



# Nurses for Nurses

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## COLLECTIVE BARGAINING AGREEMENT

Between

Nurses for Nurses, Teamsters Local 2024

and

Corewell Health East

For the period 01/01/2026 through 12/31/2028

*The Teamsters reserve the right to modify, amend, supplement, clarify, or withdraw these proposals at any time during negotiations.*

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## **Article 1. Agreement.**

This Collective Bargaining Agreement (“Agreement”) is entered into on \_\_\_\_\_, 2026 between COREWELL HEALTH EAST (“CHE,” “Corewell,” or “Hospital”) and TEAMSTERS LOCAL UNION NO. 2024 (“Local 2024” or “Union”), an affiliate of the INTERNATIONAL BROTHERHOOD OF TEAMSTERS (“IBT”) that has delegated to the Union the authority to bargain this Agreement and represent the CHE registered nurses (“RNs”) identified in the Agreement Recognition Article.

## **Article 2. Recognition**

CHE recognizes the Union as the collective bargaining representative regarding wages, hours, terms and conditions of employment regarding all full-time and regular part-time registered nurse employees, including casual nurses, contingent nurses, flex nurses, and charge nurses, employed by the Employer at or through the Employer’s hospitals, facilities and campuses located at: 3601 W 13 Mile Rd, Royal Oak, MI 48073; 28050 Grand River Ave, Farmington Hills, MI 48336; 26901 Beaumont Blvd, Southfield, MI 48033; 468 Cadieux Rd, Grosse Pointe, MI 48230; 44201 Dequindre Rd, Troy, MI 48336; 33155 Annapolis St, Wayne, MI 48184; 10000 Telegraph Rd, Taylor, MI 48180; 5450 Fort St, Trenton, MI 48183; 18101 Oakwood Blvd, Dearborn, MI 48124 excluding supervisors, guards, confidential and all other employees as certified in NLRB Case No. 07-RC-351617.

## **Article 3. Probationary Period**

The probationary period for all bargaining unit members is ninety (90) calendar days. The Hospital and Union may agree in writing to extend the probationary period by an additional thirty (30) days. Probationary employees do not have seniority. None of the Agreement provisions (specifically including the grievance and arbitration procedure) are applicable to a probationary employee unless otherwise provided for in law. Probationary employees are at-will employees during the probationary period.

## **Article 4. Definitions**

For purposes of this Agreement, the following definitions apply:

“**RN**” refers to a CHE employee covered by this Agreement.

“**Full-time**” refers to RNs who are regularly scheduled to work 72 to 80 hours each pay period.

“**Part-time**” refers to RNs who are regularly scheduled to work 71 hours or less each pay period, unless status is Contingent.

“**Contingent**” refers to RNs who are scheduled to work on a per diem or as-needed basis, without a regular or consistent schedule and without a designated end date. While Corewell policy refers to these nurses as “casual” nurses, this Agreement uses the terms interchangeably.

“**APP**” refers to Advanced Practice Providers. These are RNs who hold a master’s degree in nursing and are certified as a Nurse Midwife, Nurse Anesthetist, or Nurse Practitioner.

“CRNA” refers to RNs employed as certified registered nurse anesthetists at Farmington Hills 28050 Grand River Ave, Farmington Hills, MI 48336.

## **Article 5. Management Rights**

Except to the extent expressly abridged by this Agreement, CHE reserves and retains, solely and exclusively, all rights to manage the Hospital and its activities and operations.

Existing CHE policies, rules, and regulations shall remain in effect for bargaining unit members unless they conflict with a specific provision of this Agreement, in which case the Agreement shall control.

CHE may not unilaterally modify or implement policies, rules, or regulations applicable to bargaining unit members that affect wages, hours, or other terms and conditions of employment during the term of this Agreement. Any proposed changes to such policies shall be subject to agreement with the Union.

New or revised policies unrelated to mandatory subjects of bargaining may be implemented with at least 30 days’ advance notice to the Union and affected employees, provided they do not conflict with this Agreement. Upon request, the Union shall have the right to discuss and bargain the effects of the proposed changes with the Employer prior to implementation.

## **Article 6. Union Security and Dues Authorization**

### **Section 1. Union Membership.**

All RNs who have been employed by CHE for at least thirty-one (31) calendar days as of the effective date of this Agreement and all future such registered nurses having been employed for at least thirty-one (31) calendar days must become members of the Union, or pay service fees, consistent with the applicable provisions of the law, as a condition of employment.

### **Section 2. Bona-Fide Religious Objection.**

Any employee who is a member of and adheres to established and traditional tenets or teachings of a bona-fide religion, body or sect which has historically held conscientious objections to joining or financially supporting a labor organization, shall be required to pay sums equal to the service fee to a non-religious charitable fund exempt from taxation under 501(c)(3) of the Internal Revenue Code chosen by the employee. Only employees who qualify under this Section can select the charitable contribution option and must notify, in writing, the Union and CHE of their selection of this option.

### **Section 3. Failure to Remit.**

If an RN fails to comply with the provisions set forth above, they shall have their employment terminated upon request of the Union to CHE, provided that:

- A. The Union has furnished CHE written proof that the foregoing procedure has been followed, and the Registered Nurse remains delinquent, and the Union, therefore, requests that he/she be discharged from employment.
- B. CHE is given a period of twenty-one (21) days after the notice in (A) to notify the employee of the situation and the potential consequence of failing to pay dues, service fees, or, if applicable, the charitable contribution in lieu of dues.

### **Section 4. Payroll Deduction of Union Dues.**

RNs in the bargaining unit and RNs newly hired into the bargaining unit will be informed by the Union of their Union membership obligations defined above, and the Union will further provide all current and future employees appropriate forms setting forth the employee's authorization of payroll deduction of Union dues. Copies of such forms will be forwarded to the Hospital. Upon receipt of a signed authorization, the Hospital shall deduct from the employee's earnings the Union dues and forward the same to the Union monthly.

### **Section 5. Information.**

CHE agrees to provide a list of new hires, terminations, and transfers into the bargaining unit to the Union on the first calendar day of each month. CHE will allow Union Stewards approximately thirty (30) minutes of paid time (not calculated into overtime), once per month, to meet with employees hired into the bargaining unit during the preceding thirty-one (31) days. Such time will be voluntary for those new hires who wish to participate. If the meeting occurs during a scheduled shift for a new hire, the RN will remain in paid status; the meeting will be unpaid for new hires that choose to join the meeting outside of their scheduled shift.

### **Section 6. Dues Rate.**

The amount of monthly dues and the service fee rate must be certified in writing by the Union and delivered to the Hospital Human Resources Department prior to deduction of such dues and fees. Changes in the amount of the monthly dues and/or service fee rate must be certified by the Union and delivered to the Employer at least 60 days prior to the first payday to be affected by the change.

### **Section 7. Hold Harmless.**

The Union shall indemnify the Hospital and hold it harmless against any loss or claims for damages, including all legal fees resulting from the deduction of any sums and/or the payment to the Union of any sums deducted under this Article.

## **Article 7. Union Activities**

The Hospital recognizes the right of any nurse covered by Article 2 to become a member of the Union. CHEI will advise newly hired RNs that the Union is their bargaining representative. CHE will notify the Union of new hires monthly. CHE will provide the Union with the employees' name, address, job profile/job code, and the location where they have been hired to work. CHE agrees to permit a Union representative to speak at all Nursing Orientation sessions for forty-five (45) minutes. The Union will provide copies of this Agreement to RNs at its expense.

## **Article 8. Union Stewards and Representative List**

The Union will provide CHE with a list of Union Stewards/Alternates at least one time each calendar quarter. The list will include the following information for each steward:

1. Name;
2. Position;
3. Facility where individual works;
4. Shift; and
5. Unit, department or other area where the individual works.

## **Article 9. Bulletin Boards**

There shall be no less than the following secure bulletin boards on each campus:

- a) Royal Oak: Six.
- b) Troy, Dearborn, and Farmington Hills: Two.
- c) Grosse Pointe, Taylor, Trenton, Wayne, and Southfield: One.

Through mutual agreement, CHE and the Union will designate the bulletin board locations. Union Business Agents will control access to the secure bulletin boards. The Union shall post Union notices relating to general Union activities on the secured bulletin boards after, for information purposes only, providing a copy of the proposed posting to CHE Human Resources at least five (5) calendar days before the posting is made, unless the timing of a posting is a priority. Under these circumstances, the Union will contact CHE Human Resources and provide a copy of the proposed posting as soon as reasonably possible.

## **Article 10. Non-Discrimination**

CHE agrees that it will not discriminate or retaliate against RNs based on any legally protected characteristic including but not limited to race, color, disability, national origin, religion, age, sex, height, weight, marital status, sexual orientation, gender identity / expression or any other characteristic protected by federal and / or state law. The parties agree that they may discuss

alleged violations of this provision in an effort toward internal resolution but that any such allegations or claims are not subject to the grievance and arbitration provisions of this Agreement.

## **Article 11. Supervisory Duties**

CHE will not assign or require bargaining unit nurses to perform supervisory duties as defined in the National Labor Relations Act (“NLRA”). CHE agrees that RNs in the following positions, and any similar positions, are not supervisors as defined in the NLRA, and that bargaining unit members are permitted to perform the duties within the job descriptions:

1. Care Coordinator Lead
2. Care Management Educator
3. Cath Lab Charge Lead Nurse
4. Charge Lead Nurse
5. Charge Lead Nurse Ambulatory
6. Clinical Nurse Specialist
7. Clinical Research Nurse Senior
8. Nurse Educator
9. Nurse Professional Development Generalist
10. Nursing Professional Development Specialist
11. ECMO Program Manager
12. Pediatric Trauma Program Manager
13. Quality Improvement RN Coordinator
14. RN Clinical Data Lead
15. Utilization Management Educator
16. Other Similar positions

Subject to agreement with the Union, CHE has the right to modify the job descriptions identified above during the Collective Bargaining Agreement term. When bargaining unit nurses occasionally act as a charge nurse, for which a premium is paid, CHE agrees the nurse is not a supervisor as defined in the NLRA simply because of the job duties performed while acting as a charge nurse.

## **Article 12. Protection of Rights**

### **Section 1. Picket Lines: Sympathetic Action**

It shall not be a violation of this Agreement, and it shall not be cause for discharge, disciplinary action, or permanent replacement in the event an employee refuses to enter upon any property involved in a primary labor dispute, or refuses to go through or work behind any primary picket line, including the primary picket line of the Union, and including primary picket lines at the Corewell’s places of business.

### **Section 2. Struck Goods**

It shall not be a violation of this Agreement, and it shall not be cause for discharge, disciplinary action, or permanent replacement if any employee refuses to perform any service CHE undertakes

to perform as an ally of an CHE or person whose employees are on strike and which service, but for such strikes, would be performed by the employees of the Employer or person on strike.

## **Article 13. No Strike / No Lockout**

### **Section 1. No Strike.**

The Union agrees for itself and for all bargaining unit members that during the term of this Agreement neither the Union, bargaining unit members, nor any Union agent will engage in, encourage, or condone any strike, slowdown, unlawful refusal to work, sympathy strike, picketing, boycotts, or any similar action that may violate this Article.

### **Section 2. No Lockout.**

CHE agrees that it will not lock out its employees during the term of this Agreement.

## **Article 14. Seniority**

### **Section 1. Definitions.**

- A. **“Bargaining Unit Seniority”** shall be defined as an RN’s continuous length of service with CHE, or a predecessor, in a bargaining unit position.
- B. **“Unit/Department Seniority”** shall be defined as an RN’s most current continuous length of service within a particular unit/department. Contingent employees shall accrue Unit/Department Seniority at half the rate of full-time and part-time RNs.
- C. **“Length of Service Seniority”** shall be defined as continuous length of employment in any position with CHE, or its predecessor.
- D. **“APP Seniority”**: APPs will have separate seniority lists for A-C.

### **Section 2. Seniority Lists.**

CHE shall provide the Union with a “Bargaining Unit Seniority” list as soon as reasonably possible but no later than forty-five (45) days after ratification. CHE shall then provide the Union with an updated copy of the Bargaining Unit Seniority list upon request. The “Bargaining Unit Seniority” list shall contain the following information for all bargaining unit members: the member’s name, hospital, position title, RN licensure date, continuous service date and original hire date.

Each unit/department will maintain a “Unit / Department Seniority” list that contains the following information for all bargaining unit members: member’s name; work site; and the unit/department hire date.

Disputes concerning the seniority lists shall be subject to the grievance procedure, if not amicably resolved.

### **Section 3. Seniority Status**

Upon completion of the RN’s probationary period, the RN shall acquire seniority retroactive to the RN’s date of hire and shall be placed on the Bargaining Unit Seniority list with a date to coincide with the RN’s most recent date of hire. As between any two (2) or more RNs who have the same Bargaining Unit Seniority date, placement on the seniority list shall be determined first by RN licensure date, and if the same, then by the highest sum of the last four (4) digits of the RN’s social security number.

### **Section 4. Application**

#### **A. Appointment Decisions**

Unless otherwise specified, CHE will use experience, skill, ability, and qualifications to make hiring, promotion, assignment, transfer and other decisions, and where those factors are relatively equal, seniority will control. CHE will give preference to Unit/Department Seniority, then Bargaining Unit Seniority, and finally Length of Service Seniority.

#### **B. Scheduling**

Unless otherwise specified, CHE will make scheduling-related decisions based on Unit/Department Seniority.

#### **C. Reduction in Force**

When a reduction in force occurs within a specific unit, layoffs shall be conducted in order of inverse seniority, meaning the RN with the least Unit/Department Seniority in the affected unit shall be laid off first. RNs shall then be recalled in reverse order of layoff. With respect to layoffs and reductions, CHE will provide as much notice as possible to the Union, but in any case, not fewer than twenty-one calendar days in advance of the layoff. RNs may not “bump into” a position or be “bumped” from their position by another RN.

### **Section 5. Retaining Seniority**

RNs shall retain seniority for one hundred and eighty (180) calendar days after leaving the bargaining unit. RNs who fail to return to the bargaining unit within 180 days shall lose their seniority status on the 181<sup>st</sup> day.

However, RNs with two or more years of continuous service prior to termination who are reinstated within one year and who remain re-employed for eighteen (18) months shall re-acquire their original Bargaining Unit Seniority date upon application.

## **Section 6. Loss of Seniority**

For purposes of this Agreement, and to the extent consistent with other terms of this Agreement, RNs lose their seniority only when:

- The RN retires.
- The RN resigns (after 180 days for RNs with fewer than 2 years of continuous service and 365 days for RNs with more than 2 years of continuous service, consistent with Section 5).
- The RN is terminated for just cause.
- The RN is not recalled within twelve (12) months after a layoff.
- The RN fails to report for a scheduled shift three (3) days in a row without proper notice.
- The RN overstays a leave of absence (“LOA”) without prior written approval from CHE.
- The RN engages in other nursing employment during an LOA without prior written approval from CHE.
- The RN fails to return from a non-protected, non-work-related disability or medical leave within twelve (12) calendar months.
- As otherwise provided in Section 5 of this Article.

## **Section 7. Correcting Errors.**

RNs shall have the right to review, challenge, and correct seniority information. Errors shall be corrected within fourteen (14) calendar days of notice. Disputes about seniority are subject to the grievance procedure.

# **Article 15. Posting, Hiring, and Transfer of Vacant Positions**

## **Section 1. Purpose**

This Article establishes clear timelines and procedures for filling vacant positions.

## **Section 2. Definitions**

A “vacancy” exists when:

1. A bargaining unit position becomes vacant due to resignation, retirement, termination, transfer, promotion, creation of a new position, or changes in staffing needs; or
2. Management becomes aware that a vacancy will occur within a defined future date.

“Posting” means listing any vacancy for a unit or department where the position opening exists.

### **Section 3. Internal Posting**

1. Within ten (10) calendar days of a vacancy being identified, CHE shall post the vacancy internally within the affected department/unit.
2. Internal postings shall remain open for seven (7) calendar days.
3. Each posting shall include:
  - a. Job title and department/unit
  - b. FTE status and shift(s)
  - c. Required and preferred qualifications
  - d. Wage rate or wage range
  - e. Posting and closing dates

### **Section 4. External Posting**

If the position is not filled through the internal posting process, CHE shall post the position outside the affected department/unit in CHE within ten (10) calendar days following the close of the internal posting. Such external postings shall remain open for seven (7) calendar days, unless extended due to documented recruitment difficulty.

### **Section 5. Interview Process**

1. Qualified internal applicants shall be given first consideration and shall be interviewed prior to or concurrently with external applicants.
2. Interviews shall be scheduled and completed within fifteen (15) calendar days following the close of the applicable posting (internal or external).
3. Selection criteria shall be objective, job-related, nondiscriminatory, and consistent with patient care and operational needs.
4. Selection criteria shall follow Article 14 when applicable.

### **Section 6. Selection and Offer**

1. CHE shall notify the selected candidate and extend an offer within ten (10) calendar days following completion of interviews.
2. If no qualified candidate is identified in the internal posting process, CHE shall notify the Union and may repost, revise the position posting, or proceed to the external posting process described herein.
3. Offers are contingent upon successful completion of all required pre-employment and credentialing requirements, where applicable.
4. If there are no qualified applicants following the exhaustion of the internal and external processes, CHE may then fill the position with an outside hire.

## **Section 7. Internal Transfers**

1. Bargaining unit employees selected for another bargaining unit position within CHE shall transfer into the new position within thirty (30) calendar days of acceptance of the offer.
2. Orientation, training, and scheduling shall be coordinated to minimize disruption to patient care.
3. Any extension beyond thirty (30) days must be mutually agreed upon by CHE, the employee, and the Union.
4. Employees transferring under this Article shall retain all accrued hospital seniority, benefits, and leave balances.

## **Section 8. Exceptions**

1. Timelines outlined in this Article may be adjusted in circumstances involving:
  - a. Unforeseen operational disruptions
  - b. Unanticipated staffing crises
2. CHE shall notify the Union in writing when invoking an exception and shall make reasonable efforts to comply with the intent of this Article.

