT-Hematology
Head MT-Microbiology
Health and Wellness Coordinator
Health Unit Coordinator
HIM Analyzer
HIM Quality Assurance Clerk
HIM Support Clerk
HIM Technician I, II, Analyst, & ROI
Histology Technician
Histology Technologist
Housekeeper
Housekeeper/Floor Finisher
HVAC Technician
Hyperbaric Safety Officer Wound Care
In House Trainer
Infection Control Assistant
Infection Control Clerk
Infection Control Coordinator
Infection Control Specialist
Inventory Control Coordinator
Insurance Support Tech
IT Network Analyst
IT Service Technician 1,2 & 3
Lab Courier Clerk
Lab Technician Assistant

Laboratory Assistant
Laboratory Assistant/Specimen Processing Specialist
Laboratory Clerk
Laboratory Information System Section Head
Laboratory Tech Assistant
Lactation Consultant
Lead Cardio Pulmonary Respiratory Therapist
Lead Centralized Services Rep
Lead Clinic Office
Lead Coder
Lead CP Respiratory Therapist
Lead Facilities Technician
Lead FANS Facility
Lead Food & Nutrition
Lead HIM Operations
Lead Housekeeper
Lead Lab Billing Clerk
Lead Mammography Tech
Lead Med Transcriptionist
Lead Medical Assistant No Cert
Lead Medical Assistant with Cert
Lead Medical Imaging Clerk
Lead MRI Tech
Lead OB Technician
Lead Patient Access Representative
Lead Patient Transporter
Lead Pharmacy Technician
Lead Rad Tech
Lead Respiratory Therapist
Lead Starbucks Barista
Lead Ultrasound Technologist
Licensed Clinical Social Worker
Licensed Practical Nurse (LPN) I & 2
Linen Aide
LPN Wound Care
LTACH Certified Nurse Assistant
LTACH Charge Registered Nurse
LTACH Nurse Apprentice
LTACH Registered Nurse
LTACH Registered Nurse Wound Care
LTACH Unit Clerk & Monitor Tech
Maintenance Technician
Mammography Technologist
Marketing Assistant
Marriage & Family Therapist

Meal Concierge
Medicaid Billing Specialist
Medical Assistant Patient Away
Medical Billing Specialist
Medical Imaging Clerk
Medical Imaging Scheduler
Medical Record I, II
Medical RN Assistant
Medical Staff Clerk
Medical Technologist
Medicare Billing Specialist
Mental Health Technician 1, 2
Monitor Technician
MRI Technologist
Nuclear Medicine Technologist
Nurse Apprentice
Nursing Admin Assistant
OB Tech
Occupational Therapist
Oncology Patient Navigator
OR Specialist Scheduler
OR Technician
Orthopedic Nurse Navigator
Outpatient Clinic Office Assistant
Outpatient Registrar
Outreach Specialist (BHS)
Pain Institute Clinic Assistant
Pathology / Cyto Tech
Patient Access & Pre Services Rep
Patient Access Representative I & II
Patient Accounts Biller
Patient Accounts Customer Service Representative
Patient Accounts Support Clerk
Patient Care Coordinator & Scribe
Patient Care Sitter
Patient Registrar I
Patient Transporter
Payroll Specialist
PBX Operator/Receptionist
Perioperative Information System Coordinator
PFS Billing Specialist
PFS Support Clerk
Pharmacist
Pharmacy Tech
Pharmacy Tech/Courier

Pharmacy Technology Specialist
PHS Application Specialist
Physical Therapist
Physical Therapy Assistant
Plumber
Population Health Project Manager
Prescription Specialist/Medical Assistant
Professional Fees Billing Specialist
Program Planner-RN
Property Management Assistant
Pulmonary Function Tech
QA Competency Coordinator
Quality & Outcomes Specialist Hourly
Quality Coordinator
Rad Tech Apprentice
Radiologic Tech I, II & III
Radiologic Tech-Specialty Labs
Radiologist Assistant
Recreation Therapist
Registered Nurse
Registered Nurse - First Assist
Registered Nurse Wound Care
Registered Phlebotomist
Rehab Outreach Spec
Rehab Tech
Reimbursement Spec
Release of Info Clerk
Resources Registered Nurse
Respiratory Apprentice
Respiratory Therapist
Respiratory Therapy Non Register
RN Cardiac Rehab
RN Chronic Care Management
RN Critical Care Float Pool
RN Employee Health
RN Floor Care Float Pool
RN Nurse Educator
Scheduler
Scheduler Liaison
Scheduler/Medical Assistant
Secretary Lab Med
Senior Accounts Payable Specialist
Senior Buyer
Senior Endoscopy Technician
Social Worker

