

AGREEMENT BETWEEN

**THE GOOD SAMARITAN HOSPITAL, L.P.
D/B/A GOOD SAMARITAN HOSPITAL**

and

**THE ENGINEERS AND SCIENTISTS OF CALIFORNIA,
LOCAL 20, IFPTE (AFL-CIO & CLC)**

July 1, 2025

to

July 1, 2028

PREAMBLE

This Agreement is made and entered into this July 1, 2025, between the ENGINEERS and SCIENTISTS of CALIFORNIA, Local 20, IFPTE (“AFL-CIO & CLC”), hereafter referred to as “**ESC**” or the “**Union,**” and the GOOD SAMARITAN HOSPITAL, L.P. d/b/a GOOD SAMARITAN HOSPITAL, hereinafter referred to as the “**Employer,**” or “**Hospital.**”

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ARTICLE 1 **RECOGNITION**

The Hospital hereby recognizes the Union as the exclusive bargaining agent for all such Clinical Laboratory Scientists (“CLS”), Radiologic/Imaging Technologists, certified and registered Respiratory Therapy Technicians and Respiratory Therapists (“RT”), ABG and Pulmonary Lab Coordinators, Physical Therapists, Occupational Therapists, Speech Language Pathologists/Therapists, Clinical Rehabilitation Specialists, Recreation Specialists, Physical Therapist Assistants, Occupational Therapist Assistants, Lead Clinical Rehabilitation Specialists, Clinical Care Coordinator/Educators, Coordinators IRF/PAI PPS, Cardiac Rehabilitation Exercise Specialists, Inpatient Rehab Unit Social Workers, Social Workers, and Dieticians (full description of the six units described in Article 2, Coverage) employed by Good Samaritan Hospital at 2425 Samaritan Drive, San Jose, CA 94124 or 15891 Los Gatos Almaden Road, Los Gatos, CA 95032 and recognizes the Union’s right to bargain and act with respect to wages, hours and other terms and conditions of employment, insofar as it is consistent with the appropriate provisions of the National Labor Relations Act, as amended.

ARTICLE 2 **COVERAGE**

Unit I: The Employees covered by this Agreement are all those individuals employed in the Employers’ laboratories who hold a Clinical Laboratory Scientist License, or a Clinical Laboratory Bioanalyst License, and who are employed as a full-time, part-time, or *per diem* Clinical Laboratory Scientist I or a Clinical Laboratory Scientist II, Point of Care Testing Coordinator, or Laboratory Information Systems Analyst (“LIS”). Additionally, Employees employed in the position of Medical Laboratory Technologist (“MLT”) will be covered by this Agreement when and if the Employer creates said position, with the understanding that the Employer retains the right to set wages and other initial terms and conditions of employment for said position that will be subject to negotiation upon the next normal contract negotiations cycle. Specifically excluded however, are all temporary help (*i.e.*, Employees hired for a period of time not to exceed ninety (90) calendar days) and supervisory positions.

It is agreed that the provisions of Article 1 and Article 2 do not guarantee any particular work to any Employee and within the constraints of the Welfare and Institutions Code and Business and Professions Code (and the related regulations) of the State of California, the Managers and/or Directors of the Employer will assign the work that is performed by Employees in this bargaining unit and the work that should be performed by Employees outside this bargaining unit. Additionally, the scope of recognition granted in Article 1 shall have no application in any other corporation or facility the Employer has an interest in or opens, even if said corporation or new facility employs Clinical Laboratory Scientists except: (1) if the work of the Employees covered by this Agreement is transferred to a different location, the Employees performing the work so transferred will be covered by this Agreement; and (2) if the Employer opens a laboratory in a location that does not have a laboratory and which will employ Employees who hold any of the licenses mentioned in the preceding paragraph and who will perform work directly related to such license, the Employees performing such work will be covered by this Agreement. The Parties

understand that this coverage Article will not extend coverage or recognition to any Employees or group of Employees that would not constitute an accretion to the existing unit under the National Labor Relations Act.

Unit II: The Technologists covered by this Agreement are all CRT Technologists and Cardiac Ultrasonographers/Echo Technicians employed by the Hospital performing radiologic services, and, pursuant to a National Labor Relations Board Certification of Representative dated August 6, 2009, all full-time, regular part-time and *per diem* CT Technologists and Sonographers/Ultrasound Technologists, including all Magnetic Resonance Imaging (MRI Technologists, Cardiovascular Technologists, Vascular Technologists, Nuclear Medicine Technologists and Radiologic Technologists employed by Good Samaritan Hospital, L.P. d/b/a Good Samaritan Hospital, but specifically excluding Supervising Technologists, Assistant Supervisors, Chiefs, Assistant Chiefs, Instructors, Cardiac Ultrasonographer Coordinators, and Temporary Technologists, all managerial and administrative Employees, office clerical Employees, all Employees currently represented by a labor organization (union), all other professional and non-professional Employees, guards and supervisors as defined in the Act. The scope of recognition granted in Article 1 shall have no application at any other corporation or facility the Employer has an interest in or opens, even if said corporation or new facility employs Technologists except: (1) if the work of the Employees covered by this Agreement is transferred to a different location, the Employees performing the work so transferred will be covered by this Agreement; and (2) if a Hospital provides radiology services in a location that does not provide radiology services and which will employ Employees who hold a CRT license and who will perform work directly related to such license, the Employees performing such work will be covered by the Agreement. The Parties understand that this coverage Article will not extend coverage or recognition to any Employees or group of Employees that would not constitute an accretion to the existing unit under the National Labor Relations Act.

Unit III: The Respiratory Therapy Technicians and Respiratory Therapists covered by this Agreement are all full-time, part-time and *per diem* Respiratory Therapists employed by the Hospital performing respiratory therapy services and ABG and Pulmonary Lab Coordinators, but specifically excluding Quality Compliance Officers, Clinical Coordinators (aside from the ABG and Pulmonary Lab Coordinators) and all other Employees, confidential Employees, guards and supervisors (as defined by the Act). The scope of recognition granted in Article 1 shall have no application at any other corporation or facility the Employer has an interest in or opens, even if said corporation or new facility employs Respiratory Therapy Technicians and/or Respiratory Therapists except: (1) if the work of the Employees covered by this Agreement is transferred to a different location, the Employees performing the work so transferred will be covered by this Agreement; and (2) if the Hospital provides respiratory therapy services in a location that does not provide respiratory therapy services and which will employ Employees who hold a Respiratory Therapy license and who will perform work directly related to such license, the Employees performing such work will be covered by the Agreement. The Parties understand that this coverage Article will not extend coverage or recognition to any Employees or group of Employees that would not constitute an accretion to the existing unit under the National Labor Relations Act.

Unit IV: The Physical Therapists, Occupational Therapists, Speech Language Pathologists/Therapists, Clinical Rehabilitation Specialists, Recreation Specialists, Physical Therapist Assistants, Occupational Therapists Assistants, Lead Clinical Rehabilitation Specialists,

Clinical Care Coordinators/Educators, Coordinators IRF/PAI PPS, Cardiac Rehabilitation Exercise Specialists, and Inpatient Rehab Unit Social Workers, covered by this Agreement are all full-time, part-time and *per diem* Physical Therapists, Occupational Therapists, Speech Language Pathologists/Therapists, Clinical Rehabilitation Specialists, Recreation Specialists, Physical Therapist Assistants, Occupational Therapist Assistants, Lead Clinical Rehabilitation Specialists, Clinical Care Coordinators/Educators, Coordinators IRF/PAI PPS, Cardiac Rehabilitation Exercise Specialists, and Inpatient Rehab Unit Social Workers (collectively, "Rehab Services"), but specifically excluding all employees currently represented by a labor organization, all other employees including, but not limited to, Supervisors of Rehabilitation Services, Supervisors of Rehabilitation Services Outpatient, Managers of Rehabilitation Services, Directors of Rehabilitation Services, and confidential employees, guards, managers, and supervisors as defined in the Act.

The scope of recognition granted in Article I shall have no application in any other corporation or facility the Employer has an interest in or opens, even if said corporation or new facility employs Physical Therapists, Occupational Therapists, Speech Language Pathologists/Therapists, Clinical Rehabilitation Specialists, Recreation Specialists, Physical Therapist Assistants, Occupational Therapist Assistants, Lead Clinical Rehabilitation Specialists, Clinical Care Coordinators/Educators, Coordinators IRF/PAI PPS, Cardiac Rehabilitation Exercise Specialists, and Inpatient Rehab Unit Social Workers, except: (1) if the work of the employees covered by this Agreement is transferred to a different location, the employees performing the work so transferred will be covered by this Agreement; and (2) if Good Samaritan Hospital provides therapy services in a location that does not provide therapy services and which will employ Employees who hold a Physical Therapy, Occupational Therapy, Speech Language Pathology/Therapy and Physical Therapist Assistant, or Occupational Therapist Assistant license and who will perform work directly related to such license, the Employees performing such work will be covered by this Agreement. The parties understand that this coverage article will not extend coverage or recognition to any Employees or group of employees that would not constitute an accretion to the existing unit under the National Labor Relations Act.

Unit V: The Social Workers covered by this Agreement are all full-time, part-time and *per diem* Social Workers employed by Good Samaritan Hospital only performing social worker services in the social services department, but specifically excluding confidential Employees, guards and supervisors (as defined by the Act). The scope of recognition granted in Article 1 shall have no application at any other corporation or facility the Employer has an interest in or open(s), even if said corporation or new facility employs Social Workers except: (1) if the work of the Employees covered by this Agreement is transferred to a different location, the Employees performing the work so transferred will be covered by this Agreement; and (2) if Good Samaritan Hospital provides social worker services in a location that does not provide social worker services and which will employ Employees who hold a Social Worker License and who will perform work directly related to such license, the Employees performing such work will be covered by the Agreement. The Parties understand that this coverage Article will not extend coverage or recognition to any Employees or group of Employees that would not constitute an accretion to the existing unit under the National Labor Relations Act.

Unit VI: The Clinical Dietitians covered by this Agreement are all full-time, part-time and *per diem* Dietitians employed by Good Samaritan Hospital only performing nutritional services in the dietary department, but specifically excluding confidential Employees, guards and supervisors (as defined by the Act). The scope of recognition granted in Article 1 shall have no application at any other corporation or facility the Employer has an interest in or open(s), even if said corporation or new facility employs Dietitians except: (1) if the work of the Employees covered by this Agreement is transferred to a different location, the Employees performing the work so transferred will be covered by this Agreement; and (2) if Good Samaritan Hospital provides dietitian services in a location that does not provide dietitian services and which will employ Employees who hold a Clinical Dietitian Registration and who will perform work directly related to such registration, the Employees performing such work will be covered by the Agreement. The Parties understand that this coverage Article will not extend coverage or recognition to any Employees or group of Employees that would not constitute an accretion to the existing units under the National Labor Relations Act.

ARTICLE 3 **MANAGEMENT RIGHTS**

Section 1. In General

Except as specifically abridged by express provision of this Agreement, nothing herein shall be interpreted as interfering in any way with the Employer's right to determine and direct the policies, modes and methods of providing patient care, to decide the number of Employees that may be assigned to any shift or job, or the equipment to be employed in the performance of such work, to assign or reassign work stations, to float Employees from one working area to another working area within the same component (*i.e.*, Good Samar Mission Oaks) in which they are qualified to work, or to determine appropriate staffing levels. Thus, the Hospital reserves and retains, solely and exclusively, all of the rights, privileges and prerogatives which it would have in the absence of this Agreement, except to the extent that such rights, privileges and prerogatives are specifically abridged by express provisions of this Agreement. It is understood that nothing in this Agreement shall preclude supervisory or managerial Employees (or RNs in the case of respiratory procedures) from performing laboratory procedures, respiratory therapy procedures, radiological technological work, rehab services, social work, or dietary services; provided, supervisory or managerial positions will not be created for the purpose of reducing bargaining unit positions.

Section 2. Elaboration of Rights

In expansion rather than in limitation of the foregoing Section A, the Hospital shall have the following unilateral rights:

- A. To determine the number, location and types of facilities;
- B. To subcontract any of the work or service;

- C. To select, hire, and train Employees, and to discipline and discharge Employees for just cause;
- D. To adopt, add to, amend, change or rescind any reasonable Hospital work rules.

Section 3. Notice of Subcontracting/Discontinuance of Service

The Hospital agrees to give the Union forty-five (45) days advance notice (or pay in lieu thereof for hours lost by affected Employees) of any decision to subcontract any work being performed by Bargaining Unit Members or of its decision to discontinue a service in which Bargaining Unit Members work and will meet with the Union for the sole purpose of providing the Union with information (the extent of which shall be determined by the Hospital) concerning the reasons for the subcontracting or discontinuance of the service. Employees whose positions are eliminated as a consequence of the subcontracting or closure shall have bumping rights in their component and will be eligible for severance pay as set forth in the Appendices.

ARTICLE 4
ARBITRATION AND COURT PROCEDURES

Notwithstanding the provisions of Article 13 (Grievance and Arbitration) of this Agreement, in the event of an alleged violation of the provisions of Article 18 (No Strike - No Lockout) of this Agreement, the Parties hereto shall not be required to follow the arbitration procedure set out in Article 13 but may seek to avail themselves of all remedies provided under state and/or federal law through any state or federal court of competent jurisdiction.

ARTICLE 5
BOOKS, TUITION, AND CLINICAL CERTIFICATION

Consistent with the Hospital's reimbursement policy or practice, Employees shall be reimbursed for tuition and books after completion of courses while in the employ of the Hospital, provided that the taking of the courses shall have first been approved in writing by the appropriate manager, and evidence of achieving a passing grade shall have been provided by the Employee. Approval of Educational Leave, as set forth in the Appendices, does not constitute approval for reimbursement of books and tuition set forth in this Article.

The Hospital will make clinical certification reimbursement and bonus available to bargaining unit Employees on the same basis that clinical certification reimbursement and bonus is available to non-bargaining unit Employees in the Hospital.

It is understood that the Hospital may, from time to time, amend its policy and practice with regard to tuition and books reimbursement and clinical certification reimbursement and bonus.

ARTICLE 6

BULLETIN BOARDS

The Hospital shall provide space on a bulletin board in the immediate vicinity of the Employees' Department for Employee use. A designated Union representative shall be responsible for posting material submitted by the Union, a copy of which shall be furnished to the Personnel Director before posting. The Union agrees that no controversial material shall be posted.

ARTICLE 7

CHANGE OF OWNERSHIP

Section 1. Notification

If the Hospital is sold or if an agreement is reached to merge a Hospital with another employer, the Hospital will notify the Union at least ninety (90) days prior to the effective date of the sale or merger and bargain with the Union upon request over the effects of such sale or merger on bargaining unit Employees.

ARTICLE 8

CLASSIFICATIONS

Section 1. Full-Time Defined

A full-time bargaining unit member is one who is regularly scheduled to work at least eighty (80) hours (seventy-two (72) for bargaining unit members working 12-hour shifts) within a bi-weekly period.

Section 2. Part-Time Defined

A regularly scheduled part-time bargaining unit Employee is one who is regularly scheduled to work a minimum of thirty-two (32) hours, but less than eighty (80) hours within a bi-weekly period.

Section 3. Temporary Defined

A Temporary Employee is one (other than a traveler or agency employee) who is hired to work for a period of time which does not extend beyond six (6) consecutive calendar months. Any Temporary Employee who works continuously for over six (6) consecutive calendar months shall be reclassified to a regular Employee status unless the said Temporary Employee agrees to work on a temporary basis for a longer period of time and the Union agrees to such extension.

Section 4. *Per Diem* Defined

A *per diem* Employee is one who is included in the bargaining unit pursuant to Articles 1

(Recognition) and 2 (Coverage) and employed to work on an intermittent basis as required by the Hospital.

Section 5. Use of Traveler or Agency Personnel Employed by Affiliates

The Hospital will not regularly schedule a Traveler or Agency worker who is an employee of any other HCA affiliates, in a no-relief capacity, for part-time or full-time work for more than one-hundred-and-twenty (120) days, unless the position being filled by the worker is posted or the Agency or Traveler worker is filling a position which is vacant due to a leave of absence. In development of the schedule, priority for scheduling will be given first to regular full- and part-time Employees, then to *per diem* Employees, and lastly to Travelers, provided such priority may not result in unnecessary overtime or premium pay (as between full-time, part-time, and *per diem* staff). Full- and part-time Employees seeking to schedule hours in excess of their status and *per diems* will have priority over Travelers only if such preference will not result in overtime, premium pay, or an inability to utilize the Traveler up to the Traveler's commitment.

Section 6. Reclassification

An Employee working part-time who has worked, other than as designated relief for another Employee or Employee absent due to a leave of absence, a regular schedule of at least thirty-two (32) hours per week for twelve (12) of the last fifteen (15) consecutive pay periods will be, upon written request, reclassified on a prospective basis to full-time status, effective the first pay period following receipt of the written request. Such request for reclassification must be received within thirty (30) days of the end of the last pay period considered in determining eligibility for reclassification.

ARTICLE 9 **DISCIPLINE**

Section 1. If any Employee is called to meet on a matter which involves the investigation of facts and that Employee reasonably believes the matter could lead to discharge or discipline, upon that Employee's request, the Hospital will allow the Employee to be represented with a Union Steward or Representative at the meeting.

Section 2. Inspecting an Employee's Personnel File

A Union Representative or Steward may inspect relevant material from an Employee's personnel file when such inspection is related to the investigation of a grievance, provided that the Hospital has been given specific written consent for such inspection by the affected Employee(s).

Section 3.

With the exception of final warnings, suspensions, discipline for attendance and discipline for reasons set forth in Section 4 below, written discipline will typically not be considered in determining the severity of discipline for a subsequent occurrence occurring more than twelve (12)

calendar months later (extended for any leaves of absence) unless the Employee has, during that period, engaged in conduct which was reasonably similar (in kind or level of seriousness) to the conduct for which the earlier discipline was imposed. Final warnings and suspensions typically may be considered for twenty-four (24) months.

Section 4.

Prior incidents of sexual harassment or harassment forbidden by law, which do not lead to termination, may be considered in connection with determining discipline for any subsequent similar conduct without limitation.

ARTICLE 10 **EDUCATION LEAVE PAY**

Leave for professional advancement and study necessary for renewal of licensure shall be earned at the rate of sixteen (16) hours per year (up to two (2) hours of which shall include Comprehensive Stroke Certification for bargaining unit Employees in the Rehabilitation Department) up to a maximum accrual of thirty-two (32) hours for regular full-time Employees, provided that such leave shall not be granted before completion of six (6) months of continuous employment. Part-time bargaining unit members shall accrue on a prorated basis, based on hours paid (excluding overtime premium), not to exceed the full-time accrual rate, up to a maximum accrual of twenty-two (22) hours.

Education Leave is not considered hours worked, and therefore, may be taken regardless of hours worked in a pay period. Unused leave will not be paid out at the end of each year or at termination. Such leave shall not unduly interfere with the Hospital's staffing requirements for patient care. An Employee shall apply for education leave at least fifteen (15) days in advance, for in person and live on-line classes; notice is not required for classes taken on the Employee's day off on an already posted schedule. The Hospital shall respond promptly, taking into consideration needs and the absence from work of other Employees due to vacation or leave of absence, and such applications will not be unreasonably denied.

Copies of credits earned or certificates shall be timely submitted to the Department Manager, and Education Leave pay will be included in the Employees' paycheck for the next full pay period thereafter.

Bargaining Unit Members in the CLS unit assigned to Microbiology may be reimbursed for attendance at the annual UC Davis Infectious Diseases Conference or the annual conference for American Society of Microbiologists for fees/tuition up to \$500 upon providing the Hospital proof of completion.

ARTICLE 11
**EMPLOYEE’S RIGHT TO RECEIVE AND REVIEW EVALUATIONS AND
WARNINGS**

The Employee may, during normal business hours of the personnel office, review his or her personnel file to the extent permitted by law. The Employee shall be allowed the opportunity by the Supervisor or Department Head of reading, signing, and receiving copies of performance evaluations or letters of warning prior to their placement in the Employee’s personnel file. The Employee must sign an acknowledgment of receipt of the copy of the evaluation and/or letter of warning; however, such acknowledgment shall not necessarily constitute an admission of the facts contained therein.

ARTICLE 12
**HEALTH, DENTAL, VISION AND LTD INSURANCE; MEDICAL, VISION AND DAY
CARE SPENDING ACCOUNTS**

Section 1. Current Health Insurance/Dental/Vision Plan

For purposes of group insurance participation set forth herein, Employees working a regular schedule of at least sixty-four (64) hours per bi-weekly pay period will be considered “regular full-time”, and Employees working a regular schedule of at least thirty two (32), but less than sixty-four (64), hours per bi-weekly pay period will be considered “regular part-time.”

This Section 1 will be in effect from the date of ratification of this Agreement until the changes set forth in Section 2 of this Article take effect. Regular full-time Employees and regular part-time Employees (including their dependents and spouse) will be fully eligible to participate in Employers’ Health, Dental and Vision benefit plans as provided below following completion of thirty (30) days of service.

A. Health Insurance

1. Health Plans Offered. The Hospital will continue to offer participation in an HMO Plan (currently with Blue Shield CA), and HCA PPO Plans (currently with a \$375 Deductible and a \$1050 Deductible, and the Essential Plan only available to certain PRN and temporary Employees).

2. Dependent Children Coverage. Pursuant to the Affordable Care Act, unmarried dependents age 19 up to their 26th birthday are eligible for coverage.

3. PPO Plans. There shall be no obligation to bargain over changes in the HCA PPO Plans and such changes, as well as issues relating to administration of the Plans, shall not be subject to the grievance and arbitration procedures of this Agreement. The Hospital agrees that if any changes are made in the HCA PPO Plans which reduce the overall benefits provided by the Plans, or in the event that there are changes in the coverage options offered for the plans, the Hospital will notify the Union of such changes. Upon written request received within thirty (30) days of

such notification by the individual designated by the Hospital to receive such notice, the Hospital will bargain with the Union concerning the effects of such changes on bargaining unit Employees.

4. Change in Costs. From the date of ratification until changes set forth in Section 2 of this Article take effect, the Hospital will continue to pay the same percentage of the costs (based on premiums or premium equivalents) for coverage under the Health Plans (HCA PPO Plans) and of the costs (based on premiums or premium equivalents) of the HMO (or equivalent) for Employees.

5. Open Enrollment. There will be an annual open enrollment period during which Employees may elect to change coverage. Employees may change coverage in the course of the plan year only when precipitated by (and within thirty-one (31) days of) a “family status change” as defined in Section 125 of the Internal Revenue Service Code.

B. Dental Insurance

1. Dental Plans Offered. From the date of ratification until changes set forth in Section 2 of this Article take effect, the Hospital will continue to offer the MetLife Basic and Premium Plans and the Cigna Dental Maintenance Plan (DMO) (or an equivalent plan) to each regular full-time and regular part-time Employee. No changes shall be made in the coverage under the MetLife plans, except by mutual agreement of the Parties or as imposed by the Plan Provider.

2. Changes in Costs. From the date of ratification until changes set forth in Section 2 of this Article take effect, the Hospital will continue to pay the same percentage of the costs (based on premiums or premium equivalents) for coverage under the Dental Plans and of the costs (based on premiums or premium equivalents) of the Cigna DMO (or equivalent) for Employees.

C. Vision

1. From the date of ratification until changes set forth in Section 2 of this Article take effect, the Hospital will continue to provide the existing EyeMed Vision Plan (or equivalent plan).

2. Changes in Costs. From the date of ratification until changes set forth in Section 2 of this Article take effect, the Hospital will continue to pay the same percentage of the costs (based on premiums or premium equivalents) for coverage under the EyeMed Vision Plan (or equivalent) for Employees.

3. The Hospital may, in its discretion, offer any other vision plans. If such plans are offered, there shall be no duty to bargain over any aspect of the plans, including plan administration, changes in such plans, or elimination of such plans.

Section 2. Health Insurance/Dental/Vision Plan Conversion

For purposes of group insurance participation set forth herein, Employees working a regular schedule of at least sixty-four (64) hours per bi-weekly pay period will be considered “regular full-

time”, and Employees working a regular schedule of at least thirty two (32), but less than sixty-four (64), hours per bi-weekly pay period will be considered “regular part-time”.

Effective no later than plan year 2027, regular full-time Employees and regular part-time Employees (including their dependents and spouse) will be fully eligible to participate in Employers’ Health, Dental and Vision benefit plans following completion of thirty (30) days of service on the same basis, and under the same terms, plans and premium share, that participation is offered to employees represented by the California Nurses Association. There shall be no obligation to bargain over changes in these plans or over issues relating to administration of these plans. The Hospital shall notify the Union of changes to the plans upon request by the Union.

Section 3. Long Term Disability Plan

The Hospital shall continue to make the HCA Long Term Disability Plan available for purchase through payroll deduction for eligible full-time Employees, on the same basis as the Plan is offered to non-bargaining unit Employees, according to the terms of the Plan. There shall be no obligation to bargain over changes in the Plan or over issues relating to administration of this Plan, and the Plan and its elements shall not be subject to the grievance and arbitration procedures of this Agreement.

Section 4. CorePlus Benefits and Employee Stock Purchase Plan

The Hospital shall continue to offer participation in the CorePlus benefits and start offering the Employee Stock Purchase Plan to full-time and part-time Employees at the time of hire and at the next enrollment period, respectively, on the same basis as participation is offered to non-bargaining unit Employees. The Parties understand that, given the national nature of these plans, that the Hospital has no duty to bargain with the Union over any aspect of the plans, including plan administration, changes in the plans, or elimination of the plans.

Section 5. Health Care and Day Care Spending Accounts

Full-time and part-time Employees will be eligible to participate in the HCA Health Care Spending Account Program and the HCA Day Care Spending Account Program, on the same basis as non-bargaining unit Employees. There shall be no obligation to bargain over changes in these Programs or over issues relating to administration of these Programs and the Programs and their elements shall not be subject to the grievance and arbitration procedures of this Agreement.

ARTICLE 13 **GRIEVANCE AND ARBITRATION**

Section 1. Discharge Without Recourse

Employees may be discharged without recourse to the grievance procedure during the first three (3) calendar months (six (6) months in the case of PRN Employees) of continuous employment. This period may be extended by mutual agreement up to an additional thirty (30) days.

Section 2. Hospital and Union Cooperation

In establishing the procedure hereinafter set forth, the Hospital and the Union declare their intent that each shall make an honest effort to settle grievances promptly.

Section 3. Definition of Grievances Subject to Arbitration

Grievances subject to arbitration shall be disputes or disagreements involving the interpretation, application or compliance with the specific provisions of this Agreement or a dispute or disagreement concerning whether or not discipline or discharge was for just cause.

The Employee, or Employees, may be represented by the Union at the second and succeeding stages of the grievance or arbitration procedure. The Union representative may be an Employee employed by the Hospital and appointed by the Union for such purpose. In the application of the grievance procedure, the day on which the grievance arises shall not be counted.

Section 4. Grievance Procedure

Step 1. An Employee with a grievance shall discuss the matter with the Employee's Supervisor within eighteen (18) days (all time limits in this Article exclude weekends and holidays) of the day in which it arises or becomes known to the Employee. The Employee may be accompanied by a Union steward, if he or she desires. The Supervisor shall reply within ten (10) days after presentation. However, if the grievance is not resolved in this manner, the grievance shall be handled in accordance with the procedure set forth below. If the Supervisor does not respond within the time limits, the grievant may appeal to the next level.

Step 2. If the grievance is not resolved within ten (10) days after the presentation of the grievance at Step 1, the grievance shall be presented in writing to the Chief Operating Officer or his/her designee for the Hospital within thirty (30) days from the date it was presented at Step 1. The COO or designee should reply in writing within ten (10) days. If the COO or designee does not respond within the time limits, the grievant may appeal to the next level.

Step 3. If the grievance is not resolved at Step 2, the grievance shall be presented in writing to the Chief Executive Officer for the Hospital, or his/her representative designee within thirty (30) days from the date it was presented at Step 2. The Chief Executive Officer or designee should reply in writing within ten (10) days. The Employee may request a personal meeting with the Chief Executive Officer or his/her designee. Such a request will be honored.

Step 4. If the grievance is not resolved at Step 3, either party may advance the grievance to arbitration by submitting a request, in writing within thirty (30) days from the date it was presented at Step 3, with a copy to the Director of Labor Relations, to the Federal Mediation and Conciliation Service requesting that it submit a panel of seven (7) arbitrators having hospital arbitration experience. Either party may reject one (1) panel in its entirety. Each party shall alternately strike one (1) name until an arbitrator is selected. To determine which party strikes the first name, the Parties shall flip a coin. The arbitrator shall promptly conduct a hearing on the grievance. The decision of the arbitrator shall be final and binding, within the scope of the arbitrator's jurisdiction.

The arbitrator shall have no power to: (1) add to or subtract from, or modify any of the terms of this Agreement; (2) hear or decide any dispute as to the numbers or classifications of Employees needed, at any given time, to staff the departments; (3) arbitrate any matter after the Agreement has expired other than matters which arose prior to the time of expiration of the Agreement. All grievances must be presented at the proper steps in accordance with the time limitations herein and unless such grievances are so presented, the right to file such grievance shall be waived. Any grievance not appealed to the next succeeding step within the time limits specified will be considered withdrawn and not eligible for further appeal. Time limits may be waived by agreement of the Parties.

Section 5. Disputes Between Union and Hospital

In the event of a dispute between the Union and the Hospital concerning the interpretation, application or compliance with the specific provisions of this Agreement, the Parties shall attempt to resolve the dispute through discussion. The aggrieved party shall reduce the complaint to writing and forward it to the other by Certified Mail. Thereafter, the Parties shall meet at a mutually agreeable time and place and attempt to resolve the dispute. If the Parties are unable to resolve the dispute, either party may, thirty (30) days after the postmarked date of the complaint, refer the matter to arbitration in the manner set forth in Step 4 above.

Section 6. Costs and Expenses

Arbitration hearings shall take place at neutral sites, off the campus of the Hospital. If the Parties cannot agree to a neutral site convenient to the Hospital, the arbitrator shall select the neutral site to be used. Each party shall bear its own costs and expenses in connection with all steps of this procedure except that the fees of the arbitrator and the cost of the hearing space shall be paid one-half (½) by the aggrieved party and one-half (½) by the other party.

Section 7. Access to Evaluations

Authorized staff representatives of the Union shall be allowed at Step 2 or later, upon request to the Hospital designee, to inspect an Employee's evaluation if the Employee's written consent is presented to the Hospital designee.

Section 8. Time for Grievance Meetings

The Grievant(s) will not be required to clock out in order to attend a grievance meeting.