## **Section 9. Enforcement**

1. Alleged violations of this Article shall be subject to the grievance and arbitration procedures of this Agreement.

## **Section 10. FTE Adjustments from Restructuring, Split Positions, or Part-Time Vacancies**

1. When CHE restructures a bargaining unit position, divides a single position into multiple positions with varying Full-Time Equivalent (FTE) levels, or when a part-time bargaining unit position becomes vacant due to retirement, resignation, or other permanent separation, the bargaining unit employee(s) currently performing the same or substantially similar work shall be afforded first opportunity to adjust their FTE.
2. Prior to posting any newly created, modified, or vacant position under this Section, CHE shall offer the affected employee(s) the option to:
  - a. Increase their FTE up to the level of the available hours; or
  - b. Decrease their FTE, subject to operational requirements.
3. CHE shall provide written notice to the Union and affected RN of the available FTE adjustment(s), including the number of hours available and the effective date. Affected employee(s) shall have seven (7) calendar days from receipt of notice to indicate their preference in writing.
4. Any adjustment in FTE under this Section shall not result in loss of seniority, accrued

benefits, or accrued leave balances, except as required by benefit plan provisions tied to FTE status.

5. If the affected employee(s) decline to adjust his/her FTE, or if available hours remain after the FTE adjustment(s) are made, CHE may post the remaining FTE or position in accordance with the posting and hiring procedures set forth in this Article.
6. Where more than one bargaining unit employee is eligible for FTE adjustment under this Section, the opportunity shall be offered in order of seniority within the department or unit, unless otherwise mutually agreed.
7. CHE shall not use position restructuring, position splitting, or FTE adjustments to circumvent internal posting rights, transfer provisions, or other protections of this Agreement.

## **Section 11. Timely Implementation of Approved Shift Transfers**

Approved voluntary shift transfers within the same unit or department shall be implemented within a reasonable time. For purposes of this Article, a reasonable time shall not exceed thirty (30) calendar days from the date the transfer is awarded, unless otherwise mutually agreed to in writing by CHE, the affected nurse, and the Union.

If CHE delays implementation due to documented staffing or operational needs, CHE shall provide the affected nurse and the Union written notice specifying:

1. The reason for the delay; and
2. Anticipated effective date of the transfer.

Failure to provide the required written notice and anticipated effective date shall constitute a violation of this Agreement and shall be subject to the grievance and arbitration procedures.

An awarded or approved shift transfer shall not be rescinded or revoked solely due to CHE's inability to backfill the nurse's current position.

All vacancies shall be posted and made available on the unit or departmental level, then the bargaining unit level, before being posted to external candidates.

## **Section 12. Reinstatement**

An employee with two (2) or more years of continuous service, who terminates his/her employment, will be reinstated and his/her bargaining unit seniority restored if:

- The person is re-employed within one (1) year of the date he or she was terminated;
- The employee remains re-employed for eighteen (18) months; and

- The employee applied for reinstatement after eighteen (18) months of re-employment.
- Where a non-bargaining unit employee leaves CHE under reinstatement guidelines and returns to the bargaining unit, the guidelines under which the employee left will apply.
- Employees who are reinstated shall retain their date of hire as their anniversary date upon reinstatement.

## **Article 16. Hours of Work**

### **Section 1. Scheduling Guidelines**

- A. Minimum work requirements may differ based on business needs for units/departments with different work schedules. CHE will not make any material changes to specific minimum work requirements without agreement with the Union.
  
- B. When CHE seeks to change the normal hours of work in a department/unit, the decision must be based on the need to improve services to clients and residents, or the public, or to improve the efficiency of operation. Any change must be by mutual agreement in the form of a Memorandum of Agreement with the Union and CHE.
  
- C. When an RN's hours of work per day or days of work are changed, their regular bi-weekly hours of work shall not be reduced.

### **Section 2. Scheduling Committee**

There shall be unit-based scheduling committees, the details of which are laid out in Article 23, Section 7.

### **Section 3. Schedule period**

- A. A scheduling period may be defined either as a 4-week period, totaling twenty-eight (28) days, or a 6-week period, totaling forty-two (42) days. The work week begins on Sunday 00:01 and ends on Saturday at 23:59.
- B. RNs will be given a dedicated amount of time to enter their ideal schedule through the self-scheduling process in the online scheduling system.
- C. If an RN cannot complete this step, they can notify the manager or scheduling committee of their requested shifts.
- D. If this is not completed by the deadline to balance the schedule, the manager or nurse scheduling committee will fill in the RN's schedule according to the department's needs.

#### **Section 4. Self-Scheduling Process**

- A. Self-scheduling will be made available to RNs at least six (6) weeks prior to the scheduling period.
- B. Self-scheduling will be open for two (2) weeks.
- C. Self-scheduling will close four (4) weeks prior to the start of the schedule period, at the end of the day 23:59.
- D. The Unit Scheduling Committee will have one (1) week to balance the schedule and submit to unit management.
- E. The finalized schedule will be published to RNs for viewing purposes no later than three (3) weeks prior to the start of the schedule. At this time the schedule is final.
- F. Once the schedule is published, all remaining core needs will be available for forty-eight (48) hours for the unit RNs to pick up before being opened to the rest of the Bargaining Unit.

#### **Section 5. Scheduling Requirements**

- A. RNs will not be scheduled to work more than three (3) consecutive days without prior approval from the RN.
- B. RNs shall not work more than sixteen (16) hours per shift.
- C. Each shift worked requires a minimum of eight (8) hours between shifts, unless approved by the RN.
- D. When an RN is scheduled to rotate shifts from days to nights or nights to days, CHE shall provide a minimum rest period of seventy-two (72) consecutive hours between the end of the outgoing shift and the start of the incoming shift, unless freely and voluntarily waived in writing by the RN.
- E. RNs will be scheduled one Monday and one Friday per scheduling period (this requirement excludes Contingents). Mondays and Fridays off must be balanced and rotated between team members.
- F. RNs will schedule weekend commitments based on Unit/Department guidelines and needs. Any change to weekend cycles/requirements will need to be mutually agreed upon between the RN and scheduling committee/manager.
- G. Weekends times include: Friday 2300 through Sunday 2359
- H. RNs may schedule themselves for 4, 8, 10, or 12-hour shifts to pick up shifts over their FTE/hourly commitment based on unit/department needs.
- I. Specific circumstances will be accommodated as long as mutually agreed upon between the RN and scheduling committee/manager.

J. Float and Flex RNs will not be placed in Charge Nurse roles.

K. CHE will provide a yearly schedule of deadline dates for scheduling.

If there are additional staffing needs in the final schedule, department managers shall send core schedule needs to In-House Float/Nursing Resource Team (“NRT”) team no later than three (3) weeks prior to start of schedule and then to the Flex team no later than two (2) weeks prior to the start of schedule.

For daily vacancies (e.g., call-in, census change, acuity change) department managers, nursing supervisors or other designee shall call the Flex team office for available resources.

For departments with RN(s) on an LOA or experiencing high functional/operational vacancy rates, managers should fill out a CLR (Contract Labor Request), also known as Long Term Commitment (LTC) Form, and email it to the Flex team office CHEbeaumontflex@corewellhealth.org.

## **Section 6. Contingent Scheduling Guidelines**

A. All Contingent RNs must fulfill the minimum required hours of work for their unit/department, maintaining current practices.

B. Minimum work requirements may differ based on business needs for units/departments with different work schedules. CHE will not make material changes to specific minimum requirements for Contingents without agreement with the Union.

C. Contingent RNs have the option to self-schedule once the schedule is opened or submit a schedule to the scheduling committee/manager prior to the schedule being finalized.

D. Full-time and part-time RNs’ schedule will not be adjusted to accommodate Contingent RNs’ schedule. If a particular day is submitted by a Contingent and there is not a need for a Contingent nurse, the Contingent will not be scheduled for that day.

E. Hospital canceled shifts count toward an RN’s minimum scheduling requirements.

F. Contingent RNs have the option to remove themselves from any scheduled day if done with at least forty-eight (48) hours’ notice.

G. Weekend requirement of 12 hours on a weekend shift per schedule can be fulfilled in four (4) hour blocks, with weekends consisting of Friday 2300 to Sunday 2359 for scheduling purposes only.

H. Float/NRT Contingents may self-schedule on a specific unit, if there are needs for that shift.

I. Contingent RNs will not be required to work holidays or hard-to-fill shifts.

J. Contingent RNs will not be required to take call shifts.

## **Section 7. Flex Scheduling Guidelines**

- A. Flex RNs will be available for deployment thirty-six (36) hours per 4-week scheduling period.
- B. Twenty-four (24) hours are required during the weekend period, each quarter. Quarters are defined as:
  - i. January through March
  - ii. April through June
  - iii. July through September
  - iv. October through December
- C. Weekends for Flex team scheduling purposes only are defined as Friday at 2300 through Sunday at 2359.
- D. Although there is no holiday requirement, Flex RN can opt to work holidays and hard-to-fill shifts.
- E. Staffing support will be available daily, including weekends and holidays, from 0500 to 2300.
- F. Hours can be fulfilled in four (4), eight (8), or twelve (12) hour shifts.
- G. RNs may input schedule availability at any time, as staffing changes arise.
- H. Deployment, redeployment or shift cancellation will occur a minimum of ninety (90) minutes prior to the start of a shift. If an RN is canceled after the ninety (90) minute deadline, the RN will receive two (2) hours of pay at his/her base rate of pay.
- I. Flex RNs have the option to remove themselves from any scheduled day if done with at least forty-eight (48) hours' notice.
- J. Hospital canceled shifts count toward an RN's minimum scheduling requirements.
- K. Flex RNs shall not be canceled during shifts unless all available staffing options are exhausted. If census changes, the Flex RN may be reassigned to another unit or placed in the role of a Break RN or a Resource RN.
- L. While on an LTC, a Flex RN may input additional hourly availability into Einstein.
- M. Flex RNs will not perform Charge Nurse duties and are not eligible for charge nurse pay.
- N. Flex RNs are eligible for preceptor pay, float pay and short staffing premium pay.

## **Section 8. Float/NRT Scheduling Guidelines**

- A. RNs will self-schedule through ANSOS, or similar scheduling systems, to meet their minimum requirements.
- B. RNs will self-schedule any hours above FTE status in four (4) hour blocks.
- C. RNs will be responsible to self-schedule one (1) summer holiday and one (1) winter holiday.
- D. RNs will not be required to work any hard to fill days.
- E. RNs will fulfill weekend commitment by self-scheduling four (4) shifts in a four (4) week schedule period. These four (4) shifts will be equivalent to half (0.5) the available weekend shifts in a four (4) week period. This can be achieved in any combination or order of days.
- F. RNs will not assume charge roles on any unit but can precept if they are agreeable.
- G. RNs will be offered unit contracts with units that have 15 percent (15%) vacancy rates.
  - i. These contracts will be in increments of eight (8) weeks or twelve (12) weeks.
  - ii. Compensation will be in the form of a bonus once contract is complete.
  - iii. The contractual hours required will be equivalent to their FTE status. Full-time RNs will be required to work three (3), twelve (12) hour shifts for the life of the contract. Part-time RNs will be required to work two (2), twelve (12) hour shifts for the life of the contract.
  - iv. RNs may submit preferred days to the scheduling committee but will be subject to change to balance the schedule and needs for the unit.
  - v. RNs will be required to work every other weekend for the life of the contract unless otherwise agreed upon with the scheduling committee.
  - vi. Part-time RNs will receive five hundred (500) dollars for an eight-week contract and one thousand (1000) dollars for a twelve (12) week contract
  - vii. Full-time RNs will receive one thousand (1000) dollars for a eight-week contract and two thousand (2000) dollars for a twelve (12) week contract.
  - viii. RNs will be allowed one (1) call-in for an eight (8) week contract and two (2) call-ins for a twelve (12) week contract. Any call ins exceeding this will result in forfeiture of bonus.
  - ix. Critical Staffing Pay (CSP) hours do not count towards contract hours.
  - x. Protected time (MESTA, FMLA) does not count towards contract hours.

## **Section 9. Trading Hours:**

- A. Any shift(s) on the final schedule that needs to be changed will be the RN's responsibility to find a replacement, unless an emergency issue is addressed with nursing leadership.
- B. Trading of shifts may occur utilizing the swap process in the web scheduler, shift trade form, or informing manager via email. The trade must be of the same category (RN/RN) and cover the duration of the shift. The trade must be within the same pay period and must not incur overtime hours. Both team members must agree to trade a minimum of 24 hours in advance, to prevent any staffing unit shortages.
- C. All trade/swap requests less than 24 hours in advance must be approved by a leader on call (Manager or house supervisor). These trades are considered emergency trades. The Charge Nurse shall not approve these trades.

## **Section 10. Cancellation/Pulls**

### **A. Order of Cancellations:**

- i. Critical Staffing Pay (CSP), Exempt Team Member block-pay and other premium pay programs
- ii. Overtime (OT)
- iii. Contingent, Flex program
- iv. Contingent, hospital-based (NRT/Float)
- v. Contingent, department/unit-based
- vi. Agency Personnel (guaranteed work week 36 hours)
- vii. Regular full-time and part-time (department and/or hospital-based)

B. The RN must be canceled no later than two (2) hours prior to the start of shift. If the RN is canceled with less than two (2) hours' notice, the RN shall receive two (2) hours of base pay at his/her base rate of pay.

C. Future overtime will not be considered when canceling for low census.

D. The order of pulls will follow the above list unless the system is already established or voted on differently by unit or department UPC.

## **Section 11. Remote/Hybrid Guidelines**

RNs who perform hybrid and/or remote work shall continue to perform said work. CHE shall not reclassify such work without agreement from the Union. Any reclassification from remote to hybrid or on-site status, or any change in required onsite presence, implemented after the Union's certification and prior to ratification of this Agreement, shall be rescinded upon ratification, unless otherwise agreed by the Union. Except in emergencies, or unforeseen operational needs, CHE shall provide the RN with no less than fourteen (14) calendar days' written notice of required in-person attendance and shall make good-faith efforts to accommodate the RN's scheduling, commuting, caregiving, or disability-related needs. CHE shall not utilize electronic surveillance, keystroke monitoring, or webcam monitoring for remote RNs. Performance shall be evaluated based on objective criteria and outcomes. In any reduction in force, remote or hybrid status shall not be considered a separate classification or used to bypass seniority provisions of this Agreement. Remote work may be performed from any location within the United States. CHE shall provide all equipment necessary for remote/hybrid work, including computer hardware, required peripherals, secure network access, and job-specific software. RN shall be reimbursed for reasonable and necessary work-related expenses and equipment not provided by CHE. In the event of a declared emergency, public health crisis, disaster, or similar operational emergency, CHE may request

assistance from remote or hybrid RNs to support patient care operations. Such support shall be governed by the following:

### **1. Voluntary Direct Patient Assignments**

Remote or hybrid RNs shall not be involuntarily assigned a direct bedside patient care assignment if they have not regularly performed patient-facing clinical duties within the previous twelve (12) months. RN may volunteer for such assignments if they feel competent and willing to do so.

### **2. Alternative Support Roles**

Remote or hybrid RNs who do not volunteer for direct patient assignments may be assigned to alternative supportive duties within their competency.

### **3. Competency and Safety**

No RN shall be assigned duties for which they do not have current demonstrated competency. CHE shall not require RNs to perform clinical functions outside the RN's recent training, experience, or licensure scope of practice.

### **4. Refusal of Unsafe Assignment**

Remote or hybrid RNs may decline a redeployment assignment that the RN reasonably believes would place patients or the RN at risk due to lack of recent clinical practice, training, or competency. Such refusal shall not result in discipline, retaliation, or adverse action.

### **5. Training and Orientation**

If RNs volunteer for direct patient care redeployment, CHE shall provide appropriate orientation, access to necessary equipment, and training sufficient to support safe practice.

### **6. Maintenance of Pay, Benefits, and Status**

Temporary redeployment during an emergency shall not result in a reduction in pay, loss of remote/hybrid status, or permanent reassignment to onsite duties after the emergency concludes. Remote or hybrid RNs who perform bedside, other direct patient care duties, or alternative roles during redeployment shall receive the same base rate of pay (if higher than RNs normal base), shift differentials, premiums, incentive pay, and overtime eligibility applicable to bedside or hourly RNs, rather than their regular base or salaried rate. For salaried RNs, time worked in excess of their regular schedule while redeployed shall be compensated at the applicable overtime or premium rates consistent with bedside staff. Following the conclusion of redeployment, RNs shall be provided reasonable time and workload adjustment to address backlogged duties from their regular remote or hybrid roles. CHE shall not require RNs to complete both redeployment duties and accumulated regular duties without appropriate schedule relief.

## **7. Duration of Redeployment**

Any redeployment shall be limited to the duration of the declared emergency or operational necessity and shall be discontinued as soon as practicable.

## **Section 12. Salary Nurse Guidelines**

### **A. Coverage and Exclusions**

This Section applies only to bargaining unit nurses who are classified by the Employer as salaried and overtime-ineligible (“Salaried Nurses”). Advanced Practice Providers (“APPs”)—including, but not limited to, Nurse Practitioners, Nurse Midwives, and CRNAs—are excluded from this Section and are covered under the separate APP Article.

### **B. Professional Autonomy and Establishing a Regular Schedule**

Each Salaried Nurse will work with the Employer to establish a regular schedule and coverage expectations based on department/service needs and the services provided.

### **C. Flexible Scheduling**

Where scheduling needs routinely depart from regular business hours, a Salaried Nurse may request a flexible schedule arrangement, including but not limited to adjusted start/end times or varied workdays.

Supervisors are encouraged to provide maximum flexibility when service, productivity, and patient care will not be adversely affected.

If a written request for a flexible schedule is denied, the denial will be in writing and will include the reason(s) for the denial.

Flexible schedule arrangements may be modified, suspended, or rescinded by the Employer for operational reasons. When practicable, the Employer will provide advance notice and the reason(s) for the change.

With supervisor approval, a Salaried Nurse who works evenings, weekends, or beyond their typical schedule may adjust time on other days without using leave. This flexibility is not an hour-for-hour bank, nor must it occur within the same workweek.

### **D. Time Reporting**

Salaried Nurses will not be required to record “extra hours” worked beyond their regular schedule for payroll purposes. Time reporting, when required, will be limited to exceptions and leave consistent with the Employer’s system and applicable law.