Social Worker BSW
Social Worker MSW
Sonographer/Cardiology Tech
Sous Chef
Speech-Language Pathologist
SSH Plant Maintenance Engineer
SSH Anesthesia Technician
SSH Surg Buyer & OR Tech
SSH Pre Admit Assistant
SSH Radiology Tech Aide
SSH Sonographer
Staff Chaplain
Staffing Coordinator
Starbucks Barista
Substance Abuse Counselor
Substance Abuse Counselor Intern
Supply Handler I & II
Surgical & Central Services Technician
Surgical Admission Nurse
Surgical Services Tech
System/Rac Support
Therapy Clerk
Transition Nurse
Transp Darkroom Tech
Treadmill Spirometry Tech
Tumor Registrar
Ultrasound Technologist
Unit Clerk I & II
Unit Clerk Monitor Tech Outpatient
Unit Clerk Scheduler
Urgent Care Technician
Utility Clerk
Wound Care LPN Outpatient
Wound Care Nurse Specialist Inpatient
Wound Care Medical Assistant
Wound Care Office Assistant

APPENDIX B
 PAY GRADES EFFECTIVE THE FIRST FULL PAY PERIOD FOLLOWING 7/1/2018

PAY GRADES	MINIMUM	MAXIMUM
9	\$10.10	\$13.09
10	\$11.40	\$14.78
11	\$12.67	\$16.54
12	\$13.65	\$17.89
13	\$14.65	\$19.26
14	\$15.76	\$20.79
15	\$16.99	\$22.48
16	\$18.21	\$24.23
17	\$19.62	\$26.12
18	\$20.99	\$28.16
19	\$22.55	\$30.37
20	\$24.28	\$33.64
21	\$26.58	\$36.00
22	\$28.02	\$38.04
23	\$29.59	\$40.41
24	\$31.35	\$42.84
25	\$33.24	\$45.41

PAY GRADES	MINIMUM	MAXIMUM
30	\$19.07	\$25.37
31	\$20.46	\$27.41
32	\$21.99	\$29.54
33	\$23.62	\$31.77
34	\$25.45	\$34.39
35	\$27.76	\$37.69
36	\$29.30	\$39.90
37	\$31.01	\$42.21
38	\$32.89	\$44.76
39	\$34.86	\$47.47
40	\$36.58	\$49.84
41	\$38.41	\$652.33
46	\$46.33	\$65.55
48	\$54.05	\$73.66
49	\$56.74	\$77.33
50	\$59.58	\$81.20

APPENDIX B (CONTINUED)
 PAY GRADES EFFECTIVE THE FIRST FULL PAY PERIOD FOLLOWING 7/1/2018

PAY GRADES	MINIMUM	MAXIMUM
C3	\$13.25	\$17.91
C4	\$14.51	\$19.61
C5	\$15.61	\$21.09
C6	\$16.84	\$22.79
C7	\$18.19	\$24.62
C8	\$19.65	\$26.58
C10	\$21.65	\$29.29
C11	\$23.37	\$31.62
C12	\$24.95	\$34.46
C13	\$26.94	\$37.20
C14	\$29.09	\$40.19
C15	\$31.43	\$43.39
C16	\$33.94	\$46.87
C17	\$36.66	\$50.62
C18	\$39.59	\$54.66
C19	\$40.71	\$61.08
C20	\$54.05	\$73.66

APPENDIX C
INDIVIDUAL AND GROUPED DEPARTMENT LISTING

DEPT	DEPT NAME
6011	INTENSIVE CARE UNIT
6012	TELEMETRY UNIT
6031	LONG TERM ACUTE CARE UNIT
6083	MEDICAL ONCOLOGY UNIT
6121	PEDIATRICS UNIT
6161	WOMEN'S SERVICES UNIT
7015	M.O.M.S PROGRAM
7027	RECOVERY ROOM
7074	LABORATORY-PATHOLOGY
7080	ENDOSCOPY
7120	CARDIAC REHAB SERVICES
7181	RESPIRATORY CARE
7231	EMERGENCY ROOM
7235	OUTPATIENT PROCEDURES
7241	MINDEN EMERGENT CARE
7261	PC INCLINE MEDICAL OFFICE
7262	AMBULATORY INFUSION CENTER
7263	MINDEN PHYSICIANS CLINIC
7264	CARSON PHYSICIANS CLINIC
7265	DAYTON PHYSICIANS CLINIC
7268	ONCOLOGY PRACTICE
7280	CARSON CITY MIDTOWN
7281	CARSON CARDIOLOGY PHYSICANS CLINIC
7284	MAMMOTH CARDIOLOGY PHYSICIANS CLINIC
7287	CTMG RENO
7300	INPATIENT WOUND CARE
7421	CARSON TAHOE SURGERY
7431	CARSON TAHOE PAIN INSTITUTE
7521	SS OPERATING ROOM
7527	SS RECOVERY ROOM
8161	ATHLETIC TRAINING PROGRAM
8273	WOMENS HEALTH INSTITUTE
8335	CANCER SERVICES
8351	LAUNDRY & LINEN
8371	PATIENT RELATIONS
8421	SUPPLY CHAIN MANAGEMENT
8435	LOGISTICS
8501	FISCAL SERVICES
8521	COMMUNICATIONS