ARTICLE 14 **LEAVES OF ABSENCE AND EXCUSED ABSENCE**

Section 1. General

An application for a leave of absence and extensions and approval thereof by the Employer shall be in writing setting forth the details of the leave. Such details shall include, but shall not be limited

to, the starting and terminating dates of the leave. The application is to be initiated by the Employee and will be responded to within one (1) week in writing by the Employer. This procedure may be waived in an emergency situation, but the request for leave must be presented in writing by the Employee, supported by a physician's certificate (if a medical emergency) within a reasonable time after the emergency. An Employee may, upon mutual written agreement with the Employer, return to work prior to the date agreed upon.

A. Accrual of Benefits. An Employee shall not forfeit any accrued benefits, nor shall an Employee accrue any benefits during unpaid leaves of absence of more than thirty (30) days due to illness, injury, disability, or authorized education leave nor during any other unpaid leave of absence.

B. Change of Anniversary Date. An Employee's anniversary date for purposes of salary review, PTO eligibility, and other similar benefits shall be changed by reason of all unpaid leaves of absence without pay, except for leaves of thirty (30) calendar days or less, family care leave granted pursuant to Government Code section 12945.2, or otherwise required by law.

Section 2. Bereavement Leave

A leave with pay up to three (3) working days (up to twenty-four [24] hours) shall be granted to a regular Employee for bereavement due to a death in the immediate family. Immediate family shall include only the Employee's mother, father, legal guardian, sister, brother, spouse, children, stepchildren, grandchildren, son-in-law, daughter-in-law, grandparents, parents-in-law, brother-in-law, and sister-in-law. If an Employee requires a reasonable amount of additional time, an unpaid leave of absence may be granted. The Employer shall not unreasonably deny such extension, if justified.

Section 3. Jury Duty

A leave shall be granted for jury duty. An Employee who reports for jury duty will receive his/her normal straight time earnings. As a condition of receiving this pay, the Employee must produce, within three (3) calendar days of receipt of the same, a voucher from the Jury Commissioner that the Employee has been called or served, if such are provided. Employees must exercise the option of being called on one-hour notice, if such option or similar option is provided.

If an Employee is excused from serving on the jury in time to complete three (3) or more hours of his or her scheduled shift, the Employee shall advise the Employer by telephone and, if requested to do so, will report to work.

Section 4. Family Care Leave/Pregnancy Leave

The Hospital shall comply with the Family Medical Leave Act ("FMLA"), the California Family Rights Act ("CFRA"), and the Pregnancy Disability Leave Law ("PDL"). If such laws change in a manner resulting in a substantial and material detriment to Employees, the Parties agree to meet to discuss the changes but will only implement those changes upon mutual agreement.

Section 5. General Medical Leaves of Absence

A. Eligibility. Any Employee with twelve (12) months of service who, as a result of a medical disability, becomes unable to perform the duties of his or her position, who is not eligible for Family Care leave pursuant to the CFRA or FMLA, or who has previously exhausted his/her leave entitlement under Family Care leave, may be eligible for placement on a medical leave of absence for up to four months (including any prior Family Care or Pregnancy leave) with a doctor's written certificate of disability. Any Employee who is granted a medical leave of absence must utilize any accrued paid time off benefits (PTO and ESL) during the period of his or her leave. Any portion of a medical leave that occurs after all such benefits have been exhausted shall be without pay.

B. Duration of Leave. Medical leave begins on the first day an Employee's doctor certifies that he or she is unable to work and ends when the doctor certifies that the Employee is able to return to work or after a total of four months of leave, whichever occurs first. Requests for extensions of a medical leave of absence will be considered if they are received by the Employer in writing before the expiration of the approved leave, are supported by proof of continued disability in the form of a physician's statement, and that do not cause the total period of absence to exceed four months. An Employee who fails to report to work immediately following the expiration of an approved leave will be deemed to have voluntarily resigned.

C. Benefits. Health and life insurance benefits ordinarily provided by the Employer, and for which the Employee is otherwise eligible, will be continued during the period of disability only if the Employee elects to pay the full costs of such coverage. The Employee's share of the cost of premiums and the cost of dependent coverage normally borne by the Employee will also remain his or her sole responsibility. Other benefits, such as PTO, will not accrue while the Employee is on medical leave.

D. Notice and Verification. An Employee who requires a leave of absence for medical reasons must notify the Employer in writing of the need for such a leave as soon as the Employee first learns that he or she is, or will become, temporarily disabled and unable to work due to a medical condition. Such notice must specify the reason for the leave, the date such leave will begin, and the expected duration of the disability. The notice must be accompanied by a physician's statement that verifies the existence of the medical condition, the anticipated duration of the disability, and the dates the leave is expected to begin and end. An Employee who requests such leave may be required to provide additional physician's statements from time to time thereafter in order to provide updated information regarding the Employee's condition. Before returning to work from a medical leave of absence, an Employee must provide a physician's statement that indicates that he or she is fit to return to work.

E. Reinstatement. Except as authorized by state and federal law, an Employee who returns to work from a Medical Leave of absence within four (4) months of the commencement of the leave (or within four (4) months of the commencement of any preceding Family Care or Pregnancy Leave) will be returned to his or her former position. An Employee who returns to work from a Medical Leave of more than four (4) months after the commencement of the leave (or more than four (4) months after the commencement of any preceding Family Care or Pregnancy Leave),

but within six (6) months of such commencement, will be returned to his or her same or similar position. Such an Employee will be credited with all service prior to the commencement of his or her disability but not for the period of the leave of absence.

Section 6. Work-Related Injuries

California Workers' Compensation laws govern work-related injuries and illnesses. The Employer shall take any and all actions necessary to comply fully with these laws.

Section 7. Personal Leave

An Employee may be granted a personal leave of absence at the discretion of the Employer, for a period not to exceed, six (6) months. An Employee who returns to work at the end of his or her personal leave of absence will be returned to his or her former position, if available, or will be offered the first available opening in a comparable position for which he or she is qualified.

ARTICLE 15 **LIFE INSURANCE**

The Hospital shall continue to provide eligible regular full-time and regular part-time Employees working a regular schedule of at least thirty-two (32) hours bi-weekly with life insurance coverage and AD&D insurance in an amount equal to the Employee's basic annual earnings, rounded to the next \$1000.00, (not to exceed \$15,000 for part-time Employees), effective the first of the month following the month in which the Employee completes thirty (30) days of employment. Such coverage will be provided under the HCA Life and AD&D plan provided to non-bargaining unit Employees.

ARTICLE 16 **MEMBERSHIP**

Section 1. Maintenance of Membership

A. It shall be a condition of employment that all Employees at the Hospital covered by this Agreement shall become and remain members in good standing of the Union, or pay a representation fee, as a condition of employment within thirty (30) days of the effective date of this Agreement or within thirty (30) days of employment.

B. Employees who fail to comply with the provisions of this Article shall, upon notice in writing from the Union to the Hospital, be given fourteen (14) days' notice of termination or shall be allowed to resign with proper notice to the facility.

Section 2. New Employee Notice

When an Employee is employed, the Hospital shall deliver to the Employee a written notice stating that the Hospital recognizes the Union as the agent representing its Employees, and shall quote in full this Article of this Agreement. The Hospital will permit a Union Representative or union steward to address new Employees who wish to remain at the end of general orientation for a brief informational presentation by a Union Representative or steward. Such attendance by new Employees will be voluntary and will not be paid time. The Parties understand that the purpose of this meeting is to present non-controversial information concerning the Union to new Employees.

Section 3. List of Employees

Upon the execution of this Agreement, the Hospital shall supply a list of all current Employees covered by this Agreement by name, address, employee identification number, shift, date of hire, hourly pay rate and classification to the office of the Union. Thereafter, the Hospital shall supply the name, address, employee identification number, shift, date of hire, hourly pay rate and classification of all Employees covered by this Agreement hired or terminated during the preceding month, if any.

Section 4. Indemnification

The Union shall indemnify the Hospital and hold it harmless against any and all suits, claims, demands and liability that may arise out of the provisions of this Article.

ARTICLE 17

NO REDUCTION IN PAY, VACATION OR SHIFT DIFFERENTIAL BENEFITS

As a result of the implementation of this Agreement, no Employee shall suffer a reduction in his or her rate of pay, vacation benefits or shift differential in existence at the date of the signing of this Agreement.

ARTICLE 18

NO STRIKE - NO LOCKOUT

For the duration of this Agreement and any extension thereof, the Union agrees that neither the Union, its officers, agents, representatives and members, nor any Employees covered by this Agreement shall in any way, directly or indirectly, authorize, cause, assist, encourage, participate in, ratify or condone any strike (whether it be an economic strike, unfair labor practice strike, sympathy strike, or otherwise), sit down, sit in, slow down, walkout, cessation or stoppage of work, or picketing (including any refusal to cross any other labor organization's or other Parties' picket lines), hand billing or any activity which interferes, directly or indirectly with the Hospital's operations at any location.

Any Employee who violates this Article shall be subject to disciplinary action, including suspension or discharge, and such action may not be raised as a grievance or be subject to the arbitration procedures of this Agreement.

The Parties agree that during the life of this Agreement there will be no strike, sympathy or otherwise, lockouts, slow-downs or work stoppages of any kind for any reason by any individual, individuals or bargaining unit, and that any Employee who engages in any strike, slowdown or work stoppage shall be subject to immediate discharge.

ARTICLE 19 **NO PYRAMIDING**

Notwithstanding any provisions herein set forth, there shall be no pyramiding of overtime on overtime, nor shall overtime be required to be paid in addition to specific premium pay except as to differentials and holidays. In the event of a conflict as to which premium to apply for the same hours worked, the highest applicable premium will be used.

ARTICLE 20 **NON-DISCRIMINATION**

Neither the Employer nor the Union shall unlawfully discriminate against any Employee on account of age, sex, race, creed, color, national origin, sexual orientation, or physical or mental disability. There shall be no unlawful discrimination by the Employer or the Union against any Employee on account of membership in, or activity on behalf of, the Union. It is understood that no such activity on behalf of the Union shall interfere with the Employee's regular work or with the normal activity of the Employer. Likewise, there shall be no unlawful discrimination by the Union against any Employee or against any applicant for membership in said organization.

ARTICLE 21 **OVERTIME**

Section 1. Daily Compensation

A. Daily Overtime

Except as provided in Subsection B, work in excess of twelve (12) hours on a given day shall be compensated at the rate of two (2) times the Employee's regular rate of pay. For Employees working eight (8) or ten (10) hour shifts, work beyond the Employee's normal scheduled shift of eight (8) or ten (10) hours shall be compensated at the rate of one and one-half (1 ½) times the Employee's regular rate of pay. Except for rest periods, only hours actually worked shall be considered for purposes of computing overtime.

B. Daily Overtime for Unit I (CLS)

With respect to bargaining unit members identified in Unit I of Article 2 (Coverage), work authorized in accordance with the Employer's policy in excess of eight (8) hours per day shall be compensated at a rate of time and one-half (1 ½) the regular rate of pay up to a total of twelve (12) hours per day. Work in excess of twelve (12) hours shall be compensated at the rate of two (2) times the regular rate of pay.

Section 2. By-Weekly Compensation

A. Weekly Overtime

Except as provided in Subsection B, work authorized in excess of forty (40) hours in the work week shall be compensated at the rate of time and one-half (1 ½) the regular rate of pay.

B. Weekly Overtime for Unit I (CLS)

With respect to bargaining unit members identified in Unit I of Article 2 (Coverage), work authorized in accordance with the Employer's policy in excess of eighty (80) hours worked in the bi-weekly pay period shall be compensated at the rate of time and one-half (1 ½) the regular rate of pay for the day(s) on which overtime is worked.

Section 3. Meal Period and Payment for Meal Time Worked

Bargaining unit members who are scheduled to work eight (8) hours within a spread of eight and one-half (8 ½) hours shall receive not less than a one-half (½) hour unpaid meal period. Bargaining unit members working ten (10) hour shifts will be scheduled for ten and one-half hours (10 ½) (including a one-half (½) hour unpaid meal period). Bargaining unit members working twelve (12) hour shifts will be scheduled for twelve and one-half hours (12 ½) (including a one-half (½) hour unpaid meal period) and the second meal period shall be waived. If a Bargaining unit member is required and authorized by the bargaining unit member's supervisor to work during the meal period, or if relief for such meal period is not provided, such meal period shall be paid as time worked for the purpose of computing overtime.

Section 4. Rest Periods

The Hospital shall grant rest and meal periods to bargaining unit members in conformity with the requirements of state law. Rest breaks will not be unreasonably or consistently denied. These periods shall be considered time worked. Bargaining unit members are allowed a rest period of fifteen (15) minutes during each continuous four (4) hours of work.

Section 5. Rest Between Shifts

If a bargaining unit member working a 12-hour shift does not have ten (10) hours of rest between shifts s/he is required to work, s/he will receive time and one-half (1 ½) of the Employee's straight time hourly rate for all hours worked until ten (10) hours have elapsed from the completion of her/his preceding shift worked. For bargaining unit members working eight (8) or ten (10) hour shifts, the rest period shall be twelve (12) or eleven (11) hours, respectively rather than ten (10).

If a bargaining unit Employee requests for her or his own purposes, the period may be reduced to eight (8) hours if the request is made in writing and a copy of the request is furnished to ESC upon request. If a bargaining unit member is working an overnight stand-by shift and is called in, they shall receive six (6) hours of rest between the end of their call-back and the beginning of their regular scheduled shift. If a rest period is not available, the bargaining unit member shall receive time-and-one-half (1 1/2) of the employee's straight time hourly rate for hours worked until six (6) hours has elapsed. Time for which any premium is paid shall count as rest time for purposes of this paragraph. This Section does not apply to consecutive shifts.

Section 6. Authorization of Overtime

All overtime worked by a bargaining unit member shall be authorized in advance by the department manager, unless it is not possible to secure authorization in advance due to the emergency of a situation. The bargaining unit member shall record the overtime on the day overtime is worked, the reasons therefore, and the supervisor authorizing the overtime (if any), on a record as specified by the Employer.

Section 7. Shift Assignments

A bargaining unit member who reports for a scheduled shift without notice that the shift has been canceled and is not provided with work for at least half of the scheduled hours shall be entitled to be paid for half the scheduled hours which in no case will be less than a minimum of two (2) hours or more than a maximum of four (4) hours pay.

ARTICLE 22 **PARAGRAPH DESCRIPTIONS**

It is agreed by the Hospital and the Union that the reference herein to Article numbers and titles to the various Articles are for convenience only and have no bearing or influence upon the interpretation given to the Agreement.

ARTICLE 23 **PAID TIME OFF**

Section 1. Introduction to PTO

The Paid Time Off (PTO) Plan provides Employees with a bi-weekly accrual of hours to be used as Paid Time Off (PTO) during periods of short-term illness, family emergencies, personal business and leisure. The plan also provides a separate bi-weekly accrual for Extended Sick Leave (ESL) for periods of illness or injury for which they receive either State Disability payments or Workers' Compensation benefit payments.

Section 2. Accrual of PTO

A. PTO Plan days begin accruing on the first day of employment. Full-time Employees accrue on the basis of recorded employment status and the length of service. Part-time Employees accrue on the basis of hours paid or recorded employment status (whichever is the greatest), not to exceed eighty (80) hours per pay period and their length of service.

B. Accrual schedules are as follows:

LENGTH OF SERVICE	PTO HOURS ACCRUAL/PAY PERIOD	TOTAL PTO DAYS/YEAR	EXTENDED SICK LEAVE ACCRUAL/PAY PERIOD
First 2 Years	8.0	26	1.85
3 & 4 Years	10.2	33	1.85
5 Years	11.1	36	1.85
6 Years	11.4	37	1.85
7 Years	11.7	38	1.85
8 Years	12.0	39	1.85
9 Years	12.3	40	1.85
10+ Years	12.6	41	1.85

C. A maximum of 456 hours may be accrued in the PTO bank, (319 hours for part-time Employees).

D. A maximum of 999 hours may be accrued in the ESL bank (699 hours for part-time Employees).

Section 3. Use of PTO

A. PTO days (or hours) may be used for vacation, holidays, short-term illness, family emergencies, religious observances, preventive health or dental care, personal business or other excused elective absences (except educational leave, jury duty, and bereavement leave, which are paid in addition to PTO days).

B. PTO is paid at the Employee's straight-time rate.

C. PTO begins accruing on the date of employment and may be used as it is earned.

D. With the exception of emergency or illness, PTO must be scheduled ahead of time with approval by the Department Director.

E. Employees with over one (1) year of service are encouraged to use a minimum of eighty (80) PTO hours per year. This amount is prorated for regular part-time Employees based upon status.

F. Other than the exceptions noted above, PTO will be used for all time off except that which is required to temporarily reduce staffing levels due to decreased work load, *i.e.*, drop days. Such hours may be unpaid or PTO at the Employee's option.

G. All accrued PTO Plan (ESL and PTO) hours must be used first as part of a leave of absence granted an Employee.

H. Employees who fail to report emergency absences to their supervisor within time frames prior to the start of their shift are subject to denial of their PTO for that absence.

I. Upon request, Employees will have the discretion to not use PTO on Holidays.

J. If an Employee's vacation is cancelled by the Hospital due to urgent operational needs, the Hospital will reimburse the Employee for any out-of-pocket travel expenses (*e.g.*, non-refundable airfare, non-refundable hotel reservations, *etc.*) that the Employee can prove through documentation were incurred after the vacation was approved and before it was cancelled. An Employee who had a vacation cancelled under this provision will be provided with priority to reschedule the vacation, although this priority will not result in the cancellation or rescheduling of any other Employee's previously approved vacation.

Section 4. Redemption of PTO

A. Upon termination or transfer to a non-benefit position, 100% of the Employee's PTO balance will be paid. The payoff rate will be at the Employee's current straight-time base hourly rate.

B. PTO hours may not be used to extend employment beyond the last day actually worked.

C. Employees may choose to cash out up to eighty (80) hours of PTO in increments of eight (8) hours three (3) times during any calendar year, so long as they do not reduce their PTO accrual below forty (40) hours. PTO hours not used or converted to cash will continue to accumulate within the maximum accrual limits.

D. PTO time which is voluntarily converted to cash will be paid at 100% of the Employee's straight-time base hourly rate.

E. When an Employee reduces his/her employment status, he/she must reduce his/her PTO balance to at least the prorated accrual maximum. The Employee may choose to reduce his/her PTO balance beyond the prorated maximum while maintaining the regular minimum balance. PTO cashed out in conjunction with a reduction in employment status will be paid at 100% of the Employee's base hourly rate.

Section 5. Extended Sick Leave Account

A. In addition to PTO, the Employee also earns six (6) extended Sick Leave days (eight (8) hour days) per year. ESL hours may be used for absences due to illness or injury which exceed seven (7) consecutive calendar days (for a single illness/injury) provided that it is certified by a physician. After all the hours in the ESL account are exhausted, the hours in the PTO account will be utilized. Any scheduled workdays within the seven (7) consecutive calendar days are charged against the PTO account.

B. All available benefits paid under the PTO program will be coordinated with the State Disability Insurance or Workers' Compensation in order to maintain the Employee's normal earnings during absences which qualify for these coverage's. The Hospital reserves the right to require reasonable proof of illness by a physician. After all the hours in the ESL account are exhausted, the hours in the PTO account will be utilized.

C. ESL days may not be converted to PTO days or cashed in. The ESL account is zeroed out when the Employee terminates or retires, except for those limited circumstances set forth in Appendix A with regard to ex-Alexian Brothers Hospital Employees meeting the criteria specified therein.

D. The ESL account is zeroed out when the Employee transfers to a non-benefit position, *i.e., per diem*.

E. The waiting period to utilize ESL will be waived if the Employee has been hospitalized as an inpatient.

Section 6. Integration of Benefits

The Hospital will provide for the integration of PTO with Workers' Compensation and Disability Insurance Programs. The Employee shall provide the Hospital with the date necessary to integrate these benefits and shall file any necessary application for benefits in connection therewith. The Hospital shall pay PTO in the amount necessary to supplement the income from the State Disability Insurance or Workers' Compensation to the extent of the Employee's regular pay rate, and will charge the Employee's sick leave balance with the supplement amount paid.

Section 7. Vacation Scheduling

By October 31st of each year, each Employee will submit to his/her manager or department head, a list of his/her first, second, and third choices for vacation dates during the twelve (12) month period commencing the second Monday in the following January. On or before November 30th of each calendar year, the manager or department head shall post the vacation schedule for the following year. Employees shall be given preference in the choice of vacation periods on the basis of seniority. Employees splitting their vacation into two (2) or more segments shall have seniority apply for one (1) continuous vacation period. Once all Employees have been scheduled for their first choice of one (1) continuous vacation period, seniority shall apply in the same manner in each succeeding round. Vacation requests for vacation during (1) the week including Thanksgiving, (2) the last two (2) calendar weeks in December, and (3) the first calendar week in January, shall be

granted by seniority on a rotating basis. Requests for vacation dates which are submitted after October 31st will be scheduled by the manager or the department head in the order received and will be answered within fourteen (14) calendar days after submission. If the manager does not answer, the request is deemed denied. The granting of vacation is subject to the efficient operation of the department. Once approved, Employees will not be responsible for finding coverage for the approved vacation.

Section 8. Recognized Holidays

A. The following holidays are observed by the Hospital:

New Year's Day	Independence Day
Martin Luther King Day	Labor Day
President's Day	Thanksgiving Day
Memorial Day	Christmas Day

The Parties agree that if the Hospital changes the recognized holidays for hourly non-represented Employees, the Hospital will likewise change the recognized holidays for all bargaining unit Employees.

B. Employees who are required to work on a recognized holiday shall be paid at time and one-half (1½) of the Employee's straight time hourly rate for the holiday worked. A holiday worked in excess of eight (8) hours and twelve (12) for those working twelve (12) hour shifts, shall be paid at two (2) times the Employee's straight time hourly rate. Holiday cancellations will be by rotational seniority, and the cancelled Employee will be credited for having worked the holiday (for purposes of scheduling only, not pay).

ARTICLE 24 **PAYROLL DEDUCTION OF UNION DUES**

Section 1. Payroll Deduction

During the life of this Agreement, the Hospital will deduct the Union membership dues from the salary of each Employee who voluntarily agrees to such deductions, and who submits a standard written authorization to the Hospital setting forth standard amounts to be deducted monthly. Said written authorization may be revoked by the Employee at any time upon the Employee delivering to the Hospital written revocation of said authorization. Each month's deductions shall be made by the Hospital and shall be remitted by the Hospital to the Union.

The Hospital agrees to implement dues increases pursuant to the dues check-off authorization of the Union, provided the Union has submitted an appropriate authorization for each Employee so affected and submits to the Hospital a copy of the letter notifying the Employee of the dues increase. In the event the Union revises the method by which the amount of dues owed by Employees is calculated, and if such revision requires that the Hospital change its payroll computer program to accommodate the changed method of dues calculation, the Union will reimburse the

Hospital for all programming costs and/or administrative charges incurred by the Hospital in order to implement the revised deduction formula.

Section 2. L.E.A.P.

The Hospital shall deduct from each Employee's check an amount voluntarily authorized for the Union's Legislative Education and Action Program (L.E.A.P) and submit the same to the Union. Once the Union provides an authorized deduction (in a form agreed to by the Hospital and the Union) for the L.E.A.P. to the Hospital, the Hospital will honor the L.E.A.P. deduction by no later than the next full pay period beginning after receipt of the authorization. It is understood by all Parties that such contributions shall be on an individual and voluntary basis.

In the event the Union revises the method by which the amount of L.E.A.P. contributions owed by Employees is calculated, and if such revision requires that the Hospital change its payroll computer program to accommodate the changed method of L.E.A.P contributions, the Union will reimburse the Hospital for all programming costs and/or administrative charges incurred by the Hospital in order to implement the revised contribution calculation.

Section 3. Dues Deduction Indemnification

The Employees and the Union hereby indemnify the Hospital and hold it harmless against any and all suits, claims, demands and liability that may arise out of or by any reason of any action that shall be taken by the Employees or the Union in connection with said deduction of dues and LEAP contributions.

ARTICLE 25 **POSTING AND FILLING VACANCIES**

Section 1. Posting Vacancies

All vacancies in positions covered by this Agreement, including those resulting from newly created positions that will be covered by this Agreement, shall be posted for five (5) days (excluding Saturdays, Sundays and Holidays). Minimum qualifications and expected shift shall be noted on the posting. Vacancies shall be posted system wide.

Section 2. Filling Vacancies

Whereas between two (2) or more qualified Employees who tender their bid to fill a vacancy and their qualifications and job performance are relatively equal, the most senior Employee from the component (for CLS as defined in their Appendix), department and/or Hospital in which the vacancy occurs, who tenders a bid, shall be selected. If the vacancy is not filled by an Employee from the component, department and/or Hospital in which the vacancy occurs, and two (2) or more qualified Employees tender bids to fill a vacancy and their qualifications and job performance are relatively equal, the most senior Employee from any component, department and/or Hospital other than the component in which the vacancy occurs, who tenders a bid, shall be selected. If no

qualified bidders tender a bid within the five (5) day period, (excluding Saturdays, Sundays and Holidays) the vacancy may be permanently filled from outside the Hospital.

During the period from the time the vacancy develops until the time the vacancy is filled, the Hospital may transfer, assign, or use temporary Employees within the Hospital as necessary to cover the open position. If regular status staff are selected to fill a vacant position on a temporary basis, the Hospital shall transfer, assign, or use qualified Employees with the least seniority with each component, department and/or Hospital.

The Employer will endeavor to advise Employees of bargaining unit vacancies occurring within their department. Upon request to Human Resources, each week a designated Union steward from each facility will be provided a copy of the current job posting.

ARTICLE 26

REFERENCES

Reference hereto to persons in the singular number shall include the plural, and vice versa; reference to the masculine, feminine and neuter gender shall include the proper gender; and reference to the Hospital and the Employee's Union shall include the officers, Employees, agents, successors, assigns and legal representatives of such Parties.

ARTICLE 27

RETIREMENT PROGRAM

Section 1. HCA Plan

Effective upon ratification, and continuing during the life of this Agreement, the Hospital will continue to offer eligible bargaining unit Employees hired after April 28, 2014 participation in the HCA 401(k) Plan, including the opportunity to receive employer matching contributions in accordance with the terms of the Plan. Depending upon years of vesting service, Employees will be eligible to receive matching contributions each pay period from 3% to 9% of pay (0-4 years 100% of 3% of pay, 5-9 years 100% of 4% pay, 10-14 years 100% of 6% of pay, 15-19 years 100% of 7% of pay, 20-24 years 100% of 8% of pay, and 25+ years 100% of 9% of pay). In addition to the match, the Plan will offer tax-deferred income, portability, choice of investment options and the ability to borrow or withdraw funds to the extent permitted by law.

For eligible bargaining unit Employees hired before April 28, 2014, the aforementioned will be offered instead of the San Jose Pension Plan. However, these Employees will have a choice of participation in which plan (*i.e.*, HCA 401(k) or San Jose Pension Plan) up to December 31, 2016, at which time the San Jose Pension Plan will no longer be offered regardless of whether this Agreement has expired.

Employees with twenty (20) or more years of service on April 28, 2014 shall have the choice of participation in which plan (San Jose Pension Plan or 401k) extended up to December 31, 2017, at which time the San Jose Pension Plan will no longer be offered regardless of whether this Agreement has expired.

An election to switch to the 401(k) plan within the aforementioned timeframes shall be in writing, in a format acceptable to the plan administrator, and shall be irrevocable once submitted. Benefits earned through December 31, 2016 or December 31, 2017 as applicable, in the San Jose Pension Plan will be preserved at the then current levels (*i.e.*, frozen), but bargaining unit Employees will continue to earn additional vesting service for periods of employment after that date. Employees who complete at least five years of vesting service before terminating employment will have a vested right to the pension benefit earned through 2016.

There shall be no obligation to bargain over changes in the HCA 401(k) Plan including elimination or substitution of any of the plan, and such changes, as well as issues relating to administration of said Plan, shall not be subject to the grievance and arbitration procedures of this Agreement. Provided, the Hospital agree that if any changes are made in the HCA 401(k) Plan, which reduce the accrued benefits of any of such Plan for Employees covered by this Agreement and actively participating therein, the Hospital will notify the Union. Upon written request received within thirty (30) days of such notification by the individual designated by the Hospital to receive such notice, the Hospital will bargain with the Union concerning the effects of such changes on bargaining unit Employees.

Section 2. Retiree Health Benefits

A. Retirement on or after 1/1/04. Employees who retire on or after January 1, 2004, will be eligible for retiree health insurance coverage through the term of this agreement, on the following basis. Premiums may be adjusted from time to time on the same basis that C.O.B.R.A. benefits are adjusted for Employees.

B. Eligibility. Employees who are not Medicare eligible, who retire at or after age 55 with ten (10) years of continuous service in a full-time or part-time position immediately preceding retirement. Eligibility for this benefit ends when the Employee becomes eligible for Medicare.

C. Benefit. Continue individual HMO coverage under Retiree Health HMO with benefits equivalent to the HMO for active Employees.

D. Cost for Coverage.

Years of unbroken service in Full-time or Part-time position immediately preceding retirement	Percentage of Total Cost (based on premiums or premium equivalents) of Coverage Paid by Employee
10	100%
15	75%
20	50%
25	25%

ARTICLE 28

SEVERABILITY

It is not the intent of the Parties hereto to violate any laws, rulings or regulations of any governmental authority or agency having jurisdiction of the subject or of the Collective Bargaining Agreement, and the Parties hereto agree that in the event that any provisions of this Agreement are finally held or determined to be illegal or void as being in contravention of any such laws, rulings or regulations, nevertheless, the remainder of this Agreement shall remain in full force and effect, unless the parts so found to be void are wholly inseparable from the remaining portion of this Agreement.

ARTICLE 29

SHIFT DIFFERENTIALS

Section 1. PM Differential

A differential of five dollars (\$5.00) per hour shall be paid on top of a bargaining unit Employee's straight time hourly rate when scheduled and performing work on the PM shift, defined as any shift in which an Employee works four (4) or more consecutive hours between 3 p.m. and 11 p.m.

Section 2. Night Differential

No later than the first full pay period following Ratification, a differential of nine dollars (\$9.00) per hour shall be paid on top of a bargaining unit Employee's straight time hourly rate when scheduled and performing work on the night shift, defined as any shift in which an Employee works four (4) or more consecutive hours between 11 p.m. and 7 a.m.