### **E. Non-Retaliation and Performance Expectations**

No Salaried Nurse will be disciplined or retaliated against for requesting or utilizing an approved flexible schedule arrangement.

## **F. Grace Period**

Punches that fall within the six-minute grace period will round to the scheduled in/out time. Punches outside the six-minute grace period will round to the nearest 1/10th of an hour. For punches that do not have a corresponding schedule, that punch will round to the nearest 1/10th of an hour.

## **Article 17. Break Periods**

RNs scheduled to work six (6) or more hours shall receive an unpaid thirty (30) minute uninterrupted meal break. After six (6) hours worked, the time-keeping system will automatically deduct thirty (30) minutes for the meal break (recorded at the fourth hour).

When working two consecutive eight (8) hour shifts, the time-keeping system will deduct thirty (30) minutes once for the meal break.

When an RN is unable to take his/her scheduled meal break due to operational issues or is interrupted and required to return to work, the RN shall be permitted to complete his/her meal break at another time on that shift, or the automatic meal period deduction shall be cancelled, in which case the RN shall be paid for all hours worked on the shift.

The time-keeping system shall allow RNs to attest to the outcome of their meal period break after each shift upon their punch OUT. The timekeeping system will ask RNs if they received a thirty-minute uninterrupted meal break and allow them to select a response of "Yes" or "No." If the RN's response is "No," the timekeeping system will automatically add back the 30 minutes meal deduction. The time-keeping system shall allow time editors to cancel the automatic unpaid meal period deduction with management approval.

Nurses shall not be retaliated against for not receiving a paid thirty (30) minute meal break and recording it through time-keeping system appropriately.

RNs are entitled to two fifteen (15) minute paid rest periods for each eight (8) hour shift worked. Due to workload or other factors, if RNs cannot take their rest periods(s), it shall be combined with their meal break.

## **Article 18. Attendance and Reliability**

### **Section 1. Definitions**

#### **A. Full shift absence**

Full shift absence means not reporting to work for a scheduled shift (including meetings or training) where prior leader approval was not acquired and the time missed exceeds 4 hours. A full shift absence equals 1 occurrence.

#### **B. Partial shift absence**

Partial shift absence means clocking in 6 minutes or more after the scheduled shift start time or clocking out 6 minutes or more prior to the scheduled shift end time, without prior arrangements

and approval, and where time missed is 4 hours or less or the time missed does not qualify as protected time. A partial shift absence equals 0.5 occurrence.

### **C. Grace period**

RNs shall not receive an occurrence for arriving up to six (6) minutes late or leaving up to six (6) minutes early.

### **D. Household illness**

Household illness means unplanned absences on consecutive shifts, up to 40 hours, related to illness impacting one or more household members that is not protected time. The time missed will be considered one (1) occurrence if any of the time is subject to occurrences.

### **E. No call/no show**

No call/no show means failure to notify the nurse's leader of an absence for a scheduled shift or activity.

### **F. Protected time**

Protected time means leave approved under MESTA, FMLA, or other similar applicable laws for which a nurse will not be issued an occurrence.

## **Section 2. No occurrences issued for protected categories**

No occurrences will be issued for MESTA protected time, FMLA protected time, hospital confinement and recovery regardless of FMLA, any approved leave of absence including military leave and work-related injury or illness leave, ADA leave, non FMLA time off due to pregnancy, bereavement, jury duty or serving as a witness for Corewell Health, low census periods, vacation days coded as PTOVC, and any other time off protected by law.

## **Section 3. Occurrences issued**

Occurrences will be issued for all reasons not listed in Section 2 as either full shift absence (1 occurrence) or partial shift absence (0.5 occurrence), including clocking in 6 minutes or more after the scheduled shift start time.

## **Section 4. Calculating occurrences**

### **A. Measurement window**

Occurrences are calculated by adding full shift and partial shift occurrences within the prior 90 calendar days since the last performance correction written notice was issued.

### **B. No reuse of occurrences after notice**

Once a written notice is issued, the occurrences described within that written notice will not be included in future written notices and may not be utilized by CHE to justify any discipline.

### **C. Full-time Nurses**

When full time nurses reach six (6) occurrences within the measurement window described in Section 4(A), CHE will issue the next step of progressive discipline in writing.

**D. Part-time Nurses**

When part time nurses reach four (4) occurrences within the measurement window described in Section 4(A), CHE will issue the next step of progressive discipline in writing.

**E. Contingent Nurses**

When contingent/casual nurses reach two (2) occurrences within the measurement window described in Section 4(A), CHE will issue the next step of progressive discipline in writing."

**Section 5. No call/no show and job abandonment**

- A. Three (3) consecutive days of no call/no show may be treated as job abandonment and grounds for discharge, subject to just cause and the Grievance Procedure Article.
- B. RNs who were no call/no show due to MESTA protected time must notify their leader as soon as practicable and no later than the first shift back to discuss the reason for the failure to follow notice requirements.

**Section 6. Reporting Requirements**

RNs must notify their leader of any unplanned absence or anticipated late arrival after the scheduled shift start time by reporting in advance of the shift start time. RNs using MESTA protected time must follow the MESTA notice protocols. RNs should provide a general reason and expected duration, and if using MESTA must report the time as MESTA protected time.

**Section 7. Next Step on the discipline ladder**

Each time the nurse reaches the applicable occurrence in Section 4 (with occurrences counted per Section 4 and not reused per Section 4(B), CHE may issue the next progressive step under the Discipline, Discharge, and Investigations Article.

**Section 8. Documentation and return to work**

An RN returning to work after being absent due to illness or injury for more than forty (40) hours of scheduled employment may be required to submit complete and sufficient documentation from the nurse's medical provider to Leave Administration before returning to work, except where protected by law.

**Section 9. Grievances**

Attendance discipline is subject to the Grievance Procedure Article. Suspensions or discharge advance directly to Step 3 as provided in the Grievance Procedure Article.

**Section 10. Six-Minute Grace Period.**

There will be a six-minute grace period on time punches during which there shall be no discipline or adverse action of any kind.

# **Article 19. Performance Evaluations**

## **Section 1. Definition**

A “**Performance Evaluation**” is a documented evaluation conducted annually to assess and document how an RN has been performing and to discuss future opportunities for growth and development. Extenuating circumstances (such as a pandemic or a leave of absence) may result in impacts to the specific timelines including variation from the annual timeline.

## **Section 2. Performance Evaluations**

Performance Evaluations occur with each documented review during the formal “Performance Snapshot” process. During the Performance Evaluations review, a written copy of the performance evaluation must be available for the employee to view prior to it being initiated in Workday.

## **Section 3. Peer Evaluations**

Peer evaluations are permitted, provided that RNs must be given the opportunity to select their peer-reviewer.

## **Section 4. Manager-level Evaluations**

Evaluations written by managers must be based on objective, observable, job-related criteria.

## **Section 5. Notice**

Each employee will be provided with the appropriate evaluation prior to the evaluation period and be made aware of the evaluation process and their part in the process. It is understood the evaluation will not be utilized to investigate or evaluate incidents or specific alleged deficiencies that have not been previously discussed with the employee. The evaluation shall be utilized to mentor employees towards best practices and may not be utilized to impose discipline of any nature.

## **Section 6. Appeal Process**

Performance Evaluations may be appealed through the grievance procedure. Performance evaluations will be made by measurements only within each classification and only within each unit, based upon performance standards established for each unit. Examples of employee strengths and weaknesses as well as a plan for performance improvement will be included in each written evaluation. These examples, either written or verbal, will be related with sufficient detail so that the employee can respond. An employee signature on a performance evaluation may not be used by CHE to indicate the nurse’s agreement with the evaluation.

## **Section 7. Comment Period**

All employees shall be given an opportunity to read and comment upon any performance evaluation or corrective action prior to the placement of such material in their personnel file. Copies of such material shall be given to the employee at the time the document is issued. The employee shall sign and date such material only as proof of receipt. RNs may submit a written rebuttal to performance, evaluations, or corrective action and such rebuttals will be attached to the material in the file.

## **Article 20. Discipline and Discharge.**

### **Section 1. Just cause**

CHE shall not discipline, suspend, or discharge a bargaining unit RN without just cause.

### **Section 2. Union representation in investigatory interviews**

CHE recognizes and agrees that a bargaining unit RN has the right to have a Union Steward or Local 2024 Union Representative present at any investigatory interview that the nurse reasonably believes may result in discipline. Prior to proceeding, CHE shall advise the nurse of this right. If the nurse requests representation, the interview will be deferred to allow a Steward or Union Representative to be present.

### **Section 3. Progressive discipline**

CHE will utilize progressive discipline in the following order in any twelve-month period in which the same sort of infraction is committed:

- Step 1.** In-Person Counseling with RN in the presence of a Steward
- Step 2.** Written warning
- Step 3.** Written reprimand
- Step 4.** One (1) shift suspension
- Step 5.** Three (3) shift suspension
- Step 6.** Discharge

### **Section 4. Manner, timing, notice, and paid administrative leave**

#### **A. Private issuance**

Formal discipline shall be issued in a private area, away from other employees, patients, and the public.

#### **B. Time limit to issue discipline**

Discipline shall be issued within ten (10) calendar days of when the supervisor knew or had reason to know of the incident giving rise to the discipline, unless extended by mutual written agreement.

#### **C. Electronic notice and copies to nurse, steward, and Local 2024**

All discipline shall be issued in writing and shall state the reason or reasons for the discipline. The written notice shall be provided to the affected nurse, the nurse's designated Steward, and a Local 2024 Union Representative. The notice shall include, at a minimum, the nurse's name, the date issued, the facility/unit, the nurse's position and shift, the issuing supervisor/manager, the discipline level, and a clear statement of the conduct or incident supporting the discipline, including the incident date. CHE shall issue the discipline notice by email. The email shall be sent to the affected nurse, the nurse's designated Steward, and a Local 2024 Union Representative and shall include the information listed above.

#### **D. Representation at issuance**

The nurse shall be offered the opportunity to have a Steward or Local 2024 Union Representative present during the disciplinary meeting unless waived in writing. If waived, the waiver shall be noted on the discipline form. Violation of this provision shall invalidate the discipline.

#### **E. Paid administrative leave pending investigation**

If CHE places a nurse on administrative leave pending completion of an investigation, the nurse shall be paid for all scheduled straight time hours missed during the investigation. Administrative leave pending investigation shall be considered as non-disciplinary. CHE shall notify a Local 2024 Union Representative when a nurse is placed on administrative leave pending investigation.

### **Section 5. Removal from the work area and steward discussion**

A RN who is discharged or suspended shall be allowed a reasonable period to discuss the discharge or suspension with a Steward or Union Representative before leaving the hospital. If requested to do so, CHE will make an area available for that discussion.

### **Section 6. Grievances involving discipline, suspension, or discharge**

All disciplines, suspensions, and discharges are subject to the Grievance Procedure Article. Grievances concerning suspension or discharge shall be advanced directly to Step 3 as provided in the Grievance Procedure Article.

### **Section 7. Suspension “day” definition**

For any suspension, the term “day” or “shift” shall be defined as an eight (8) hour period regardless of the nurse’s regular schedule. Suspensions issued for any given number of “days” shall be served as the equivalent number of hours calculated based on an eight (8) hour day. If a suspension is reduced or rescinded, the nurse shall be made whole for lost wages and benefits based on the nurse’s regular scheduled time.

### **Section 8. Discipline Retention**

All discipline shall be removed from the nurse’s personnel file and record after twelve (12) months and may not be used or referenced by CHE for progressive discipline purposes or characterized as a pattern or history for purposes of determining the level of future discipline.

### **Section 9. Attendance handled under Attendance and Reliability Article**

Attendance and tardiness standards, occurrence counting, measurement windows, and attendance corrective action triggers are governed by the Attendance and Reliability Article and are subject to just cause and the Grievance Procedure Article.

### **Section 10. Miscellaneous**

All written warnings, reprimands, or other disciplinary “write-ups” issued to any RN following the Certification of Representative issued by the NLRB and prior to contract ratification of this Agreement shall be subject to the grievance and arbitration procedure in this Agreement provided that a grievance is filed by the affected RN(s) no later than thirty (30) calendar days following the execution of this Agreement by both parties.

RNs will receive copies of all corrective action disciplinary notices placed in their personnel/personal files and shall have the right to rebut in writing any corrective action/disciplinary notice. Such rebuttal shall be attached to the corrective action/disciplinary notice and placed in the personal/personnel file.

## **Article 21. Grievance Procedure**

### **Section 1. Grievances**

Day-to-day issues affecting nurses shall be adjusted informally between a nurse and the nurse's immediate supervisor. If an issue cannot be informally resolved, the nurse has the option to file a grievance as defined below. Parties may use email (the email will include grievant name; date grievance filed; grievant facility / unit; specific position held; specific shift; supervisor / manager name; specific collective bargaining agreement provision alleged violated; alleged incident date; individuals involved; and all relevant facts) to file and process grievances. For grievances concerning the discipline or termination of a nurse's employment, the grievance will be advanced directly to Step 3.

### **Section 2. Grievance Procedure**

#### **Step 1**

The nurse will contact the steward, and the steward will submit a grievance as soon as reasonably possible but no later than ten (10) calendar days after nurse knew or had reason to know of the grievance. The nurse's immediate supervisor shall give a written answer to the grievance as soon as reasonably possible but no later than ten (10) calendar days after it is presented.

#### **Step 2**

If a grievance is not satisfactorily resolved at Step 1, the nurse and the Union Representative may present the grievance to CHE Human Resources, provided that the affected nurse or nurses and the Local 2024 Union Representative sign and date the grievance, but no later than fourteen (14) calendar days after the nurse's/Local 2024's receipt of the nurse's immediate supervisor's response to the grievance. CHE Human Resources shall respond as soon as reasonably possible but no later than fourteen (14) calendar days after it is presented.

#### **Step 3**

If a grievance is not satisfactorily resolved pursuant to Step 2, it may be presented to CHE Labor Relations provided the affected nurse or nurses and the Union Representative sign and present the grievance to CHE Labor Relations as soon as reasonably possible but no later than twenty-one (21) calendar days after the nurse's/Local 2024's receipt of CHE Human Resources' response to the grievance. CHE Labor Relations shall provide an answer to the grievance as soon as reasonably possible but no later than twenty-one (21) calendar days after it is presented.

#### **Step 4**

In the event the grievance is not satisfactorily resolved in Step 3, Local 2024 may refer the grievance to arbitration within twenty-one (21) calendar days of the Step 3 answer.

The parties will establish a panel of seven (7) arbitrators to hear the grievances submitted for arbitration on a rotating basis. The parties will alternately list arbitrators first union selected arbitrator and then CHE selected arbitrator. The Union and CHE will each select three (3) arbitrators who are on the American Arbitration Association's approved list of Arbitrators, and the selected Arbitrators will select the seventh Arbitrator. The hearing will be assigned to the Arbitrator next on the rotation list who will supply the parties with his/her next available dates. The initial order of Arbitrators shall be established by lot.

The parties agree that it is in the best interest of the parties and the aggrieved employee(s) that the hearing be held as soon as reasonably possible. If an arbitrator on the list is no longer available or is not available to hear the matter within forty-five (45) days, the party who selected the arbitrator will select a replacement arbitrator as soon as reasonably possible and notify the other party. The hearings will be conducted pursuant to the then-current Voluntary Labor Arbitration Rules of the American Arbitration Association. Either party can remove the seventh arbitrator at any time. In which case, the process of naming the seventh arbitrator will be repeated.

The Arbitrator's decision in any grievance submitted shall be final and binding upon the parties or any aggrieved nurse or nurses. Each party shall bear expenses incurred by it. The Union and CHE shall each be responsible for 50% of the arbitrator's fees and costs.

## **Article 22. Technology, AI, and Automation**

### **Section 1. Definitions**

- A. "Covered Technology" means any artificial intelligence, machine learning, predictive analytics, algorithmic decision-support, generative AI, robotics, virtual or remote nursing platforms, or automated monitoring, documentation, staffing, scheduling, or similar system that may materially affect RNs' workflows, staffing, patient care, scheduling, assignments, evaluation, discipline, or other terms and conditions of employment.
- B. "Go live" or "implement" means production use of Covered Technology for bargaining unit RNs in any facility, campus, department, unit, or practice area.

### **Section 2. Notice and Information**

- A. CHE shall notify Local 2024 in writing prior to the introduction, testing, piloting, expansion, or implementation of any Covered Technology that may affect bargaining unit RNs or patient care. Such notice shall be provided as soon as reasonably possible but no later than 90 calendar days prior to Go Live, unless the urgent patient safety exception in Section 7 applies.
- B. The notice shall include all information then available, including the purpose of the Covered Technology; vendor or developer; affected facility, campus, department, unit, and shift; intended uses; whether monitoring is included; categories of data collected; how outputs may be used in

staffing, scheduling, evaluation, or discipline; who may access the data; data retention; the training plan; and the anticipated Go Live date.

### **Section 3. Shared Governance Review**

A. CHE and Local 2024 agree that any technology that may significantly impact nursing practice must be reviewed through nursing shared governance before implementation.

B. Local 2024 may designate RNs and/or stewards to participate in the shared governance review for the applicable facility, campus, department, unit, classification, shift, or practice area.

C. CHE will provide a written response to material shared governance concerns and recommendations as soon as reasonably possible but no later than thirty (30) calendar days after the shared governance review occurs and, in all cases, at least forty-five (45) calendar days prior to Go Live.

### **Section 4. Implementation**

CHE shall not implement Covered Technology for RNs until the shared governance review described in Section 3 is completed and CHE has provided the written response required by Section 3(C), unless the urgent patient safety exception in Section 9 applies.

### **Section 5. Discipline and Evaluation Limits**

RNs shall not be disciplined, discharged, or adversely evaluated based solely on outputs, automated flags, algorithmic scores, productivity metrics generated by Covered Technology, or automated monitoring results.

If CHE relies, in any part, on Covered Technology information in an investigation, evaluation, counseling, corrective action, or discipline, CHE shall provide the RN and Local 2024, upon request, the relevant records and data relied upon, including the applicable rules, thresholds, or criteria used by the system, at least fourteen (14) calendar days prior to any investigation, evaluation, counseling, corrective action, or discipline.