8541	INFORMATION SERVICES
8561	PATIENT REGISTRATION
8565	CENTRALIZED SCHEDULING
8611	HOSPITAL ADMINISTRATION
8611	PC ADMINISTRATION
8611	PM ADMINISTRATION
8620	INTERNAL AUDIT
8631	COMMUNICATION & MARKETING
8635	FOUNDATION DEVELOPMENT
8655	EMPLOYEE HEALTH
8660	RISK MANAGEMENT
8665	INFECTION CONTROL
8711	MEDICAL STAFF
8721	NURSING ADMINISTRATION
8740	DIABETES EDUCATION
8741	EDUCATION SERVICES
8761	QUALITY & OUTCOMES MANAGEMENT
8765	INTEGRATED CARE MANAGEMENT
<u>BEHAVIORAL HEALTH SERVICES</u>	
6183	BHS ADMINISTRATION STAFF
6184	BHS INPATIENT
7267	BHS OUTPATIENT SERVICES
7269	GERI PSYCH OUT PATIENT
7270	BHS OUTPATIENT CRISIS TRIAGE CENTER
<u>CARDIAC LABS</u>	
7440	CARDIAC CATH LAB
7442	VASCULAR LAB
<u>CARDIOLOGY SERVICES</u>	
7111	CARDIOLOGY
7251	CTC HOSPITAL OUTPATIENT DEPARTMENT
<u>ENGINEERING / FACILITIES</u>	
8481	PLANT OPERATIONS
	ALL FACILITIES
<u>ENVIRONMENTAL SERVICES</u>	
8461	ENVIRONMENTAL SERVICES
	ALL FACILITIES
<u>FOOD AND NUTRITION SERVICES</u>	
8121	SMC DIETARY SERVICES
8341	PATIENT FOOD SERVICES
8342	RETAIL FOOD SERVICES
8345	CLINICAL FOOD SERVICES

8570	SS FOOD SERVICES
	ALL FACILITIES
<u>LABORATORIES</u>	
7065	LABORATORY-CLINICAL
7243	MEUC LABORATORY; AKA O/P LAB STATION-MINDEN
7340	O/P LAB STATION –CARSON
7360	O/P LAB DRAW STATION -DAYTON
<u>PATIENT REGISTRATION</u>	
8531	PATIENT ACCOUNTS AND REGISTRATION
8561	PATIENT REGISTRATION
	ALL FACILITIES
<u>RADIOLOGY / MEDICAL IMAGING</u>	
7142	RADIOLOGY-DIAGNOSTIC
7143	RADIOLOGY- MRI
7149	MEDICAL IMAGING ADMIN SUPPORT
7151	RADIOLOGY-ULTRASOUND
7154	RADIOLOGY-CAT SCAN
7161	RADIOLOGY-NUCLEAR MEDICINE
7343	O/P X-RAY - CARSON CITY
7353	O/P X-RAY – MINDEN
7391	GBI-CAT SCAN
7393	GBI-XRAY,FLURO,DEXA
7394	GBI-NUCLEAR MEDICINE
7395	GBI-ULTRASOUND
7396	GBI-PET SCAN
7397	GBI-MRI
7398	GBI-INTERVENTIONAL RAD
7542	SS RADIOLOGY
7543	SS MRI
7544	SS MAMMOGRAPHY
7551	SS ULTRASOUND
7554	SS CT SCAN
<u>PRE-SURGICAL SERVICES</u>	
7026	SURGICAL PRE-OP
7526	SS PRE-OP
<u>SURGICAL ORTHO SERVICES</u>	
6082	SURGICAL/ORTHO UNIT
6084	SS POST OP
<u>CENTRAL PROCESSING</u>	
7051	CENTRAL PROCESSING
7528	SS CENTRAL PROCESSING

<u>SURGICAL SERVICES</u>	
7021	SURGERY
7041	ANESTHESIOLOGY
7541	SS ANESTHESIOLOGY
<u>THERAPY IN-PATIENT-PHYSICAL, OCCUPATIONAL & SPEECH</u>	
7201	PHYSICAL THERAPY
7211	OCCUPATIONAL THERAPY
7221	SPEECH THERAPY
<u>THERAPY OUT-PATIENT-PHYSICAL, OCCUPATIONAL & SPEECH</u>	
7311	O/P PHYSICAL THERAPY -CC
7312	O/P OCCUPATIONAL THERAPY -CC
7313	O/P SPEECH THERAPY -CC
7321	O/P PHYSICAL THERAPY -MM
7371	O/P PHYSICAL THERAPY -MICA
<u>URGENT CARES</u>	
7246	CARSON URGENT CARE
7247	DAYTON URGENT CARE
<u>WAL MART CLINICS</u>	
7248	WAL MART CLINIC #1 (TOPSY)
7249	WAL MART CLINIC #2 (RETAIL DR)
7250	WAL MART CLINIC #3 (GARDNERVILLE)
<u>WOUND CARE</u>	
7301	O/P WOUND CARE
7302	RENO OUTPATIENT WOUND CARE
<u>MEDICAL RECORDS / HIM</u>	
8701	MEDICAL RECORDS
HAWI	REMOTE HAWAII
COLO	REMOTE COLORADO
<u>PHARMACY</u>	
7171	PHARMACY

Department Grouping denoted by bold and underline font characteristics