Section 3. Weekend Shift Differential

A bargaining unit Employee will be paid an additional shift differential in the amount of four dollars (\$4.00) per hour on top of his/her hourly rate for all hours actually worked between midnight Friday night until midnight Sunday night and any applicable PM or night shift differential.

ARTICLE 30

STAFFING ISSUE COMMITTEE

The Hospital shall each have a staffing system that maintains patient safety and complies with licensure requirements.

In the event of a dispute regarding a Hospital's compliance with the foregoing, the Employee who has a concern should raise the issue with his/her manager and Union Shop Steward. The manager or designee shall respond to the raised schedule concern within ten (10) days from the date the

issue was raised. If the Employee/Steward is not satisfied with the manager's or designee's response, the Employee/Steward may submit the concern to the Staffing Issues Committee, which will meet within fourteen (14) day of referral of the dispute to discuss and attempt to resolve the dispute.

The Staffing Issues Committee will be made up of four (4) individuals, two (2) of which the Union will choose, and two (2) of which the Employer will choose. The Committee by majority only can issue a decision to resolve the dispute. Such a decision must be issued at the end of the hearing and take effect within the timeframe set forth in that decision.

In the event that the Staffing Issues Committee cannot reach a majority decision, either party, within ten (10) calendar days, may then seek the assistance of the Federal Mediation and Conciliation Service (FMCS), or other mediation service mutually agreed upon, to provide a Mediator to hear the dispute, and mediate it. Each party may bring up to two (2) disputes per Unit (as identified in Article 2 – Coverage), per calendar year to mediation.

This process set forth in this Article shall be the exclusive contractual process for addressing disputes over staffing issues under this Article. Disputes over compliance with the procedures set forth in this Article (as opposed to disputes over the resolution of staffing issues) shall be subject to the Grievance and Arbitration Procedure. All other disputes shall be resolved exclusively by the Staffing Issues Committee as set forth above.

ARTICLE 31

STAND-BY AND CALL-BACK

Section 1. Stand-By

Stand-by duty is defined as a scheduled assignment for a bargaining unit member to stand by and be available for recall to the Hospital should the need arise. Any bargaining unit member "on stand-by" shall receive one-half (1/2) the straight time hourly rate of pay while said bargaining unit member is on stand-by. There shall be no guarantee for any hours to be worked by a bargaining unit member who is on "stand-by." Stand-by pay on all recognized holidays, shall be at three-quarters (¾) of the straight time hourly rate. Qualified bargaining unit members within a classification will be equally assigned stand-by on a rotational basis.

Section 2. Call-Back While on Stand-By

A. Call-Back Defined. Call-back is defined as a call to a bargaining unit member to return to work after the member has left the Hospital, and prior to the member's next scheduled shift. The bargaining unit member is compensated for such call-back as provided herein.

B. Applications of Premium Pay. If a bargaining unit member is called to work while on stand-by, said Bargaining Unit Member shall receive one and one-half (1½) times the straight time hourly rate for all time actually worked (with a minimum of one-half (½) hour), in addition to the remuneration for being on stand-by, thereby providing double time for the time actually worked.

Section 3. Call-Back While Not on Stand-By

If time permits, the Hospital will contact Employees for call-back by rotational seniority, but the first Employee to accept will be awarded the call-back.

A. Call-Back for Unit I (CLS)

Bargaining unit members not on stand-by who are called back shall receive two (2) times the straight time hourly rate for all time actually worked if called with less than two (2) hours' notice, and are guaranteed at least four (4) hours of straight time pay.

B. Call-Back for Unit II (Radiology)

Bargaining unit members not on stand-by who are called back shall receive two (2) times the straight time hourly rate for all time actually worked if called with less than twenty-four (24) hours' notice, and are guaranteed four (4) hours of pay. Pay in lieu of work is at the straight hourly rate.

C. Call-Back for Unit III (Respiratory)

Regular full-time and part-time bargaining unit Employees not on stand-by who are called back shall receive one and one-half (1½) times the straight time hourly rate for all time actually worked, and two (2) times the straight time hourly rate for all time actually worked if called with less than four (4) hours' notice, and are guaranteed four (4) hours of pay. Pay in lieu of work is at the straight hourly rate.

D. Originally Scheduled

This Section does not apply where a bargaining unit member is originally scheduled to work and is taking an additional day off without pay at the request of either the Hospital or Employee and is recalled due to unanticipated staffing needs.

E. No Retaliation

There shall be no discipline or corrective action if a bargaining unit member refuses call-back while not on stand-by.

ARTICLE 32 TELEPHONE CONSULTATION

Unit members designated by the Hospital to give technical advice by the telephone shall be entitled to one-half (½) their straight time hourly rate of pay for all hours spent on work-related telephone calls up to a maximum of one (1) hour in any 24-hour period. A minimum of fifteen (15) minutes shall be paid for each call. The unit member making the telephone call must receive advance authorization to make the call from his immediate supervisor or if no supervisor is available, the Employee must receive authorization at the next available opportunity.

If the unit member is required to return to work, he/she will be compensated in accordance with the applicable Stand-By and Call-Back Articles in the Appendices.

ARTICLE 33

TERM OF AGREEMENT

This Agreement shall be effective, except where otherwise specified, as of July 1, 2025 and shall remain in effect until July 1, 2028, and shall be automatically renewed and extended from year to year thereafter without addition, change or amendment, unless either party serves notice in writing or electronic mail to the other party not less than ninety (90) days before the end of the term then in existence, of its desire to terminate, change, amend or add to the Agreement.

All notices to the Union, unless otherwise changed by written notice, shall be sent to said Union at 810 Clay Street, Oakland, CA 94607 or electronic mail. All notices to the Employer, unless otherwise changed by written notice, shall be sent to the Chief Executive Officer and to the Human Resources Director of the Hospital by email or at the following address:

Good Samaritan Hospital
2425 Samaritan Drive
San Jose, California 95124

ARTICLE 34

UNION VISITATION

Within thirty (30) days of the execution of this Agreement, the Union will notify in writing to the Hospital which five (5) representatives will have the following privileges:

A. The authorized representative of the Union shall be permitted to enter a Hospital at any time the Hospital is in operation to see that the provisions of this Agreement are being observed. The representative may confer with Employees on their non-working time in the Hospital's cafeteria but must not interfere with the normal business of the cafeteria. If it is necessary for the representative to enter any non-public area of the Hospital in order to observe working conditions, a member of management must have prior notification and may accompany the representative at all times when in such non-public areas. For purposes of this section, a non-public area is any area of the Hospital which is not open to members of the general visiting public.

B. The representative shall be allowed to visit the Hospital provided he/she gives the Hospital's representatives (as listed in Paragraph C below) at least one (1) weekday's advance notice. Such notice will be given by a telephone call to the Director of Human Resources (or designee) indicating time and purpose of the visit. Permission to visit will not be unreasonably withheld.

C. The representative of the Union shall so notify the Human Resources Director and the Department Manager prior to entering Department.

D. In the case of a grievance investigation, the Union representative shall make an appointment in advance with one (1) of the above designated representatives of management.

ARTICLE 35

WAIVER AND CONCLUSION OF BARGAINING

The waiver of any breach or condition of this Agreement by either party shall not constitute a precedent. Further, it is understood by the Parties that supervisors do not have the authority to create practices or precedents by their actions except where such authority has been specifically delegated by the Hospital(s).

ARTICLE 36

WEEKENDS

No Employee shall be required to work more than two (2) consecutive weekends. If, due to emergency or operational circumstances, it becomes necessary for an Employee to work more than two (2) consecutive weekends, he/she shall be provided with two (2) consecutive weekends off. A weekend shall be Saturday and Sunday and on the night shift it shall be Friday and Saturday. Where mutually agreed to in writing, Employees may elect to work more consecutive weekends. This Article does not apply to Employees who are hired into or who bid into weekend positions.

Dated this 16th day of June, 2026, at San Jose, California.

Engineers and Scientists of California,
Local 20, IFPTE (AFL-CIO & CLC)

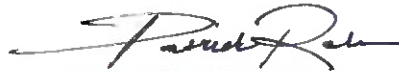


Grant Hill, Union Representative/Organizer



John Mader, Union
President, ESC Local 20

Good Samaritan Hospital, L.P. d/b/a Good
Samaritan Hospital



Patrick Rohan,
Chief Executive Officer

SIDE LETTER - REGARDING DOMESTIC PARTNER BENEFITS

Employees participating in “domestic partner” Health, Dental and/or Vision benefits as of the date of ratification will continue to be eligible to participate, on the same basis as other covered Employees, in the type of current benefit (health, dental, and/or vision) so long as they maintain continuous coverage. For all other Employees and situations, the ‘domestic partner’ eligibility will be eliminated.

SIDE LETTER - REGARDING PAYMENT IN LIEU OF COVERAGE

Effective the first full pay period following ratification, the Hospital will allow only those currently participating in the Payment in Lieu of Coverage program to continue, unless the Employee elects plan coverage offered by the Hospital at which time participation in the program will cease. The program will not be open for any other Employees.

SIDE LETTER - REGARDING IMPLEMENTATION OF COMMON STEP

The Parties agree that the Hospital may move to a single common anniversary date for step movement, provided that no Bargaining Unit Employee will lose money during the transition period. No less than thirty (30) days prior to implementation, the Hospital agrees to provide the Union with its plan and to meet with the Union to discuss any questions or issues it may have.

SIDE LETTER - REGARDING TERM OF AGREEMENT

The parties agree that while the Term of Agreement provides that the collective bargaining agreement (CBA) is effective July 1, 2025, any changes to the prior CBA are effective as of date of ratification, or such later-specified date (e.g., wage increases), and all such charges apply prospectively.

**If there is any conflict between the Appendices and the Common Agreement,
the Appendices will control.**

APPENDIX I - CLINICAL LABORATORY SCIENTIST (AI)

ARTICLE 1
ADVANCEMENT AND OTHER COMPENSATION

Section 1. Supervisory Relief

At the specific request and at the sole discretion of laboratory management, a CLS may be assigned to be “in charge” of a component in the absence of a manager. The Hospital will rotate the “charge” assignment by seniority among qualified Employees. If the assignment is for a period of more than four (4) consecutive hours, the CLS will receive additional compensation of four dollars (\$4.00) per hour for the shift on which the assignment occurred. Such Clinical Laboratory Scientist shall remain in the bargaining unit during all of such relief time. Substitution by a Clinical Laboratory Scientist I for a Clinical Laboratory Scientist II does not qualify for such pay.

ARTICLE 2
COMPENSATION

Section 1. Wages

During the term of this Agreement, the rates of pay for the classifications herein shall be as follows:

A. Effective the first full pay period following ratification, the scale rates will be as follows:

STEP	1	2	3	4	5	6	7	8
CLS I	\$62.16	\$65.38	\$68.50	\$72.10	\$76.24	\$76.24	\$76.24	\$76.24
PRN	\$68.08	\$71.61	\$75.03	\$78.97	\$83.50	\$83.50	\$83.50	\$83.50
CLS II	\$69.20	\$72.57	\$76.16	\$80.13	\$84.06	\$85.34	\$86.64	\$89.22
PRN	\$75.79	\$79.48	\$83.41	\$87.76	\$92.07	\$93.47	\$94.89	\$97.72

In no event will a Bargaining Unit Member receive more than an eight percent (8%) increase in 2025.

B. No later than the first full pay period following July 1, 2026, the scale rates will be increased by 4.00%:

STEP	1	2	3	4	5	6	7	8
CLS I	\$64.65	\$68.00	\$71.24	\$74.98	\$79.29	\$79.29	\$79.29	\$79.29
PRN	\$70.80	\$74.47	\$78.03	\$82.13	\$86.84	\$86.84	\$86.84	\$86.84
CLS II	\$71.97	\$75.47	\$79.21	\$83.34	\$87.42	\$88.75	\$90.11	\$92.79
PRN	\$78.82	\$82.66	\$86.75	\$91.27	\$95.75	\$97.21	\$98.69	\$101.63

By the first full pay period following July 1, 2026, all Bargaining Unit Members will be brought up to scale.

C. No later than the first full pay period following July 1, 2027, the scale rates will be increased by 3.00%:

STEP	1	2	3	4	5	6	7	8
CLS I	\$66.59	\$70.04	\$73.38	\$77.23	\$81.67	\$81.67	\$81.67	\$81.67
PRN	\$72.92	\$76.70	\$80.37	\$84.59	\$89.45	\$89.45	\$89.45	\$89.45
CLS II	\$74.13	\$77.73	\$81.59	\$85.84	\$90.04	\$91.41	\$92.81	\$95.57
PRN	\$81.18	\$85.14	\$89.35	\$94.01	\$98.62	\$100.13	\$101.65	\$104.68

Section 2. Step Increases

Step increases for regular full-time and part-time bargaining unit Employees shall be set forth per Side Letter re: Implementation of Common Step with holding steps at Steps 5, 6 and 7. Bargaining unit members shall advance to Step 6 on the common step date following either seventy-two (72) months at Step 5 or ten (10) years of completed continuous service in the relevant bargaining unit (“YOS”) (whichever occurs first), Step 7 on the common step date following either sixty (60) months at Step 6 or fifteen (15) YOS (whichever occurs first), and Step 8 on the common step date following either sixty (60) months at Step 7 or twenty (20) YOS (whichever occurs first). Step Increases for *per diem* Employees shall occur in the same manner as FT and PT bargaining unit Employees provided the PRN Employee has worked one thousand (1,000) hours during the prior twelve (12) month period. A PRN will be given three (3) years to accumulate their one thousand (1,000) hours towards a step increase, but after three (3) years without accumulating the requisite hours, the PRN must begin a new accumulation (i.e., prior hours no longer count).

A CLS I who, after at least one (1) year as a CLS I at Step 5, receives an acceptable annual performance evaluation, will be promoted to CLS II, Step 4. Good cause will be noted for an unacceptable evaluation of the CLS I who has been at Step 5 for at least one (1) year.

ARTICLE 3 **CREDIT FOR PREVIOUS EXPERIENCE**

Section 1. Tenure Credit Clinical Laboratory Scientist I

Applicants hired into the Clinical Laboratory Scientist I, or Point of Care Testing Coordinator classification will be offered a starting salary based on the Hospital’s assessment of applicable experience acquired in an accredited facility as defined in AI Article 4, Section 4 of this Agreement. Subsequent step increases within the CLS I or Point of Care Testing Coordinator job classification shall normally occur on the anniversary of the Employee’s date of hire or last step increase, but not later than one (1) year after advancement to that last step.

Section 2. Clinical Laboratory Scientist II

Providing the qualifications noted in AI Article 4, Section 2 and in the job description for CLS II or Point of Care Testing Coordinator are met, individuals may be hired from outside the Hospital into the Clinical Laboratory Scientist II or Point of Care Testing Coordinator classification providing they have more than five years of experience as a Clinical Laboratory Scientist. These individuals will be placed no higher than Step 4 of the Clinical Laboratory Scientist II salary range, except that individuals hired into a Point of Care Testing Coordinator position may be placed up to and including Step 6.

If a new hire is granted experience credit that results in pay for experience exceeding that of any incumbent Clinical Laboratory Scientist who has like experience, at least the same status, working on the same shift as the newly hired Employee, the incumbent shall be granted equivalent credit for experience as the new hire at the time of new hire's employment and the anniversary date of the incumbent Clinical Laboratory Scientist shall be changed to the same date as the new-hire.

Section 3. Burden of Proof

If the Employer's records are incomplete with respect to tenure credit, the burden of proof of all tenure credit shall rest with the Clinical Laboratory Scientist. Tenure credit for previous employment which does not fully conform to the above definition of previous experience may be discussed at the request of the Union on a situation-by situation basis, but in such a case, the determination of the Employer shall not be subject to grievance.

ARTICLE 4 **DEFINITIONS**

Section 1. Clinical Laboratory Scientist I

Performs various chemical, microscopic, morphologic, immunologic, bacteriologic and other tests together with all other duties performed by a Clinical Laboratory Scientist I and holds a valid California Clinical Laboratory Scientist License.

Section 2. Clinical Laboratory Scientist II

In addition to all of the qualifications and duties performed by the Clinical Laboratory Scientist I, the Clinical Laboratory Scientist II must have demonstrated acceptable judgment and technical skill and must have demonstrated supervisory ability and must have at least one (1) year acceptable experience as a Clinical Laboratory Scientist I, Step 5, and shall be in charge of a specialized department or work on a shift involving a variety of tests in several different departments when assigned by rotation with a minimum of supervision and must assist in supervising Lab trainees, Lab Assistants, Lab Aides, Clinical Laboratory Scientists, *etc.*, and must relieve the supervisory Clinical Laboratory Scientist as delegated.

Section 3. Point-of-Care Testing Coordinator

Oversees the Point-of-Care Testing program at the Hospital and any ancillary sites. Interfaces with nurses, physicians, vendors, laboratory personnel, and other healthcare workers to ensure compliance with all regulatory agencies. Holds a valid California Clinical Laboratory Scientist License.

Section 4. Accredited Facility Defined

Accredited is defined to be accredited by the Joint Commission on Accreditation of Hospitals, the College of American Pathologists, Medicare approved, Service Hospitals (US), foreign hospitals which are equivalent in practice, and Medicare approved clinical laboratories. The Employer's determination of equivalency shall not be grievable.

Section 5. Full Shift

Eight (8) hours of work shall constitute and is herein defined as a full shift.

Section 6. Lead/POC/LIS

The Employer may institute a Lead and/or Point of Care (POC) Testing Coordinator and/or Laboratory Information Systems (LIS) position in accordance with the following. If such a position is created, the individual(s) selected to fill that position will be paid a premium of six dollars (\$6.00) per hour over and above the selected Employee's applicable wage rate; provided, however, there is no obligation that the Employer create or maintain such a position, and provided further that the Employer retains the complete and sole discretion to select individuals to serve in any lead and/or POC Testing Coordinator and/or LIS position that might be established. Individuals selected for the Lead or POC Testing Coordinator or LIS position shall be placed in probationary status for the first ninety (90) days after beginning work as a Lead or POC Testing Coordinator or LIS, and decisions regarding the selection of individuals to serve as Leads or POC Testing Coordinator or LIS shall not be subject to the grievance and arbitration provision of this Agreement.

ARTICLE 5 **PROFESSIONAL PRACTICES COMMITTEE**

A Professional Practice Committee composed of Clinical Laboratory Scientists covered by this Agreement who are currently employed at the Employer shall be established to discuss matters which involve the practice of clinical laboratory science.

The Committee shall have one (1) bargaining unit member from each component (Microbiology and General Laboratory) if each of these components has a Clinical Laboratory Scientist in the bargaining unit who volunteers to participate. Where more than one (1) Clinical Laboratory Scientist volunteers, the Union shall determine the Clinical Laboratory Scientist who will participate. Committee membership shall also include one or more representatives of laboratory management to be selected by the Hospital.

The Committee may schedule one (1) meeting per month of a duration of up to two (2) hours. These meetings will be held at a time which will not conflict with the routine of the laboratories. An agenda will be prepared by a laboratory management representative which contains all items within the scope of the Committee's objectives that are submitted by Committee members at least seven (7) calendar days in advance of each scheduled meeting. The agenda will be given to committee members at least five (5) calendar days in advance of the scheduled meeting. Written minutes of each meeting will be maintained by any committee member who wishes to take minutes.

The Professional Practice Committee shall serve as an advisory body to the Employer laboratory management. The objectives of the Professional Practice Committee will be: (a) to consider the constructive professional practice of clinical laboratory science; and (b) to work constructively with laboratory management for the improvement of patient care and the practice of clinical laboratory science.

The Professional Practice Committee shall have no authority to modify the terms and conditions of this Agreement, or to represent the Parties in matters pertaining to collective bargaining. The Committee shall not involve itself with grievances or wages, hours and working conditions, or management rights as defined and set forth in the Agreement.

ARTICLE 6

SENIORITY, LAYOFF/RECALL AND TEMPORARY REDUCTIONS IN STAFFING

Section 1. Components

The Employer shall have two components: (1) Microbiology; and (2) General Laboratory.

Section 2. Seniority

For purposes of granting the Agreement's layoff and recall provisions and for granting leaves of absence, a Clinical Laboratory Scientist's seniority will be defined as his/her total length of service in the Clinical Laboratory Scientist bargaining unit with any Employer that is signatory to this Agreement. Seniority of an Employee who floats among facilities will be defined as his/her total length of service in the Clinical Laboratory Scientist bargaining unit and will be applied at each facility to which the Employee has floated in the twelve (12) month period preceding a layoff effective date. For purposes of determining a Clinical Laboratory Scientist's entitlement to accrued benefits provided under the contract or for purposes of job bidding, his or her seniority will be determined based upon the date of hire as a 2/5ths or more Employee with any signatory Employer.

Clinical Laboratory Scientists who experience a 12-month or more absence due to workforce reduction will lose seniority for all purposes.

Per diem Employees who transfer to a full-time or part-time position will be given 20% credit for their continuous service in a bargaining unit position.

Section 3. Layoff and Recall

A. In the event of a reduction in force or reduction of regular hours at the laboratory, the Hospital will notify the Union and will, upon request, meet with the Union and consider its input at reasonable times during the thirty (30) day period following such notice.

The Hospital will give affected Employees at least two (2) weeks' notice of layoff. Such notice may be given during the thirty (30) day notification period set forth in the preceding paragraph, not to be effective prior to thirty (30) days from the date of the initial notice to the Union. During this time the Hospital will seek volunteers for layoff in the affected positions which would reduce the need for layoffs and will meet with the Union on request to discuss alternatives to layoffs. Volunteers for layoff in such positions will be selected on the basis of seniority.

If an insufficient number of Clinical Laboratory Scientists volunteer for layoff to meet reduction goals, the least senior Clinical Laboratory Scientist occupying positions to be eliminated will be displaced. Initial displacements shall be carried out by shift and component within the affected Hospital. Displaced Clinical Laboratory Scientists will have the right to bump other less senior Clinical Laboratory Scientists within their component providing the Clinical Laboratory Scientist is qualified and has the ability, with no more than fifteen (15) days orientation, to competently perform the available work. It is understood that the Hospital will notify the Union of its conclusion that a Clinical Laboratory Scientist has not demonstrated his/her ability within said fifteen (15) days prior to terminating the Clinical Laboratory Scientist and the orientation period may be extended by agreement of the Parties. A Clinical Laboratory Scientist exercising his/her seniority to take a float position, must take the entire float position, not just the hours worked at the Clinical Laboratory Scientist's component.

B. Clinical Laboratory Scientists displaced from their positions may, within the seventy-two (72) hour period following the expiration of the fourteen (14) days' notice, bump into positions held by less senior Clinical Laboratory Scientists in their component. The bumped Clinical Laboratory Scientists may elect to follow the same bumping procedure within the same seventy-two (72) hour period or may volunteer for layoff. (All bumps to be accomplished within the same seventy-two (72) hour period). For purposes of recall, seniority will be exercised. Non-bargaining unit Employees cannot bump into bargaining unit positions. For purposes of this Agreement, "Microbiology" and "General Laboratory" shall be recognized as the separate "components" within the Hospital.

C. For a period of up to one (1) year from the date of layoff, Clinical Laboratory Scientists will be recalled, in order of bargaining unit seniority, to vacancies that occur at the Hospital provided they are qualified and have the ability to competently perform, with no more than (15) days orientation the available work (it being understood that the Hospital will notify the Union of its conclusion that a Clinical Laboratory Scientist has not demonstrated his/her ability within said fifteen (15) days prior to terminating the Clinical Laboratory Scientist). A Clinical Laboratory Scientist who is laid off shall retain seniority until he/she has been offered a relatively equal position or until one (1) year has elapsed from the date of layoff.

D. It is the responsibility of the individual Clinical Laboratory Scientist to update the Human Resources Department in writing with current address and phone numbers for recall purposes. A recalled Clinical Laboratory Scientist must accept recall within seventy-two (72) hours and return to work at the Hospital within fourteen (14) days from the mailing of a certified letter advising the Clinical Laboratory Scientist of available employment. If a Clinical Laboratory Scientist does not accept recall within seventy-two (72) hours, the Clinical Laboratory Scientist will be considered to have voluntarily resigned. Upon recall from layoff status, the Clinical Laboratory Scientist will be entitled to restoration of seniority and placement at the same wage rate in effect at the time of the layoff. Clinical Laboratory Scientists who experience a 12-month or more absence due to workforce reduction will lose seniority for all purposes.

E. If it becomes operationally necessary to transfer Clinical Laboratory Scientists from one laboratory component to another, volunteers shall first be sought, then transfers shall be made in reverse bargaining unit seniority provided the Clinical Laboratory Scientists are qualified and have the ability to perform the available work with reasonable orientation. A Clinical Laboratory Scientist may elect layoff in lieu of transfer.

F. The Parties agree that any of the Clinical Laboratory Scientists can voluntarily agree to a reduction in his/her hours in lieu of layoffs being implemented under the layoff language in the Agreement between the Parties. Where additional work hours become available subsequent to such a voluntary decision to reduce hours, the most senior Employee who has agreed to a voluntary reduction in hours shall receive the first chance to work the additional hours that become available up to the number of hours that Clinical Laboratory Scientist gave up in the voluntary reduction of hours. The Parties also agree that additional work hours that are available will be offered to those Clinical Laboratory Scientists that have voluntarily reduced his/her hours in lieu of layoff before the hours are made available to be worked by *per diem* Clinical Laboratory Scientists, but the Hospital may use *per diems* without offering the hours to Clinical Laboratory Scientists who have voluntarily reduced hours when the Hospital has less than twenty-four (24) hours to fill the shift or hours. The Parties agree that if sufficient hours are available to post a regular part-time or full-time position, the Hospital will first restore hours to Clinical Laboratory Scientists who have voluntarily reduced their hours unless to do so will negatively impact laboratory staffing.

G. The Hospital will provide information regarding current vacancies at the time of layoff to Clinical Laboratory Scientists who are laid off, and those Clinical Laboratory Scientists can use her/his seniority to bid for vacant bargaining unit positions during the recall period.

Section 4. Severance Pay

In the event of a layoff, the Employer will, for a period of two (2) weeks, seek volunteers for layoff in positions that will reduce the need for layoffs. Volunteers for layoff will be selected on the basis of bargaining unit seniority.

Clinical Laboratory Scientists who volunteer for a layoff or are laid off, pursuant to the provisions of this Article, shall be paid (subject to recall during the severance period) the following severance benefits:

Length of Service	Weeks of Base Pay
Six (6) to ten (10) years	Four (4) weeks
Eleven (11) to fifteen (15) years	Six (6) weeks
Sixteen (16) to twenty (20) years	Eight (8) weeks
Twenty-one to twenty five (25) years	Ten (10) weeks
Twenty-six (26) years and above	Twelve (12) weeks

In addition, the Employer will continue to provide insurance coverages in effect at the time of the layoff at the same cost as though the Clinical Laboratory Scientist remained actively employed for the same period as the severance pay. It is also understood that the Employer will not contest unemployment benefits of any bargaining unit member laid off (voluntarily or otherwise) pursuant to this Agreement. Severance benefits are paid out over the severance period on the same basis as though the Clinical Laboratory Scientist worked during the period of severance. All severance entitlement and payments will cease seven (7) days from the mailing of a written communication (sent by certified mail) of available employment.

Section 5. Temporary Reduction in Staffing

In the event that the Employer determines that it is necessary to reduce staffing in a component on a given shift due to a reduced workload, the following procedures will apply:

First, volunteers will be solicited. If more than one person is willing to voluntarily reduce his/her hours, seniority shall apply.

If there are no volunteers, then any *per diem* Clinical Laboratory Scientist Employee working on that shift will be canceled.

In the event that there are no volunteers or *per diem* Employees on the shift in question, the Clinical Laboratory Scientist to have his/her hours reduced will be selected on a rotational basis, with the least senior Clinical Laboratory Scientist on duty in the component being canceled first and rotating the involuntary cancellation of hours throughout the year until all Clinical Laboratory Scientists have taken a turn. Cancellation of shifts and hours will be recorded to facilitate proper rotation of reductions. A Clinical Laboratory Scientist who has been placed “in-charge” of a component because of the absence of the manager or a Clinical Laboratory Scientist II performing as Acting Manager will not be subject to temporary reduction in hours.

If the remaining staff would not be qualified to perform the available and anticipated work, if the individual to be canceled as set forth above were selected for temporary reduction, the next Employee in line for reduction will be selected.

ARTICLE 7

VACATION ACCRUAL

A maximum of 456 hours may be accrued in the PTO bank, prorated for part-time benefited Employees.

ARTICLE 8

WORK SCHEDULES

Section 1. Posting Shift Schedules

The Employer agrees to post all Clinical Laboratory Scientist's regularly assigned shifts, in an accessible place, in draft form, not less than twenty-four (24) days prior to the date the shift is scheduled to begin, and a final schedule not less than fourteen (14) days prior to the date the shift is scheduled to begin. In the event an Employee's schedule is changed due to emergency or operational circumstances with less than fourteen (14) days' notice, s/he will be immediately notified of the schedule change. Except as provided below, the Employer will give fourteen (14) days' notice of schedule changes. Upon request to management by the CLS, s/he will be provided with a copy of the schedule. Each CLS will remain responsible for reviewing the department's master schedule for any subsequent changes. In the event an Employee's schedule is changed due to emergency or operational circumstances with less than fourteen (14) days' notice, s/he will be immediately notified of the schedule change.

Except in the case of emergency or operational circumstances, any schedule change with less than fourteen (14) days' notice will be with the mutual consent of the Employer and the Employee. A Clinical Laboratory Scientist must arrange for satisfactory coverage if he/she desires a change in the schedule after the schedule has been posted. Any change so arranged must be approved by the Clinical Laboratory Scientist's immediate supervisor.

Section 2. Shift Assignments

There will be three (3) categories of shifts: AM, PM and Night. If, due to an emergency or operational circumstances, it becomes necessary to change a unit member's scheduled days of work or shift assignment temporarily, and if no regular bargaining unit member volunteers for the shift change, the Hospital will use a shift rotation procedure that would be equitably applied to all qualified staff beginning with the least senior qualified Employee. However, if the assignment would result in overtime or other premium pay, the Hospital may move to the next qualified Employee in the rotation and go back to the skipped person when it does not cause overtime or premium pay. Absent circumstances where there are not qualified Employees, Employees in the top half of the seniority list will be excluded from this rotation.

If, due to emergency or operational circumstances, it becomes necessary to change a unit member's scheduled days of work or shift assignment permanently, and if no regular bargaining unit member volunteers for the shift change, the least senior regular unit member qualified to perform the available work will be assigned.