CHE shall not use Covered Technology for surveillance of RNs. Covered Technology may not collect or sell RNs' activity or data (e.g., location tracking, audio or video analytics, or other electronic monitoring).

### **Section 6. No Displacement**

CHE shall not use Covered Technology to displace RNs, eliminate bargaining unit positions, reduce FTE, reduce regularly scheduled hours, or cause loss of pay or benefits due to the introduction, use, or expansion of Covered Technology.

Covered Technology may assist, but shall not replace or override, an RN's professional judgment, assessment, or patient advocacy. No RN shall be required to follow a technology-generated recommendation. An RN may disagree with or override a technology-generated recommendation without retaliation.

## **Section 7. Urgent Patient Safety**

If CHE claims that an urgent implementation of Covered Technology is required due to an emergent patient safety concern, any such implementation shall be strictly temporary. CHE must notify Local 2024 as soon as reasonably possible, bring the technology to nursing shared governance without delay, and meet promptly with Local 2024 upon request. CHE must also put in place all reasonable safeguards to protect nurses and patients during the temporary period, which may not exceed five (5) calendar days.

## **Section 8. Communications**

All notices, requests, responses, and written communications required by this Article shall be delivered by email to addresses designated by CHE and Local 2024.

# **Article 23. Committees**

Notwithstanding any other provision of this Agreement, CHE shall maintain and continue its participation in all committees identified in the attached Addendum “Current Committees.” CHE shall permit RNs to continue participating in these committees. In the event CHE establishes any new committee that affects or addresses nursing, working conditions, or patient care, CHE shall include RNs on such committee(s).

## **Section 1. Definitions**

For purposes of this Article, the following terms shall have the meanings set forth below:

- A. **Committee** means any joint labor-management body, council, or working group that is established, maintained, or recognized under this Article, whether newly created or already in existence.
- B. **Committee Time** means time spent attending scheduled Committee meetings, conducting Committee-related work as authorized by the Committee, or engaging in Committee-approved activities such as inspections, audits, or investigations.
- C. **Unit** means a department, service line, or patient care area where bargaining unit RNs are assigned.

## **Section 2. General Provisions Applicable to All Committees**

### **A. Compensation**

All Committee Members shall be compensated at their regular hourly rate for all Committee Time. Committee Members attending meetings during their scheduled shift shall remain in paid status. Committee Members attending meetings outside their scheduled shift shall be compensated for actual time spent at the meeting. Committee Time shall not be counted toward overtime calculations.

### **B. Meeting Scheduling and Notice**

Committee meetings should be regularly scheduled on an ongoing basis. Meetings shall be scheduled by mutual agreement of the Committee co-chairs or as otherwise provided in this Article. When additional meetings are needed, CHE and the Union will make reasonable efforts to provide advance notice.

### **C. Release Time**

Committee Members shall be released from their unit assignments to attend Committee meetings without loss of pay or benefits, provided the Union provides at least seven (7) days' advance notice to the appropriate manager, except in cases of emergency or by mutual agreement. CHE shall not unreasonably deny release time for Committee participation.

### **D. Non-Retaliation and Grievability**

CHE shall not interfere with, dominate, intimidate, coerce, or retaliate against any RN for participating in, reporting to, communicating with, or providing information to any Committee established, maintained, or recognized under this Article. Any adverse action taken against an RN for Committee participation shall be subject to the grievance procedure.

Disputes arising under this Article, including but not limited to disputes regarding Committee composition, meeting schedules, data provision, CHE responses to recommendations, or manager interference with Committee decision-making authority, shall be subject to the grievance procedure.

### **E. Union Access to Committee Records**

The Union shall have access to all Committee meeting minutes, reports, data submissions, and related documents. CHE shall provide such materials to the Union in electronic format within five (5) business days of any Committee meeting or upon request.

### **F. Advisory vs. Decision-Making Authority**

Unless otherwise expressly specified in this Article, Committees shall function in an advisory capacity and shall not have authority to modify the terms of this Agreement, establish wages or benefits, or bind the parties to any course of action. Committees may make recommendations to CHE and the Union regarding matters within their scope of responsibility, and CHE shall review and respond in writing to Committee recommendations within thirty (30) days.

## **Section 3. Labor/Management Committee**

### **A. Purpose and Scope**

The Labor/Management Committee shall enhance collaboration and communication between CHE and bargaining unit nurses. The Committee shall meet to discuss issues of mutual interest, including but not limited to working conditions, payroll transparency, patient and nurse satisfaction, staffing trends, contract implementation, workplace concerns, and other matters affecting bargaining unit nurses.

## **B. Composition**

The Committee shall consist of not more than nine (9) representatives of CHE and nine (9) bargaining unit employees for all bargaining units which the Union represents at the Hospital. Each party shall select its own representatives for the Committee. The number of Committee representatives may be expanded by mutual agreement of CHE and the Union. The Committee shall operate under the guidance of co-chairs, one to be selected by CHE and one by the Union.

## **C. Meetings**

The Labor/Management Committee shall meet not less frequently than bi-monthly or as often as mutually agreed, provided that either party provides a list of agenda items at least five (5) business days prior to the meeting. Any member of the Committee may propose agenda items. To the extent possible, meetings shall be scheduled during bargaining unit members' non-scheduled time, consistent with Section 2(B). Special meetings may be requested by either party and shall be scheduled by mutual consent.

## **D. Staffing Discussions**

The Committee may discuss staffing issues, trends, and concerns as they relate to bargaining unit working conditions. Detailed staffing data review and nurse-to-patient ratio compliance shall be the primary responsibility of the Nursing Staffing & Resource Committees as provided in Section 4, but the Labor/Management Committee may receive summary reports and address system-wide staffing concerns.

## **E. Annual Committee Reports**

At least annually, the co-chairs of the Nursing Staffing & Resource Committee (NSRC), the Ambulatory Nursing Staffing & Resource Committee (ANSRC), and the Health and Safety Committee shall prepare a brief written report on the effectiveness of their respective committees, including meeting frequency, data quality, follow-through on recommendations, and any persistent barriers. These reports shall be presented and discussed at a Labor/Management Committee meeting for the purpose of shared understanding and identifying any agreed next steps within the existing authority of each Committee and the parties.

# **Section 4. Nursing Staffing and Resource Committees**

## **A. Establishment**

CHE shall establish and maintain two (2) joint labor-management Nursing Staffing & Resource Committees:

- a Nursing Staffing & Resource Committee (NSRC), responsible for inpatient and acute care staffing matters; and
- an Ambulatory Nursing Staffing & Resource Committee (ANSRC), responsible for ambulatory, outpatient, and clinic staffing matters.

## **B. Purpose, Scope, and Authority**

The NSRC and ANSRC (collectively, the "Staffing Committees") shall meet at least monthly to review unit-level staffing trends, resource utilization, and nurse-to-patient ratio compliance across all campuses and facilities. The Staffing Committees shall monitor compliance with the Safe Staffing Article, review Assignment Despite Objection (ADO) submissions, identify patterns of short-staffing, assess float pool deployment and temporary staff usage, and may raise concerns and make formal recommendations regarding the impact of staffing on bargaining unit working conditions and patient safety. CHE shall review and respond in writing to any Committee recommendation within thirty (30) days of receipt. If CHE declines to implement a Committee recommendation, the written response shall include the reasons for the decision.

## **C. Composition**

The Staffing Committees shall consist of representatives designated by CHE and the Union. Union representatives shall be bargaining unit RNs, including at least one designated representative from each UPC/UPNC to ensure unit-level representation. Each Committee shall designate co-chairs, one from the Union and one from CHE.

## **D. Meetings**

Each Staffing Committee shall meet at least once per month or more frequently by mutual agreement. Meetings shall be scheduled by mutual agreement of the co-chairs. Each party may propose agenda items at least five (5) business days prior to the meeting.

## **E. Staffing Data and Reporting**

CHE shall provide the Staffing Committees and the Union with comprehensive staffing data in a standardized electronic format accessible to Union representatives.

## **F. Monthly Committee Reports**

CHE shall provide data no later than five (5) business days before each monthly Committee meeting, including:

- Ratio compliance by unit, shift, and date for the preceding month;
- Summary of ADO submissions, management responses, and resolution status;
- Staffing deviation incidents and premium payments issued under the Safe Staffing Article;
- Float pool deployment, on-call utilization, and temporary staff usage by unit;
- Emergency Department diversion occurrences and duration;
- Unfilled RN shifts by unit and shift;
- Documented use of overflow patient placements and hallway assignments.

### ***Quarterly Summary Reports***

Within thirty (30) days following each calendar quarter, CHE shall provide comprehensive quarterly reports including:

- Trend analysis of staffing deviations and corrective actions taken;
- Aggregate ADO data with pattern identification and analysis;
- Comparison to previous quarters and year-over-year analysis;
- Recruitment and retention data relevant to staffing capacity.

### ***Electronic Access***

The Union shall have ongoing electronic access to staffing tracking systems, including real-time or near-real-time access to scheduling and assignment data, for purposes of monitoring compliance and supporting grievance investigations.

### ***Reporting Integration***

All reporting under this Section shall align data sources described elsewhere in this Agreement, including ADO submissions, charge nurse notifications, premium pay calculations, and incident reports, so that the Staffing Committees have a consolidated and consistent view of staffing compliance rather than separate or conflicting data sets.

### **G. Alternates**

For the NSRC and ANSRC, each side may use alternate members to attend and participate in place of primary members who are unavailable, with full participation rights for that meeting.

## **Section 5. Health and Safety Committee**

### **A. Purpose and Scope**

CHE shall establish and maintain a Health and Safety Committee designed to review, investigate, and resolve workplace health and safety issues, including but not limited to:

- Workplace violence, abuse, and threatening behavior;
- Workplace injuries, accidents, near misses, and sentinel events;
- Ergonomic risks and musculoskeletal injuries;
- Environmental hazards and unsafe working conditions;
- Security concerns and access control issues;
- Compliance with applicable health and safety standards and regulations;
- Any other safety issue not primarily related to nurse-to-patient staffing ratios, which are addressed by the Staffing Committees.

## **B. Composition**

The Health and Safety Committee shall be a joint labor-management committee with representatives designated by CHE and the Union. Union representatives shall be bargaining unit RNs from across CHE hospitals and campuses, with an effort to include diverse units and shifts. The Committee shall include at least one bargaining unit RN representative and one management representative from each CHE hospital or campus. Each side shall designate a Chair, a Co-Chair, and a Recording Secretary.

## **C. Alternates**

For the Health and Safety Committee, each side may designate alternate members who may attend and participate in place of primary members who are unavailable, with full participation rights for that meeting.

## **D. Committee Authority and Responsibilities**

The Committee shall have authority to:

- Conduct workplace audits and inspections to identify health and safety hazards;
- Review and investigate injuries, accidents, near misses, and sentinel events using CHE's reporting tools and the Workplace Safety Incident Reporting Form;
- Develop and make recommendations regarding safety policies, procedures, and programs;
- Provide or recommend safety training for bargaining unit RNs;
- Review and monitor compliance with applicable health and safety standards and regulations;
- Develop, review, and recommend updates to CHE's Workplace Violence Prevention Plan;
- Develop and make recommendations regarding system-wide policies as assigned, including but not limited to a Unified Visiting Hours Policy and a Post-Staff Assault Policy.

## **E. Meetings**

The Committee shall meet at least once per month or more frequently by mutual agreement. Special meetings may be convened by either co-chair in the event of a serious workplace injury, sentinel event, or other urgent safety matter.

## **F. Incident Reporting and Review**

All Workplace Safety Incident Reports submitted by bargaining unit RNs shall be reviewed by the Health and Safety Committee. CHE shall take appropriate and timely corrective action in response

to identified hazards and shall report the status of corrective actions to the Committee at each meeting.

CHE shall develop and implement a dedicated electronic Workplace Safety Incident Reporting Form, separate and distinct from the ADO forms, which shall minimally contain the information included in Appendix A. CHE shall work with the Union to integrate this form into Workday. The Union shall have access to the Workday form and the ability to monitor Workplace Safety Incident Reporting Forms at all times.

## **Section 6. Unit Practice Councils and Shared Governance**

### **A. Recognition of Shared Governance Structure**

CHE and the Union recognize the shared governance structure that includes Unit Practice Councils (UPCs) or Unit Practice Nurse Councils (UPNCs) at the unit level, Professional Nurse Councils (PNCs) at the site or hospital level, and Corporate Councils at the system level. Bargaining unit RNs shall have the right to participate in shared governance consistent with the principles of Partnership, Equity, Accountability, and Ownership.

### **B. UPC/UPNC Establishment and Maintenance**

Each unit and department shall establish and maintain a functioning UPC or UPNC. In units where a UPC/UPNC does not currently exist, the unit shall establish such a council within a reasonable period following ratification of this Agreement. Membership in a UPC/UPNC shall be voluntary and open to all bargaining unit RNs assigned to the unit. UPC/UPNC members shall represent all shifts worked on the unit, with representation distributed equally whenever possible. UPC/UPNC members shall not be selected, assigned, or appointed by managers. UPCs/UPNCs shall be led by staff nurses through elected or volunteer nurse leadership. Managers may participate as advisors or resources but shall not chair, lead, control, or dominate UPC/UPNC decision-making processes.

### **C. UPC/UPNC Authority**

UPCs/UPNCs shall have shared decision-making authority to make unit-specific decisions that impact direct patient care, the work environment, and patient outcomes, consistent with the shared governance principles of Partnership, Equity, Accountability, and Ownership. This authority includes but is not limited to:

- Quality improvement initiatives and evidence-based practice projects;
- Patient safety activities and process improvement;
- Unit-specific operational matters such as workflow optimization, break coordination procedures, and communication protocols;
- Unit-based scheduling methods and self-scheduling processes, subject to the Hours of Work Article and in collaboration with Unit Scheduling Committees;
- Float procedures and orientation requirements for float or reassigned staff;

- Unit-based education and competency initiatives.

UPCs/UPNCs shall not have authority to modify the terms of this Agreement, including but not limited to wages, benefits, nurse-to-patient staffing ratios, or safe staffing requirements.

#### **D. UPC/UPNC Quorum and Voting**

For unit-based UPCs/UPNCs, a quorum for making decisions or adopting recommendations shall consist of a majority of the UPC/UPNC members then in office. Decisions and recommendations shall be adopted by consensus where possible; if consensus cannot be reached, decisions and recommendations shall be adopted by a majority vote of UPC/UPNC members present and voting at a meeting with a quorum.

#### **E. Staffing Committee Coordination**

Each UPC/UPNC shall designate one of its members to serve as the unit's representative to the NSRC or ANSRC, as applicable. The designated representative shall communicate the unit's staffing needs, trends, and concerns to the applicable Staffing Committee and shall report back to the UPC/UPNC on staffing data, Committee discussions, and recommendations affecting the unit.

#### **F. Professional Nurse Councils and Corporate Councils**

CHE recognizes the role of site-level Professional Nurse Councils (PNCs) and system-level Corporate Councils in the shared governance structure. Bargaining unit RNs shall have the right to participate in and, where appropriate, lead PNCs and Corporate Councils. CHE shall not exclude bargaining unit RNs from participation in or leading PNCs or Corporate Councils based on Union membership or activity.

#### **G. Protection of Shared Governance Rights**

Disputes regarding the establishment, operation, manager interference, or decision-making authority of UPCs/UPNCs shall be subject to the grievance procedure.

### **Section 7. Unit Scheduling Committees**

#### **A. Maintenance and Establishment**

Each unit shall maintain a Unit Scheduling Committee composed of bargaining unit RNs elected by their peers on the unit. Committee members shall serve terms of three (3) years, after which new members must be elected. If no other RNs volunteer to serve, existing members may continue. Unit Scheduling Committee membership shall represent all shifts worked on the unit, with representation distributed equally whenever possible. In any unit where a Unit Scheduling Committee does not currently exist, the unit shall establish such a committee within a reasonable period following ratification of this Agreement. Unit Scheduling Committees shall not be composed of manager-selected members.

#### **B. Purpose and Function**

Unit Scheduling Committees shall work collaboratively with unit management to finalize and balance unit schedules after the self-scheduling process, ensuring compliance with the Hours of Work Article, equitable distribution of shifts and weekends, adequate coverage for patient care needs, and fairness in shift assignments. The specific processes, responsibilities, and authority of

Unit Scheduling Committees are set forth in the Hours of Work Article. See Hours of Work Article for additional details.

### **C. Coordination with UPCs**

Unit Scheduling Committees may coordinate with UPCs/UPNCs on unit-specific scheduling methods, self-scheduling processes, and workflow considerations, provided that scheduling decisions remain subject to the terms of the Hours of Work Article and do not conflict with this Agreement.

## **Section 8. Protection of Existing Hospital and System Committees**

### **A. Maintenance of Current Committees**

CHE shall maintain site-level, regional, and system-level shared governance councils, patient care committees, quality and safety committees, and other relevant committees in which bargaining unit RNs currently participate or hold leadership roles. Bargaining unit RNs shall continue to have the ability to participate in and, where RN participation or leadership is required or has been the established practice, to lead such committees.

### **B. Examples of Protected Committees**

The following committees are recognized as existing committees in which bargaining unit RNs currently participate or lead, and CHE shall not exclude RNs from participation in or leadership of these committees:

- Shared Governance Councils, including hospital-wide PNCs, other Nurse Practice Councils, UPCs/UPNCs, Quality/Safety/Experience Councils, Magnet Councils, and Clinical Nurse Integration Councils;
- Patient Care and Clinical Quality Committees, including nursing quality committees, infection prevention and control committees, falls and restraint committees, wound/skin integrity committees, and Code Blue/Rapid Response/Stroke/Sepsis/Trauma committees;
- EHR, Technology, and System Integrity Councils, including nursing and allied health EHR oversight councils and relevant system integrity councils;
- Workforce, Education, and Recognition Committees, including nursing education councils, professional recognition and clinical ladder committees, and charge nurse councils.

This list is illustrative and not exhaustive.

### **C. New Committees Requiring RN Participation**

In the event CHE establishes any new committee, council, task force, or working group that addresses nursing practice, patient care, working conditions, quality and safety, or other matters directly affecting bargaining unit RNs, CHE shall include bargaining unit RNs as participants. Where the nature of the committee requires or benefits from RN leadership, bargaining unit RNs shall be invited to lead or co-lead such committees.

#### **D. No Exclusion Based on Union Status**

CHE shall not exclude any RN from participation in or leadership of any committee, council, or working group based on the RN's Union membership, Union activity, or status as a bargaining unit member.

#### **E. Coordination Among Committees**

The co-chairs of the Labor/Management Committee, NSRC, ANSRC, and Health and Safety Committee may meet periodically by mutual agreement to discuss coordination, avoid duplication of efforts, and ensure effective communication among the Committees.

## **Article 24. Health and Safety**

### **Section 1. Health and Safety Committee**

The Health and Safety Committee shall operate in accordance with the general provisions applicable to all committees (Article 23). The composition, authority, and meeting procedures specific to the Health and Safety Committee are in Article 23, Section 5.

### **Section 2. Workplace Safety and Incident Reporting**

CHE shall develop and implement a mutually agreed to dedicated electronic Workplace Safety Incident Reporting Form, separate and distinct from the ADO or staffing objection forms consistent with Addendum D. The Union shall have access to related forms and the ability to monitor incident reporting at all times.

All Workplace Safety Incident Reports shall be reviewed by the Health and Safety Committee, and appropriate corrective action shall be taken in a timely manner.

### **Section 3. Unified Visiting Hours Policy**

The Health and Safety Committee shall develop and recommend a Unified Visiting Hours Policy applicable across all CHE sites. CHE shall adopt and enforce this policy to promote patient healing, staff safety, and consistent visitor expectations across facilities.

Unless otherwise specified by the Health and Safety Committee, visiting hours shall be from 8:00 a.m. to 8:00 p.m., with a maximum of two (2) visitors permitted at a time, and overnight visitors prohibited. Exceptions to the overnight visitor prohibition shall include Pediatrics, where one parent or legal guardian may remain overnight; Labor and Delivery/Mother-Baby units, where one support person may remain overnight; the Neonatal Intensive Care Unit; actively dying patients; and patients in private rooms, as clinically appropriate. The Emergency Department shall always permit two (2) visitors, twenty-four (24) hours per day, seven (7) days per week.

### **Section 4. Post-Staff Assault Policy**

The Health and Safety Committee shall develop and recommend a Post-Staff Assault Policy applicable across all sites. CHE shall adopt, implement, and strictly enforce this policy. At a minimum, the policy shall provide:

1. The affected RN shall be immediately relieved of duty for medical evaluation in the Emergency Center;
2. The RN may contact local law enforcement and file a police report when applicable;
3. The Charge Nurse shall notify the Manager or Administrator on Call;
4. A replacement RN shall be obtained as soon as practicable;
5. The RN shall complete a Labor Safety Report within twenty-four (24) hours;
6. Following medical clearance, the RN shall be sent home with pay for the remainder of the shift and shall not be required to use PTO;
7. Upon return to work, the RN's request not to care for the assailant shall be honored. Failure to do so shall constitute retaliation and be subject to the grievance procedure;
8. If the assailant is a visitor or family member, CHE shall permanently remove that individual from the facility;
9. If the assailant is a staff member, that individual shall be placed on paid leave pending investigation;
10. CHE shall not retaliate against any RN for reporting an assault or cooperating with any external investigation.

## **Section 5. Enhanced Security Measures**

To reduce incidents requiring security or police intervention, CHE shall implement the following:

- Staffed security entrances after visiting hours at all hospitals;
- Metal detectors or weapons detection systems at staffed entrances;
- Visitor access contingent on Charge Nurse approval and issuance of a photo ID visitor badge;
- Enforceable policies addressing aggressive, threatening, or violent behavior;
- Enforceable prohibitions on unauthorized audio/video recording or photography;
- Security presence at off-site care centers;
- Silent alarm systems at locations with security access;
- Metal detectors or handheld wands available in all Emergency Centers, including EMS arrivals.
- Provide and maintain, at no cost, wearable personal alarm/duress devices (wireless panic buttons). Devices must be functional, monitored, and supported by a written response protocol and training. Any system selected (e.g., AiRISTA Flow, Ekahau, or equivalent) shall not be used for employee surveillance or discipline and will be used only for emergency response and related incident review. CHE shall restore the working order of any such existing devices promptly.

## **Section 6. Safe Lifting and Patient Handling**

CHE shall implement and maintain a Safe Lifting and Patient Handling Program designed to minimize musculoskeletal injuries and other workplace injuries by mitigating the risks associated with the manual lifting, transferring, or repositioning of patients and materials by RNs (“RN’s”). To reduce manual lifting and promote workplace safety, CHE shall provide and maintain mechanical lifting equipment, including Hoyer lifts and other assistive devices, for use in patient handling and transfers, and shall ensure a minimum of one (1) Hoyer lift per acute care unit that is readily available for use during all shifts. All mechanical lifting equipment shall be maintained in proper working order and promptly repaired or replaced when out of service.

CHE shall also establish a Lift Team comprised of trained staff who shall assist with patient handling and transfers upon request and shall provide quarterly education and training to RNs on the proper and safe use of mechanical lifting equipment. In addition, CHE shall provide initial and ongoing training to RNs on safe patient handling techniques and the use of mechanical lifting equipment. Such training shall occur at least annually, and more frequently as necessary when new equipment is introduced or when RN job duties change.

## **Section 7. Workplace Violence Prevention Plan**

CHE shall develop, implement, and maintain a mutually accepted written Workplace Violence Prevention Plan with the participation and recommendations of the Health and Safety Committee and Teamsters Local 2024. The Health and Safety Committee shall have ongoing authority to review and recommend updates to this plan.

The plan shall include:

- Identification of responsible parties;
- Coverage of all campuses and departments;
- Hazard identification and prevention measures;
- Timely correction of identified hazards;
- Reporting and post-incident response procedures;
- Medical care and paid release for affected employees;
- Post-incident investigation and debriefing with Union participation;
- Anti-retaliation protections;
- Emergency response procedures;
- Annual training on workplace violence prevention, including in-person training during the first year of employment

## **Section 8. Anti-Retaliation**

CHE shall not discriminate or retaliate against any RN for reporting workplace safety concerns, workplace violence, or cooperating with law enforcement or regulatory agencies. *See* Article 23, Section 2(D).

# Article 25. Safe Staffing

## Section 1. Intent and Purpose

To ensure safe, effective, and high-quality patient care, CHE agrees to maintain the minimum nurse-to-patient staffing ratios specified in Section 5. These ratios represent enforceable minimum staffing standards that may only be adjusted downward with documented patient acuity assessments and union agreement through the Nursing Staffing & Resource Committees. If professional nursing standards require stricter ratios, the stricter standard shall apply. Enforcement mechanisms are outlined in Sections 11-13.

This Agreement is entered into to establish safe staffing standards that protect both patients and nurses while supporting CHE's mission of delivering quality healthcare. The parties mutually recognize that appropriate staffing levels reduce nurse turnover, improve patient outcomes, and decrease liability exposure, supporting the organization's financial sustainability and quality metrics.

The Union and CHE mutually acknowledge that complete, uninterrupted patient care of the highest possible quality is of vital importance to the health, welfare, safety, and comfort of the community. Both parties agree to cooperate in administering this Agreement with these interests as the paramount consideration.

The parties recognize that these staffing standards are based on professional nursing standards ensuring evidence-based practice and regulatory compliance. When conflicts exist between professional standards and contractual ratios, the more protective standard applies.

## Section 2 - Definitions

- A. For purposes of this Article, “floating” or “reassignment” shall mean any instance where a nurse works on a unit other than their designated home unit, including:
- Nurses reassigned from their home unit to another unit for a shift or portion of a shift;
  - Float Pool nurses (Flex/NRT) who do not have a designated home unit and are assigned to various units based on operational needs.
- B. ‘Resource Nurse’ shall mean a functional assignment where an RN is designated during a shift to provide clinical support without a full patient assignment. The Resource Nurse assists with admissions, discharges, procedures, break coverage and provides additional hands-on support to nurses caring for patients. Any qualified RN—whether a staff nurse from their home unit or a Float Pool nurse—may be assigned as the Resource Nurse for a shift.

## Section 3. Application

These staffing standards apply to all patient care areas where RNs are responsible for a patient assignment. Nursing patient assignments will respect patient population separation to maintain safe care and infection prevention. Ratios must be met on all shifts, including weekends and holidays, unless otherwise specified in this article. CHE shall not schedule fewer than the minimum RN-to-patient ratios set forth in Section 3 unless permitted to do so in this Article. ‘Qualified’ refers to RNs who have completed orientation and competency validation for the specific unit or patient population.

#### **Section 4. Charge Nurse Assignment**

Charge nurses may only adjust assignments below the contractual ratios for patient safety, acuity, or clinical judgment reasons, but never above the established ratios. All such adjustments must be documented with clinical justification and reported to the Nursing Staffing & Resource Committee within 24 hours.

Charge nurses are excluded from patient care assignments and are not included in ratio calculations to enable them to fulfill their responsibilities for the nursing unit.

When operational needs and other staffing resources have been exhausted, charge nurses may accept a limited patient assignment not exceeding 50% of the standard unit ratio while maintaining charge responsibilities. Such assignments require documentation of the staffing situation and notification to the Nursing Staffing & Resource Committee within 24 hours.

When a charge nurse accepts a patient assignment due to operational needs, they remain excluded from ratio calculations, and premium pay compensation as outlined in Section 9 shall apply to all staff nurses on the unit to maintain safe patient care standards.

#### **Section 5. Minimum RN-to-Patient Ratios by Unit**

*See Staffing Grid.*

CHE shall maintain all staffing ratios as outlined in this Agreement and attached Staffing Grid, without exception, and nothing shall preclude CHE and the Union from agreeing to additional ratios for units not listed. Each patient, regardless of physical location, and including those in overflow or hallway areas, shall be counted toward a nurse's full assignment and be assigned to a designated RN. CHE shall not assign any RN to monitor multiple overflow patients without reallocation of assignments that comply with required ratios.

Patient holds shall be staffed according to the most protective nurse-to-patient ratio applicable—either the ratio of the unit where the patient is located or the ratio corresponding to the level of care required, whichever is lower. RNs assigned to care for these patients must be qualified for the required level of care. No RN shall be required to provide care beyond their clinical qualifications; if patient acuity increases, CHE shall immediately provide a qualified nurse or clinical support to ensure safe, appropriate care.

In the event patient volume exceeds safe staffing capacity, CHE shall immediately activate surge staffing protocols as provided herein, including use of float pool, on-call staff, or administrative reassignment. If safe staffing cannot be maintained, CHE shall initiate diversion procedures until appropriate staffing can be provided.

No additional patients shall be assigned beyond contractual ratios without first exhausting all available staffing resources, including float pool, on-call staff, Contingent RNs and resource nurses.

At no time shall an RN be assigned as the only health care provider in any patient care area; at least one other healthcare provider shall be always scheduled and present to ensure safe patient care and staff safety.

Ambulatory/outpatient locations will be staffed appropriately to maintain safe patient care standards. Each ambulatory and outpatient unit shall maintain staffing levels consistent with patient acuity, volume, and scope of services. CHE shall ensure that staffing assignments provide for a safe and manageable workload, and that qualified replacement staff are utilized to cover vacancies, absences, or unanticipated increases in patient volume. When determining daily staffing needs in such departments, management and staff should consider the following factors: number of total patients; level of acuity of patients for whom care is being provided; level of preparation and experience of those providing care; availability of float pool/Contingent staff; and other factors that are deemed appropriate on a departmental basis.

## **Section 6. Support Staff Protections and Role Integrity**

CHE shall not reduce, eliminate, or reassign support staff positions, including but not limited to patient care technicians, nursing assistants, unit clerks, transporters, patient observers, monitor techs, or other ancillary personnel, based on compliance with contractual RN staffing ratios. Nurse-to-patient ratios represent the minimum standard for safe patient care and shall not be used to justify the removal of essential support roles.

CHE shall not expand, modify, or alter the scope of RN duties to absorb the responsibilities of removed or reduced supporting clinical staff. RNs shall not be routinely assigned non-nursing tasks such as patient transport, clerical documentation, environmental cleaning, or one-to-one observation, unless those duties were already part of the RN's role and are specifically recognized in this Agreement.

If support staff is reduced or if RNs are assigned tasks that were previously performed by those support staff members, the Union may file a grievance and bring the matter to the Nursing Staffing & Resource Committee for immediate review. The NSRC and ANSRC shall review such issues consistent with their responsibilities under Article 23, Section 4(B). Any shifting of support staff responsibilities onto RNs shall be considered a violation of this Agreement.

## **Section 7. Emergency Surge Staffing**

### **A. Emergency Department and Obstetric Triage Surge Conditions**

Emergency Surge Staffing for the Emergency Department ("ED") and Obstetric triage areas shall be implemented when any of the following conditions exist:

- ED or Obstetric licensed bed capacity is reached;
- Patients are placed in hallway spaces designated for patient care;
- Average wait time in the ED or Obstetric triage exceeds four (4) hours; or
- CHE's Emergency Surge Plan is activated for Emergency or Obstetric services.

### **B. General Hospital Surge Conditions**

Emergency Surge Staffing for other patient care areas shall be implemented when:

- Unit licensed bed capacity is reached or exceeded, OR

- Patients are placed in hallways, overflow, or non-standard patient care spaces on the unit

### **C. Premium Compensation**

When Emergency Surge Staffing is implemented by CHE under Section 7(A) or 7(B), all RNs assigned to the affected patient care areas shall receive an additional five (5) percent of their hourly rate for the duration of the emergency surge status.

### **Section 8. Safe Floating Protections**

Bargaining unit RNs shall not be floated to a unit unless they have received documented orientation and demonstrated clinical competence for that unit type. Float nurses shall receive a full assignment consistent with ratio requirements but shall not be assigned to the most complex patients unless they are regularly scheduled in that unit type.

RNs shall not be floated or reassigned to a different unit more than once per shift. Once a nurse begins a patient care assignment on a unit, they shall remain on that unit for the duration of the shift for continuity of patient care unless: (1) patient census drops below contractual staffing levels, in which case the floated nurse shall be returned to their home unit before any other nurse is cancelled; or (2) the nurse's home unit receives or will receive a patient requiring the specialty care and clinical expertise of the floated nurse, in which case a qualified replacement nurse shall be provided to assume the floated nurse's current assignment. The floated nurse may return to their home unit immediately if a resource nurse or other qualified RN on the unit temporarily assumes the assignment until the permanent replacement arrives.

### **Section 9. Nursing Staffing & Resource Committees**

The Nursing Staffing & Resource Committee ("NSRC") and the Ambulatory Nursing Staffing & Resource Committee ("ANSRC") (collectively, the "Committees") shall operate in accordance with Article 23, including the general provisions applicable to all committees; and the establishment, composition, authority, meeting procedures, and data reporting obligations specific to the NSRC and ANSRC are set forth in Article 23, Section 4.

The Committees shall meet at least monthly to review unit-level staffing trends, resource utilization, and nurse-to-patient ratio compliance across all campuses. To support this, CHE shall provide the Committees with monthly staffing data, including shift-level assignments by unit, float pool deployment, temporary staff usage, Emergency Department diversion occurrences, unfilled RN shifts, and documented use of overflow patient placements. The Committees may raise concerns, identify patterns of short-staffing, and make formal recommendations regarding the impact of staffing on bargaining unit working conditions and patient safety. CHE shall review and respond in writing to any Committee recommendation within thirty (30) days of the formal recommendation.

Protections related to retaliation for committee participation are set forth in Article 23, Section 2(D).

### **Section 10. Staffing Data and Reporting**

Staffing data and reporting obligations for the NSRC and ANSRC, including monthly and quarterly reports, electronic access to staffing systems, and integration of ADO and other data sources, are set forth in Article 23, Section 4. In addition, CHE shall ensure that all staffing

deviation incidents and premium payments issued under this Article are included in the data provided to the Committees and the Union.

### **Section 11. Assignment Despite Objection (ADO)**

Bargaining unit RNs shall have the right to complete an Assignment Despite Objection (ADO) form when they believe any assignment or working condition is unsafe, violates contractual nurse-to-patient ratios, or otherwise poses a risk to patient care or staff well-being. ADOs may address, but are not limited to: inadequate staffing, unsafe acuity levels, lack of appropriate support personnel (e.g., techs, sitters, transport), unsafe patient assignments, failure to provide break relief, delayed response to emergent needs, or other working conditions that compromise safety or violate contract terms.

The RN shall submit the ADO form to the charge nurse or supervisor within 2 hours of the assignment, with copies simultaneously sent to the Union. CHE shall acknowledge receipt within 24 hours and respond with corrective action or justification within 48 hours for safety-related concerns. CHE shall ensure that all ADOs are forwarded to the Committee for review and discussion, consistent with the Staffing Committees' responsibilities under Article 23, Section 4(B). ADO forms shall be considered documentation of staffing trends and working condition concerns relevant to contract enforcement. No RN shall be retaliated against or disciplined for completing, submitting, or discussing an ADO form. Any such action by CHE shall be considered to be grieved by the Union.

### **Section 12. Staffing Deviation Premium**

When a bargaining unit RN is assigned patients exceeding the contractual ratio, and the deviation is verified by both CHE and the Union through an Assignment Despite Objection (ADO), all RNs on the affected unit shall receive premium compensation. For the first four (4) hours of the staffing violation, the RNs shall be paid one and one-half (1.5) times the RNs' regular hourly rate. For all hours beyond the initial four (4), the RNs shall be paid at two (2) times the RNs' regular hourly rate until staffing returns to contractual levels.

Staffing Deviation Premium pay begins when the assignment exceeds the ratio and continues until staffing returns to contractual levels.

Staffing deviation incidents and related premium payments shall be tracked and reviewed by the NSRC and ANSRC as part of their monitoring responsibilities under Article 23, Section 4(B).