Extra shifts and hours will be offered to full-time and part-time Employees in accordance with the below procedure prior to *per diem* Employees so long as it does not result in the Hospital incurring overtime or other premium pay. For up to one (1) week after the draft schedule is posted, Employees may sign up for any additional shifts/hours, and if doing so, will be awarded those additional shifts/hours based on rotational seniority starting with the most senior.

To incentivize Employees to sign up for additional shifts/hours, any Employee who signs up and works additional shifts/hours will move to the bottom of the rotational list used to assign mandatory shifts/hours. In contrast, any Employee who calls out on an assigned mandatory shift/hours will move to the top of the rotational list (in addition to any other applicable attendance violation).

In the event additional shifts/hours are available for a continuous six (6) month period due to either (1) an Employee out on a leave of absence, or (2) a vacancy, Article 26, Posting and Filling of Vacancies applies to shift/hours assignments after six (6) continuous months instead of this Article.

Section 3. Rest Periods

Unit members are allowed a rest period of fifteen (15) minutes during each continuous four (4) hours of work. Rest periods are intended to serve as an opportunity to be refreshed and shall not be taken concurrent with the meal period or taken at the beginning or end of a scheduled shift. Rest periods may not be combined and should be taken away from the work station.

APPENDIX II - RADIOLOGY/IMAGING TECHNOLOGIST (AII)

ARTICLE 1 **CLASSIFICATIONS & SPECIAL RATES**

Section 1. Radiologic Technologist I (Grade 101)

A CRT Technologist with less than twelve (12) months' previous experience (within the last three (3) years) in direct patient care in an accredited facility.

Section 2. Radiologic Technologist II (Grade 102)

A CRT Technologist with the equivalent of twelve (12) months' experience within the last three (3) years in an accredited facility.

Section 3. Senior Radiologic Technologist (Grade 103)

To qualify for the Senior Radiologic Technologist classification, the CRT Technologist must have on his/her next anniversary date at least one (1) year at Step 5 of Radiologic Technologist II, must notify his/her supervisor that s/he would like to promote (which must be confirmed in writing) and he or she must receive an acceptable annual performance evaluation that indicates demonstrated acceptable technical skill, judgment and supervisory ability, and the capacity to be in charge of a shift. Good cause will be noted for an unacceptable evaluation.

Section 4. Other Technologists (Grades 103, 104)

A. CT Technologist. (Grade 104) The Hospital will establish the classification of CT Technologist when, in the sole discretion of the Hospital, it is deemed to be warranted. A CT Technologist may be required to perform other Radiologic Technologist work when not doing CT procedures.

B. Special Procedures Technologist. (Grade 104) The Hospital will establish the classification of Special Procedures Technologist when, in the sole discretion of the Hospital, it is deemed to be warranted. A Special Procedures Technologist may be required to perform other Radiologic Technologist work when not doing special procedures.

C. Certified Mammography Technologist. (Grade 103) The Hospital will establish the classification of Mammography Technologist when, in the sole discretion of the Hospital, it is deemed to be warranted. Said classification shall receive the same pay rate as a Senior Radiologic Technologist. A Mammography Technologist may be required to perform other Radiologic Technologist work when not doing Mammography procedures.

D. MRI Technologists. (Grade 104) The Hospital will establish the classification of MRI Technologist when, in the sole discretion of the Hospital, it is deemed to be warranted. Those Radiologic Technologists covered by this Agreement who are performing and assisting in MRI procedures shall be designated as MRI Technologists. An MRI Technologist may be required to perform other Radiologic Technologist work when not doing MRI procedures, if licensed to perform other Radiologic Technologist work.

Section 5. Cardiac Ultrasonographer/Echo, Vascular, CV Radiological, IR/Neuro, CT/IR and Ultrasound Technologists (Grades 201-203, 303)

The Hospital will establish the classification(s) of Cardiac Ultrasonographer/Echo Tech, Vascular Tech, CV Radiological Tech, IR/Neuro Tech, CT/IR Tech and/or Ultrasound Tech when, in the sole discretion of the Hospital, it is deemed to be warranted. Such classifications will be placed on the wage scale within this Agreement as follows:

A. Cardiac Ultrasonographer/Echo Tech I (Grade 201). A Cardiac Ultrasonographer/Echo Tech who is RDCS registry eligible.

B. Cardiac Ultrasonographer/Echo Tech II, Vascular Tech, IR/Neuro Tech, CV Rad Tech, and Ultrasound Tech (Grade 202). A Cardiac Ultrasonographer/Echo Tech who is RDCS registered and all other non-Senior Vascular, IR/Neuro, CV Rad, and Ultrasound Techs.

C. Senior IR/Neuro Tech and Senior CV Rad Tech (Grade 203). To be eligible, a Technologist must have at least one (1) year at Step 6 Grade 202 on his/her next anniversary date, must notify his/her supervisor that s/he would like to promote (which must be confirmed in writing), and have an annual performance evaluation that demonstrates clinical expertise, technical skill and judgment, supervisory duties, and the capacity and willingness to be in charge of a shift. Good cause will be noted for an unacceptable evaluation.

D. CT/IR Tech (Grade 203). To be eligible, a CT/IR Tech must routinely perform both functions (*i.e.*, not sporadically or occasionally).

E. Cardiac Ultrasonographer/Echo Tech III, Senior Vascular Tech, and Senior Ultrasound Tech (Grade 303). The Hospital will establish the classifications of Cardiac Ultrasonographer/Echo Tech III, Senior Vascular Tech, and Senior Ultrasound Tech when, in the sole discretion of the Hospital, it is deemed to be warranted. Those Technologists may be required to perform other work for which they are qualified when not doing their normally assigned procedures.

Section 6. Nuclear Medicine Technologists (Grade 303)

The Hospital will establish the classification of Nuclear Medicine Technologist when, in the sole discretion of the Hospital, it is deemed to be warranted. A Nuclear Medicine Technologist may be required to perform other Radiologic Technologist work when not doing Nuclear Medicine procedures.

Section 7. CV/IR/Neuro Technologists (Grade 303)

The Hospital will establish the classification of CV/IR/Neuro Technologist when, in the sole discretion of the Hospital, it is deemed to be warranted. To be eligible, a CV/IR/Neuro Technologist must routinely perform all three functions (*i.e.*, not sporadically or occasionally).

Section 8. Placement of Personnel in Above Classifications

The Hospital shall, in its sole discretion, place personnel in the above said classifications as the Hospital may determine to be necessary in accordance with its staffing requirements.

Section 9. Relief in Higher Classification, Charge Pay, and Special Procedures Pay

A Radiologic Technologist II who is assigned to independently perform the duties of CT Technologist for four (4) or more hours within a shift shall receive the Senior Radiologic Technologist pay for the time spent doing that work.

A Technologist who is designated to be in charge of a component or a modality within a component for four (4) hours or more within a shift shall receive a premium of \$4.00 per hour for each hour spent in charge duty. The Hospital will rotate the “charge” assignment by seniority among those qualified Employees.

Section 10. Previous Experience

Technologists shall receive at least one (1) year tenure credit for two (2) years to three (3) years of previous experience within the last five (5) years immediately prior to the date of employment at the Hospital in the imaging discipline for which the Technologist is being hired, and at least two (2) years tenure credit for three (3) years’ experience in the imaging discipline within the last five (5) years immediately prior to the date of employment at the Hospital. This tenure credit shall be given to Technologists hired after the effective date of this Agreement. If a new hire is granted experience credit that results in pay for experience exceeding that of any incumbent Technologist who has like experience, at least the same status, working on the same shift as a newly-hired Employee, the incumbent shall be granted equivalent credit for experience as the new-hire at the time of the new-hire’s employment and the anniversary date of the incumbent Technologist shall be changed to the same date as the new-hire. If the Hospital’s records are incomplete with respect to tenure credit, the burden of proof of all tenure credit shall rest with the Technologist. Tenure credit for previous employment which does not fully conform to the above definition of previous experience may be discussed at the request of the Technologist on a Hospital-by-Hospital basis. This shall not be a subject for grievance.

Section 11. Wage Scale Placement

Employees in the job classifications listed in this Appendix will be placed on the scales set forth in this Appendix, based on years of experience credited by the Hospital.

Section 12. Challenging Years of Experience

If the Union believes that the years of experience identified for a current Bargaining Unit Employee is not accurate, the Union will have up to thirty (30) days following ratification of this Agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Hospital’s wage step placement.

Section 13. Accredited Facility Defined

Accredited facility for the purposes of this Agreement is defined to be a Hospital facility accredited by the Joint Commission on Accreditation of Hospitals, Medicare approved, service Hospitals (US), and any full service diagnostic imaging clinic determined by the Hospital to provide comparable experience to that acquired in a Hospital facility described above.

Section 14. Cross-Training

Cross-training for advanced classifications shall be provided in accordance with staffing requirements. The opportunity for cross-training will be posted for sign-up with the conditions of both the training and the position as part of the posting. If two (2) or more candidates for cross-training are equally qualified by reason of past performance, skill, and ability, then the most senior will be selected.

Section 15. Training Technologist

A Technologist may be offered the opportunity to coordinate student training responsibilities and shall be paid at the premium rate of five percent (5%) above the regular straight-time rate for the times during which these duties are required. Nothing in this Agreement requires that any Hospital assign any Technologist to coordinate student training responsibilities. Such duties performed outside of working time by Technologists will be on a voluntarily basis and will not be considered as hours worked for the Hospital.

ARTICLE 2 **COMPENSATION**

Section 1. Wages

During the term of this Agreement, the rates of pay for the classifications herein shall be as follows:

Radiology Grade Key

- 101 Rad Tech I
- 102 Rad Tech II
- 103 Rad Tech III, Mammographer
- 104 CT Technologists, Special Procedures Technologists, MRI Technologists
- 201 Echo I, Cardiac Ultrasonographer I
- 202 Echo II, Vascular Tech, Ultrasound/Sonographer, IR/Neuro Tech, CV Rad Tech, Cardiac Ultrasonographer II
- 203 Senior IR/Neuro Tech, Senior CV Rad Tech, CT IR Tech
- 303 Nuclear Med Tech, Cardiac Ultrasonographer III/Echo III, Senior Vascular Tech, Senior Ultrasound Tech, CV/IR/Neuro Technologists

A. Effective the first full pay period following ratification, the scale rates will be as follows:

Grade		0	1	2	3	4	5	6	7	8	9
101	FT/PT		\$62.64	\$64.33							
	PRN		\$72.07	\$74.00							
102	FT/PT		\$66.43	\$68.21	\$69.91	\$71.54	\$73.76				
	PRN		\$76.41	\$78.42	\$80.42	\$82.27	\$84.83				
103	FT/PT		\$69.30	\$71.10	\$73.00	\$75.06	\$78.59	\$82.14	\$83.92	\$85.68	\$88.24
	PRN		\$79.70	\$81.80	\$83.95	\$86.33	\$90.39	\$94.46			
104	FT/PT		\$72.18	\$74.01	\$75.94	\$78.03	\$81.61	\$85.17	\$86.96	\$88.78	\$91.35
	PRN		\$82.71	\$84.83	\$87.01	\$89.43	\$93.53	\$97.66			
201	FT/PT		\$61.35	\$63.07	\$64.79	\$66.58	\$68.42	\$70.29			
	PRN		\$70.57	\$72.53	\$74.52	\$76.57	\$78.69	\$80.82			
202	FT/PT		\$71.18	\$74.72	\$77.36	\$80.05	\$82.87	\$85.77	\$88.76		
	PRN		\$81.84	\$85.94	\$88.94	\$92.07	\$95.26	\$98.65	\$102.05		
203	FT/PT		\$75.83	\$78.48	\$81.24	\$84.07	\$87.00	\$90.09	\$91.65	\$93.22	\$95.99
	PRN		\$87.23	\$90.25	\$93.43	\$96.67	\$100.07	\$103.58			
303	FT/PT		\$79.73	\$82.51	\$85.41	\$88.42	\$91.50	\$94.68	\$96.37	\$97.99	\$100.94
	PRN		\$91.68	\$94.89	\$98.21	\$101.92	\$105.20	\$108.89			

* Step 0 applicable only to Vascular, Ultrasound/Sonographer, IR/Neuro and CV Rad Techs

B. No later than the first full pay period following July 1, 2026, the scale rates will be increased by 4.00%:

Grade		0	1	2	3	4	5	6	7	8	9
101	FT/PT		\$65.15	\$66.91							
	PRN		\$74.95	\$76.96							
102	FT/PT		\$69.09	\$70.94	\$72.71	\$74.40	\$76.71				
	PRN		\$79.46	\$81.56	\$83.64	\$85.56	\$88.22				
103	FT/PT		\$72.07	\$73.94	\$75.92	\$78.07	\$81.74	\$85.43	\$87.27	\$89.11	\$91.77
	PRN		\$82.88	\$85.07	\$87.31	\$89.78	\$94.01	\$98.24			
104	FT/PT		\$75.06	\$76.98	\$78.97	\$81.15	\$84.87	\$88.57	\$90.44	\$92.33	\$95.00
	PRN		\$86.02	\$88.22	\$90.49	\$93.01	\$97.28	\$101.57			
201	FT/PT		\$63.81	\$65.60	\$67.38	\$69.24	\$71.15	\$73.10			
	PRN		\$73.39	\$75.44	\$77.50	\$79.63	\$81.83	\$84.05			
202	FT/PT		\$74.03	\$77.71	\$80.46	\$83.25	\$86.18	\$89.21	\$92.31		
	PRN		\$85.11	\$89.38	\$92.49	\$95.76	\$99.07	\$102.59	\$106.13		
203	FT/PT		\$78.86	\$81.62	\$84.49	\$87.44	\$90.48	\$93.69	\$95.32	\$96.95	\$99.83
	PRN		\$90.72	\$93.86	\$97.17	\$100.54	\$104.07	\$107.73			
303	FT/PT		\$82.92	\$85.81	\$88.82	\$91.96	\$95.16	\$98.47	\$100.22	\$101.91	\$104.97
	PRN		\$95.34	\$98.68	\$102.13	\$106.00	\$109.41	\$113.24			

* Step 0 applicable only to Vascular, Ultrasound/Sonographer, IR/Neuro and CV Rad Techs

C. No later than the first full pay period following July 1, 2027, the scale rates will be increased by 3.0%:

Grade		0	1	2	3	4	5	6	7	8	9
101	FT/PT		\$67.10	\$68.91							
	PRN		\$77.20	\$79.27							
102	FT/PT		\$71.16	\$73.06	\$74.89	\$76.63	\$79.01				
	PRN		\$81.85	\$84.01	\$86.15	\$88.12	\$90.87				
103	FT/PT		\$74.23	\$76.16	\$78.19	\$80.41	\$84.19	\$87.99	\$89.89	\$91.78	\$94.52
	PRN		\$85.37	\$87.62	\$89.92	\$92.48	\$96.83	\$101.18			
104	FT/PT		\$77.32	\$79.28	\$81.34	\$83.58	\$87.42	\$91.23	\$93.15	\$95.10	\$97.85
	PRN		\$88.60	\$90.87	\$93.21	\$95.80	\$100.19	\$104.61			
201	FT/PT		\$65.72	\$67.56	\$69.40	\$71.32	\$73.29	\$75.29			
	PRN		\$75.60	\$77.70	\$79.82	\$82.02	\$84.29	\$86.57			
202	FT/PT	\$76.25	\$80.04	\$82.87	\$85.75	\$88.77	\$91.88	\$95.08			
	PRN	\$87.66	\$92.06	\$95.27	\$98.63	\$102.04	\$105.67	\$109.32			
203	FT/PT		\$81.23	\$84.06	\$87.02	\$90.06	\$93.20	\$96.50	\$98.18	\$99.86	\$102.83
	PRN		\$93.45	\$96.67	\$100.08	\$103.56	\$107.19	\$110.96			
303	FT/PT		\$85.40	\$88.38	\$91.49	\$94.72	\$98.01	\$101.42	\$103.23	\$104.96	\$108.12
	PRN		\$98.20	\$101.64	\$105.20	\$109.18	\$112.69	\$116.64			

* Step 0 applicable only to Vascular, Ultrasound/Sonographer, IR Neuro and CV Rad Techs

Section 2. Step Increases

Step increases for regular full-time and part-time bargaining unit Employees shall be set forth per Side Letter re: Implementation of Common Step with holding steps at Steps 6, 7, and 8. Bargaining unit members shall advance to Step 7 on the common step date following either sixty (60) months at Step 6 or ten (10) years of completed continuous service in the relevant bargaining unit (“YOS”) (whichever occurs first), Step 8 on the common step date following either sixty (60) months at Step 7 or fifteen (15) YOS (whichever occurs first), and Step 9 on the common step date following either sixty (60) months at Step 8 or twenty (20) YOS (whichever occurs first). Step Increases for *per diem* Employees shall occur in the same manner as FT and PT bargaining unit Employees provided the PRN Employee has worked one thousand (1,000) hours during the prior twelve (12) month period. A PRN will be given three (3) years to accumulate their one thousand (1,000) hours towards a step increase, but after three (3) years without accumulating the requisite hours, the PRN must begin a new accumulation (*i.e.*, prior hours no longer count).

ARTICLE 3 **JOINT RADIATION SAFETY COMMITTEE**

A Joint Radiation Safety Committee shall be maintained in the Hospital, consisting of four (4) people, including one (1) Radiology Manager, one (1) staff Technologist, the Radiologist and a representative of the Hospital’s Administrative staff.

The Committee will study physical conditions of the Radiology Department and will report its findings and recommendations in writing to the Hospital CEO, who, in turn, after considering said findings and recommendations, shall instruct the Radiologist to put into effect such changes as the Hospital CEO shall deem advisable and appropriate.

ARTICLE 4 **OVERTIME**

Section 1. Shift Assignments

If due to emergency or operational circumstances it becomes necessary to change a unit member's shift assignment temporarily, the Hospital may introduce a shift rotation procedure that shall be equitably applied to all qualified staff.

If due to emergency or operational circumstances it becomes necessary to change a unit member's shift assignment permanently, and if no regular unit member volunteers for the shift change, the least senior regular unit member qualified to perform the available work will be assigned.

Section 2. Ten or Twelve Hour Shifts

If the Hospital decides to implement 10- or 12-hour shifts, no Employee working an 8-hour shift will be required to change to 10- or 12-hour shifts nor will Employees working 8-hour shifts have their shifts eliminated or reduced in order to implement 10- or 12-hour shifts. Ten or twelve-hour shift Employees will receive a maximum of 24 hours of bereavement leave pay.

ARTICLE 5 **REDUCTION IN STAFF**

Section 1. Layoff

A. Layoff Procedure. In the event of a reduction in force or of regular hours in one of the Diagnostic Imaging components, the Hospital shall notify the Union at least thirty (30) days in advance of the effective date of the layoff, and will give affected Employees at least fourteen (14) days advance notice of the layoff during which time volunteers will first be sought as set forth in paragraph (f), below. Such notice to Employees may be given during the above-referenced thirty-day notification period, but the layoff shall not be effective prior to the expiration of that thirty (30) day period. If an insufficient number of technologists volunteer for layoff to meet reduction goals, the least senior technologist occupying positions to be eliminated will be displaced, subject only to the ability of the retained Employees to perform the duties of the Employees to be laid off. Initial displacements shall be carried out by shift. Displaced technologists will have the right to bump other less senior technologists within their component providing the technologist is qualified and has the ability, with no more than two (2) weeks orientation, to competently perform the available work. It is understood that the Hospital will notify the Union of its conclusion that a

technologist has not demonstrated his/her ability within said two (2) weeks prior to terminating the technologist and the orientation period may be extended by agreement of the Parties. A technologist exercising his/her seniority to take a float position, must take the entire float position, not just the hours worked at the Technologist's component.

B. Bumping. Technologists displaced from their positions may, within the seventy-two (72) hour period following the expiration of the fourteen (14) days; notice, bump into positions held by less senior Technologists in their component. The bumped Technologist may elect to follow the same bumping procedure within the same seventy-two (72) hour period or may volunteer for layoff. Non-bargaining unit technologists cannot bump into the bargaining unit. Employees shall not be able to bump outside of their position classification unless they previously held the position classification as an Employee of any component and are still qualified to perform the duties of the position, and s/he can competently perform the available work with no more than ten (10) days of orientation.

C. Per Diem Scheduling Preferences. Preference for Displaced Regular Full-Time and Regular Part-Time Employees. Displaced Employees may elect to work as *per diem* Employees during the period they are on layoff status. Regular full-time and regular part-time Employees who so elect will be given preference over other *per diem* Employees in selecting shifts to be worked. A displaced regular full-time or regular part-time Employee who accepts *per diem* employment shall not forfeit any rights s/he may have to recall and/or severance. Any such displaced regular status Employee who accepts *per diem* employment shall continue to be paid her/his regular base rate of pay during any period which the Employee receives severance benefits.

Conversion to *per diem* after 12 Months: Displaced regular full-time and regular part-time Employees who elect to work in a *per diem* status and who remain in a *per diem* position for more than twelve (12) months shall be treated thereafter in all respects as a *per diem* Employee.

D. Recall Procedure. For a period of up to one (1) year from the date of layoff, Technologists (who have not secured relatively equal positions at other components) will be recalled in order of their bargaining unit seniority for any vacancies that occur at the component from which they were laid off, provided they are qualified and have the ability to competently perform, with no more than two (2) weeks orientation, the available work. A Technologist on layoff may bid for vacancies at components other than the component from which the technologist was laid off, pursuant to Article 26, Section 2. It is understood that the Hospital will notify the Union of its conclusion that a technologist has not demonstrated his/her ability within said two (2) weeks prior to terminating the technologist and the orientation period may be extended by agreement of the Parties. A technologist who is laid off shall retain seniority until he/she declines the offer of a relatively equal position in the Diagnostic Imaging Department component from which the technologist was laid off or until one (1) year has elapsed from the date of the layoff. It is the responsibility of the individual Technologist to update the Human Resources Department in writing with current address and phone numbers for recall purposes. A recalled Technologist must accept recall within seventy-two (72) hours and return to work at the Hospital within fourteen (14) days from the mailing of a certified letter advising the Technologist of available employment. If a Technologist does not accept recall within seventy-two (72) hours, the Technologist will be considered to have voluntarily resigned. Upon recall from layoff status, the Technologist will be

entitled to restoration of seniority and placement at the same wage rate in effect at the time of the layoff. Technologists who experience a 12-month or more absence due to workforce reduction will lose seniority for all purposes.

E. Severance Pay. In the event of a layoff, the Hospital will, for a period of two (2) weeks, seek volunteers for layoff in positions that will reduce the need for layoffs. Volunteers for layoff on such positions will be selected on the basis of bargaining unit seniority.

Radiologic Technologists who volunteer for a layoff or are laid off, pursuant to the provisions of this Article, shall be paid (subject to recall during the severance period) the following severance benefits:

Length of Service	Weeks of Base Pay
Six (6) to ten (10) years	Four (4) weeks
Eleven (11) to fifteen (15) years	Six (6) weeks
Sixteen (16) to twenty (20) years	Eight (8) weeks
Twenty-one (21) to twenty five (25) years	Ten (10) weeks
Twenty-six (26) years and above	Twelve (12) weeks

In addition, the Hospital will continue to provide insurance coverages in effect at the time of the layoff at the same cost as though the Technologist remained actively employed for the same period as the severance pay. It is also understood that the Employer will not contest unemployment benefits of any bargaining unit member laid off (voluntary or otherwise) pursuant to this Agreement. Severance benefits are paid out over the severance period on the same basis as though the Technologist worked during the period of severance. All severance entitlement and payments will cease seven (7) days from the mailing of a written communication (sent by certified mail) of available employment.

Section 2. Preferential Hiring

Technologists who are separated in a reduction of staff shall be given preference in hiring based on their former seniority positions when staff is increased, provided said staff increase occurs within twelve (12) months of the date of separation.

Section 3. Restoration of Status

Technologists who return to employment in accordance with provisions of this Article within twelve (12) months from the date of separation shall be restored to their former status with respect to salary classification and all fringe benefits, however, there shall be no accumulation of earnings or benefits during the period of separation, nor shall the Hospital be required to provide any insurance coverage that may have lapsed until such coverage has been reapplied for by the Technologist. Such coverage applied for shall be effective as of the earliest possible date consistent with the particular insurance company's policy.

Section 4. Temporary Reduction in Staffing

In the event that a Hospital determines that it is necessary to reduce staffing at a component on a given shift due to a reduced workload, the following procedures will apply subject to patient care needs and so long as the remaining employees are fully competent to cover the actual and anticipated patients and work load:

First, volunteers will be solicited. If there are no volunteers, then Travelers, then any *per diem* Technologist Employee working on that shift will be canceled or sent home early.

In the event that there are no volunteers, Travelers, or *per diem* Employees on the shift in question, the Technologist to have his/her hours reduced will be selected on a rotational basis, with the least senior Technologist on duty at the component being canceled first and rotating the involuntary cancellation of hours throughout the year until all Technologists have taken a turn. Cancellation of shifts and hours will be recorded to facilitate proper rotation of reductions. A Technologist who has been placed “in-charge” of a component may be exempted from call-off whenever Hospital management concludes that the Technologist is needed to remain in charge for the shift.

If the remaining staff would not be qualified to perform the available and anticipated work if the individual to be canceled as set forth above were selected for temporary reduction, the next Employee in line for reduction will be selected.

ARTICLE 6 **RESIDUAL DIFFERENTIALS**

Section 1. PET Scan Differential

The PET Scan differential shall be \$10 per hour for all time worked in PET.

Section 2. *Per Diem*

Per diem Technologists shall receive their current differential but not less than 15% over the base rate of pay.

ARTICLE 7 **SCHEDULING**

Section 1.

The Hospital agrees to post a tentative working schedule of all Technologists’ regularly assigned shifts, in an accessible place, not less than fourteen (14) calendar days prior to the date the shift is scheduled to begin.

Any change to a shift posted (other than temporary staffing reductions) on the schedule less than ten (10) days before the date the shift is scheduled to begin requires agreement of the Technologist affected except in emergencies in which the Hospital will give as much notice of the schedule changes as is possible under the circumstances. The Hospital will seek volunteers from among Technologists present at the facility before imposing a schedule change during an emergency.

Section 2.

1. *Per diem* Employees shall submit their availability to work based on Departmental processes.

2. *Per diem* Employees must be available for four (4) shifts of at least eight (8) hours for each four (4) week schedule, of which at least two (2) are weekend shifts (to the extent there is a need for weekend coverage in the *per diem*'s home department).

3. Based upon departmental needs and management discretion, all *per diem* Employees may be required to be available to work at least two (2) holidays per year, one of which must be Thanksgiving, Christmas Day or New Year's Day.

4. *Per diem* Employees have no guarantee of hours and use of such Employees shall be at the complete discretion of the Hospital.

5. Failure to Work 100 Hours. A *per diem* Employee who fails to be available to work at least 100 hours in any 6-month period may be considered to have voluntarily resigned his/her employment. Similarly, a *per diem* who, at the time of hiring, agrees that he/she will be available for a specific need (for example, specific weekend or night shifts) may be terminated if he/she fails to maintain that availability.

6. Notice of Unavailability. If a *per diem* Employee will be unavailable for a specific period of time (not to exceed thirty (30) calendar days), the Employee may request that the availability requirement in Section 2 above, be suspended. The Hospital will consider, but shall not be required to grant such request.

7. In those Departments where *per diems* were included in the stand-by rotation for a majority of the 2011-13 contract, they will continue that practice.

ARTICLE 8 **SENIORITY**

Section 1. Diagnostic Imaging Components

There shall be two components: Good Samaritan Hospital/ Mission Oaks and the Breast Center (Mission Oaks Medical Office Building).

Section 2. Definition of Seniority

Seniority for full-time and part-time Employees shall be defined as the Employee's continuous length of service in a bargaining unit position with any of the components including the Employee's continuous length of service in a bargaining unit position at Regional Medical Center prior to April 1, 2025. *Per diem* Employees may exercise seniority rights only with respect to other *per diem* Employees. Hire date will be used as a tiebreaker for computing seniority for both status and *per diem* Employees.

Per diem Employees who transfer to a full-time or part-time position will be given 60% credit for their continuous service in a bargaining unit position.

In the event the individual returns to a *per diem* basis, s/he will resume using his/her original *per diem* seniority date.

For purposes of determining a Technologist's entitlement to accrued benefits provided under the contract, his or her entitlement will be determined based upon the date of hire as a regular full-time or part-time Employee with any Hospital component.

Section 3. Termination of Seniority/Break in Service

An Employee's seniority and employment relationship with the Hospital shall terminate upon the occurrence of any of the following:

- i. When the Technologist voluntarily quits.
- ii. When the Technologist is discharged for just cause.
- iii. When the Technologist is on layoff for more than twelve (12) months.
- iv. When the Technologist fails to report to work as scheduled and fails to call his/her supervisor or the Staffing Office for three (3) consecutive days thereafter.
- v. When the Technologist fails to report back to work upon the expiration of his/her leave of absence unless excused by the Hospital for good cause.
- vi. When the Technologist retires under the Retirement Program provided for in this Agreement.

The Hospital will maintain an updated seniority list and will make the seniority list available to the shop steward upon request.

ARTICLE 9 **VACATION BIDDING**

Vacation requests for the period from Memorial Day through Labor Day shall be granted in segments of no more than two (2) consecutive weeks in each round of bidding.

The Hospital will complete rotational Holiday bidding and assignments by December 31st for the upcoming year, subject to modification based on patient care needs.

ARTICLE 10
PROFESSIONAL PRACTICE COMMITTEE

A Professional Practice Committee composed of Technologists covered by this Agreement who are currently employed at the Hospital shall be established to discuss matters which involve the practice of radiology.

The Committee shall have two (2) bargaining unit members who volunteer to participate. Where more than two (2) Technologists volunteer, the Union shall determine the Technologists who will participate. Committee membership shall also include one or more representatives or radiology management to be selected by the Hospital.

As needed, the Committee may schedule no more than one (1) meeting per quarter for no more than two (2) hours. Such time shall be paid. These meetings will be held at a time which will not conflict with the routine of the department. An agenda will be prepared by a radiology management representative that contains all items within the scope of the Committee's objectives that are submitted by Committee members at least ten (10) calendar days in advance of each scheduled meeting. The agenda will be given by management to committee members at least five (5) calendar days in advance of the scheduled meeting. Written minutes of each meeting will be maintained by any committee member who wishes to take minutes.

The Professional Practice Committee shall serve as an advisory body to the Hospital's radiology management. The objective of the Professional Practice Committee will be:

- (a) to consider the constructive professional practice of radiology; and
- (b) to work constructively with radiology management for the improvement of patient care and the practice of radiology.