### **Section 13. Enforcement and Adjustment**

The staffing ratios outlined in this Agreement represent minimum standards and do not preclude the assignment of lower nurse-to-patient ratios when warranted by patient acuity, complexity, or volume. In circumstances where clinical needs exceed baseline staffing (*See* Article 3), CHE shall deploy additional resources, including float pool, on-call staff, or reassignment of available personnel, to maintain safe and timely patient care. All break coverage must be provided in a manner that maintains full compliance with contractual staffing ratios. The Union shall be notified of any anticipated or actual deviation from these ratios and may request relevant staffing documentation or data for review through the Committees.

## **Section 14. Break Relief / Resource Nursing**

Each unit shall maintain one additional RN per 20 patient beds designated as a “resource nurse” during each shift, with a minimum of one resource nurse per shift regardless of patient bed count.

Resource nurses, *see, e.g.*, Section 2 (B), shall not be counted toward patient ratios when performing their designated functions, which include:

- Providing uninterrupted meal and rest period coverage;
- Assisting with admissions, discharges, and procedures; and
- Providing temporary clinical support and emergency response.

When a resource nurse assumes full responsibility for a patient assignment (including during break coverage where they are covering a nurse’s designated full assignment), that resource nurse shall be counted toward the unit’s staffing ratio for the duration of that assignment.

No RN shall be required to provide break coverage that would compromise patient safety or violate staffing ratios.

If a unit is unable to maintain dedicated resource nurses, CHE shall use float pool nurses or make temporary assignment adjustments that maintain contractual ratios.

## **Section 15. Manager Assistance and Patient Safety**

Unit managers will not be included in staffing ratios or matrix calculations. Nonetheless, nothing restricts a unit manager who is an RN from providing direct patient care assistance when clinically indicated.

Such unit managers may provide temporary bedside assistance during emergency situations requiring additional clinical expertise or complex procedures requiring additional RN support for critical patient situations where immediate intervention is needed.

Such unit manager assistance does not alter contractual staffing requirements or ratios. The Union and CHE agree that patient safety is the paramount priority in all staffing decisions.

## **Section 16. Implementation Timeline**

The minimum RN-to-patient ratios mandated in this Agreement shall be implemented in phases: Float Pool covered unit ratios to be in effect ninety (90) days after contract ratification; non-Float Pool covered unit ratios to be in effect one hundred and eighty (180) days after contract ratification. Units that already meet these requirements will continue to do so, on these units these standards will be effective immediately upon contract ratification.

CHE shall provide monthly progress reports to the Union regarding recruitment efforts and implementation progress during the phase-in period.

The parties may mutually agree to modify implementation timelines based on recruitment success and operational needs, provided patient safety standards are maintained, and prior union agreement is obtained.

## **Article 26. Jury Duty**

All full- and part-time RNs shall be eligible for jury duty benefits. If an RN is summoned for jury duty, the RN will be eligible for Jury Duty pay upon advance notice to the RN's department supervisor. RNs shall be permitted to retain any payment received from the court system for performing jury duty. Time off for jury duty is considered protected leave and will not be subject to the Attendance and Reliability policy. RNs must complete appropriate time off request procedure to receive Jury Duty pay.

All full- and part-time RNs who are called for jury duty shall be granted time off for a period which will coincide with the date(s) of actual jury duty. RNs released from jury duty before the end of their scheduled shift should contact their unit manager/supervisor to determine if they should report to work. RNs who are scheduled on evening shifts when jury duty conflicts with part or all of their shift will be paid jury duty for the length of their shift.

Compensation for validated jury duty days under this policy will be calculated exclusive of shift or weekend differential and at the RN's base rate of pay and will not be counted as hours worked for the purpose of computing overtime. Part-time RNs will receive payment based on their scheduled work time.

All full- and part-time RNs will be paid their base rate of pay for scheduled hours missed up to a maximum of 90 days when serving for jury duty. Any exceptions for payment beyond 90 days will require approval by unit manager/supervisor.

All RNs requested by CHE to provide deposition testimony or serve as a witness in a work-related legal proceeding will be paid "witness pay" for the hours spent in witness duty. RNs will be compensated at their regular or overtime rate of pay depending on hours worked in that pay period.

Under the circumstances where the RN is not eligible for "witness pay", RNs may use PTO to cover time away from work, if available.

The Hospital will maintain the RN's health coverage under the applicable group health plans while the RN is on jury duty. RNs will receive holiday pay for Holidays occurring while they are on jury duty.

## **Article 27. Bereavement Pay**

AN RN, who is in a full-time or part-time regular and a .5 FTE or greater, shall be eligible for bereavement pay for a death in the RN's immediate family, i.e., spouse/domestic partner, child (includes step, adoptive, foster, miscarriages or pregnancy loss), legal dependent, a person for whom the team member is in loco parentis (in place of a parent, legally) as defined by the

Department of Labor regulations interpreting the Family Medical Leave Act, parent (includes in-laws, step, adoptive, foster, and legal guardian) and sibling (includes adopted, half, step, or in-law), the employee on request will be excused for up to one work week based on FTE, excluding overtime, to be completed within thirty (30) calendar days from the date of death or loss.

AN RN, as described above, shall receive bereavement pay equivalent of two workdays based on the RN's regularly scheduled shift, excluding overtime, and not to exceed 24 hours, for loss of an aunt, uncle, niece, nephew, grandparent (including great), grandchild (including great), individuals living in the same household and including adoptive, foster, step and in-law where applicable to be completed within thirty (30) calendar days from the date of death or loss.

The RN shall be allowed to take up to two (2) additional days of bereavement leave with or without pay and charge the days to his/her PTO bank at the RN 's discretion.

In circumstances where the funeral or memorial service is held other than within thirty (30) calendar days from the date of death or loss, the Registered Nurse shall be permitted to take bereavement leave later.

If travel out of state or out of country is required to attend funeral/memorial service, one additional workday based on a regularly scheduled shift, excluding overtime, and not to exceed 12 hours, will be allowed as bereavement pay.

AN RN excused from work under this Article shall be paid at the RN's base hourly rate of pay excluding shift or weekend differentials. Bereavement pay is not included in the calculation of overtime. RNs must be in an active status for payment at the time of pay for requested bereavement leave.

## **Article 28. Leave of Absence**

### **Section 1. Family and Medical Leave Act**

The Family and Medical Leave Act ("FMLA") applies to eligible employees. RNs who have worked for CHE for at least twelve (12) months and at least 1,250 hours in the last twelve (12) months are eligible to request FMLA. The FMLA and CHE policies and procedures define eligibility, the terms and conditions for which FMLA will be approved and reinstatement following FMLA leave. During FMLA leave, CHE shall maintain health insurance and other benefits at the same level as active RNs, but during periods of unpaid leave, RNs will be required to pay their portion of health insurance premiums to maintain coverage. When the FMLA leave ends, RNs shall be restored to the same, or a comparable job, without loss of pay, seniority, or other benefits. FMLA leave must otherwise be taken in accordance with CHE's FMLA policy.

## **Section 2. Sick Leave/MESTA**

All eligible RNs shall be entitled to paid Sick Leave as set forth in Michigan's Earned Sick Time Act ("MESTA"). CHE will follow MESTA requirements and CHE policy related to MESTA.

## **Section 3. Personal Leave**

CHE recognizes that there may be times when RNs need to take extended medical leave for reasons not covered by MESTA or the FMLA, or other reasons not covered in this Article. CHE may grant leave in those instances consistent with CHE policy and procedure.

## **Section 4. Educational Leave**

CHE recognizes there may be occasions when RNs need to take time off from work for educational purposes. Employees may request an educational leave of absence consistent with CHE policy and procedure.

## **Section 5. Parental Leave**

CHE will provide Parental Leave in accordance with CHE's Parental Leave Policy and Procedures.

## **Section 6. Military Leave**

CHE will grant military leave in accordance with applicable law (e.g., USERRA) and CHE policies and procedures.

## **Section 7. General/Miscellaneous**

- A. RNs will follow the specific notice and request provisions in the CHE policies and procedures to request a specific leave. All leaves of absence must be approved in accordance with CHE policies and procedures and applicable law. RNs should strive to give as much notice as possible in all instances.
- B. During all leaves of absence under this Article, the RN who is on unpaid leave of absence will not receive pay for the holidays falling within the leave of absence period, nor will the employee accrue any PTO time during the unpaid absence period, unless the employee is using PTO as part of the leave, in which case, the employee's PTO accrues while using PTO on the leave.
- C. During all leaves, unless otherwise specified, RNs shall continue to accrue seniority.
- D. During all leaves, CHE shall follow all applicable laws and CHE policy regarding health insurance for RNs.
- E. CHE shall follow all applicable laws and CHE policy regarding pay and job restoration after an approved leave.
- F. To the extent consistent, CHE's current policies shall otherwise govern the terms and conditions of leave, provided that CHE agrees that it will provide notice and an opportunity to bargain as required by law.
- G. RNs remain eligible for all other leaves CHE provides consistent with CHE policy requirements.

## Article 29. Paid Time Off

### Section 1. Purpose

CHE shall provide Paid Time Off (PTO) for the purpose of providing compensation for rest, relaxation, vacation, illness, caring for another, attending to personal affairs, volunteering, or for any other reason permitted by law (e.g., MESTA).

### Section 2. PTO Accrual

RNs shall earn Paid Time Off (“PTO”) during each pay period based on the Accrual Rate set forth in the PTO Accrual Table below, multiplied by the number of Paid Hours in that pay period. PTO shall accrue during the calendar year up to the RN’s Annual Maximum Accrual, as set forth in the Table. Any unused PTO shall carry over from year to year, up to the applicable PTO Bank Maximum identified in the Table. For purposes of this Article, Paid Hours shall include all hours worked and all paid time, including but not limited to: PTO, bereavement leave, jury duty, call-in time, orientation, approved meetings, seminar or education hours, and holidays. PTO shall not accrue with short-term disability, long-term disability, workers’ compensation, unpaid leaves of absence, or any hours not worked or paid, except as expressly listed above or as otherwise required by law. PTO Accrual Rates, Annual Maximum Accruals, and PTO Bank Maximums shall be determined by the RN’s Years of Service (including years of service with Beaumont, etc.) based on Continuous Service Date, as set forth in the following section.

### Section 3. PTO Accrual Table

Years of Service Based on Continuous Service Date	Accrual Per Hour Paid	Maximum Annual Accrual	Bank Maximum
Less than 5 years	0.12307	256 hours	512 hours
5 to 19 years	0.13846	288 hours	576 hours
20 or more years	0.14230	296 hours	592 hours

\*Although Exempt RNs, APPs and Advanced Clinicians are paid on a salary basis, PTO accrues in hourly increments on a bi-weekly basis and earned MESTA hours will be protected PTO and included as part of PTO table.

### Section 4. PTO Usage

PTO accrues bi-weekly and is available for use by RNs the pay period after accrual. RNs shall use PTO for scheduled and unscheduled time off until they reach 40 hours remaining in their bank, unless otherwise provided. Once at 40 hours, RNs may choose to take unpaid leave, for which they shall not be punished or otherwise experience a negative employment action (e.g., attendance points). Otherwise, RNs must use their PTO for any absence except for designated holidays, military leave, short-term disability (STD), workers’ compensation, parental leave, low census events, collective bargaining, or as otherwise dictated by law or described in this agreement. RNs may use PTO to cover any portions of a canceled shift. Each RN is required to record PTO per their unit guidelines. RNs who change their status and become PTO eligible will be allowed to take PTO as it becomes available. For brief absences (such as for an appointment), RNs may

choose to adjust their scheduled shift start or end times as an alternative to using PTO, provided they obtain prior manager-level approval.

### **Section 5. Scheduling PTO**

PTO shall not be unreasonably denied. In evaluating requests for PTO, CHE shall consider whether the RN will have sufficient accrued PTO as of the date(s) the PTO is to be taken, rather than the amount of PTO available at the time the request is submitted. When scheduling time off, RNs must provide reasonable notice to their leader and must work within their department guidelines for scheduling time off. RNs must request PTO in advance and in writing, unless unable to do so because of illness or an emergency. If advance notice is not possible, notice must be provided as soon as practicable. In addition, RNs must follow all call-in and reporting requirements in the department's guidelines (significant changes to which must be bargained with the union). At no time will RNs be required to find coverage for their requested PTO usage, nor will that be the reason for denying any request. CHE shall respond to requests within 14 days of receipt. Scheduling preferences shall be made based on unit guidelines and Unit Seniority. Once approved, PTO shall not be rescinded. RNs shall not be forced to make up PTO for any reason.

Exempt RNs may request and use PTO (for non-MESTA reasons) in half-day or full day increments. Exempt RNs may request and use paid sick time under MESTA in 1-hour or greater increments. Non-Exempt RNs may request and use PTO in 1/10th hour or greater increments. Salaried RNs with the ability to flex hours may continue to flex hours without being required to use PTO as long as they meet their required work hours per established unit guidelines.

### **Section 6. PTO Reimbursement**

PTO will be paid at the RN's base hourly rate of pay for their primary job. PTO hours are paid as non-work time and will not be considered in calculating overtime hours.

### **Section 7. RNs PTO Sell-Back Program**

RNs' PTO Sell-Back Program:

- PTO Sell-Back will be offered two times each year.
- RNs who are classified as 0.5 FTE or higher who are in benefits-eligible position may voluntarily sell back up to eighty (80) hours of PTO per year.
- RNs will not be allowed to reduce their PTO bank below forty (40) hours when utilizing the PTO Sell-Back Program.
- All sell back hours will be paid one hundred percent (100 %) of the RN's base hourly rate.

### **Section 8. Hardship PTO Sell-Back Program**

In situations involving financial hardship, an RN may sell additional PTO hours outside of the PTO Sell-Back Program. AN RN will be considered to have a hardship if the RN has one or more of the following financial needs:

- A. Significant uninsured medical expenses previously incurred by the RN, the RN's spouse, or the RN's dependents, or expenses necessary for these people to obtain medical care.
- B. Payments necessary to prevent eviction from the RN's primary personal residence or foreclosure on the mortgage of the RN's primary personal residence.
- C. Burial or funeral expenses that an RN must pay because of the death of a parent, spouse,

child or dependent.

- D. The cost to repair damage to the RN's personal residence caused by a "casualty" (as defined in the Internal Revenue Code), such as a flood or tornado; or
- E. A financial need due to circumstances comparable to one of the above situations. This circumstance will be reviewed by a committee established by the CHE for verification that it is comparable to one of the above financial situations.

If an RN has one of these financial needs, the RN may be considered for mid-year PTO sell-back if the RN has first obtained all available distributions and loans from the CHE retirement plan(s) in which he/she participates. Further, the amount of PTO the RN may sell can be no more than the maximum normally available under the PTO sell-back program (40 hours of PTO must remain in the RN's PTO account) or, if less, the amount necessary to meet the RN's immediate qualifying financial need. RNs cannot sell back more than a total of eighty (80) PTO hours in a year across both the Sell Back and Hardship programs.

### **Section 9. Payment of PTO Upon Termination of Employment**

CHE will pay RNs for all earned (accrued) and unused PTO upon termination of employment. CHE will make this payout within two pay periods following termination to allow the final PTO accrual to be appropriately calculated. PTO will be paid at the RN's base hourly rate of their primary job, exclusive of all differentials and premiums. RNs cannot use PTO on their final day of employment unless they have a right to do so under the FMLA, MESTA or other law. CHE may deduct prior overpayments or other amounts owed and authorized by the RN from any PTO balance prior to payout.

### **Section 10. PTO Donation to the Foundation**

RNs may donate PTO hours to the Corewell Health Foundation Southeast during the annual giving campaign. RNs must leave 40 hours in their PTO bank after this donation.

### **Section 11. Compassionate Paid Time Off (CPTO) Program**

The Compassionate Paid Time Off (CPTO) Program is a PTO donation program designed to help meet an RN's emergency need for paid time off when the RN or a family member experiences an extreme, unforeseen medical hardship. The Compassionate PTO program is run solely on PTO donations from the RNs' coworkers at the time of need. CHE does not maintain a PTO donation bank. RNs who are PTO eligible and not on long-term disability are eligible to receive PTO through the CPTO program. RNs eligible for a PTO can donate PTO. The RN's PTO balance must be less than the total hours of their FTE. Examples of qualifying medical hardships are illness that requires inpatient care or hospice, injury preventing an RN from performing the RN's job duties and unexpected hospitalization or surgery. The CPTO may not be used for bereavement, life events such as a wedding or vacation or replenishing an RN's PTO bank after a medical hardship has passed.

## **Article 30. Union Leave of Absence**

### **Section 1. Union Leave of Absence**

RNs who are elected or appointed to a position within Teamsters Local 2024 shall be granted a leave of absence without pay for the duration of the RN's service within the Union.

### **Section 2. Seniority Protection & Paid Time Off**

While on union leave, RNs shall continue to accrue seniority for all purposes under this Agreement. Any RN approved for this leave must use all accrued PTO prior to beginning the unpaid leave.

### **Section 3. Return Rights**

Upon completion of their union leave, RNs shall return to their former position if available, or if that position is unavailable, to an open substantially equivalent or similar position, with no loss of seniority, wage step, status, or contractual rights. CHE may post the position the RN held when beginning the leave. The RN must meet all applicable employment licensure and/or qualification requirements at the time the RN returns to work and will be provided thirty (30) calendar days or sufficient reasonable time to complete any mandatory education/orientation.

### **Section 4. Licensure and Certification Maintenance**

During this union leave, it is the RN's responsibility to maintain all necessary licenses, certifications, annual testing, and other professional credentials required for his / her position. CHE shall recognize any valid license, certification, or credential the RN maintains during the leave as sufficient for purposes of reinstatement and return to work.

### **Section 5. No Employer Liability for Leave Period**

During this union leave, CHE shall have no obligation for wages, benefits, or other compensation, unless otherwise agreed to in writing between CHE and the Union.

### **Section 6. No Break in Service**

Time spent on union leave under this Article shall not constitute a break in service for purposes of seniority, recall, promotion eligibility, or any other rights or benefits under this Agreement.

## **Article 31. Holidays**

### **Section 1. Holiday Pay**

All RNs shall receive two times their regular rate for all hours worked on the following holidays:

- **New Years' Day** (January 1)
- **Martin Luther King Jr. Day** (Third Monday in January)
- **Memorial Day** (Last Monday in May)
- **Juneteenth** (June 19)\*

- **Independence Day** (July 4)
- **Labor Day** (First Monday in September)
- **Thanksgiving Day** (Fourth Thursday in November)
- **Christmas Day** (December 25)

Whenever an RN works overnight, and most of the hours worked falls on one of the above holidays, then the RN will be paid at the holiday rate for the entire shift.