The Professional Practice Committee shall have no authority to modify the terms and conditions of this Agreement, or to represent the Parties in matters pertaining to collective bargaining. The Committee shall not involve itself with grievances or wages, hours and working conditions, or management rights as defined and set forth in the Agreement.

APPENDIX III - RESPIRATORY THERAPISTS (AIII)

ARTICLE 1 CHARGE PAY

A Therapist who is designated to be “In Charge” for four (4) hours or more within a shift shall receive a premium of \$4.00 per hour for each hour spent in charge duty. The Hospital will rotate the “charge” assignment by seniority among those qualified Employees.

ARTICLE 2 COMPENSATION

Section 1. Wages

During the term of this Agreement, the rates of pay for the classifications herein shall be as follows:

A. Effective the first full pay period following ratification, the scale rates will be as follows:

STEP	1	2	3	4	5	6	7	8	9
ABG PFT COORDINATOR				\$70.30	\$73.51	\$76.24	\$77.93	\$79.60	\$81.97
RTT				\$55.24	\$57.78	\$59.93	\$61.26	\$62.57	\$64.46
RTTP				\$66.30	\$55.68	\$68.49	\$71.92	\$71.92	\$71.92
RTI	\$57.17	\$59.22	\$61.43	\$63.81	\$66.76	\$69.18	\$70.73	\$72.26	\$74.43
RTIP	\$68.59	\$71.06	\$73.72	\$76.57	\$80.08	\$83.02	\$83.02	\$83.02	\$83.02
RTII			\$64.45	\$66.97	\$70.05	\$72.63	\$74.25	\$75.81	\$78.09
RTIIP			\$77.33	\$80.36	\$84.04	\$87.14	\$87.14	\$87.14	\$87.14
RTIII			\$67.67	\$70.31	\$73.55	\$76.28	\$77.97	\$79.62	\$82.02
RTIIP			\$81.23	\$84.39	\$88.23	\$91.54	\$91.54	\$91.54	\$91.54
RTIV				\$73.82	\$77.19	\$80.05	\$81.83	\$83.58	\$86.07
RTIVP				\$88.59	\$92.62	\$96.09	\$96.09	\$96.09	\$96.09

In no event will a Bargaining Unit Member receive more than an eight percent (8%) increase in 2025.

B. No later than the first full pay period following July 1, 2026, the scale rates will be increased by 4.00%:

STEP	1	2	3	4	5	6	7	8	9
ABG PFT COORDINATOR				\$73.11	\$76.45	\$79.29	\$81.05	\$82.78	\$85.25
RTT				\$57.45	\$60.09	\$62.33	\$63.71	\$65.07	\$67.04
RTTP				\$68.95	\$57.91	\$71.23	\$74.80	\$74.80	\$74.80
RTI	\$59.46	\$61.59	\$63.89	\$66.36	\$69.43	\$71.95	\$73.56	\$75.15	\$77.41
RTIP	\$71.33	\$73.90	\$76.67	\$79.63	\$83.28	\$86.34	\$86.34	\$86.34	\$86.34
RTII			\$67.03	\$69.65	\$72.85	\$75.54	\$77.22	\$78.84	\$81.21
RTIIP			\$80.42	\$83.57	\$87.40	\$90.63	\$90.63	\$90.63	\$90.63

STEP	1	2	3	4	5	6	7	8	9
RTIII			\$70.38	\$73.12	\$76.49	\$79.33	\$81.09	\$82.80	\$85.30
RTIIIP			\$84.48	\$87.77	\$91.76	\$95.20	\$95.20	\$95.20	\$95.20
RTIV				\$76.77	\$80.28	\$83.25	\$85.10	\$86.92	\$89.51
RTIVP				\$92.13	\$96.32	\$99.93	\$99.93	\$99.93	\$99.93

By the first full pay period following July 1, 2026, all Bargaining Unit Members will be brought up to scale.

C. No later than the first full pay period following July 1, 2027, the scale rates will be increased by 3.00%:

STEP	1	2	3	4	5	6	7	8	9
ABG PFT COORDINATOR				\$75.31	\$78.74	\$81.67	\$83.48	\$85.27	\$87.81
RTT				\$59.17	\$61.89	\$64.20	\$65.62	\$67.02	\$69.05
RTTP				\$71.02	\$59.64	\$73.37	\$77.04	\$77.04	\$77.04
RTI	\$61.24	\$63.44	\$65.80	\$68.35	\$71.51	\$74.11	\$75.77	\$77.40	\$79.73
RTIP	\$73.47	\$76.12	\$78.97	\$82.02	\$85.78	\$88.93	\$88.93	\$88.93	\$88.93
RTII			\$69.04	\$71.74	\$75.04	\$77.80	\$79.54	\$81.21	\$83.65
RTIIP			\$82.84	\$86.08	\$90.02	\$93.34	\$93.34	\$93.34	\$93.34
RTIII			\$72.49	\$75.32	\$78.79	\$81.71	\$83.52	\$85.29	\$87.86
RTIIIP			\$87.01	\$90.40	\$94.51	\$98.06	\$98.06	\$98.06	\$98.06
RTIV				\$79.08	\$82.69	\$85.75	\$87.66	\$89.53	\$92.20
RTIVP				\$94.90	\$99.21	\$102.93	\$102.93	\$102.93	\$102.93

Section 2. Step Increases

Step increases for regular full-time and part-time bargaining unit Employees shall be set forth per Side Letter re: Implementation of Common Step with holding steps at Steps 6, 7, and 8. Bargaining unit members shall advance to Step 7 on the common step date following either sixty (60) months at Step 6 or ten (10) years of completed continuous service in the relevant bargaining unit (“YOS”) (whichever occurs first), Step 8 on the common step date following either sixty (60) months at Step 7 or fifteen (15) YOS (whichever occurs first), and Step 9 on the common step date following either sixty (60) months at Step 8 or twenty (20) YOS (whichever occurs first). Step Increases for *per diem* Employees shall occur in the same manner as FT and PT bargaining unit Employees provided the PRN Employee has worked one thousand (1,000) hours during the prior twelve (12) month period. A PRN will be given three (3) years to accumulate their one thousand (1,000) hours towards a step increase, but after three (3) years without accumulating the requisite hours, the PRN must begin a new accumulation (*i.e.*, prior hours no longer count).

ARTICLE 3 DESCRIPTION OF DUTIES

The following list of duties is not intended to be an exhaustive list of all duties of Therapists, nor is it intended to suggest that other staff do not or may not perform these functions or that the job duties of Therapists are not subject to change. This Article is simply intended as a general

description of what Therapists currently do. It is not intended to create or define any rights or obligations of the Hospital, the Therapists or the Union.

Under the supervision of a medical director, respiratory care as a practice means a health care professional in close collaboration with physicians and nurses in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems functions, and includes all of the following:

1. Direct and indirect pulmonary care services that are safe, aseptic, preventative, and restorative to the patient.

2. Direct and indirect respiratory care services, including but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen prescribed by a physician and surgeon.

3. Observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing and

- a) Determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics

- b) Implementation based on observed abnormalities of appropriate reporting or referral or respiratory care protocols, or changes in treatment regimen, pursuant to a prescription by a physician and surgeon or the initiation of emergency procedures.

4. The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician and surgeon: administration of medical gases including helium and nitrous oxide, exclusive of general anesthesia; aerosols; humidification; environmental control systems and baromedical therapy; pharmacologic agents related to respiratory care procedures; mechanical or physiological ventilator support; bronchopulmonary hygiene; advanced cardiac life support, neonatal resuscitation, and pediatric advanced life support; maintenance of the natural airways; insertion without cutting tissues and maintenance of artificial airways; interpretation of x-rays; diagnostic and testing techniques required for implementation of respiratory care protocols; collection of specimens of blood including arterial punctures and arterial catheter placement; collection of specimens from the respiratory tract; analysis of blood gases and respiratory secretions.

5. The transcription and implementation of the written and verbal orders of a physician and surgeon pertaining to the practice of respiratory care including generalized protocols for respiratory therapy and ventilator support that require respiratory Therapists to interpret lab results and assess patient, then make a decision to adjust or not to adjust life support parameters.

6. Respiratory Therapists respond to all Code Blues, Code Crimson, Rapid Response RN calls and assist with neonatal intra facility transportation.

7. Respiratory Therapists coordinate the Arterial Blood Gas (ABG) Lab and all arterial samples are drawn by and processed by the respiratory therapy department. In addition, the Pulmonary Function Labor is also under respiratory therapy.

8. The education of patients, families, the public, or other health care providers, including disease process and management programs and smoking prevention and cessation programs.

9. Respiratory care services will be provided by a qualified, credentialed and trained respiratory care practitioner also known as respiratory Therapist who has one (1) of three (3) credential levels:

a. Certified Respiratory Therapist (CRT)

One to two year training program at a non-degree level, this credential level is geared toward general practice. The CRT is also known as the “*entry level*” Therapist.

b. Registered Respiratory Therapist (RRT)

Two to four year Associate or Bachelor degree level. Only individuals that already hold the CRT credential is eligible for the “*advanced level*” RRT.

c. Specialty Licensure

- i. Neonatal Pediatric Specialty
- ii. Pulmonary Function Specialty
- iii. Asthma Education Certification
- iv. Adult Critical Care Specialty

These credential levels are awarded after successful completion of exams administered by the National Board for Respiratory Care (NBRC). The CRT is a written exam and the RRT contains both a written exam and a clinical practice simulation.

ARTICLE 4

JOB CLASSIFICATIONS

Section 1. Respiratory Therapy Technician

A Respiratory Therapy Technician is an individual who has a current California Respiratory Care Practitioner (RCP) license and holds a certification from the National Board of Respiratory Care as a Certified Respiratory Technician.

Section 2. Respiratory Therapist I

A Respiratory Therapist I is an individual who has a California Respiratory Care Practitioner (RCP) license and has completed a two-year AMA-approved course in Respiratory Therapy (or an accredited upgrade program).

Section 3. Respiratory Therapist II

A Respiratory Therapist II is an individual who has a California Respiratory Care Practitioner (RCP) license and has completed a two-year AMA approved course in Respiratory Therapy (or an accredited upgrade program) and who is registered as a Respiratory Therapist by the National Board for Respiratory Care.

Section 4. Respiratory Therapist III

A Respiratory Therapist III is an individual who meets all of the criteria of Respiratory Therapist II, has two (2) years of clinical experience in a critical care setting, plus functions as a member of the Charge Team or NICU Team, or works a majority of his/her shifts in the ICU, is willing, upon request, to act as a preceptor for students and new hires, to validate competencies of other Therapists, and to give in-services to other Therapists and other clinical staff. A Respiratory Therapist III also completes fifteen (15) hours of CEUs per year (including licensure CEUs).

Section 5. Respiratory Therapist IV

A Respiratory Therapist IV is an individual who meets all of the criteria of Respiratory Therapist III for his/her Hospital, has three years of clinical experience in a critical care setting, and performs the following duties/functions:

1. Coordinates other Therapists in preceptorship of student interns and new hire staff
2. Develops and coordinates educational programs
3. Policy and procedure development and review
4. Coordinates equipment reviews and trials
5. Reconciliation of daily patient charges (for which reasonable time is allotted)

A Respiratory Therapist IV also takes a leadership role in one (1) or more of the following:

1. Team Leader,
2. Shift Scheduler,
3. Pulmonary Function Lab Clinician,
4. Skills Lab Coordinator,
5. Education Coordinator,

6. QI/PI Monitor.

A Respiratory Therapist IV also completes fifteen (15) hours of CEUs per year (including licensure CEUs).

Section 6. Arterial Blood Gas and Pulmonary Lab Coordinator

The Arterial Blood Gas (ABG) and Pulmonary Lab Coordinator is responsible for organizing and coordinating the operation of the ABG Laboratories and the Pulmonary Function Laboratory. This includes training staff, overseeing their activities, and providing feedback to management regarding staff performance and overseeing quality control programs.

The ABG and Pulmonary Lab Coordinator performs required documentation and patient specific chart review; performs all routine diagnostic procedures following standards precautions and departmental policies and procedures; and performs Quality Assurance function for the ABG and PFT lab.

The ABG and Pulmonary Lab Coordinator must maintain a current California Respiratory Care Practitioner License, current Basic Cardiac Life Support Provider Course, completion of a two-year CoARC accredited Respiratory Therapy education or equivalent program, possesses a Bachelor of Science Degree, registration as a Respiratory Therapist by the National Board for Respiratory Care, and be a certified Pulmonary Function Technologist by the National Board for Respiratory Care within one year of assuming position.

Section 7. Non-Exhaustive Description

The foregoing descriptions are not intended as a comprehensive list of job requirements. Job descriptions contain a more detailed description of job duties and requirements.

Section 8. Review of Job Classification

If an Employee believes that he/she meets the criteria for advancement to Respiratory Therapist III or IV, he or she will first make written application to the Department Manager/Director for consideration for advancement. The Department Manager/Director, if he or she does not believe that the Employee qualifies for advancement shall respond in writing to the Employee, identifying the criteria that the Employee fails to meet. If the Employee wishes, he/she may request, within seven (7) days of his/her receipt of such response, that the Manager/Director's conclusion be reviewed by a committee consisting of three full-time Employees in the level to which the Employee wishes to advance at the Hospital at which the Employee works. The committee shall be selected by the Hospital and the Union each selecting one (1) member and the two (2) members selecting the third member. In the event that the committee concludes that the Employee meets the criteria for advancement it shall issue a written report to the Manager/Director recommending that the Employee be advanced, detailing the criteria that the Employee has met for qualification for advancement.

If the Hospital accepts the committee's recommendation, it will implement the committee's recommendation retroactive to the first pay period commencing after the Employee's written request for advancement. If the Hospital denies the committee's recommendation it will advise the

committee, the Union and the Employee in writing within ten (10) days of receipt of the committee's report and the Union may take the matter to arbitration by filing a grievance directly at Step 4 within thirty (30) days of its receipt of the Hospital's rejection of the committee's recommendation. In such arbitration, the burden shall be on the Hospital to prove, by a preponderance of the evidence, that the committee's conclusion on the matter was in error.

ARTICLE 5

PROFESSIONAL PRACTICE COMMITTEE

A Professional Practice Committee composed of Therapists covered by this Agreement who are currently employed at the Hospital shall be established to discuss matters which involve the practice of respiratory therapy.

The Committee shall have two (2) bargaining unit members who volunteer to participate. Where more than two (2) Therapists volunteer, the Union shall determine the Therapists who will participate. Committee membership shall also include one or more representatives of respiratory therapy management to be selected by the Hospital.

As needed, the Committee may schedule no more than one (1) meeting per quarter for no more than two (2) hours. Such time shall be paid. These meetings will be held at a time which will not conflict with the routine of the department. An agenda will be prepared by a respiratory therapy management representative that contains all items within the scope of the Committee's objectives that are submitted by Committee members at least ten (10) calendar days in advance of each scheduled meeting. The agenda will be given by management to committee members at least five (5) calendar days in advance of the scheduled meeting. Written minutes of each meeting will be maintained by any committee member who wishes to take minutes.

The Professional Practice Committee shall serve as an advisory body to the Hospital's respiratory therapy management. The objectives of the Professional Practice Committee will be:

- (a) to consider the constructive professional practice of respiratory therapy; and
- (b) to work constructively with respiratory therapy management for the improvement of patient care and the practice of respiratory therapy.

The Professional Practice Committee shall have no authority to modify the terms and conditions of this Agreement, or to represent the Parties in matters pertaining to collective bargaining. The Committee shall not involve itself with grievances or wages, hours and working conditions, or management rights as defined and set forth in the Agreement.

ARTICLE 6

SCHEDULING

Section 1.

The Hospital agrees to post a tentative working schedule of all respiratory therapists' regularly assigned shifts, in an accessible place, not less than fourteen (14) calendar days prior to the date the shift is scheduled to begin.

Any change to a shift posted (other than temporary staffing reductions) on the schedule less than ten (10) days before the date the shift is scheduled to begin requires agreement of the Therapist affected except in emergencies in which the Hospital will give as much notice of the scheduled change as possible under the circumstances. The Hospital will seek volunteers from among Therapists present at the facility before imposing a schedule change during an emergency.

If due to emergency or operational circumstances it becomes necessary to change a unit member's shift assignment temporarily, the Hospital may introduce a shift rotation procedure that shall be equitably applied to all qualified staff.

If due to emergency or operational circumstances it becomes necessary to change a unit member's shift assignment permanently, and if no regular unit member volunteers for the shift change, the least senior regular unit member qualified to perform the available work will be assigned.

Should the Hospital determine to change the existing twelve (12) hour schedules of bargaining unit Employees, the Hospital agrees to bargain over the effects of such changes as required by law.

Section 2.

1. *Per diem* Employees shall submit their availability to work based on Departmental processes.

2. *Per diem* Employees must be available for four (4) shifts of at least twelve (12) hours for each four (4) week schedule, of which at least two (2) are weekend shifts (to the extent there is a need for weekend coverage in the *per diem*'s home department).

3. Based upon departmental needs and management discretion, all *per diem* Employees may be required to be available to work at least two (2) holidays per year, one of which must be Thanksgiving, Christmas Day or New Years' Day.

4. *Per diem* Employees have no guarantee of hours and use of such Employees shall be at the complete discretion of the Hospital.

5. Failure of Work 100 Hours. A *per diem* Employee who fails to be available to work at least 100 hours in any 6-month period may be considered to have voluntarily resigned his/her employment. Similarly, a *per diem* who, at the time of hiring, agrees that he/she will be available for a specific need (for example, specific weekend or night shifts) may be terminated if he/she fails to maintain that availability.

6. Notice of Unavailability. If a *per diem* Employee will be unavailable for a specific period of time (not to exceed thirty (30) calendar days), the Employee may request that the availability requirement in Section 2 above, be suspended. The Hospital will consider, but shall not be required to grant such request.

ARTICLE 7

SENIORITY, LAYOFF, AND CALL-OFF PROCEDURES

Section 1. Seniority

For purposes of implementing the Agreement's layoff and recall provisions and for purposes of granting unpaid leaves of absence, a Therapist's seniority will be defined as his/her total unbroken length of service as a Therapist at Good Samaritan Hospital, including any prior unbroken service at Regional Medical Center prior to April 1, 2025, San Jose Medical Center, South Valley Hospital or Mission Oaks Hospital. Seniority for an Employee who floats among facilities will be defined as his/her total length of service in the Therapist bargaining unit and will be applied at each facility to which the Employee has floated in the twelve (12) month period preceding a layoff effective date. For purposes of determining a Therapist's entitlement to PTO benefits provided under the contract, his or her entitlement will be determined based upon the Employee's continuous service date. Therapists who experience a 12-month or more absence due to workforce reduction will lose all seniority for all purposes. The Hospital will maintain an updated seniority list and will make the seniority list available to the shop steward upon request.

Per diem Employees who transfer to a full-time or part-time position will be given 20% credit for their continuous service in a bargaining unit position.

Section 2. Layoff Procedure

In the event of a reduction in force or of regular hours in the Hospital, the Hospital shall notify the Union at least thirty (30) days in advance of the effective date of the layoff, and will give affected Employees at least fourteen (14) days advance notice of the layoff during which time volunteers will first be sought as set forth in paragraph (f), below. Such notice to Employees may be given during the above referenced thirty (30) day notification period, but the layoff shall not be effective prior to the expiration of that thirty (30) day period. If an insufficient number of Therapists volunteer for layoff to meet reduction goals, the least senior Therapist occupying positions to be eliminated will be displaced, subject only to the ability of the retained Employees to perform the duties of the Employees to be laid off. Initial displacements shall be carried out by shift. Displaced Therapists will have the right to bump other less senior Therapists within their Hospital providing the Therapist is qualified and has the ability, with no more than two (2) weeks orientation, to competently perform the available work. It is understood that the Hospital will notify the Union of its conclusion that a Therapist has not demonstrated his/her ability within said two (2) weeks prior to terminating the Therapist and the orientation period may be extended by agreement of the Parties. Failure to demonstrate competency in the position within the two (2) week period (including any extension of such period agreed to by the Hospital and Union) shall be just cause for termination of employment. A Therapist exercising his/her seniority to take a float position must take the entire float position, not just the hours worked at the Therapist's Hospital.

Section 3. Bumping

Therapists displaced from their positions may, within the seventy-two (72) hour period following the expiration of the fourteen (14) days' notice, bump into positions held by less senior Therapists in their Hospital. The bumped Therapist may elect to follow the same bumping procedure within the same seventy-two (72) hour period or may volunteer for layoff. Non-bargaining unit Therapists cannot bump into the bargaining unit. Employees whose positions are eliminated as a consequence of the closure of a facility and who have at least ten (10) years of seniority shall have bumping rights for Therapist positions in the other facility and will be eligible for severance as set forth in this Article. Employees whose positions are eliminated as a consequence of the closure of one facility and who less than ten (10) years of service with the Employer will be eligible for severance pay as set forth in this Article.

Section 4. Recall Procedure

For a period of up to one (1) year from the date of layoff, Therapists will be recalled in order of their bargaining unit seniority for any vacancies that occur at the Hospital from which they were laid off, provided they are qualified and have the ability to competently perform, with no more than two (2) weeks orientation, the available work. A Therapist on layoff may bid for vacancies at a Hospital other than the Hospital from which the Therapist was laid off, pursuant to Article 26, Section 2. It is understood that the Hospital will notify the Union of its conclusion that a Therapist has not demonstrated his/her ability within said two (2) weeks prior to terminating the Therapist and the orientation period may be extended by agreement of the Parties. Provided, if a Therapist is recalled to a position which requires certification to perform arterial line insertions and/or intubations he/she shall be granted up to six (6) months to attain such certification. A Therapist who is laid off shall retain seniority until he/she declines the offer of a relatively equal position in the Hospital from which the Therapist was laid off or until one (1) year has elapsed from the date of the layoff. It is the responsibility of the individual Therapist to update the Human Resources Department in writing with current address and phone numbers for recall purposes. A recalled Therapist must accept recall within seventy-two (72) hours and return to work at the Hospital within fourteen (14) days from the mailing of a certified letter advising the Therapist of available employment. If a Therapist does not accept recall within seventy-two (72) hours, the Therapist will be considered to have voluntarily resigned. Upon recall from layoff status, the Therapist will be entitled to restoration of seniority and placement at the same wage rate in effect at the time of the layoff. Therapists who experience a 12-month or more absence due to workforce reduction will lose seniority for all purposes.

Section 5. Severance Pay

In the event of a layoff, the Hospital will, for a period of two (2) weeks, seek volunteers for layoff in positions that will reduce the need for layoffs. Volunteers for layoff on such positions will be selected on the basis of bargaining unit seniority.

Therapists who volunteer for a layoff or are laid off, pursuant to the provisions of this Article, shall be paid (subject to recall during the severance period) the following severance benefits:

Length of Service	Weeks of Base
Six (6) to ten (10) years	Four (4) weeks
Eleven (11) to fifteen (15) years	Six (6) weeks
Sixteen (16) to twenty (20) years	Eight (8) weeks
Twenty-one (21) to twenty five (25) years	Ten (10) weeks
Twenty-six (26) years and above	Twelve (12) weeks

In addition, the Hospital will continue to provide insurance coverages in effect at the time of the layoff at the same cost as though the Therapist remained actively employed for the same period as the severance pay. It is also understood that the Employer will not contest unemployment benefits of any bargaining unit member laid off (voluntary or otherwise) pursuant to this Agreement. Severance benefits are paid out over the severance period on the same basis as though the Therapist worked during the period of severance. All severance entitlement and payments will cease seven (7) days from the mailing of a written communication (sent by certified mail) of available employment. A Therapist volunteering for layoff multiple times shall have his or her eligibility for severance pay reduced by the amount of severance received as a result of the prior voluntary layoff(s).

Section 6. Preferential Hiring

Therapists who are separated in a reduction of staff shall be given preference in hiring based on their former seniority positions when staff is increased, provided said staff increase occurs within twelve (12) months of the date of separation.

Section 7. Restoration of Status

Therapists who return to employment in accordance with provisions of this Article within twelve (12) months from the date of separation shall be restored to their former status with respect to salary classification and all fringe benefits, however, there shall be no accumulation of earnings or benefits during the period of separation, nor shall the Hospital be required to provide any insurance coverage that may have lapsed until such coverage has been reapplied for by the Therapist. Such coverage applied for shall be effective as of the earliest possible date consistent with the particular insurance company's policy.

Section 8. Break-In Service Defined

A Therapist will terminate his/her seniority under the following conditions:

- i. When the Therapist voluntarily quits or changes his/her status from regularly scheduled full-time or part-time to *per diem* status.
- ii. When the Therapist is discharged for just cause.
- iii. When the Therapist is on layoff for more than twelve (12) months.
- iv. When the Therapist fails to report to work as scheduled and fails to call his/her supervisor or the Staffing Office for three (3) consecutive days thereafter.

v. When the Therapist fails to report back to work upon the expiration of his/her leave of absence unless excused by the Hospital for good cause.

vi. When the Therapist retires under the Retirement Program provided for in this Agreement.

Section 9. Call-Off Procedures

In the event that the Hospital determines that it is necessary to reduce staffing at the Hospital on a given shift due to a reduced workload, the following procedures will apply:

First, volunteers will be solicited. If there are no volunteers, then any *per diem* Therapist Employee working on that shift will be canceled or sent home early.

In the event that there are no volunteers or *per diem* Therapist Employees on the shift in question, the Therapist to have his/her hours reduced will be called off on a rotational basis consistent with the current practice of rotating the involuntary cancellation of hours throughout the year until all Therapists have taken a turn. Cancellation of shifts and hours will be recorded to facilitate proper rotation of reductions. A Therapist who has been placed "in-charge" may be exempted from call-off whenever Hospital management concludes that the Therapist is needed to remain in charge for the shift.

If the remaining staff would not be qualified to perform the available and anticipated work if the individual to be canceled as set forth above were selected for temporary reduction, the next Employee in line for reduction will be selected.

Once called off, an Employee is considered off the schedule and shall not be required to maintain contact or be available to work, unless the Employee has been placed on stand-by and is compensated accordingly, for the shift or portion thereof for which he/she is required to remain available.

A Therapist working at premium rates may be chosen for reduction out of the preceding order.

ARTICLE 8 **WAGE SCALE PLACEMENT**

1. Employees in the job classifications listed in this Agreement will be placed on the scales set forth in this Agreement, based on "completed continuous years of service with the Hospital in the job classification" as set forth in subsection (2) below.

2. Years of completed continuous service shall be calculated from the Employee's most recent date of hire as, or transfer into, a Therapist position (for placement on a Therapist scale) or a Technician position (for placement on the Technician scale) at the Hospital (including any prior unbroken service as a Therapist or Technician at South Valley Hospital, San Jose Medical Center, Regional Medical Center of San Jose, Good Samaritan Hospital, and/or Mission Oaks Hospital).

3. Previous Experience.

The Hospital may place new hires on any step of the scale, but if a new hire is granted experience credit that results in pay for experience exceeding that of any incumbent Therapist who has like experience and at least the same status, the incumbent shall be granted equivalent credit for experience as the new-hire at the time of the new-hire's employment and the anniversary date of the incumbent Therapist shall be changed to the same date as the new-hire. If the Hospital's records are incomplete with respect to tenure credit, the burden of proof of all tenure credit shall rest with the Therapist. Tenure credit for previous employment which does not fully conform to the above definition of previous experience may be discussed at the request of the Therapist on a Hospital-by-Hospital basis. The Hospital's determination of the amount of experience credit (if any) to grant a new hire for purposes of placement, or for which to credit an incumbent for purposes of administration of this section, shall not be a subject for grievance.

**APPENDIX IV PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS,
SPEECH LANGUAGE PATHOLOGISTS/THERAPISTS AND
PHYSICAL THERAPIST ASSISTANTS (AIV)**

**ARTICLE 1
COMPENSATION**

Section 1. Wages

During the term of this Agreement, the rates of pay for the classifications herein shall be as follows:

A. Effective the first full pay period following ratification, the scale rates will be as follows:

YOS	0	1	2	3	4	5	6	7	8	9	10
Physical Therapy Assistant I	\$38.33										
Physical Therapy Assistant I (Per Diem)	\$42.17										
Physical Therapy Assistant II		\$39.49	\$40.59	\$41.73	\$42.90	\$44.12	\$45.37	\$46.64	\$47.92	\$48.65	\$49.27
Physical Therapy Assistant II (Per Diem)		\$43.44	\$44.65	\$45.91	\$47.21	\$48.55	\$49.91	\$51.32	\$52.72	\$53.52	\$54.18
Physical Therapist I	\$55.18										
Physical Therapist I (Per Diem)	\$60.67										
Physical Therapist II		\$56.27	\$57.39	\$58.55	\$59.72	\$60.92	\$62.14	\$63.39	\$64.65	\$65.94	\$67.27
Physical Therapist II (Per Diem)		\$61.89	\$63.13	\$64.39	\$65.69	\$67.00	\$68.34	\$69.72	\$71.11	\$72.56	\$73.98
Physical Therapist III						\$63.96	\$65.24	\$66.55	\$67.87	\$69.24	\$70.64
Physical Therapist IV						\$67.15	\$68.50	\$69.87	\$71.28	\$72.69	\$74.16
Occupational Therapist I	\$55.18										

YOS	0	1	2	3	4	5	6	7	8	9	10
Occupational Therapist I (Per Diem)	\$60.67										
Occupational Therapist II		\$56.27	\$57.39	\$58.55	\$59.72	\$60.92	\$62.14	\$63.39	\$64.65	\$65.94	\$67.27
Occupational Therapist II (Per Diem)		\$61.89	\$63.13	\$64.39	\$65.69	\$67.00	\$68.34	\$69.72	\$71.11	\$72.56	\$73.98
Occupational Therapist III						\$63.96	\$65.24	\$66.55	\$67.87	\$69.24	\$70.64
Occupational Therapist IV						\$67.15	\$68.50	\$69.87	\$71.28	\$72.69	\$74.16
Speech Pathologist I	\$55.18										
Speech Pathologist I (Per Diem)	\$60.67										
Speech Pathologist II		\$56.27	\$57.39	\$58.55	\$59.72	\$60.92	\$62.14	\$63.39	\$64.65	\$65.94	\$67.27
Speech Pathologist II (Per Diem)		\$61.89	\$63.13	\$64.39	\$65.69	\$67.00	\$68.34	\$69.72	\$71.11	\$72.56	\$73.98
Speech Pathologist III						\$63.96	\$65.24	\$66.55	\$67.87	\$69.24	\$70.64
Speech Pathologist IV						\$67.15	\$68.50	\$69.87	\$71.28	\$72.69	\$74.16
Rehab IRF PAI Coordinator		\$56.27	\$57.39	\$58.55	\$59.72	\$60.92	\$62.14	\$63.39	\$64.65	\$65.94	\$67.27
Rehab IRF PAI Coordinator (Per Diem)		\$61.89	\$63.13	\$64.39	\$65.69	\$67.00	\$68.34	\$69.72	\$71.11	\$72.56	\$73.98
Clinical Care Coordinator						\$67.15	\$68.50	\$69.87	\$71.28	\$72.69	\$74.16
Clinical Rehab Specialist		\$56.27	\$57.39	\$58.55	\$59.72	\$60.92	\$62.14	\$63.39	\$64.65	\$65.94	\$67.27
Clinical Rehab Specialist (Per Diem)		\$61.89	\$63.13	\$64.39	\$65.69	\$67.00	\$68.34	\$69.72	\$71.11	\$72.56	\$73.98

YOS	0	1	2	3	4	5	6	7	8	9	10
Lead Clinical Rehab Specialist						\$63.96	\$65.24	\$66.55	\$67.87	\$69.24	\$70.64
Recreation Specialist		\$44.36	\$45.24	\$46.14	\$47.06	\$48.00	\$48.96	\$49.93	\$50.92	\$51.93	\$52.96
Cardiac Rehab Exercise Specialist		\$44.36	\$45.24	\$46.14	\$47.06	\$48.00	\$48.96	\$49.93	\$50.92	\$51.93	\$52.96
In-Patient Rehab Unit Social Worker		\$52.02	\$53.18	\$54.36	\$55.57	\$56.74	\$57.93	\$59.10	\$60.29	\$61.48	\$62.67

YOS	11	12	13	14	15	16	17	18	19	20
Physical Therapy Assistant I										
Physical Therapy Assistant I (Per Diem)										
Physical Therapy Assistant II	\$49.86	\$50.36	\$50.88	\$51.38	\$51.88	\$51.88	\$51.88	\$51.88	\$51.88	\$52.56
Physical Therapy Assistant II (Per Diem)	\$54.86	\$55.40	\$55.97	\$56.51	\$57.08	\$57.08	\$57.08	\$57.08	\$57.08	\$57.79
Physical Therapist I										
Physical Therapist I (Per Diem)										
Physical Therapist II	\$68.63	\$69.98	\$71.40	\$72.82	\$74.29	\$75.75	\$77.26	\$78.80	\$80.38	\$81.98
Physical Therapist II (Per Diem)	\$75.50	\$77.00	\$78.52	\$80.10	\$81.69	\$83.33	\$84.99	\$86.70	\$88.41	\$90.17
Physical Therapist III	\$72.05	\$73.50	\$74.96	\$76.44	\$77.97	\$79.54	\$81.12	\$82.76	\$84.39	\$86.09
Physical Therapist IV	\$75.64	\$77.19	\$78.71	\$80.26	\$81.89	\$83.54	\$85.18	\$86.89	\$88.61	\$90.42

YOS	11	12	13	14	15	16	17	18	19	20
Occupational Therapist I										
Occupational Therapist I (Per Diem)										
Occupational Therapist II	\$68.63	\$69.98	\$71.40	\$72.82	\$74.29	\$75.75	\$77.26	\$78.80	\$80.38	\$81.98
Occupational Therapist II (Per Diem)	\$75.50	\$77.00	\$78.52	\$80.10	\$81.69	\$83.33	\$84.99	\$86.70	\$88.41	\$90.17
Occupational Therapist III	\$72.05	\$73.50	\$74.96	\$76.44	\$77.97	\$79.54	\$81.12	\$82.76	\$84.39	\$86.09
Occupational Therapist IV	\$75.64	\$77.19	\$78.71	\$80.26	\$81.89	\$83.54	\$85.18	\$86.89	\$88.61	\$90.42
Speech Pathologist I										
Speech Pathologist I (Per Diem)										
Speech Pathologist II	\$68.63	\$69.98	\$71.40	\$72.82	\$74.29	\$75.75	\$77.26	\$78.80	\$80.38	\$81.98
Speech Pathologist II (Per Diem)	\$75.50	\$77.00	\$78.52	\$80.10	\$81.69	\$83.33	\$84.99	\$86.70	\$88.41	\$90.17
Speech Pathologist III	\$72.05	\$73.50	\$74.96	\$76.44	\$77.97	\$79.54	\$81.12	\$82.76	\$84.39	\$86.09
Speech Pathologist IV	\$75.64	\$77.19	\$78.71	\$80.26	\$81.89	\$83.54	\$85.18	\$86.89	\$88.61	\$90.42
Rehab IRF PAI Coordinator	\$68.63	\$69.98	\$71.40	\$72.82	\$74.29	\$75.75	\$77.26	\$78.80	\$80.38	\$81.98
Rehab IRF PAI Coordinator (Per Diem)	\$75.50	\$77.00	\$78.52	\$80.10	\$81.69	\$83.33	\$84.99	\$86.70	\$88.41	\$90.17
Clinical Care Coordinator	\$75.64	\$77.19	\$78.71	\$80.26	\$81.89	\$83.54	\$85.18	\$86.89	\$88.61	\$90.42
Clinical Rehab Specialist	\$68.63	\$69.98	\$71.40	\$72.82	\$74.29	\$75.75	\$77.26	\$78.80	\$80.38	\$81.98

YOS	11	12	13	14	15	16	17	18	19	20
Clinical Rehab Specialist (Per Diem)	\$75.50	\$77.00	\$78.52	\$80.10	\$81.69	\$83.33	\$84.99	\$86.70	\$88.41	\$90.17
Lead Clinical Rehab Specialist	\$72.05	\$73.50	\$74.96	\$76.44	\$77.97	\$79.54	\$81.12	\$82.76	\$84.39	\$86.09
Recreation Specialist	\$54.01	\$55.09	\$56.19	\$57.31	\$58.45	\$59.61	\$60.80	\$62.01	\$63.25	\$64.51
Cardiac Rehab Exercise Specialist	\$54.01	\$55.09	\$56.19	\$57.31	\$58.45	\$59.61	\$60.80	\$62.01	\$63.25	\$64.51
In-Patient Rehab Unit Social Worker	\$63.84	\$65.03	\$66.23	\$67.39	\$68.59	\$68.59	\$68.59	\$68.59	\$68.59	\$69.27

In no event will a Bargaining Unit Member receive more than an eight percent (8%) increase in 2025.

B. No later than the first full pay period following July 1, 2026, the scale rates will be increased by 4.00%:

YOS	0	1	2	3	4	5	6	7	8	9	10
Physical Therapy Assistant I	\$39.86										
Physical Therapy Assistant I (Per Diem)	\$43.86										
Physical Therapy Assistant II		\$41.07	\$42.21	\$43.40	\$44.62	\$45.88	\$47.18	\$48.51	\$49.84	\$50.60	\$51.24
Physical Therapy Assistant II (Per Diem)		\$45.18	\$46.44	\$47.75	\$49.10	\$50.49	\$51.91	\$53.37	\$54.83	\$55.66	\$56.35
Physical Therapist I	\$57.39										
Physical Therapist I (Per Diem)	\$63.10										

YOS	0	1	2	3	4	5	6	7	8	9	10
Physical Therapist II		\$58.52	\$59.69	\$60.89	\$62.11	\$63.36	\$64.63	\$65.93	\$67.24	\$68.58	\$69.96
Physical Therapist II (Per Diem)		\$64.37	\$65.66	\$66.97	\$68.32	\$69.68	\$71.07	\$72.51	\$73.95	\$75.46	\$76.94
Physical Therapist III						\$66.52	\$67.85	\$69.21	\$70.58	\$72.01	\$73.47
Physical Therapist IV						\$69.84	\$71.24	\$72.66	\$74.13	\$75.60	\$77.13
Occupational Therapist I	\$57.39										
Occupational Therapist I (Per Diem)	\$63.10										
Occupational Therapist II		\$58.52	\$59.69	\$60.89	\$62.11	\$63.36	\$64.63	\$65.93	\$67.24	\$68.58	\$69.96
Occupational Therapist II (Per Diem)		\$64.37	\$65.66	\$66.97	\$68.32	\$69.68	\$71.07	\$72.51	\$73.95	\$75.46	\$76.94
Occupational Therapist III						\$66.52	\$67.85	\$69.21	\$70.58	\$72.01	\$73.47
Occupational Therapist IV						\$69.84	\$71.24	\$72.66	\$74.13	\$75.60	\$77.13
Speech Pathologist I	\$57.39										
Speech Pathologist I (Per Diem)	\$63.10										
Speech Pathologist II		\$58.52	\$59.69	\$60.89	\$62.11	\$63.36	\$64.63	\$65.93	\$67.24	\$68.58	\$69.96
Speech Pathologist II (Per Diem)		\$64.37	\$65.66	\$66.97	\$68.32	\$69.68	\$71.07	\$72.51	\$73.95	\$75.46	\$76.94
Speech Pathologist III						\$66.52	\$67.85	\$69.21	\$70.58	\$72.01	\$73.47
Speech Pathologist IV						\$69.84	\$71.24	\$72.66	\$74.13	\$75.60	\$77.13
Rehab IRF PAI Coordinator		\$58.52	\$59.69	\$60.89	\$62.11	\$63.36	\$64.63	\$65.93	\$67.24	\$68.58	\$69.96

YOS	0	1	2	3	4	5	6	7	8	9	10
Rehab IRF PAI Coordinator (Per Diem)		\$64.37	\$65.66	\$66.97	\$68.32	\$69.68	\$71.07	\$72.51	\$73.95	\$75.46	\$76.94
Clinical Care Coordinator						\$69.84	\$71.24	\$72.66	\$74.13	\$75.60	\$77.13
Clinical Rehab Specialist		\$58.52	\$59.69	\$60.89	\$62.11	\$63.36	\$64.63	\$65.93	\$67.24	\$68.58	\$69.96
Clinical Rehab Specialist (Per Diem)		\$64.37	\$65.66	\$66.97	\$68.32	\$69.68	\$71.07	\$72.51	\$73.95	\$75.46	\$76.94
Lead Clinical Rehab Specialist						\$66.52	\$67.85	\$69.21	\$70.58	\$72.01	\$73.47
Recreation Specialist		\$46.13	\$47.05	\$47.99	\$48.94	\$49.92	\$50.92	\$51.93	\$52.96	\$54.01	\$55.08
Cardiac Rehab Exercise Specialist		\$46.13	\$47.05	\$47.99	\$48.94	\$49.92	\$50.92	\$51.93	\$52.96	\$54.01	\$55.08
In-Patient Rehab Unit Social Worker		\$54.10	\$55.31	\$56.53	\$57.79	\$59.01	\$60.25	\$61.46	\$62.70	\$63.94	\$65.18

YOS	11	12	13	14	15	16	17	18	19	20
Physical Therapy Assistant I										
Physical Therapy Assistant I (Per Diem)										
Physical Therapy Assistant II	\$51.85	\$52.37	\$52.92	\$53.44	\$53.96	\$53.96	\$53.96	\$53.96	\$53.96	\$54.66
Physical Therapy Assistant II (Per Diem)	\$57.05	\$57.62	\$58.21	\$58.77	\$59.36	\$59.36	\$59.36	\$59.36	\$59.36	\$60.10
Physical Therapist I										

YOS	11	12	13	14	15	16	17	18	19	20
Physical Therapist I (Per Diem)										
Physical Therapist II	\$71.38	\$72.78	\$74.26	\$75.73	\$77.26	\$78.78	\$80.35	\$81.95	\$83.60	\$85.26
Physical Therapist II (Per Diem)	\$78.52	\$80.08	\$81.66	\$83.30	\$84.96	\$86.66	\$88.39	\$90.17	\$91.95	\$93.78
Physical Therapist III	\$74.93	\$76.44	\$77.96	\$79.50	\$81.09	\$82.72	\$84.36	\$86.07	\$87.77	\$89.53
Physical Therapist IV	\$78.67	\$80.28	\$81.86	\$83.47	\$85.17	\$86.88	\$88.59	\$90.37	\$92.15	\$94.04
Occupational Therapist I										
Occupational Therapist I (Per Diem)										
Occupational Therapist II	\$71.38	\$72.78	\$74.26	\$75.73	\$77.26	\$78.78	\$80.35	\$81.95	\$83.60	\$85.26
Occupational Therapist II (Per Diem)	\$78.52	\$80.08	\$81.66	\$83.30	\$84.96	\$86.66	\$88.39	\$90.17	\$91.95	\$93.78
Occupational Therapist III	\$74.93	\$76.44	\$77.96	\$79.50	\$81.09	\$82.72	\$84.36	\$86.07	\$87.77	\$89.53
Occupational Therapist IV	\$78.67	\$80.28	\$81.86	\$83.47	\$85.17	\$86.88	\$88.59	\$90.37	\$92.15	\$94.04
Speech Pathologist I										
Speech Pathologist I (Per Diem)										
Speech Pathologist II	\$71.38	\$72.78	\$74.26	\$75.73	\$77.26	\$78.78	\$80.35	\$81.95	\$83.60	\$85.26
Speech Pathologist II (Per Diem)	\$78.52	\$80.08	\$81.66	\$83.30	\$84.96	\$86.66	\$88.39	\$90.17	\$91.95	\$93.78
Speech Pathologist III	\$74.93	\$76.44	\$77.96	\$79.50	\$81.09	\$82.72	\$84.36	\$86.07	\$87.77	\$89.53
Speech Pathologist IV	\$78.67	\$80.28	\$81.86	\$83.47	\$85.17	\$86.88	\$88.59	\$90.37	\$92.15	\$94.04

YOS	11	12	13	14	15	16	17	18	19	20
Rehab IRF PAI Coordinator	\$71.38	\$72.78	\$74.26	\$75.73	\$77.26	\$78.78	\$80.35	\$81.95	\$83.60	\$85.26
Rehab IRF PAI Coordinator (Per Diem)	\$78.52	\$80.08	\$81.66	\$83.30	\$84.96	\$86.66	\$88.39	\$90.17	\$91.95	\$93.78
Clinical Care Coordinator	\$78.67	\$80.28	\$81.86	\$83.47	\$85.17	\$86.88	\$88.59	\$90.37	\$92.15	\$94.04
Clinical Rehab Specialist	\$71.38	\$72.78	\$74.26	\$75.73	\$77.26	\$78.78	\$80.35	\$81.95	\$83.60	\$85.26
Clinical Rehab Specialist (Per Diem)	\$78.52	\$80.08	\$81.66	\$83.30	\$84.96	\$86.66	\$88.39	\$90.17	\$91.95	\$93.78
Lead Clinical Rehab Specialist	\$74.93	\$76.44	\$77.96	\$79.50	\$81.09	\$82.72	\$84.36	\$86.07	\$87.77	\$89.53
Recreation Specialist	\$56.17	\$57.29	\$58.44	\$59.60	\$60.79	\$61.99	\$63.23	\$64.49	\$65.78	\$67.09
Cardiac Rehab Exercise Specialist	\$56.17	\$57.29	\$58.44	\$59.60	\$60.79	\$61.99	\$63.23	\$64.49	\$65.78	\$67.09
In-Patient Rehab Unit Social Worker	\$66.39	\$67.63	\$68.88	\$70.09	\$71.33	\$71.33	\$71.33	\$71.33	\$71.33	\$72.04

By the first full pay period following July 1, 2026, all Bargaining Unit Members will be brought up to scale.

C. No later than the first full pay period following July 1, 2027, the scale rates will be increased by 3.00%:

YOS	0	1	2	3	4	5	6	7	8	9	10
Physical Therapy Assistant I	\$41.06										
Physical Therapy Assistant I (Per Diem)	\$45.17										

YOS	0	1	2	3	4	5	6	7	8	9	10
Physical Therapy Assistant II		\$42.30	\$43.48	\$44.70	\$45.95	\$47.26	\$48.60	\$49.96	\$51.33	\$52.11	\$52.78
Physical Therapy Assistant II (Per Diem)		\$46.53	\$47.83	\$49.18	\$50.57	\$52.01	\$53.46	\$54.97	\$56.47	\$57.33	\$58.04
Physical Therapist I	\$59.11										
Physical Therapist I (Per Diem)	\$64.99										
Physical Therapist II		\$60.28	\$61.48	\$62.72	\$63.97	\$65.26	\$66.56	\$67.90	\$69.25	\$70.63	\$72.06
Physical Therapist II (Per Diem)		\$66.30	\$67.62	\$68.97	\$70.37	\$71.77	\$73.21	\$74.68	\$76.17	\$77.73	\$79.25
Physical Therapist III						\$68.51	\$69.89	\$71.29	\$72.70	\$74.17	\$75.67
Physical Therapist IV						\$71.93	\$73.38	\$74.84	\$76.36	\$77.87	\$79.44
Occupational Therapist I	\$59.11										
Occupational Therapist I (Per Diem)	\$64.99										
Occupational Therapist II		\$60.28	\$61.48	\$62.72	\$63.97	\$65.26	\$66.56	\$67.90	\$69.25	\$70.63	\$72.06
Occupational Therapist II (Per Diem)		\$66.30	\$67.62	\$68.97	\$70.37	\$71.77	\$73.21	\$74.68	\$76.17	\$77.73	\$79.25
Occupational Therapist III						\$68.51	\$69.89	\$71.29	\$72.70	\$74.17	\$75.67
Occupational Therapist IV						\$71.93	\$73.38	\$74.84	\$76.36	\$77.87	\$79.44
Speech Pathologist I	\$59.11										
Speech Pathologist I (Per Diem)	\$64.99										
Speech Pathologist II		\$60.28	\$61.48	\$62.72	\$63.97	\$65.26	\$66.56	\$67.90	\$69.25	\$70.63	\$72.06

YOS	0	1	2	3	4	5	6	7	8	9	10
Speech Pathologist II (Per Diem)		\$66.30	\$67.62	\$68.97	\$70.37	\$71.77	\$73.21	\$74.68	\$76.17	\$77.73	\$79.25
Speech Pathologist III						\$68.51	\$69.89	\$71.29	\$72.70	\$74.17	\$75.67
Speech Pathologist IV						\$71.93	\$73.38	\$74.84	\$76.36	\$77.87	\$79.44
Rehab IRF PAI Coordinator		\$60.28	\$61.48	\$62.72	\$63.97	\$65.26	\$66.56	\$67.90	\$69.25	\$70.63	\$72.06
Rehab IRF PAI Coordinator (Per Diem)		\$66.30	\$67.62	\$68.97	\$70.37	\$71.77	\$73.21	\$74.68	\$76.17	\$77.73	\$79.25
Clinical Care Coordinator						\$71.93	\$73.38	\$74.84	\$76.36	\$77.87	\$79.44
Clinical Rehab Specialist		\$60.28	\$61.48	\$62.72	\$63.97	\$65.26	\$66.56	\$67.90	\$69.25	\$70.63	\$72.06
Clinical Rehab Specialist (Per Diem)		\$66.30	\$67.62	\$68.97	\$70.37	\$71.77	\$73.21	\$74.68	\$76.17	\$77.73	\$79.25
Lead Clinical Rehab Specialist						\$68.51	\$69.89	\$71.29	\$72.70	\$74.17	\$75.67
Recreation Specialist		\$47.52	\$48.46	\$49.43	\$50.41	\$51.42	\$52.45	\$53.49	\$54.55	\$55.63	\$56.73
Cardiac Rehab Exercise Specialist		\$47.52	\$48.46	\$49.43	\$50.41	\$51.42	\$52.45	\$53.49	\$54.55	\$55.63	\$56.73
In-Patient Rehab Unit Social Worker		\$55.72	\$56.97	\$58.23	\$59.53	\$60.78	\$62.05	\$63.31	\$64.58	\$65.86	\$67.13

YOS	11	12	13	14	15	16	17	18	19	20
Physical Therapy Assistant I										
Physical Therapy Assistant I (Per Diem)										
Physical Therapy Assistant II	\$53.41	\$53.95	\$54.50	\$55.04	\$55.57	\$55.57	\$55.57	\$55.57	\$55.57	\$56.30

YOS	11	12	13	14	15	16	17	18	19	20
Physical Therapy Assistant II (Per Diem)	\$58.77	\$59.34	\$59.96	\$60.53	\$61.14	\$61.14	\$61.14	\$61.14	\$61.14	\$61.90
Physical Therapist I										
Physical Therapist I (Per Diem)										
Physical Therapist II	\$73.52	\$74.96	\$76.48	\$78.00	\$79.58	\$81.14	\$82.76	\$84.41	\$86.10	\$87.82
Physical Therapist II (Per Diem)	\$80.88	\$82.48	\$84.11	\$85.80	\$87.51	\$89.26	\$91.04	\$92.87	\$94.70	\$96.59
Physical Therapist III	\$77.18	\$78.73	\$80.30	\$81.88	\$83.52	\$85.20	\$86.90	\$88.65	\$90.40	\$92.22
Physical Therapist IV	\$81.03	\$82.69	\$84.31	\$85.97	\$87.72	\$89.49	\$91.24	\$93.08	\$94.92	\$96.86
Occupational Therapist I										
Occupational Therapist I (Per Diem)										
Occupational Therapist II	\$73.52	\$74.96	\$76.48	\$78.00	\$79.58	\$81.14	\$82.76	\$84.41	\$86.10	\$87.82
Occupational Therapist II (Per Diem)	\$80.88	\$82.48	\$84.11	\$85.80	\$87.51	\$89.26	\$91.04	\$92.87	\$94.70	\$96.59
Occupational Therapist III	\$77.18	\$78.73	\$80.30	\$81.88	\$83.52	\$85.20	\$86.90	\$88.65	\$90.40	\$92.22
Occupational Therapist IV	\$81.03	\$82.69	\$84.31	\$85.97	\$87.72	\$89.49	\$91.24	\$93.08	\$94.92	\$96.86
Speech Pathologist I										
Speech Pathologist I (Per Diem)										
Speech Pathologist II	\$73.52	\$74.96	\$76.48	\$78.00	\$79.58	\$81.14	\$82.76	\$84.41	\$86.10	\$87.82
Speech Pathologist II (Per Diem)	\$80.88	\$82.48	\$84.11	\$85.80	\$87.51	\$89.26	\$91.04	\$92.87	\$94.70	\$96.59
Speech Pathologist III	\$77.18	\$78.73	\$80.30	\$81.88	\$83.52	\$85.20	\$86.90	\$88.65	\$90.40	\$92.22

YOS	11	12	13	14	15	16	17	18	19	20
Speech Pathologist IV	\$81.03	\$82.69	\$84.31	\$85.97	\$87.72	\$89.49	\$91.24	\$93.08	\$94.92	\$96.86
Rehab IRF PAI Coordinator	\$73.52	\$74.96	\$76.48	\$78.00	\$79.58	\$81.14	\$82.76	\$84.41	\$86.10	\$87.82
Rehab IRF PAI Coordinator (Per Diem)	\$80.88	\$82.48	\$84.11	\$85.80	\$87.51	\$89.26	\$91.04	\$92.87	\$94.70	\$96.59
Clinical Care Coordinator	\$81.03	\$82.69	\$84.31	\$85.97	\$87.72	\$89.49	\$91.24	\$93.08	\$94.92	\$96.86
Clinical Rehab Specialist	\$73.52	\$74.96	\$76.48	\$78.00	\$79.58	\$81.14	\$82.76	\$84.41	\$86.10	\$87.82
Clinical Rehab Specialist (Per Diem)	\$80.88	\$82.48	\$84.11	\$85.80	\$87.51	\$89.26	\$91.04	\$92.87	\$94.70	\$96.59
Lead Clinical Rehab Specialist	\$77.18	\$78.73	\$80.30	\$81.88	\$83.52	\$85.20	\$86.90	\$88.65	\$90.40	\$92.22
Recreation Specialist	\$57.86	\$59.01	\$60.19	\$61.39	\$62.61	\$63.85	\$65.13	\$66.43	\$67.75	\$69.10
Cardiac Rehab Exercise Specialist	\$57.86	\$59.01	\$60.19	\$61.39	\$62.61	\$63.85	\$65.13	\$66.43	\$67.75	\$69.10
In-Patient Rehab Unit Social Worker	\$68.39	\$69.66	\$70.95	\$72.19	\$73.47	\$73.47	\$73.47	\$73.47	\$73.47	\$74.20

Section 2. Step Increases

Step increases for regular full-time and part-time bargaining unit Employees shall be set forth per Side Letter re: Implementation of Common Step. Step Increases for *per diem* Employees shall occur in the same manner as FT and PT bargaining unit Employees provided the PRN Employee has worked one thousand (1,000) hours during the prior twelve (12) month period. A PRN will be given three (3) years to accumulate their one thousand (1,000) hours towards a step increase, but after three (3) years without accumulating the requisite hours, the PRN must begin a new accumulation (*i.e.*, prior hours no longer count).

ARTICLE 2

DESCRIPTION OF DUTIES

Section 1.

The following list of duties is not intended to be an exhaustive list of all duties of Therapists, nor is it intended to suggest that other staff do not or may not perform these functions. The job duties of Therapists are subject to change. This Article is simply intended as a general description of what Therapists currently do.

The Hospital and the Union agree that safe and efficient patient care should be an on-going discussion during the PPC meetings. In the event that the Hospital plans to modify Employees' productivity standards the Hospital shall notify the Union at least fourteen (14) days prior to the implementation date of the proposed change and, upon request, agrees to a meeting between the Union and the Hospital to discuss the proposed change, unless the change is necessitated by federal, state, or local government, in which case notice is not required. The Hospital retains the right to modify Bargaining Unit Employees' productivity standards.

Section 2. Speech Language Pathologist I.

Entry level position for new graduates. The Speech Pathologist I develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Participates actively in departmental activities such as programs, projects, and performance improvement. Offers input on departmental and rehabilitation services planning, development, policies, and procedures. May precept students. California SP License, BLS and application for CCC granted or in process.

Section 3. Speech Language Pathologist II.

The Speech Pathologist II develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Coordinates or facilitates and participates in departmental and rehab services activities such as programs, projects, and performance improvement. Participates actively in departmental development and offers input on departmental and rehabilitation services planning, development, policies, and procedures. Precepts Speech Pathology students and Clinical Fellows. California SP License and CCC, BLS. Has at least one (1) year of clinical experience in the field.

Section 4. Speech Language Pathologist III.

The Speech Pathologist III develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Coordinates, develops, and participates actively in multiple

departmental activities such as programs, projects, student program, and performance improvement. Coordinates, facilitates, and implements departmental and rehabilitation services planning, development, policies, and procedures. Precepts students and Clinical Fellows and mentors staff in clinical instruction of students and Clinical Fellows. California SP License and CCC, BLS. Has at least five (5) years of clinical experience in the field.

Section 5. Speech Language Pathologist IV.

High level position for experienced Speech Language Pathologist with expertise in at least one (1) area of practice. The Clinical Specialist acts as a consultant to staff members for the management of patients and is a resource for on-going professional development of staff in his/her specialty area. Provides direct patient care, especially for patients with complex problems related to his/her specialty. Develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Facilitates and coordinates departmental and Hospital activities such as programs, projects, and performance improvement. Participates in and coordinates rehabilitation services planning, development, policies, and procedures. Precepts students and mentors staff in clinical instruction of students. California SP License and CCC, BLS. Has at least five (5) years of clinical experience in the field.

Section 6. Physical Therapist I.

Entry level position for new graduates and foreign-trained license applicants. The Physical Therapist I develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Participates actively in departmental activities such as programs, projects, and performance improvement. Offers input on departmental and rehabilitation services planning, development, policies, and procedures. May precept part time students. California PT License or License Applicant, BLS.

Section 7. Physical Therapist II.

The Physical Therapist II develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Coordinates or facilitates and participates in departmental and rehab services activities such as programs, projects, and performance improvement. Participates actively in departmental development and offers input on departmental and rehabilitation services planning, development, policies, and procedures. Precepts Physical Therapy student. California PT License or License Applicant, and BLS. Has at least one (1) year of clinical experience in the field.

Section 8. Physical Therapist III.

The Physical Therapist III develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life

following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Coordinates, develops, and participates actively in multiple departmental activities such as programs, projects, student program, and performance improvement. Coordinates, facilitates, and implements departmental and rehabilitation services planning, development, policies, and procedures. Precepts students and mentors staff in clinical instruction of students. California PT License or License Applicant, and BLS. Has at least five (5) years of clinical experience in the field.

Section 9. Physical Therapist IV – Clinical Specialist.

High level position for experienced Physical Therapist with expertise in at least one (1) area of practice. The Clinical Specialist acts as a consultant to staff members for the management of patients and is a resource for on-going professional development of staff in his/her specialty area. Provides direct patient care, especially for patients with complex problems related to his/her specialty. Develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Facilitates and coordinates departmental and Hospital activities such as programs, projects, and performance improvement. Participates in and coordinates rehabilitation services planning, development, policies, and procedures. Precepts students and mentors staff in clinical instruction of students. California PT License or License Applicant, BLS. Has at least five (5) years of clinical experience in the field.

Section 10. Physical Therapy Assistant I.

The Physical Therapist Assistant I assists the Physical Therapist by effectively and safely performing, documenting, and providing feedback on portions of comprehensive physical therapy programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Participates actively in departmental activities such as programs, projects, and performance improvement. Offers input on departmental and rehabilitation services planning, development, policies, and procedures. May precept students. California PTA License or License Applicant, BLS.

Section 11. Physical Therapy Assistant II.

The Physical Therapist Assistant II assists the Physical Therapist by effectively and safely performing, documenting, and providing feedback on portions of comprehensive physical therapy programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Participates actively in departmental activities such as programs, projects, and performance improvement. Has current advanced skills in at least one (1) area of clinical practice. Works with Physical Therapists to develop and implement programs, projects, and procedures. Participates in departmental and rehabilitation services planning, development, policies, and procedures. Precepts students. California PTA License or License Applicant, BCR. Has at least one (1) year of clinical experience in the field.

Section 12. Occupational Therapist I.

Entry level position for new graduates. The Occupational Therapist I develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Participates actively in departmental activities such as programs, projects, and performance improvement. Offers input on departmental and rehabilitation services planning, development, policies, and procedures. May precept part time students. CA OT license; BLS.

Section 13. Occupational Therapist II.

The Occupational Therapist II develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Coordinates or facilitates and participates in departmental and rehab services activities such as programs, projects, and performance improvement. Participates actively in departmental development and offers input on departmental and rehabilitation services planning, development, policies, and procedures. Precepts Occupational Therapy students. CA OT license; BLS. Has at least one (1) year of clinical experience in the field.

Section 14. Occupational Therapist III.