\*Cultural Heritage Day: RNs shall receive one paid floating holiday per calendar to be used to observe a day of cultural heritage that is not currently listed.

**Section 2. Holiday Credit**

Full-time time RNs (36-40 hours per week) shall receive a full day of Holiday Pay at their base rate for each of the holidays listed above.

Part-time RNs (12-35 hours per week) shall receive four hours of Holiday Pay at their base rate for each of the holidays listed above.

**Article 32. Retirement 403(B)**

**Section 1. Core Contributions**

CHE shall provide annual “core contributions” to each RN’s 403(b) retirement plan. The contributions shall be based on the RN’s years of service with CHE or a predecessor employer (e.g., Beaumont) and calculated as a percentage of the RN’s base salary, inclusive of longevity pay, as set forth below in Section 1.1. CHE shall deposit the contribution promptly at the end of each calendar year in which the RN works at least one thousand (1,000) hours. A Contingent RN who works at least one thousand (1,000) hours in a calendar year shall be eligible for the contribution. All core contributions shall vest immediately upon deposit.

**Section 1.1. Core Contribution Tables**

CHE shall make core contributions to RNs’ 403(B) Plans as follows:

<b>Starting January 1, 2026</b>	
Years of Service	Contribution
Less than 5 years:	5 percent
5-9 years:	7 percent
10+ years:	10 percent

<b>Starting January 1, 2027</b>	
Years of Service	Contribution
Less than 5 years:	5 percent
5-9 years:	7 percent
10+ years:	10 percent

<b>Starting January 1, 2028</b>	
<b>Years of Service</b>	<b>Contribution</b>
Less than 5 years:	5 percent
5-9 years:	7 percent
10+ years:	10 percent

## **Section 2. Matching Contributions**

Effective January 1, 2026, and each calendar year thereafter, CHE shall make employer matching contributions to RNs' 403(b) retirement plans. CHE shall match fifty percent (50%) of the first six percent (6%) of an RN's eligible compensation that the RN contributes to his or her 403(b) plan. All employer matching contributions shall vest immediately upon deposit and shall not be subject to any forfeiture, service requirement, or vesting schedule. Employer matching contributions shall be deposited into the RN's 403(b) account each pay period, contemporaneously with the RN's employee contribution.

## **Section 3. Retirement Health Savings Account**

CHE shall establish and maintain a Retirement Health Savings Account ("RHSA") benefit for all eligible RNs. CHE shall contribute no less than one thousand dollars (\$1,000) per RN per calendar year into each RN's RHSA. Such contributions shall be fully employer-funded and not require employee contributions and shall vest immediately upon contribution. The RHSA shall be fully portable, and all funds in the account shall remain the sole and exclusive property of the RN upon separation from employment for any reason, including resignation, retirement, layoff, or termination.

## **Section 4. Legacy Pension Plans**

All RNs who participated in legacy pension plans, including but not limited to the Oakwood and Beaumont pension plans, shall be provided with comprehensive annual written pension statements. Such statements shall, at a minimum, include current and vested benefit balances, credited service, accrued benefits, and a clear summary of any and all changes to the plan, benefit calculations, and funding status.

CHE shall provide all options available to RNs to transfer, roll over, convert, or otherwise elect alternative treatment of pension assets, including but not limited to rollovers into a Roth IRA or other qualified retirement accounts.

CHE shall provide written notice of all such options no less than ninety (90) days in advance of any election deadline or other event that could affect an RN's ability to exercise those rights.

## **Section 5. Expected May 2026 Contributions**

CHE shall provide RNs expected core/match contributions in May 2026.

## **Article 33. Wages and Compensation**

### **Section 1. Wages**

Except for APPs (including CRNAs), RNs covered by this Agreement shall be paid in accordance with the wage schedule in Appendix A1 (wage scale), Appendix A2 (job code) and Appendix A3 (flat rate positions), which reflect the following:

- Effective January 1, 2026, CHE shall increase each group by 10 percent.
- Effective January 1, 2027, CHE shall increase each group by 10 percent.
- Effective January 1, 2028, CHE shall increase each group by 10 percent.

Upon ratification and annually thereafter, RNs shall advance from their current step to the next step on the wage schedule. Step advancement shall occur each year on the RNs' bargaining unit seniority (anniversary) date.

RNs hired after ratification shall be placed in the wage schedule on the step that corresponds to their years of "active licensure." Years of active licensure shall mean the number of years in which an RN held an active license and was employed in a position requiring the license. Thus, an RN who has been licensed and working as an RN for one year shall be placed at Step 1; an RN with two years of active licensure shall be placed at Step 2; and so on. An RN with less than one of year active licensure shall be placed at the "0" step.

Similarly, RNs who are currently "maxed" out at a step below Step 18 will be reassigned to the new step that that correspond to their years of active licensure. Any RN currently above Step 18 will receive the annual 10 percent wage increase.

Notwithstanding any other provision of this Agreement, nothing herein shall be construed to reduce the wages or salary of any RN in effect as of the effective date of this Agreement. As such, CHE shall maintain the current rates of any RN whose current wage exceeds the maximum rates set forth herein until the wage schedule equals or exceeds such rates.

### **Section 2. Appreciation Bonuses**

CHE shall provide RNs with any appreciation bonuses or related benefits it provides to non-bargaining unit RNs including at Corewell Health East, South and West.

### **Section 3. Differentials & Premium Pay**

CHE shall provide and maintain hourly premiums (hereinafter referred to as shift differential rates or premiums). RNs shall receive these premium rates in addition to their base pay for all time performing the related work. CHE shall provide afternoon, midnight, weekend, preceptor, charge, on-call, Rapid Response Team ("RRT"), EC, critical staffing, and float pay differentials to all RNs regardless of job code, classification, or exemption status. CHE shall maintain these premiums or differentials for all RNs at not less than the rates provided to non-bargaining unit RNs (including at Corewell Health East, South and West).

Afternoon Shift (3 p.m. – 11 p.m.)	\$3.25
Midnight Shift (11 p.m. – 7 a.m.)	\$4.25
Weekend Shift (11 p.m. Friday – Sunday 10:59 p.m.)	\$3.00
Charge Pay	\$2.50
On Call Pay	\$6.00
Preceptor Pay	\$2.00
Float/Pull Pay	\$6.00
RRT Pay	\$4.00
EC Premiums	\$4.00
Crit. Staffing Pay	\$20 at 20 percent vacancy rate \$25 at 30 percent vacancy rate \$30 at 40 percent vacancy rate \$35 at 45 percent vacancy rate
Extra Duty Block Pay	\$275
Interim Pay	5% nonmanagerial 7% managerial 10% director
Weekend Option Program	\$10

RNs shall receive a minimum of one (1) full hour of differential pay for each qualifying assignment, even if the assignment lasts less than one hour. Differential pay shall be calculated based on all hours worked that meet the differential eligibility requirements set forth herein and shall be included in the RN's regular rate of pay for overtime purposes. RNs shall receive all applicable differentials based on work performed. For example, an RN who performs work on a weekend midnight shift shall receive both weekend and midnight differentials.

### **3.1. Shift and Weekend Differentials**

CHE shall maintain three shift-based differentials (afternoon, midnight, and weekend). Non-exempt RNs who report to work during the prescribed times shall receive shift differential pay. Exempt RNs who report to work during the prescribed times will also remain eligible as long as the shift falls partially within their scheduled shift. RNs who work schedules that extend into one of the shift differentials shall be compensated at the respective premium rate for all time worked during those times.

#### **Afternoon Shift Differential & Midnight Shift Differential**

RNs who work between 3:00 p.m. and 11:59 p.m. shall receive an additional \$3.25 per hour for each hour they work between 3:00 p.m. and 11:59 p.m. There is no minimum number of hours that must be worked before an RN becomes eligible for this premium. RNs will receive a minimum of one (1) full hour of pay for any amount of work performed during the first hour, and subsequent time shall be prorated based on actual hours worked.

#### **Weekend Differential**

RNs work between Friday at 11 p.m. and Sunday at 10:59 p.m. shall receive an additional \$3.00 per hour on top of their base pay for each hour they work between Friday at 11 p.m. and Sunday at 10:59 p.m. There shall be no minimum number of hours that must be worked to qualify for this

benefit. RNs will receive a minimum of one (1) hour of one full hour of pay for any amount of work performed during the first hour and subsequent time shall be prorated based on actual hours worked.

### **3.2. Charge Pay Differential**

When an RN temporarily assumes the responsibilities of a charge nurse, the RN shall receive an additional \$2.50 per hour on top of his or her base hourly rate. The RN shall receive a minimum of one (1) full hour of charge nurse premium pay for each assignment, regardless of the actual time spent performing charge nurse duties during the first hour. Thereafter, the premium shall be paid on a pro-rata basis for all additional time spent performing charge nurse duties. An RN shall be deemed to have assumed charge nurse duties whenever assigned responsibility for unit coordination, staffing, or supervision, regardless of title.

### **3.3. On-Call Pay**

RNs assigned to on-call duty outside their regular work hours shall receive On-Call Pay at the rate of \$6.00 per hour for each hour that they are required to remain on standby or engaged to wait. Such time shall be considered “hours worked.” RNs assigned to on-call duty on a holiday shall receive the on-call pay in addition to holiday pay.

### **3.4. Preceptor Pay**

RNs assigned to mentor, train, or orient CHE employees or students shall receive an additional \$2.00 per hour on top of their base hourly rate for all hours during which they perform those preceptor (or “peer guide) duties. RNs shall receive a minimum of one (1) full hour of preceptor differential pay, regardless of the actual time spent performing such duties. Thereafter, RNs shall be compensated on a pro-rata basis for all additional time spent performing preceptor duties. Non-exempt and exempt RNs shall be eligible for preceptor pay.

### **3.5. Float/Pull Pay**

RNs who are floated/pulled to another unit during their shift shall receive float/pull premium pay in the amount of an additional \$6.00 per hour on top of their base hourly rate for all time spent working in the department or unit to which the RN was floated/pulled. RNs shall receive a minimum of one full hour of premium float pay compensation regardless of time spent working in the irregular department. RNs shall only work one pull/float assignment per shift. However, should an RN be forced to work multiple pull/float assignments, then the float/pull premium shall compound (e.g., \$12.00 per hour for the second assignment, \$18.00 per hour for the third assignment and so on). This shall count toward overtime. All RNs who perform float/pull work shall receive the premium. RNs who are floated or pulled to a different unit or department will only be floated/pulled there if they are qualified and trained to meet patient needs in that unit or department.

### **3.6. Rapid Response Team (RRT) Pay**

CHE shall continue to provide Rapid Response Team (“RRT”) differential pay for bargaining unit RNs who perform RRT duties, including floating throughout the hospital and responding to medical emergencies. RNs shall receive an additional \$4.00 per hour, in addition to their regular base hourly rate, for all hours during which they perform RRT duties. An RN assigned to or performing RRT duties shall receive a minimum of one (1) full hour of RRT differential pay per shift, regardless of the actual amount of time spent performing such duties during that shift.

Thereafter, RRT differential pay shall be paid on a pro-rata basis for all additional time spent performing RRT duties.

RRT RNs shall typically consist of clinical RNs who do not have a regularly assigned physical unit and who float throughout the hospital responding to emergency situations. In hospitals that do not maintain a dedicated Rapid Response Team, ICU RNs who function as RRT RNs during a shift shall be deemed to be performing RRT duties and shall qualify for and receive the RRT differential for that shift.

### **3.7. EC Premiums**

CHE shall maintain EC premiums at no less than \$4.00 per hour, which shall be received on top of RNs' base hourly rate. (Note: L. 2024 hereby requests eligibility criteria and information related to this premium.)

### **3.8. Critical Staffing Pay**

CHE shall offer Critical Staffing Pay to incentivize RNs to voluntarily accept vacant shifts in units or departments that are not adequately staffed due to high vacancy rates or other circumstances that result in a unit or department operating below budgeted staffing levels. Eligible RNs shall receive the following additional hourly premium for all hours worked in the affected unit or department:

- \$20.00 per hour when the unit or department has a Vacancy Rate ("VR") of twenty percent (20%);
- \$25.00 per hour when the VR is thirty percent (30%);
- \$30.00 per hour when the VR is forty percent (40%); and
- \$35.00 per hour when the VR is forty-five percent (45%) or greater.

Any RN who voluntarily accepts a shift designated for Critical Staffing Pay ("CSP") shall receive CSP for all hours worked during that shift, regardless of temporary reassignment, floating, or physical work location. Once an RN accepts a CSP-designated shift, CSP eligibility shall attach to the shift. This means if an RN accepts a CSP-designated shift and is reassigned to another unit or department for any portion of that shift, the RN shall continue to receive CSP for the entire shift.

Vacancy Rate ("VR") shall be calculated as follows:

$$\text{Vacancy Rate} = \frac{\text{Budgeted Positions} - \text{Functionally Available Staff}}{\text{Budgeted Positions}} \times 100$$

(e.g., if there are 40 budgeted positions and 28 functionally available RNs, the vacancy rate would be 30 percent).

"Functionally Available Staff" includes only those employees who are trained, regularly assigned, and available to work independently in the unit or department. Positions shall be treated as not functionally available if they are vacant or filled by employees who are on leave of absence, workers' compensation, extended medical leave, orientation, or otherwise unavailable to cover scheduled shifts.

CHE shall maintain and make available current VR data for each unit or department. Such data shall be accessible to RNs at all times and provided to the Union upon request, including a full written accounting of how the VR was calculated. CHE shall also make its operational vacancy rate available to the Union.

CHE shall not take any action directly or indirectly to reduce or artificially lower the VR for the purpose of avoiding paying Critical Staffing Pay.

### **3.9. Extra Duty Block Pay**

Exempt RNs shall receive \$275.00 for each four-hour block worked in addition to the RN's scheduled shifts within a pay period ("Extra Duty Block Pay"). An RN who works any portion of the first four-hour block shall receive one (1) full block payment, regardless of the actual amount of time worked during that block. Additional time worked beyond the first four-hour block shall be compensated in additional four-hour blocks. An RN who works the full designated block shall receive the full block payment. Extra Duty Block Pay shall be paid in addition to the RN's base wages, shall not replace or offset any other premium pay, and RNs shall continue to accrue paid time off (PTO) for all hours worked during Extra Duty Block Pay. All exempt RNs shall be eligible for Extra Duty Block Pay.

### **3.10. Interim Pay**

RNs who are temporarily assigned to perform duties and responsibilities in addition to and beyond those contained in their regular job descriptions for a period of forty-five (45) days or more shall receive interim assignment pay, provided the temporary assignment has a definite start and end date. Interim assignment pay shall be calculated as a percentage of the RN's regular rate, as follows:

- Five percent (5%) for non-management interim assignments;
- Seven percent (7%) for management-level interim assignments; and
- Ten percent (10%) for director-level interim assignments.

At the RN's election, interim assignment pay may be provided either as a stipend paid during regular pay periods during the assignment or as a lump-sum bonus paid upon completion of the assignment. All interim assignments shall be temporary in nature. The Parties expressly agree that the performance of supervisory or leadership duties as part of an interim assignment, if any, shall not convert or be construed to convert bargaining unit employees into statutory supervisors within the meaning of Section 2(11) of the National Labor Relations Act. CHE expressly waives its ability to make those arguments.

### **3.11. Weekend Option Program**

Full-time RNs who are scheduled to work three (3) consecutive shifts, and part-time RNs who are scheduled to work two (2) consecutive shifts, between 7:30 a.m. on Friday and 7:30 a.m. on the following Monday, shall receive an additional \$10.00 per hour, in addition to their regular hourly rate, for all hours worked during those shifts. This shall be known as "Weekend Option Pay."

### **3.12. Other**

CHE shall provide RNs with any additional premiums/differential improvements that it provides non-bargaining unit RNs, including at Corewell Health East, South and West during the life of this Agreement.

### **3.13 Relief in Higher Classification**

A nurse who relieves another nurse in a higher classification for more than one (1) hour shall receive a one (1) step increase or be paid at the minimum step in the classification of the nurse he/she is relieving, whichever is greater.

### **3.14 Annual Increase**

All Differentials and Premium Pay described in this Section 3 shall be increased by five (5) % on January 1, 2026, an additional two and one-half (2.5) % on January 1, 2027 and an additional two and one-half (2.5) % on January 1, 2028.

## **Section 4. Overtime**

Non-exempt RNs shall receive overtime pay at one and one-half (1.5) times their regular rate of pay for all hours worked over thirty-six (36) hours in a defined workweek. CHE shall not manipulate/change scheduling to avoid overtime compensation without the RNs expressed agreement.

### **4.1. Scheduling**

Overtime opportunities shall be offered in order of seniority as follows:

1. Overtime shall first be offered to RNs regularly assigned to the unit or department whenever overtime is available based on unit seniority.
2. If no RN from the unit or department accepts the overtime shift, the overtime opportunity shall then be offered to the remaining bargaining unit based on bargaining unit seniority.

No RN shall be required to work overtime except as otherwise provided in this Agreement.

### **4.2. Forced Overtime**

If no RN is available or volunteers to work an overtime shift after the procedures set forth above have been exhausted, CHE may require mandatory overtime solely as a last resort. All hours worked as mandatory overtime shall be compensated at two (2) times the RN's regular hourly rate. Mandatory overtime assignments shall be made by inverse bargaining unit seniority, and no RN shall be bypassed except by mutual agreement with the Union or for documented patient safety reasons. CHE shall maintain written records of all overtime offers, refusals, and mandatory assignments, which shall be provided to the Union upon request.

### **4.3. Long Call/Late Call**

CHE may designate an RN as the "Late Call" RN for a scheduled shift in procedural areas. A Late Call RN is an RN who, to meet patient care needs, is required to remain on duty beyond the end of the RN's scheduled shift, meaning the time at which the RN would otherwise have been released, in order to meet patient care needs. All time worked as a Late Call RN shall be compensated at one and one-half (1.5) times the RN's regular hourly rate. Late Call assignments may also be referred to as C6, Star Shift, or Late Call, and shall be treated identically for pay and

contractual purposes. Late Call pay shall be paid in addition to all other applicable premiums and differentials and shall be included in the regular rate for overtime purposes, unless otherwise prohibited by law.