The Occupational Therapist III develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes including functional abilities and quality of life following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Coordinates, develops, and participates actively in multiple departmental activities such as programs, projects, student program, and performance improvement. Coordinates, facilitates, and implements departmental and rehabilitation services planning, development, policies, and procedures. Precepts students and mentors staff in clinical instruction of students. CA OT license, BLS. Has at least five (5) years of clinical experience in the field.

Section 15. Occupational Therapist IV – Clinical Specialist.

High level position for experienced Occupational Therapist with expertise in at least one (1) area of practice. The Clinical Specialist acts as a consultant to staff members for the management of patients and is a resource for on-going professional development of staff in his/her specialty area. Provides direct patient care, especially for patients with complex problems related to his/her specialty. Develops and implements comprehensive rehabilitation programs that enable patients to achieve maximum outcomes following disease or injury and for injury prevention/wellness. Interacts with multidisciplinary teams for coordinated patient care. Facilitates and coordinates departmental and Hospital activities such as programs, projects, and performance improvement. Participates in and coordinates rehabilitation services planning, development, policies, and procedures. Precepts students and mentors staff in clinical instruction of students. CA OT license, BLS. Has at least five (5) years of clinical experience in the field.

Section 16. Occupational Therapist Assistant I

The Occupational Therapist Assist I assists the Occupational Therapist. Must demonstrate knowledge of the principles of growth and development over the life span and possess the ability to assess data reflective of the patient's status and interpret the appropriate information needed to identify each patient's requirements relative to his or her age specific needs, and to provide the care needed and described in the department's policies and procedures. May precept. California OTA License or License Applicant, BLS.

Section 17. Occupational Therapist Assistant II

The Occupational Therapist Assist II assists the Occupational Therapist. Must demonstrate knowledge of the principles of growth and development over the life span and possess the ability to assess data reflective of the patient's status and interpret the appropriate information needed to identify each patient's requirements relative to his or her age specific needs, and to provide the care needed and described in the department's policies and procedures. May precept. California OTA License or License Applicant, BLS. Has at least one (1) year of clinical experience in the field.

Section 18. Clinical Rehabilitation Specialist

The Clinical Rehabilitation Specialist in conjunction with the Rehabilitation Services Director, and the Medical Director of the Inpatient Acute Rehabilitation Program, conducts the pre-admission patient assessment screening assessment and provides clinical assessments of potential clients for the review and decision making about admission to the Medical Director. In conjunction with the Director of Rehabilitation Services, is responsible for the planning and implementation of a comprehensive community relations and community education program. Develops and maintains accurate community education information and needs assessment and develops community education programs to meet that need. Coordinates the inpatient rehabilitation program internal and external community relations and communications programs. In conjunction with the Rehabilitation Services Director, develops the referral development plan and tracks the effectiveness of contacts in terms of business growth. Responsible for implementation of the referral development process. Participates closely in the stakeholder satisfaction assessment process, performance improvement, outcomes management assessment, and performance improvement process. California RN or current California Occupational Therapist, Physical Therapist or Speech Language Pathologist, BLS. Has at least one (1) year in acute rehab and/or as a clinical assessment liaison.

Section 19. Lead Clinical Rehabilitation Specialist

The Lead Clinical Rehabilitation Specialist in conjunction with other Clinical Rehabilitation Specialists, the Rehabilitation Services Director, and the Medical Director of the Inpatient Acute Rehabilitation Program, conducts pre-admission patient assessment screening assessments and provides clinical assessments of potential clients for the review and decision making about admission to the Medical Director. In conjunction with other Clinical Rehabilitation Specialists and the Director of Rehabilitation Services, is responsible for the planning and implementation of a comprehensive community relations and community education program. Develops and

maintains accurate community education information and needs assessment and develops community education programs to meet that need. Coordinates the inpatient rehabilitation program internal and external community relations and communications programs. In conjunction with the Rehabilitation Services Director, develops the referral development plan and tracks the effectiveness of contacts in terms of business growth. Responsible for implementation of the referral development process. Participates closely in the stakeholder satisfaction assessment process, performance improvement, outcomes management assessment, and performance improvement process.

The Lead Clinical Rehabilitation Specialist assists in development of SWOT analysis and strategic plan for growth of volume. Identifies opportunities where admissions are challenging to attain and develops a strategic and working plan to grow admissions in those areas. Collaborates to maximize relationships with external facilities. Assists all Clinical Rehabilitation Specialists to develop individual profiles on each Case Manager, Physician and/or therapy staff on rehab knowledge, diagnoses types referred, what other facilities that person refers to and why and opinions/hesitations they have about program. Identifies, analyzes and communicates information about potential qualifying patients being lost to competitor IRF or SNF.

Assists with screening and interviewing potential new Clinical Rehabilitation Specialists and assists in orientation of new Clinical Rehabilitation Specialists hires. Provides ongoing mentoring. Coordinates the Clinical Rehabilitation Specialists schedule and assignments to assure timely coverage at all referral locations. California RN or California Occupational Therapist, Physical Therapist or Speech Language Pathologist, BLS. Has at least five (5) years in acute rehab and/or as a clinical assessment liaison. Has at least two (2) years of experience as Clinical Rehabilitation Specialist.

Section 20. Recreation Specialists

Plans and conducts scheduled recreation therapy group sessions/ programs, and individual sessions as needed. Participates in co-treatment activities with other disciplines as identified. Responsible for completing assessment data, care planning and routine documentation related to leisure functioning. Interacts with multidisciplinary teams for coordinated patient care. Participates actively in departmental activities such as programs, projects, and performance improvement. Offers input on departmental and rehabilitation services planning, development, policies, and procedures. May precept students. Current Certification from the California Board of Recreation Therapy, BLS.

Section 21. Clinical Care Coordinator/Educators

High level position, under limited direction, to assess, plan, coordinate, implement, facilitate and monitor the delivery of services and resources to patients. Interviews patients, family, and caregivers regarding home environment, prior level of function, resources, support, and other factors that affect the rehab process and or the discharge plan. Monitors progress of patient treatment, coordinates needed services, and communicates findings with the team. Participates in team conferences and communicates findings with patients and families. Communicates with and acts a contact with payer sources for ongoing authorization, justifies, advocates and negotiates with payers on behalf of patients. Develops, evaluates and coordinates a comprehensive discharge

plan in conjunction with the patient, family, physician, nursing, social services, therapy team and other healthcare providers and agencies. Acts as a mentor to staff on clinical issues. Participates in and coordinates rehabilitation services planning, development, meetings, policies and procedures as directed by the Department Director. California (RN), or California Occupational Therapist, Physical Therapist or Speech Language Pathologist license; BLS. Has at least seven (7) years of experience in inpatient rehabilitation.

Section 22. Coordinators IRF/PAI PPS

The IRF-PAI PPS Coordinator is responsible for the completion of the Inpatient Rehab Facility Patient Assessment Instrument (IRF-PAI). Responsible for transmitting information to CMS within the defined timeline as outlined in the Federal Register and for transmitting information to UDS for outcomes management. Responsible to review medical records to ensure appropriate team documentation occurs to support findings noted on the IRF-PAI and to meet medical necessity as defined by CMS regulations. Functions as liaison between the team, medical records personnel and finance services to ensure accurate documentation, coding and payment. Participates closely in performance improvement, outcomes management assessment, and performance improvement process. California RN license or California Occupational Therapist, Physical Therapist or Speech Language Pathologist license; BLS. Has at least one (1) year of clinical experience in acute rehab and/or as a PPS coordinator (IRF or SNF).

Section 23. IRF Social Worker

An IRF Social worker provides support to patients and their families through supportive counseling and performance of psychosocial assessments on all patients on the rehab unit. They demonstrate specialized knowledge of human behavior lifestyle, coping, support systems, and community resources. They participate in interdisciplinary team conferences for all patients on the rehab unit and actively collaborate with the treatment team to coordinate their current needs as well as to determine appropriate aftercare needs and assist to ensure plans are in place for discharge. Develops relationships with community agencies and serves as a liaison to coordinate continuity of care for patients. Demonstrates understanding of Inpatient Rehabilitation federal, state, and regulatory requirements. An IRF Social Worker holds either a Master of Psychology (M.Psych), Master of Social Services (MSW), Associate Clinical Social Worker (ASW) or Licensed Clinical Social Worker (LCSW).

Section 24. Cardiac Rehabilitation Exercise Specialist

Provides professional care in the Outpatient Cardiac Rehabilitation Program to phase II Cardiac Rehab patients in accordance with physician orders and the multidisciplinary plan of care. Monitors vital signs, assess cardiovascular fitness, and develops individualized exercise plans based on medical guidelines and physician recommendations. Guides patients through safe and progressive workouts tailored to their diagnosis and comorbidities. Coordinates with nursing staff to monitor telemetry data and is ready to respond to any arrhythmias or other cardiac events. Provides patient education on exercise, physical activity and stretching. Educates patients on proper exercise form to prevent injury, instructs in the safe use of exercise equipment, and helps develop a long-term maintenance program post cardiac rehab. Maintains accurate records of each

patient's exercise data and any symptoms that occur and reports and abnormalities to the referring physician.

A Cardiac Rehabilitation Exercise Specialist is an individual who has a B.S./B.A. degree in Exercise Science, Kinesiology or Exercise Physiology. Current Basic and Cardiac Life Support Provider Certification and one year experience in Cardiac Rehab. Certification from AACVPR with a CCRP preferred but not required.

Section 25. Review of Job Classifications

If an Employee believes that he/she meets the criteria for advancement from a level I to II, II to III, or III to IV, he or she will first make written application to the Department Manager/Director for consideration for advancement. The Department Manager/Director, if he or she does not believe that the Employee qualifies for advancement shall respond in writing to the Employee, identifying the criteria that the Employee fails to meet. If the Employee wishes, he/she may request, within seven (7) days of his/her receipt of such response, a meeting with the Director of Labor Relations, or designee. This meeting will include the Employee, a representative from the Union, the Department Manager/Director, and the Director of Labor Relations, or designee, at which point the Union can present information to explain why the Employee qualifies for advancement. Following the meeting, the Employer, will respond in writing, and the Hospital retains sole discretion to determine if the Employee is qualified for advancement.

ARTICLE 3 **PROFESSIONAL PRACTICE COMMITTEE**

A Professional Practice Committee composed of Bargaining Unit Members covered by this Agreement who are currently employed at the Hospital shall be established to discuss matters which involve the practice of therapy.

The Committee shall have two (2) Bargaining Unit Members who volunteer to participate. Where more than two (2) Bargaining Unit Members volunteer, the Union shall determine the Bargaining Unit Members who will participate. Committee membership shall also include one or more representatives of therapy management to be selected by the Hospital.

As needed, the Committee may schedule no more than one (1) meeting per quarter for no more than two (2) hours. Such time shall be paid. These meetings will be held at a time which will not conflict with the routine of the department. An agenda will be prepared by a therapy management representative that contains all items within the scope of the Committee's objectives that are submitted by Committee members at least ten (10) calendar days in advance of each scheduled meeting. The agenda will be given by management to committee members at least five (5) calendar days in advance of the scheduled meeting. Written minutes of each meeting will be maintained by any committee member who wishes to take minutes.

The Professional Practice Committee shall serve as an advisory body to the Hospital's therapy management. The objectives of the Professional Practice Committee will be:

- (a) to consider the constructive professional practice of therapy; and
- (b) to work constructively with therapy management for the improvement of patient care and the practice of therapy.

The Professional Practice Committee shall have no authority to modify the terms and conditions of this Agreement, or to represent the Parties in matters pertaining to collective bargaining. The Committee shall not involve itself with grievances or wages, hours and working conditions, or management rights as defined and set forth in the Agreement.

ARTICLE 4 **SCHEDULING**

The Hospital will make reasonable efforts to post a tentative working schedule of all Bargaining Unit Members regularly assigned shifts, in an accessible place, not less than fourteen (14) calendar days prior to the date the shift is scheduled to begin.

Any change to a shift posted (other than temporary staffing reductions) on the schedule less than ten (10) days before the date the shift is scheduled to begin requires agreement of the Bargaining Unit Members affected except in emergencies in which the Hospital will give as much notice of the scheduled change as possible under the circumstances. The Hospital will seek volunteers from among Bargaining Unit Members present at the facility before imposing a schedule change during an emergency.

In order for the Hospital to meet the ever-changing needs in the patient care environment, the Hospital retains the right to determine the shifts, schedules and the hours of work of the Bargaining unit Members. This right includes modifying (temporarily or permanently) the start and end times and the days on which Employees work. The Hospital also retains the right to create new shifts and/or modify the length of the shifts (e.g., 8-, 10- or 12-hour shifts on a temporary or permanent basis). In the event the Hospital creates a new shift and/or modifies the length of a shift (as set forth in the aforementioned sentence), it will follow the procedure set forth in Article 26 (Posting and Filling Vacancies) to allow Employees to bid for the new/modified shift, with one clarification:

If regular status staff are involuntarily selected to fill a vacant position on a temporary or permanent basis, the Hospital shall transfer, assign, or use the qualified Employee, or Employees if there are multiple changes with the least seniority within each discipline.

Current bargaining unit members, as of December 6, 2018: can only be involuntarily selected for 12-hour shifts once the Hospital gives a twenty-one (21) day notice to the Union prior to the implementation date of the 12-hour schedule. The Union will be given the opportunity to meet regarding the change, effects and to propose alternative ways to meet the needs necessitating the change.

ARTICLE 5
SENIORITY, LAYOFF, AND CALL-OFF PROCEDURES

Section 1. Seniority, Layoff, and Call-Off Procedures

A. Seniority. For purposes of implementing the Agreement's layoff and recall provisions and for purposes of granting unpaid leaves of absence, a Bargaining Unit Member in Unit IV's seniority will be defined as his/her total unbroken length of service in a position covered under Unit IV at Good Samaritan Hospital. For purposes of determining a Bargaining Unit Member in Unit IV's entitlement to PTO benefits provided under the contract, his or her entitlement will be determined based upon the Employee's continuous service date. Employees who experience a 12-month or more absence due to workforce reduction will lose all seniority for all purposes. The Hospital will maintain an updated seniority list and will make the seniority list available to the shop steward upon request.

If the Union believes that the seniority date or the continuous service date for an Employee is not accurate, the Union will have up to thirty (30) days following ratification of this Agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Employee's seniority or continuous service date.

Per diem Employees who transfer to a full-time or part-time position will be given 20% credit for their continuous service in a bargaining unit position.

B. Layoff Procedure. In the event of a reduction in force or of regular hours in the Hospital, the Hospital shall notify the Union at least thirty (30) days in advance of the effective date of the layoff, and will give affected Employees at least fourteen (14) days advance notice of the layoff during which time volunteers will first be sought as set forth in Section 5, below. Such notice to Employees may be given during the above referenced thirty (30) day notification period, but the layoff shall not be effective prior to the expiration of that thirty (30) day period. If an insufficient number of Bargaining Unit Member in Unit IV volunteer for layoff to meet reduction goals, the least senior Bargaining Unit Member in Unit IV occupying positions to be eliminated will be displaced, subject only to the ability of the retained Employees to perform the duties of the Employees to be laid off. Initial displacements shall be carried out by shift. Displaced Bargaining Unit Member in Unit IV will have the right to bump other less senior Bargaining Unit Member in Unit IV (with the exception of Wound Care) within the Hospital provided the Bargaining Unit Member in Unit IV is qualified and has the ability, with no more than two (2) weeks orientation, to competently perform the available work. It is understood that the Hospital will notify the Union of its conclusion that a Bargaining Unit Member in Unit IV has not demonstrated his/her ability within said two (2) weeks prior to terminating the Bargaining Unit Member in Unit IV and the orientation period may be extended by agreement of the Parties. Failure to demonstrate competency in the position within the two (2) week period (including any extension of such period agreed to by the Hospital and Union) shall be just cause for termination of employment.

C. Bumping. Bargaining Unit Member in Unit IV displaced from their positions may, within the seventy-two (72) hour period following the expiration of the fourteen (14) days' notice, bump into positions held by less senior Bargaining Unit Member in Unit IV in the Hospital. The bumped Bargaining Unit Member in Unit IV may elect to follow the same bumping procedure

within the same seventy-two (72) hour period or may volunteer for layoff. Non-bargaining unit Therapists cannot bump into the bargaining unit. Employees whose positions are eliminated as a consequence of the closure of the facility will be eligible for severance pay as set forth in this Article.

D. Recall Procedure. For a period of up to one (1) year from the date of layoff, Bargaining Unit Member in Unit IV will be recalled in order of their seniority for any vacancies that occur at the Hospital, provided they are qualified and have the ability to competently perform, with no more than two (2) weeks orientation, the available work. A Bargaining Unit Member in Unit IV on layoff may bid for vacancies at a hospital other than the Hospital from which the Bargaining Unit Member in Unit IV was laid off, pursuant to Article 26, Section 2. It is understood that the Hospital will notify the Union of its conclusion that a Bargaining Unit Member in Unit IV has not demonstrated his/her ability within said two (2) weeks prior to terminating the Therapist and the orientation period may be extended by agreement of the Parties. A Bargaining Unit Member in Unit IV who is laid off shall retain seniority until he/she declines the offer of a relatively equal position in the Hospital or until one (1) year has elapsed from the date of the layoff. It is the responsibility of the individual Bargaining Unit Member in Unit IV to update the Human Resources Department in writing with current address and phone numbers for recall purposes. A recalled Bargaining Unit Member in Unit IV must accept recall within seventy-two (72) hours and return to work at the Hospital within fourteen (14) days from the mailing of a certified letter advising the Bargaining Unit Member in Unit IV of available employment. If a Bargaining Unit Member in Unit IV does not accept recall within seventy-two (72) hours, the Bargaining Unit Member in Unit IV will be considered to have voluntarily resigned. Upon recall from layoff status, the Bargaining Unit Member in Unit IV will be entitled to restoration of seniority and placement at the same wage rate in effect at the time of the layoff. Bargaining Unit Member in Unit IV who experience a 12-month or more absence due to workforce reduction will lose seniority for all purposes, and if not previously terminated, their employment will terminate.

E. Severance Pay. In the event of a layoff, the Hospital will, for a period of two (2) weeks, seek volunteers for layoff in positions that will reduce the need for layoffs. Volunteers for layoff on such positions will be selected on the basis of seniority.

Bargaining Unit Member in Unit IV who volunteer for a layoff or are laid off, pursuant to the provisions of this Article, shall be paid (subject to recall during the severance period) the following severance benefits:

Length of Service	Weeks of Base
Six (6) to ten (10) years	Four (4) weeks
Eleven (11) to fifteen (15) years	Six (6) weeks
Sixteen (16) to twenty (20) years	Eight (8) weeks
Twenty-one (21) to twenty five (25) years	Ten (10) weeks
Twenty-six (26) years and above	Twelve (12) weeks

In addition, the Hospital will continue to provide insurance coverages in effect at the time of the layoff at the same cost as though the Bargaining Unit Member in Unit IV remained actively employed for the same period as the severance pay. It is also understood that the Employer will not contest unemployment benefits of any bargaining unit member laid off (voluntary or otherwise)

pursuant to this Agreement. Severance benefits are paid out over the severance period on the same basis as though the Bargaining Unit Member in Unit IV worked during the period of severance. All severance entitlement and payments will cease seven (7) days from the mailing of a written communication (sent by certified mail) of available employment. A Bargaining Unit Member in Unit IV volunteering for layoff multiple times shall have his or her eligibility for severance pay reduced by the amount of severance received as a result of the prior voluntary layoff(s).

Section 2. Preferential Hiring

Therapists who are separated in a reduction of staff shall be given preference in hiring based on their former seniority positions when staff is increased, provided said staff increase occurs within twelve (12) months of the date of separation.

Section 3. Restoration of Status

Therapists who return to employment in accordance with provisions of this Article within twelve (12) months from the date of separation shall be restored to their former status with respect to salary classification and all fringe benefits, however, there shall be no accumulation of earnings or benefits during the period of separation, nor shall the Hospital be required to provide any insurance coverage that may have lapsed until such coverage has been reapplied for by the Therapist. Such coverage applied for shall be effective as of the earliest possible date consistent with the particular insurance company's policy.

Section 4. Break In Service Defined

A Therapist will terminate his/her seniority, and employment to the extent it is not already terminated, under the following conditions:

- i. When the Therapist voluntarily quits or changes his/her status from regularly scheduled full-time or part-time to *per diem* status.
- ii. When the Therapist is discharged for just cause.
- iii. When the Therapist is on layoff for more than twelve (12) months.
- iv. When the Therapist fails to report to work as scheduled and fails to call his/her supervisor or the Staffing Office for three (3) consecutive days thereafter.
- v. When the Therapist fails to report back to work upon the expiration of his/her leave of absence unless excused by the Hospital for good cause.
- vi. When the Therapist retires under the Retirement Program provided for in this Agreement.

Section 5. Call-Off Procedures

In the event that a Hospital determines that it is necessary to reduce staffing at a Hospital on a given shift due to a reduced workload, the following procedures will apply:

First, volunteers will be solicited. If there are no volunteers, then any *per diem* Therapist Employee working on that shift will be canceled or sent home early.

In the event that there are no volunteers or *per diem* Employees on the shift in question, the Therapist to have his/her hours reduced will be selected on a rotational basis consistent with the current practice of rotating the involuntary cancellation of hours throughout the year until all Therapists have taken a turn. Cancellation of shifts and hours will be recorded to facilitate proper rotation of reductions. A Therapist who has been placed "in-charge" may be exempted from call-off whenever Hospital management concludes that the Therapist is needed to remain in charge for the shift.

If the remaining staff would not be qualified to perform the available and anticipated work if the individual to be canceled as set forth above were selected for temporary reduction, the next Employee in line for reduction will be selected.

A Therapist working at premium rates may be chosen for reduction out of the preceding order.

ARTICLE 6 WAGE SCALE PLACEMENT

Section 1.

Employees in the job classifications listed in this Appendix will be placed on the scales set forth in this Appendix, based on years of experience credited by the Hospital.

Section 2.

If the Union believes that the years of experience identified for a current Bargaining Unit Employee is not accurate, the Union will have up to thirty (30) days following ratification of this agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Hospital's wage step placement.

Section 3. Previous Experience

The Hospital may place new hires on any step of the scale, but if a new hire is granted experience credit that results in pay for experience exceeding that of any incumbent Bargaining Unit Employee who has like experience and at least the same status, the incumbent shall be granted equivalent credit for experience as the new-hire at the time of the new-hire's employment and the anniversary date of the incumbent Bargaining Unit Employee shall be changed to the same date as the new-hire. If the Hospital's records are incomplete with respect to tenure credit, the burden of proof of all tenure credit shall rest with the Bargaining Unit Employee. The Hospital's

determination of the amount of experience credit (if any) to grant a new hire for purposes of placement, or for which to credit an incumbent for purposes of administration of this Article, shall not be a subject for grievance.

APPENDIX V - SOCIAL WORKERS (AV)

ARTICLE 1 COMPENSATION

Section 1. Wages

During the term of this Agreement, the rates of pay for the classifications herein shall be as follows:

A. Effective the first full pay period following ratification, the scale rates will be as follows:

YOS	0	1	2	3	4	5	6	7	8	9	10
Social Worker I	\$50.83	\$51.99	\$53.18	\$54.37	\$55.55	\$56.73	\$57.93	\$59.10	\$60.29	\$61.48	\$62.66
Social Worker I (Per Diem)	\$55.90	\$57.20	\$58.50	\$59.81	\$61.12	\$62.40	\$63.70	\$65.02	\$66.32	\$67.62	\$68.95
Social Worker II	\$53.35	\$54.62	\$55.84	\$57.08	\$58.35	\$59.58	\$60.83	\$62.06	\$63.30	\$64.55	\$65.80
Social Worker II (Per Diem)	\$58.71	\$60.07	\$61.44	\$62.80	\$64.16	\$65.51	\$66.91	\$68.27	\$69.64	\$71.01	\$72.37

YOS	11	12	13	14	15	16	17	18	19	20
Social Worker I	\$63.85	\$65.03	\$66.22	\$67.41	\$68.59	\$68.59	\$68.59	\$68.59	\$68.59	\$69.26
Social Worker I (Per Diem)	\$70.25	\$71.56	\$72.84	\$74.13	\$75.44	\$75.44	\$75.44	\$75.44	\$75.44	\$76.20
Social Worker II	\$67.03	\$68.28	\$69.54	\$70.76	\$72.02	\$72.02	\$72.02	\$72.02	\$72.02	\$72.73
Social Worker II (Per Diem)	\$73.74	\$75.12	\$76.49	\$77.84	\$79.24	\$79.24	\$79.24	\$79.24	\$79.24	\$80.02

B. No later than the first full pay period following July 1, 2026, the scale rates will be increased by 4.00%:

YOS	0	1	2	3	4	5	6	7	8	9	10
Social Worker I	\$52.86	\$54.07	\$55.31	\$56.54	\$57.77	\$59.00	\$60.25	\$61.46	\$62.70	\$63.94	\$65.17
Social Worker I (Per Diem)	\$58.14	\$59.49	\$60.84	\$62.20	\$63.56	\$64.90	\$66.25	\$67.62	\$68.97	\$70.32	\$71.71

YOS	0	1	2	3	4	5	6	7	8	9	10
Social Worker II	\$55.48	\$56.80	\$58.07	\$59.36	\$60.68	\$61.96	\$63.26	\$64.54	\$65.83	\$67.13	\$68.43
Social Worker II (Per Diem)	\$61.06	\$62.47	\$63.90	\$65.31	\$66.73	\$68.13	\$69.59	\$71.00	\$72.43	\$73.85	\$75.26

YOS	11	12	13	14	15	16	17	18	19	20
Social Worker I	\$66.40	\$67.63	\$68.87	\$70.11	\$71.33	\$71.33	\$71.33	\$71.33	\$71.33	\$72.03
Social Worker I (Per Diem)	\$73.06	\$74.42	\$75.75	\$77.10	\$78.46	\$78.46	\$78.46	\$78.46	\$78.46	\$79.25
Social Worker II	\$69.71	\$71.01	\$72.32	\$73.59	\$74.90	\$74.90	\$74.90	\$74.90	\$74.90	\$75.64
Social Worker II (Per Diem)	\$76.69	\$78.12	\$79.55	\$80.95	\$82.41	\$82.41	\$82.41	\$82.41	\$82.41	\$83.22

C. No later than the first full pay period following July 1, 2027, the scale rates will be increased by 3.00%:

YOS	0	1	2	3	4	5	6	7	8	9	10
Social Worker I	\$54.45	\$55.69	\$56.97	\$58.24	\$59.50	\$60.77	\$62.06	\$63.30	\$64.58	\$65.86	\$67.13
Social Worker I (Per Diem)	\$59.88	\$61.27	\$62.67	\$64.07	\$65.47	\$66.85	\$68.24	\$69.65	\$71.04	\$72.43	\$73.86
Social Worker II	\$57.14	\$58.50	\$59.81	\$61.14	\$62.50	\$63.82	\$65.16	\$66.48	\$67.80	\$69.14	\$70.48
Social Worker II (Per Diem)	\$62.89	\$64.34	\$65.82	\$67.27	\$68.73	\$70.17	\$71.68	\$73.13	\$74.60	\$76.07	\$77.52

YOS	11	12	13	14	15	16	17	18	19	20
Social Worker I	\$68.39	\$69.66	\$70.94	\$72.21	\$73.47	\$73.47	\$73.47	\$73.47	\$73.47	\$74.19
Social Worker I (Per Diem)	\$75.25	\$76.65	\$78.02	\$79.41	\$80.81	\$80.81	\$80.81	\$80.81	\$80.81	\$81.63
Social Worker II	\$71.80	\$73.14	\$74.49	\$75.80	\$77.15	\$77.15	\$77.15	\$77.15	\$77.15	\$77.91

YOS	11	12	13	14	15	16	17	18	19	20
Social Worker II (Per Diem)	\$78.99	\$80.46	\$81.94	\$83.38	\$84.88	\$84.88	\$84.88	\$84.88	\$84.88	\$85.72

Section 2. Step Increases

Step increases for regular full-time and part-time bargaining unit Employees shall be set forth per Side Letter re: Implementation of Common Step. Step Increases for *per diem* Employees shall occur in the same manner as FT and PT bargaining unit Employees provided the PRN Employee has worked one thousand (1,000) hours during the prior twelve (12) month period. A PRN will be given three (3) years to accumulate their one thousand (1,000) hours towards a step increase, but after three (3) years without accumulating the requisite hours, the PRN must begin a new accumulation (*i.e.*, prior hours no longer count).

ARTICLE 2 DESCRIPTION OF DUTIES

Section 1.

The following list of duties is not intended to be an exhaustive list of all duties of Social Workers, nor is it intended to suggest that other staff do not or may not perform these functions. The job duties of Social Workers are subject to change. This Article is simply intended as a general description of what Social Workers currently do.

Section 2. Social Worker I

Entry Level Social Workers provide emotional support, psychosocial assessment, supportive counseling, crisis intervention, and the provision of information and referrals to appropriate community resources. Completes a psychosocial assessment on any patient referred within two (2) working days. The assessment shall include, but is not limited to assessment of the patient's lifestyle, coping, support systems and needs. Demonstrates a basic understanding of psychosocial issues related to hospitalization for patients of any and all age populations. Participates in interdisciplinary meetings and actively collaborate with treatment staff to coordinate the care of a patient. Documentation should include problem identification, plan of care needs and recommendations to meet the psychosocial needs of the patient. Updates treatment plans and coordinate with multi-disciplinary team members regularly to ensure that each patient has adequate inpatient psychosocial needs met and community resources available at the time of discharge. Assesses for coping and emotional support needs throughout the Hospital process. Participates in formulating policies and procedures to facilitate maximum integration of clinical social work services with other disciplines. Demonstrates knowledge of social service policies and procedures. Provides staff with in-service education as needed. Develops relationship with community agencies and serve as liaison to coordinate continuity of care for patients. Plans and coordinates with staff of community facilities, social service agencies, health department and other community

agencies and resources to meet patient's post hospitalization needs as appropriate. Masters of Social Work (MSW) degree from an accredited school of social work required.

Section 3. Social Worker II

Social Workers provide emotional support, psychosocial assessment, supportive counseling, crisis intervention, and the provision of information and referrals to appropriate community resources. Completes a psychosocial assessment on any patient referred within two (2) working days. The assessment shall include, but is not limited to assessment of the patient's lifestyle, coping, support systems and needs. Demonstrates a basic understanding of psychosocial issues related to hospitalization for patients of any and all age populations. Participates in interdisciplinary meetings and actively collaborate with treatment staff to coordinate the care of a patient. Documentation should include problem identification, plan of care needs and recommendations to meet the psychosocial needs of the patient. Updates treatment plans and coordinate with multi-disciplinary team members regularly to ensure that each patient has adequate inpatient psychosocial needs met and community resources available at the time of discharge. Assesses for coping and emotional support needs throughout the Hospital process. Participates in formulating policies and procedures to facilitate maximum integration of clinical social work services with other disciplines. Demonstrates knowledge of social service policies and procedures. Provides staff with in-service education as needed. Develops relationships with community agencies and serve as liaison to coordinate continuity of care for patients. Plans and coordinates with staff of community facilities, social service agencies, health department and other community agencies and resources to meet patient's post hospitalization needs as appropriate. Masters of Social Work (MSW) degree from an accredited school of social work required. Licensing by the State of California (LCSW). Any bargaining unit members currently employed by the Hospital currently working as a Social Worker II will be grand parented while obtaining their LCSW.

ARTICLE 3 SCHEDULING

The Hospital will make reasonable efforts to post a tentative working schedule of all Bargaining Unit Members regularly assigned shifts, in an accessible place, not less than fourteen (14) calendar days prior to the date the shift is scheduled to begin.

Any change to a shift posted (other than temporary staffing reductions) on the schedule less than ten (10) days before the date the shift is scheduled to begin requires agreement of the Bargaining Unit Members affected except in emergencies in which the Hospital will give as much notice of the scheduled change as possible under the circumstances. The Hospital will seek volunteers from among Bargaining Unit Members present at the facility before imposing a schedule change during an emergency.

In order for the Hospital to meet the ever-changing needs in the patient care environment, the Hospital retains the right to determine the shifts, schedules and the hours of work of the Bargaining Unit Members. This right includes modifying (temporarily or permanently) the start and end times and the days on which Employees work. The Hospital also retains the right to create new shifts

and/or modify the length of the shifts (e.g., 8-, 10- or 12-hour shifts on a temporary or permanent basis). In the event the Hospital creates a new shift and/or modifies the length of a shift (as set forth in the aforementioned sentence), it will follow the procedure set forth in Article 26 (Posting and Filling of Vacancies) to allow Employees to bid for the new/modified shift, with one clarification: If regular status staff are involuntarily selected to fill a vacant position a temporary or permanent basis, the Hospital shall transfer, assign, or use the qualified Employee, or Employees if there are multiple changes, with the least seniority within each discipline.

Current bargaining unit members, as of December 6, 2018: can only be involuntarily selected for 12-hour shifts once the Hospital gives a twenty-one (21) day notice to the Union prior to the implementation date of the 12-hour schedule. The Union will be given the opportunity to meet regarding the change, effects and to propose alternative ways to meet the needs necessitating the change.

ARTICLE 4

SENIORITY, LAYOFF, AND CALL-OFF PROCEDURES

Section 1. Seniority, Layoff, and Call-Off Procedures

A. Seniority. For purposes of implementing the Agreement's layoff and recall provisions and for purposes of granting unpaid leaves of absence, a Social Worker's seniority will be defined as his/her total unbroken length of service as a Social Worker at Good Samaritan Hospital. For purposes of determining a Social Worker's entitlement to PTO benefits provided under the contract, his or her entitlement will be determined based upon the Employee's continuous service date. Social Workers who experience a 12-month or more absence due to workforce reduction will lose all seniority for all purposes. The Hospital will maintain an updated seniority list and will make the seniority list available to the shop steward upon request.

If the Union believes that the seniority date or the continuous service date for a Social Worker is not accurate, the Union will have up to thirty (30) days following ratification of this Agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Employee's seniority or continuous service date.

Per diem Employees who transfer to a full-time or part-time position will be given 20% credit for their continuous service in a bargaining unit position.

B. Layoff Procedure. In the event of a reduction in force or of regular hours in the Hospital, the Hospital shall notify the Union at least thirty (30) days in advance of the effective date of the layoff, and will give affected Employees at least fourteen (14) days advance notice of the layoff during which time volunteers will first be sought as set forth in Section 5, below. Such notice to Employees may be given during the above referenced thirty (30) day notification period, but the layoff shall not be effective prior to the expiration of that thirty (30) day period. If an insufficient number of Social Workers volunteer for layoff to meet reduction goals, the least senior Social Worker occupying positions to be eliminated will be displaced, subject only to the ability of the retained Employees to perform the duties of the Employees to be laid off. Initial displacements shall be carried out by shift. Displaced Social Workers will have the right to bump

other less senior Social Workers within the Hospital providing the Social Worker is qualified and has the ability, with no more than two (2) weeks orientation, to competently perform the available work. It is understood that the Hospital will notify the Union of its conclusion that a Social Worker has not demonstrated his/her ability within said two (2) weeks prior to terminating the Social Worker and the orientation period may be extended by agreement of the Parties. Failure to demonstrate competency in the position within the two (2) week period (including any extension of such period agreed to by the Hospital and Union) shall be just cause for termination of employment.

C. Bumping. Social Workers displaced from their positions may, within the seventy-two (72) hour period following the expiration of the fourteen (14) days' notice, bump into positions held by less senior Social Workers in the Hospital. The bumped Social Worker may elect to follow the same bumping procedure within the same seventy-two (72) hour period or may volunteer for layoff. Non-bargaining unit Social Workers cannot bump into the bargaining unit. Employees whose positions are eliminated as a consequence of the closure of the facility will be eligible for severance pay as set forth in this Article.

D. Recall Procedure. For a period of up to one (1) year from the date of layoff, Social Workers will be recalled in order of their seniority for any vacancies that occur at the Hospital, provided they are qualified and have the ability to competently perform, with no more than two (2) weeks orientation, the available work. A Social Worker on layoff may bid for vacancies at a hospital other than the Hospital from which the Social Worker was laid off, pursuant to Article 26, Section 2. It is understood that the Hospital will notify the Union of its conclusion that a Social Worker has not demonstrated his/her ability within said two (2) weeks prior to terminating the Social Worker and the orientation period may be extended by agreement of the Parties. A Social Worker who is laid off shall retain seniority until he/she declines the offer of a relatively equal position in the Hospital or until one (1) year has elapsed from the date of the layoff. It is the responsibility of the individual Social Worker to update the Human Resources Department in writing with current address and phone numbers for recall purposes. A recalled Social Worker must accept recall within seventy-two (72) hours and return to work at the Hospital within fourteen (14) days from the mailing of a certified letter advising the Social Worker of available employment. If a Social Worker does not accept recall within seventy-two (72) hours, the Social Worker will be considered to have voluntarily resigned. Upon recall from layoff status, the Social Worker will be entitled to restoration of seniority and placement at the same wage rate in effect at the time of the layoff. Social Workers who experience a 12-month or more absence due to workforce reduction will lose seniority for all purposes, and if not previously terminated, their employment will terminate.

E. Severance Pay: In the event of a layoff, the Hospital will, for a period of two (2) weeks, seek volunteers for layoff in positions that will reduce the need for layoffs. Volunteers for layoff on such positions will be selected on the basis of seniority.

Social Workers who volunteer for a layoff or are laid off, pursuant to the provisions of this Article, shall be paid (subject to recall during the severance period) the following severance benefits:

Length of Service	Weeks of Base
Six (6) to ten (10) years	Four (4) weeks
Eleven (11) to fifteen (15) years	Six (6) weeks
Sixteen (16) to twenty (20) years	Eight (8) weeks
Twenty-one (21) to twenty five (25) years	Ten (10) weeks
Twenty-six (26) years and above	Twelve (12) weeks

In addition, the Hospital will continue to provide insurance coverages in effect at the time of the layoff at the same cost as though the Social Worker remained actively employed for the same period as the severance pay. It is also understood that the Hospital will not contest unemployment benefits of any bargaining unit member laid off (voluntary or otherwise) pursuant to this Agreement. Severance benefits are paid out over the severance period on the same basis as though the Social Worker worked during the period of severance. All severance entitlement and payments will cease seven (7) days from the mailing of a written communication (sent by certified mail) of available employment. A Social Worker volunteering for layoff multiple times shall have his or her eligibility for severance pay reduced by the amount of severance received as a result of the prior voluntary layoff(s).

Section 2. Preferential Hiring

Social Workers who are separated in a reduction of staff shall be given preference in hiring based on their former seniority positions when staff is increased, provided said staff increase occurs within twelve (12) months of the date of separation.

Section 3. Restoration of Status

Social Workers who return to employment in accordance with provisions of this Article within twelve (12) months from the date of separation shall be restored to their former status with respect to salary classification and all fringe benefits, however, there shall be no accumulation of earnings or benefits during the period of separation, nor shall the Hospital be required to provide any insurance coverage that may have lapsed until such coverage has been reapplied for by the Social Worker. Such coverage applied for shall be effective as of the earliest possible date consistent with the particular insurance company's policy.

Section 4. Break In Service Defined

A Social Worker will terminate his/her seniority, and employment to the extent it is not already terminated, under the following conditions:

- i. When the Social Worker voluntarily quits or changes his/her status from regularly scheduled full-time or part-time to *per diem* status.

- ii. When the Social Worker is discharged for just cause.
- iii. When the Social Worker is on layoff for more than twelve (12) months.
- iv. When the Social Worker fails to report to work as scheduled and fails to call his/her supervisor or the Staffing Office for three (3) consecutive days thereafter.
- v. When the Social Worker fails to report back to work upon the expiration of his/her leave of absence unless excused by the Hospital for good cause.
- vi. When the Social Worker retires under the Retirement Program provided for in this Agreement.

Section 5. Call-Off Procedures

In the event that a Hospital determines that it is necessary to reduce staffing at a Hospital on a given shift due to a reduced workload, the following procedures will apply:

First, volunteers will be solicited. If there are no volunteers, then any *per diem* Social Workers working on that shift will be canceled or sent home early.

In the event that there are no volunteers or *per diem* Employees on the shift in question, the Social Worker to have his/her hours reduced will be selected on a rotational basis consistent with the current practice of rotating the involuntary cancellation of hours throughout the year until all Social Workers have taken a turn. Cancellation of shifts and hours will be recorded to facilitate proper rotation of reductions. A Social Worker who has been placed “in-charge” may be exempted from call-off whenever Hospital management concludes that the Social Worker is needed to remain in charge for the shift.

If the remaining staff would not be qualified to perform the available and anticipated work if the individual to be canceled as set forth above were selected for temporary reduction, the next Employee in line for reduction will be selected.

A Social Worker working at premium rates may be chosen for reduction out of the preceding order.

ARTICLE 5 **WAGE SCALE PLACEMENT**

Section 1.

Employees in the job classifications listed in this Appendix will be placed on the scales set forth in this Appendix, based on years of experience credited by the Hospital.

Section 2.

If the Union believes that the years of experience identified for a current Bargaining Unit Employee is not accurate, the Union will have up to thirty (30) days following ratification of this

Agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Hospital's wage step placement.

Section 3. Previous Experience

The Hospital may place new hires on any step of the scale, but if a new hire is granted experience credit that results in pay for experience exceeding that of any incumbent Bargaining Unit Employee who has like experience and at least the same status, the incumbent shall be granted equivalent credit for experience as the new-hire at the time of the new-hire's employment and the anniversary date of the incumbent Bargaining Unit Employee shall be changed to the same date as the new-hire. If the Hospital's records are incomplete with respect to tenure credit, the burden of proof of all tenure credit shall rest with the Bargaining Unit Employee. The Hospital's determination of the amount of experience credit (if any) to grant a new hire for purposes of placement, or for which to credit an incumbent for purposes of administration of this Article, shall not be a subject for grievance.

APPENDIX VI – DIETITIANS (AVI)

ARTICLE 1 COMPENSATION

Section 1. Wages

During the term of this Agreement, the rates of pay for the classifications herein shall be as follows:

A. Effective the first full pay period following ratification, the scale rates will be as follows:

YOS	0	1	2	3	4	5	6	7	8	9	10
Dietician	\$49.78	\$50.96	\$52.11	\$53.27	\$54.43	\$55.60	\$56.75	\$57.93	\$59.07	\$60.24	\$61.41
Dietitian (Per Diem)	\$54.76	\$56.04	\$57.30	\$58.58	\$59.88	\$61.13	\$62.41	\$63.69	\$64.97	\$66.24	\$67.55

YOS	11	12	13	14	15	16	17	18	19	20
Dietician	\$62.55	\$63.70	\$64.90	\$66.06	\$67.20	\$67.20	\$67.20	\$67.20	\$67.20	\$67.88
Dietitian (Per Diem)	\$68.82	\$70.10	\$71.38	\$72.64	\$73.92	\$73.92	\$73.92	\$73.92	\$73.92	\$74.66

B. No later than the first full pay period following July 1, 2026, the scale rates will be increased by 4.00%:

YOS	0	1	2	3	4	5	6	7	8	9	10
Dietician	\$51.77	\$53.00	\$54.19	\$55.40	\$56.61	\$57.82	\$59.02	\$60.25	\$61.43	\$62.65	\$63.87
Dietitian (Per Diem)	\$56.95	\$58.28	\$59.59	\$60.92	\$62.28	\$63.58	\$64.91	\$66.24	\$67.57	\$68.89	\$70.25

YOS	11	12	13	14	15	16	17	18	19	20
Dietician	\$65.05	\$66.25	\$67.50	\$68.70	\$69.89	\$69.89	\$69.89	\$69.89	\$69.89	\$70.60
Dietitian (Per Diem)	\$71.57	\$72.90	\$74.24	\$75.55	\$76.88	\$76.88	\$76.88	\$76.88	\$76.88	\$77.65

C. No later than the first full pay period following July 1, 2027, the scale rates will be increased by 3.00%:

YOS	0	1	2	3	4	5	6	7	8	9	10
Dietician	\$53.32	\$54.59	\$55.82	\$57.06	\$58.31	\$59.55	\$60.79	\$62.06	\$63.27	\$64.53	\$65.79
Dietitian (Per Diem)	\$58.66	\$60.03	\$61.38	\$62.75	\$64.15	\$65.49	\$66.86	\$68.23	\$69.60	\$70.96	\$72.36

YOS	11	12	13	14	15	16	17	18	19	20
Dietician	\$67.00	\$68.24	\$69.52	\$70.76	\$71.98	\$71.98	\$71.98	\$71.98	\$71.98	\$72.72
Dietitian (Per Diem)	\$73.72	\$75.09	\$76.46	\$77.81	\$79.18	\$79.18	\$79.18	\$79.18	\$79.18	\$79.98

Section 2. Step Increases

Step increases for regular full-time and part-time bargaining unit Employees shall be set forth per Side Letter re: Implementation of Common Step. Step Increases for *per diem* Employees shall occur in the same manner as FT and PT bargaining unit Employees provided the PRN Employee has worked one thousand (1,000) hours during the prior twelve (12) month period. A PRN will be given three (3) years to accumulate their one thousand (1,000) hours towards a step increase, but after three (3) years without accumulating the requisite hours, the PRN must begin a new accumulation (*i.e.*, prior hours no longer count).

ARTICLE 2 **DESCRIPTION OF DUTIES**

The following list of duties is not intended to be an exhaustive list of all duties of Dietitians, nor is it intended to suggest that other staff do not or may not perform these functions. The job duties of Dietitians are subject to change. This Article is simply intended as a general description of what Dietitians currently do.

Section 1. Clinical Dietitian I

Under general supervision, and according to policies and procedures, the Clinical Dietitian collaborates with the physicians and other members of the healthcare team, to provide medical nutritional therapy (NMT) to patients of all ages (infants, toddlers, children, adults, and geriatrics). Responsible for the complete nutritional care of all patients in assigned units, including continuously monitoring the effectiveness and outcomes of MNT interventions. The Clinical Dietitian is expected to be an active participant in patient care by attending interdisciplinary rounds, family care conferences and discharge planning meetings as requested. Responsible for effectively communicating with patients, families, physicians and staff to ensure that each patient receives optimal nutritional care. B.S. required, M.S. preferred. Active status as Registered Dietitian with the Commission on Dietetic Registration required.

ARTICLE 3 **SCHEDULING**

The Hospital will make reasonable efforts to post a tentative working schedule of all Bargaining Unit Members regularly assigned shifts, in an accessible place, not less than fourteen (14) calendar days prior to the date the shift is scheduled to begin.

Any change to a shift posted (other than temporary staffing reductions) on the schedule less than ten (10) days before the date the shift is scheduled to begin requires agreement of the Bargaining Unit Members affected except in emergencies in which the Hospital will give as much notice of the scheduled change as possible under the circumstances. The Hospital will seek volunteers from among Bargaining Unit Members present at the facility before imposing a schedule change during an emergency.

In order for the Hospital to meet the ever-changing needs in the patient care environment, the Hospital retains the right to determine the shifts, schedules and the hours of work of the Bargaining Unit Members. This right includes modifying (temporarily or permanently) the start and end times and the days on which Employees work. The Hospital also retains the right to create new shifts and/or modify the length of the shifts (*e.g.*, 8-, 10- or 12-hour shifts on a temporary or permanent basis). In the even the Hospital creates a new shift and/or modifies the length of a shift (as set forth in the aforementioned sentence), it will follow the procedure set forth in Article 26 (Posting and Filling of Vacancies) to allow Employees to bid for the new/modified shift, with one clarification:

If regular status staff are involuntarily selected to fill a vacant position a temporary or permanent basis, the Hospital shall transfer, assign, or use the qualified Employee, or Employees if there are multiple changes, with the least seniority within each discipline.

Current bargaining unit members, as of December 6, 2018: can only be involuntarily selected for 12-hour shifts once the Hospital gives a twenty-one (21) day notice to the Union prior to the implementation date of the 12-hour schedule. The Union will be given the opportunity to meet regarding the change, effects and to propose alternative ways to meet the needs necessitating the change.

ARTICLE 4

SENIORITY, LAYOFF, AND CALL-OFF PROCEDURES

Section 1. Seniority, Layoff, and Call-Off Procedures

A. Seniority. For purposes of implementing the Agreement's layoff and recall provisions and for purposes of granting unpaid leaves of absence, a Dietitian's seniority will be defined as his/her total unbroken length of service as a Dietitian at Good Samaritan Hospital. For purposes of determining a Dietitian's entitlement to PTO benefits provided under the contract, his or her entitlement will be determined based upon the Employee's continuous service date. Dietitians who experience a 12-month or more absence due to workforce reduction will lose all seniority for all purposes. The Hospital will maintain an updated seniority list and will make the seniority list available to the shop steward upon request.

If the Union believes that the seniority date or the continuous service date for a Dietitian is not accurate, the Union will have up to thirty (30) days following ratification of this Agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Employee's seniority or continuous service date.

Per diem Employees who transfer to a full-time or part-time position will be given 20% credit for their continuous service in a bargaining unit position.

B. Layoff Procedure. In the event of a reduction in force or of regular hours in the Hospital, the Hospital shall notify the Union at least thirty (30) days in advance of the effective date of the layoff, and will give affected Employees at least fourteen (14) days advance notice of the layoff during which time volunteers will first be sought as set forth in Section 5, below. Such notice to Employees may be given during the above referenced thirty (30) day notification period, but the layoff shall not be effective prior to the expiration of that thirty (30) day period. If an insufficient number of Dietitians volunteer for layoff to meet reduction goals, the least senior Dietitian occupying positions to be eliminated will be displaced, subject only to the ability of the retained Employees to perform the duties of the Employees to be laid off. Initial displacements shall be carried out by shift. Displaced Dietitians will have the right to bump other less senior Dietitians within the Hospital providing the Dietitian is qualified and has the ability, with no more than two (2) weeks orientation, to competently perform the available work. It is understood that the Hospital will notify the Union of its conclusion that a Dietitian has not demonstrated his/her ability within said two (2) weeks prior to terminating the Dietitian and the orientation period may be extended by agreement of the Parties. Failure to demonstrate competency in the position within the two (2) week period (including any extension of such period agreed to by the Hospital and Union) shall be just cause for termination of employment.

C. Bumping. Dietitians displaced from their positions may, within the seventy-two (72) hour period following the expiration of the fourteen (14) days' notice, bump into positions held by less senior Dietitians in the Hospital. The bumped Dietitian may elect to follow the same bumping procedure within the same seventy-two (72) hour period or may volunteer for layoff. Non-bargaining unit Dietitians cannot bump into the bargaining unit. Employees whose positions are eliminated as a consequence of the closure of the facility will be eligible for severance pay as set forth in this Article.

D. Recall Procedure. For a period of up to one (1) year from the date of layoff, Dietitians will be recalled in order of their seniority for any vacancies that occur at the Hospital, provided they are qualified and have the ability to competently perform, with no more than two (2) weeks orientation, the available work. A Dietitian on layoff may bid for vacancies at a hospital other than the Hospital from which the Dietitian was laid off, pursuant to Article 26, Section 2. It is understood that the Hospital will notify the Union of its conclusion that a Dietitian has not demonstrated his/her ability within said two (2) weeks prior to terminating the Dietitian and the orientation period may be extended by agreement of the Parties. A Dietitian who is laid off shall retain seniority until he/she declines the offer of a relatively equal position in the Hospital or until one (1) year has elapsed from the date of the layoff. It is the responsibility of the individual Dietitian to update the Human Resources Department in writing with current address and phone numbers for recall purposes. A recalled Dietitian must accept recall within seventy-two (72) hours and return to work at the Hospital within fourteen (14) days from the mailing of a certified letter advising the Dietitian of available employment. If a Dietitian does not accept recall within seventy-two (72) hours, the Dietitian will be considered to have voluntarily resigned. Upon recall from layoff status, the Dietitian will be entitled to restoration of seniority and placement at the same wage rate in effect at the time of the layoff. Dietitians who experience a 12-month or more absence

due to workforce reduction will lose seniority for all purposes, and if not previously terminated, their employment will terminate.

E. Severance Pay. In the event of a layoff, the Hospital will, for a period of two (2) weeks, seek volunteers for layoff in positions that will reduce the need for layoffs. Volunteers for layoff on such positions will be selected on the basis of seniority.

Dietitians who volunteer for a layoff or are laid off, pursuant to the provisions of this Article, shall be paid (subject to recall during the severance period) the following severance benefits:

Length of Service	Weeks of Base
Six (6) to ten (10) years	Four (4) weeks
Eleven (11) to fifteen (15) years	Six (6) weeks
Sixteen (16) to twenty (20) years	Eight (8) weeks
Twenty-one (21) to twenty five (25) years	Ten (10) weeks
Twenty-six (26) years and above	Twelve (12) weeks

In addition, the Hospital will continue to provide insurance coverages in effect at the time of the layoff at the same cost as though the Dietitian remained actively employed for the same period as the severance pay. It is also understood that the Hospital will not contest unemployment benefits of any bargaining unit member laid off (voluntary or otherwise) pursuant to this Agreement. Severance benefits are paid out over the severance period on the same basis as though the Dietitian worked during the period of severance. All severance entitlement and payments will cease seven (7) days from the mailing of a written communication (sent by certified mail) of available employment. A Dietitian volunteering for layoff multiple times shall have his or her eligibility for severance pay reduced by the amount of severance received as a result of the prior voluntary layoff(s).

Section 2. Preferential Hiring

Dietitians who are separated in a reduction of staff shall be given preference in hiring based on their former seniority positions when staff is increased, provided said staff increase occurs within twelve (12) months of the date of separation.

Section 3. Restoration of Status

Dietitians who return to employment in accordance with provisions of this Article within twelve (12) months from the date of separation shall be restored to their former status with respect to salary classification and all fringe benefits, however, there shall be no accumulation of earnings or benefits during the period of separation, nor shall the Hospital be required to provide any insurance coverage that may have lapsed until such coverage has been reapplied for by the Dietitian. Such coverage applied for shall be effective as of the earliest possible date consistent with the particular insurance company's policy.

Section 4. Break In Service Defined

A Dietitian will terminate his/her seniority, and employment to the extent it is not already terminated, under the following conditions:

- i. When the Dietitian voluntarily quits or changes his/her status from regularly scheduled full-time or part-time to *per diem* status.
- ii. When the Dietitian is discharged for just cause.
- iii. When the Dietitian is on layoff for more than twelve (12) months.
- iv. When the Dietitian fails to report to work as scheduled and fails to call his/her supervisor or the Staffing Office for three (3) consecutive days thereafter.
- v. When the Dietitian fails to report back to work upon the expiration of his/her leave of absence unless excused by the Hospital for good cause.
- vi. When the Dietitian retires under the Retirement Program provided for in this Agreement.

Section 5. Call-Off Procedures

In the event that a Hospital determines that it is necessary to reduce staffing at a Hospital on a given shift due to a reduced workload, the following procedures will apply:

First, volunteers will be solicited. If there are no volunteers, then any *per diem* Dietitians working on that shift will be canceled or sent home early.

In the event that there are no volunteers or *per diem* Employees on the shift in question, the Dietitian to have his/her hours reduced will be selected on a rotational basis consistent with the current practice of rotating the involuntary cancellation of hours throughout the year until all Dietitians have taken a turn. Cancellation of shifts and hours will be recorded to facilitate proper rotation of reductions. A Dietitian who has been placed "in-charge" may be exempted from call-off whenever Hospital management concludes that the Dietitian is needed to remain in charge for the shift.

If the remaining staff would not be qualified to perform the available and anticipated work if the individual to be canceled as set forth above were selected for temporary reduction, the next Employee in line for reduction will be selected.

A Dietitian working at premium rates may be chosen for reduction out of the preceding order.

ARTICLE 5
WAGE SCALE PLACEMENT

Section 1.

Employees in the job classifications listed in this Appendix will be placed on the scales set forth in this Appendix, based on years of experience credited by the Hospital.

Section 2.

If the Union believes that the years of experience identified for a current Bargaining Unit Employees is not accurate, the Union will have up to thirty (30) days following ratification of this Agreement to provide Human Resources with verifiable documentation supporting an adjustment to the Hospital's wage step placement.

Section 3. Previous Experience

The Hospital may place new hires on any step of the scale, but if a new hire is granted experience credit that results in pay for experience exceeding that of any incumbent Bargaining Unit Employee who has like experience and at least the same status, the incumbent shall be granted equivalent credit for experience as the new-hire at the time of the new-hire's employment and the anniversary date of the incumbent Bargaining Unit Employee shall be changed to the same date as the new-hire. If the Hospital's records are incomplete with respect to tenure credit, the burden of proof of all tenure credit shall rest with the Bargaining Unit Employee. The Hospital's determination of the amount of experience credit (if any) to grant a new hire for purposes of placement, or for which to credit an incumbent for purposes of administration of this Article, shall not be a subject for grievance.

SIDE LETTER REGARDING DIETITIAN CLINICAL LADDER

Within 90 days of ratification, the Hospital will appoint a work group to meet and confer regarding development of a clinical ladder program for Dietitians. The work group will consist of two (2) supervisory employees appointed by the Hospital and two (2) bargaining unit employees appointed by the Union. In addition, one (1) member of the Hospital's Labor Relations team and one (1) member of the Union's staff may attend as observers. Within 180 days of ratification, the work group will meet no more than two (2) times not to exceed 90 minutes per meeting. Within thirty (30) days of the work group's last meeting, the work group will provide recommendation to the Hospital regarding the clinical ladder program. Within 90 days of receiving the recommendation(s), the Hospital will provide a written response either approving, denying or reasonably modifying each recommendation.

MEMORANDUM OF AGREEMENT – 12-HOUR SHIFT (AWS)

A. APPLICABILITY

This Memorandum of Agreement (“MOA”) is intended to function as the exclusive provisions governing Alternative Workweek Schedules, which are shifts that exceed eight (8) hours up to twelve (12) hours (hereafter “AWS”), and overtime premiums for represented Employees and reflect the Parties’ agreement to opt-out of the implementation, overtime and other standards applicable to AWSs under Labor Code sections 510 and 511 and the applicable California Wage Orders, including but not limited to Wage Order No. 5, which standards will not apply. The Parties acknowledge that this MOA meets the requirements of Labor Code Sections 510(a)(2) and 514 by expressly providing terms related to wages, hours of work, and working conditions, including premium wage rates for all overtime hours worked, as specified herein, and exclusively govern the implementation, administration and use of AWSs for represented Employees.

B. GENERAL PROVISIONS

The Hospital may implement AWSs without any vote for (a) Employees in units created after the ratification of the Parties’ Collective Bargaining Agreement (“CBA”), (b) any new Employees hired after such ratification, (c) Employees already working an AWS at the time of such ratification, and/or (d) Employees who voluntarily request or accept a position in a unit with an AWS at any time after such ratification. The Hospital must advise Employees of the AWS.

Employees who voluntarily accept a position with an AWS shall maintain their seniority and their status of employment (*e.g.*, Full-Time, Part-Time, or PRN).

The Hospital may, in its discretion, modify or discontinue AWSs for any Employee or group or unit of Employees upon a 60-day notice to the Union and the Employees who will no longer be scheduled to work AWSs. During the 60-day notice period, upon request, the Hospital will meet and confer with the Union regarding modification or discontinuance of the AWS.

At the time of ratification of the Parties’ CBA, Employees working non-AWS shifts (*e.g.*, 8-hour shifts) shall maintain their status.

In the event an Employee is hired into, has accepted, or is otherwise working a schedule with an AWS, this MOA will not prohibit the Employee from seeking an available non-AWS position. However, the posting of positions that do not have an AWS shall be at the discretion of the Hospital.

In the event that a Hospital wishes to open a new unit with AWSs, it may do so without taking a vote. The Hospital will notify the Union in advance of opening such a unit. Incumbent Employees working 8-hour shifts as of ratification of the Parties’ CBA desiring to transfer to the new unit who wish to work 8-hour shifts will be accommodated, so long as such transfers do not exceed 20% of the shifts on a given shift.

C. POSTING AND SCHEDULING

Upon implementation of AWSs in an existing eight-hour unit, the initial number of AWS positions created by the Hospital will equal the number of Employees in the unit desiring such positions, provided that a staffing vehicle can be arranged to accommodate those Employees choosing to participate. In addition, in the event that at implementation more AWS positions are needed in the unit than there are interested Employees already employed by the Hospital, the Hospital may utilize outside resources to fill the needed positions.

Both 8-hour and AWS positions will be posted and filled in accordance with the terms of this CBA. The Hospital may, in its discretion, fill vacant AWS positions with 8-hour shift Employees to cover 8 of the AWS hours.

D. PAY

Employees working in a 12-hour shift position will be paid their hourly straight time rate for the first 12 hours in a shift. Hours worked in excess of 12 hours in a shift (excluding the meal period) will be paid at the rate of twice the Employee's regular rate of pay. Employees who work more than three (3) 12-hour shifts in a 7-day work period or over 40 hours in a work week will be paid one and one-half (1½) times their regular rate for each such additional hour.