#### **4.4. Call-Back Pay**

An RN who is on-call and called into work shall receive Call-Back Pay at one-and-one-half (1.5) times the RN's base hourly rate, plus any applicable differentials, with a minimum guarantee of four (4) hours of pay per "call-back." Call-Back Pay shall be included in the RN's regular rate for overtime purposes

#### **4.5. Low-Census Standby Pay**

When CHE cancels the beginning hours of an RN's scheduled shift while requiring the RN to remain available to report to work (also known as "flexing"), CHE shall compensate the RN at one-half (½) of their regular hourly rate for each hour they are required to remain on standby. During this time, an RN may elect to use paid time off (PTO) to receive compensation for the difference between the reduced standby rate and the RN's regular hourly rate. However, under no circumstances shall an RN be required to remain on standby for more than four (4) hours of a scheduled shift. Moreover, CHE shall provide no less than two (2) hours' advance notice before flexing an RN prior to the RN's scheduled shift.

### **Section 5. Other Protections**

#### **5.1. Crisis Pay**

RNs shall receive regular premium pay at one and one-half (1.5) times their regular hourly rate for work performed during a crisis (pandemic, natural disaster, mass shooting, terrorist attack or other mass illness or casualty event).

#### **5.2. Minimum Premium Pay When Sent Home**

If an RN signs up for and reports to a premium rate shift, the RN shall receive a minimum of four (4) hours of pay at the premium rate, regardless of the amount of time worked.

#### **5.3. Facility/Utility Issues**

If CHE sends an RN home early during any shift through no fault of the RN, including but not limited to a facility issue such as power outages, evacuations, or other operational emergencies, the RN shall receive pay for 100 percent of the scheduled shift and shall not be required to use PTO for any such hours not worked.

## **Section 6. Longevity**

RNs shall receive annual longevity payments on their employment anniversary dates of \$1,000, \$1,500, and \$2,000 upon reaching ten (10), fifteen (15) and twenty (20) years of service with CHE (length of service seniority) respectively, as follows:

• Years	• Annual Longevity Bonus
• 10-14	• \$1,000
• 15-19	• \$1,500
• 20+	• \$2,000

## **Section 7. Ratification Bonus**

Each RN actively employed as of the ratification date shall receive a one-time payment of \$3,000 no later than fourteen (14) following ratification of this Agreement.

## **Section 8. Education/Required Certification**

CHE shall compensate RNs at their regular hourly rate for any required training. This shall include time spent completing required online education modules. CHE shall also reimburse and pay for RNs' required certifications, regardless of location or vendor. This shall include compensation for the hours worked to complete the course, and attendance costs (tuition and books). CHE shall also reimburse and pay for RNs' professional certification exam costs.

## **Section 9. Tuition Reimbursement**

CHE shall provide tuition assistance to RNs to support career development, skill enhancement, and educational advancement related to their job or future positions within the organization. Full-time and part-time RNs ( $\geq .5$  FTE) shall be reimbursed up to \$4,000 and \$2,000 per calendar year, respectively, upon successful completion of coursework from an accredited institution that is related to current or potential job responsibilities within the organization. Reimbursement shall include the cost of required books and supplies. Requests for approval shall not be unreasonably denied and shall be approved or denied within thirty (30) calendar days of submission. Approved reimbursements shall be paid within thirty (30) days of submission of proof of successful completion and documentation of expenses. Alternatively, RNs may elect to apply the reimbursement to their student loans if they choose.

## **Section 10. Professional Development Allowance.**

CHE shall provide an additional annual professional development allowance of \$1,000 for full-time RNs and \$500 for part-time RNs, to be used toward the cost of attending a job-related conference, course, program, or seminar, including reasonable travel expenses. Requests for use of the professional development allowance shall be approved or denied within fifteen (15) calendar days, and approved reimbursements shall be paid within thirty (30) days of submission of required documentation.

## **Section 11. Student Loan Repayment**

CHE shall maintain a student loan repayment program for full-time and part-time RNs that provides monthly student loan repayment benefits of no less than \$500 for full-time RNs and \$250 for part-time RNs, paid as direct payments to the RN's qualifying student loan servicer.

## **Section 12. Clinical Ladder Program**

CHE shall maintain a Clinical Ladder Program. Under this program, Level 1 RNs shall receive a \$2,500 payment during the first year of participation, and Level 2 RNs shall receive a \$3,500 annual payment for each subsequent year of participation.

## **Section 13. Travel & Business Expense Coverage/Reimbursement**

CHE shall reimburse employees for all business-related travel expenses at the current IRS standard mileage rate for use of a personal vehicle at the time of travel. Reimbursement shall be made upon submission of appropriate documentation in accordance with CHE's travel reimbursement procedures. CHE shall also reimburse for related tolls, parking, lodging and other reasonable expenses incurred in connection with business travel. Business-related travel shall include costs associated with attending required conferences. RNs who work from home shall be reimbursed reasonable costs for necessary home office equipment not provided by CHE.

## **Section 14. Data Allowance**

CHE shall provide stipends for RNs for certain cell phone and home internet use. If RNs are required to use their personal cell phones and data plans as part of their job duties, CHE shall either reimburse RNs for the cost of their data plan up to \$80.00 per month or provide the RN with a smart phone with an appropriate data plan to be used for work purposes. RNs who work remotely or in a hybrid-remote capacity shall receive \$50.00 per month for home internet usage.

## **Section 15. Clothing Allowance**

RNs shall receive \$300 annually to be used for uniforms and work clothing. Effective on January 1, 2027, the clothing allowance shall be increased to \$325 and effective on January 1, 2028, the clothing allowance shall be increased to \$350.

## **Section 16. Staffing Programs**

CHE shall maintain its existing staffing incentive programs as described in Article X (Safe Staffing).

### **16.1. Flex Long-Term Commitment**

Flex RNs who agree to a long-term commitment to provide temporary relief to a unit experiencing staffing deficits will receive \$5.00 per hour additional to their base rate for the duration of the Flex Long Term Commitment.

### **16.2. Flipped Shift Program**

CHE shall maintain its Flipped Shift Program, which shall be used to provide additional incentive to non-exempt bargaining unit clinical RNs to voluntarily sign up for regularly scheduled midnight shifts in a unit or department experiencing a critical staffing event, including but not limited to high vacancy rates of core positions or other significant staffing shortages. Under the Program, full-time and part-time RNs who agree to flip all of their regularly scheduled work hours from

days to midnights for a minimum of one (1) full pay period due to staffing shortages shall receive an additional fifteen dollars (\$15.00) per hour, in addition to their base hourly rate, for all hours worked between 3:00 p.m. and 7:00 a.m. during the flipped assignment. This premium shall be paid in addition to all other applicable premiums and differentials, shall not reduce or replace any existing night, weekend, or critical staffing differentials, and shall be included in the RN's regular rate of pay for overtime purposes, unless otherwise prohibited by law. Participation in the Flipped Shift Program shall be voluntary, and no RN shall be disciplined or suffer adverse consequences for declining to participate.

### **16.3. Extra Shift Agreements**

Contingent RNs who have been employed for at least ninety (90) days who commit to an extra 12-hour shift beyond their regular weekly schedule for a period of eight (8) or twelve (12) weeks shall receive additional compensation as follows:

- Midnight Agreement - 12 weeks (\$4,320)
- Day Shift Agreement - 12 weeks (\$2,880)
- Midnight Agreement - 8 weeks (\$2,880)
- Day Shift Agreement - 8 weeks (\$1,920)

Once during each assignment, CHE shall provide the Contingent RN an interim assignment payment. Contingent will remain eligible for shift differentials during this time (except for CSP). The above agreements will be awarded to Contingent RNs based on skill, ability and experience, and where those factors are relatively equal, shall be based on bargaining unit seniority.

## **Article 34. Liability Insurance.**

CHE shall without cost to the nurse provide liability insurance in the amount of \$500,000 per claim/\$1,000,000 in the annual aggregate, or higher limits in accordance with the Hospital policy.

## **Article 35. Life Insurance**

CHE shall provide life insurance coverage for each RN in an amount at least equal to two (2) times the nurse's annual salary as established by the nurse's prior calendar year W-2.

## **Article 36. Health Insurance**

### **Section 1. Coverage and Plan Options**

Effective upon ratification of this Agreement, the Employer shall provide and maintain group health insurance coverage for eligible RNs. Such coverage shall be administered through Priority Health.

### **A. Eligibility**

An RN is eligible for health insurance benefits including dental and vision benefits if the RN is in a Regular or Temporary RN and the RN's Full Time Equivalent (FTE) is 50% or higher. Work hours classification shall be as follows: full time is 72 to 80 hours per pay period, and part time is 40 to 71 hours per pay period. Contingent or Contingent RNs shall be offered health insurance coverage under the part time benefits package if, based on the prior calendar year, they worked an average of at least 30 hours per week. CHE shall provide written notice to contingent or Contingent RNs who meet this eligibility standard in advance of annual open enrollment. This eligibility is for health insurance coverage only and does not include dental or vision unless the parties agree otherwise. Nothing in this Section shall be interpreted to reduce or eliminate benefits eligibility for any contingent or Contingent RN who is eligible for benefits as of the ratification date, including any Contingent or RN currently eligible at less than 30 hours per week. Enrollment must occur within 31 days of hire or eligibility status change, with annual open enrollment Nov. 1 through Nov. 15. Coverage begins the first day of the month following hire or eligibility status change.

### **B. HMO**

The Employer shall continue to offer the existing HMO plan option(s) available to RNs.

### **C. PPO**

Subject to the prior review and approval of the Union, CHE shall also offer at least one Priority Health plan option with PPO style flexibility, such as Priority POS, Priority PPO, or both. The PPO style Priority Health option shall be designed to be comparable in overall coverage and cost protection to the Michigan Conference Teamsters Welfare Fund benefit package.

### **D. Coverage Tiers**

Plans offered to RNs shall include the following coverage tiers: employee only; employee plus spouse or domestic partner; non-married employee plus child(ren); and married employee plus family. Eligible dependents include:

- A legally married spouse, same-sex spouse, or a common-law/domestic partner recognized under applicable law;
- Children up to age 26, including stepchildren, adopted children, and children under legal guardianship; and
- A disabled child of any age who is unmarried, unable to support themselves, claimed as a dependent for tax purposes, and whose disability began before age 26.

### **E. Termination of Coverage**

Life insurance, AD&D, STD, and LTD shall end on the RN's last day worked or later when eligibility ends. All other coverages shall end on the last day of the month in which eligibility ends.

## **Section 2. RN Premium Contributions**

### **A. HMO**

Effective the first day of the month following ratification, RN payroll premium contributions for medical coverage under each existing HMO plan shall not be greater than forty percent (40%) of

the amounts in effect as of ratification date. Notwithstanding any provision to the contrary, RN per-pay-period premium contributions shall be as follows:

Medical	Full time .900-1.0	Part time .500-.899 FTE
<b>HMO</b>		
Team member only	\$ 30.56	\$ 40.84
Team member+Spouse	\$ 55.23	\$ 77.84
Team member+Child(ren)	\$ 53.18	\$ 74.76
Team member+Family	\$ 71.68	\$ 102.52
<b>HDHP-HMO</b>		
Team member only	\$ 14.09	\$ 17.19
Team member+Spouse	\$ 21.58	\$ 28.40
Team member+Child(ren)	\$ 20.96	\$ 27.47
Team member+Family	\$ 26.57	\$ 35.88
<b>HDHP-POS</b>		
Team member only	\$ 17.96	\$ 21.91
Team member+Spouse	\$ 27.50	\$ 36.20
Team member+Child(ren)	\$ 26.71	\$ 35.02
Team member+Family	\$ 33.86	\$ 45.74

These employee contributions shall not be increased during the lifetime of the Agreement. CHE shall provide the Union with a complete written schedule of RN premium contributions, by coverage tier, for each HMO option reflecting the reduced rates required under this Agreement, within fourteen (14) days following ratification of the collective bargaining agreement.

**B. PPO**

CHE shall pay ninety percent (90 %) of the premium costs and RNs shall pay ten percent (10 %) of the premium cost for the PPO style plan discussed in Section 1(B). Once established, the per pay-period premium cost shall not be increased.

**C. Dental**

RN payroll premium contributions for dental coverage under each existing dental plan shall remain the same. Notwithstanding any provision to the contrary, RN per-pay-period premium contributions shall be as follows:

Dental	Full-time .900-1.0	Part-time .500-.899
<b>Basic</b>		
Team member only	\$ 7.09	\$ 13.09
Team member+Spouse	\$ 14.18	\$ 26.15
Team member+Child(ren)	\$ 15.60	\$ 27.99

Team member+Family	\$ 22.68	\$ 40.95
<b>Enhanced</b>		
Team member only	\$ 14.83	\$ 21.64
Team member+Spouse	\$ 29.67	\$ 42.24
Team member+Child(ren)	\$ 32.64	\$ 47.04
Team member+Family	\$ 47.47	\$ 68.57

**D. Vision**

RN payroll premium contributions for vision coverage under each existing vision plan shall remain the same. Notwithstanding any provision to the contrary, RN per-pay-period premium contributions shall be as follows:

Vision	Full time .900-1.0	Part time .500-.899 FTE
<b>Basic</b>		
Team member only	\$ 4.51	\$ 4.51
Team member+Spouse	\$ 7.17	\$ 7.17
Team member+Child(ren)	\$ 7.32	\$ 7.32
Team member+Family	\$ 11.82	\$ 11.82
<b>Enhanced</b>		
Team member only	\$ 5.21	\$ 5.21
Team member+Spouse	\$ 8.27	\$ 8.27
Team member+Child(ren)	\$ 8.45	\$ 8.45
Team member+Family	\$ 13.62	\$ 13.62

**Section 3. Maintenance of Benefits**

CHE shall maintain the existing HMO plan option(s) in effect as of the ratification date, including the scope of covered services and overall plan design. During the term of this Agreement, CHE shall not reduce, eliminate, or make less favorable any covered service, benefit, exclusion, limitation, formulary access, provider access, or level of coverage under the HMO plan option(s) without the Union’s prior written agreement. Nothing in this Article prevents the parties from mutually agreeing to targeted enhancements, improved affordability, or cost relief for the HMO plan option(s).

During the term of this Agreement, CHE shall not change plan design, employee premium contributions, deductibles, copays, coinsurance, out of pocket maximums, prescription drug cost sharing, provider networks, formularies, administrators, pharmacy benefit managers, or vendor partners for bargaining unit RNs without the Union’s prior written agreement. If there is a conflict between this Agreement and any governing document, this Agreement controls.

**Section 4. Requested Documents**

Upon the Union’s request, CHE shall provide the governing plan documents applicable to bargaining unit RNs, including the Summary of Benefits and Coverage, Summary Plan

Description, certificate of coverage or plan document, schedule of benefits, and prescription drug formulary, as applicable.

### **Section 5. Opt-Out**

An RN who maintains alternative qualifying medical coverage may voluntarily elect to decline CHE sponsored medical coverage and shall receive CHE's share of the applicable premium of the insurance as compensation for each pay period in lieu of coverage. To opt out, RNs shall provide documentation of continuous alternative coverage that meets minimum essential coverage requirements under applicable federal law. Documentation shall be provided at the time of election and during annual open enrollment. If an RN who has opted out experiences a loss of alternative coverage, the RN may enroll in CHE medical coverage within 30 days of the loss of coverage. RNs who opt out shall receive a \$5,600 stipend.

### **Section 6. Preservation of Benefits and Legacy Programs**

Except as expressly modified by this Agreement, CHE shall continue all benefits, employer paid programs, subsidies, discounts, and other benefit related practices made available to bargaining unit RNs as of the ratification date, whether established by written plan documents, policy, past practice, or legacy employer practice. No such benefit, program, subsidy, discount, or practice shall be eliminated, reduced, or made less favorable during the term of this Agreement without the Union's prior written agreement.

## **Article 37. Savings and Severability**

If any Article in this Agreement, or any Attachment to the Agreement is determined to be illegal for any reason, the parties agree that the remainder of this Agreement and Attachments are valid.

## **Article 38. Maintenance of Standards**

All conditions of employment shall be maintained at not less than the highest minimum standards in effect at the time of the signing of this Agreement.

## **Article 39. Successor**

This Agreement shall be binding upon CHE and all successors, assigns, purchasers, transferees, or lessees of CHE or its business operations, in whole or in part, whether such succession occurs by sale, transfer, merger, consolidation, lease, assignment, receivership, or otherwise.

CHE agrees that it shall not sell, convey, assign, lease, or otherwise transfer its operations or any substantial part thereof unless and until the successor or transferee agrees in writing to assume all terms and obligations of this Agreement and to recognize the Union as the exclusive bargaining representative of the employees covered hereby.

CHE further agrees to provide the Union with at least sixty (60) days' written notice prior to the effective date of any such sale, transfer, or other disposition of operations, and to meet with the Union upon request to discuss the effects of such transaction on bargaining unit employees.

## Article 40. Uniforms

### A. Paid Prep Time

RNs required to arrive early to work to dress for safety and infection prevention will be paid for the time before and after their assigned shift.

### B. CHE Provides Scrubs

If an RN is required to wear CHE issued scrubs, then CHE shall provide free five (5) sets of scrubs per person will be available to be dispensed

### C. CHE Cleans Scrubs

Surgical scrubs are to be returned daily and a clean set dispensed

### D. Privacy/Safety

RNs may opt to have their last name removed from their badge for safety concerns.

### E. Union Attire

RNs will be allowed to wear CHE, Teamster or Nurses for Nurses branded attire. Embroidery, patches, pins and badge reels representing CHE, the Teamsters, Nurses for Nurses - Local 2024, professional organizations, awards, longevity and such may be worn on badge buddies, lanyards and/or apparel as long as patient care is not impacted.

### F. Notice of Changes

Changes to the dress code policy must be communicated to the Union in writing and will be given a minimum of ninety (90) days' notice for employees to comply with such changes.

## Article 41. APPs

Unless otherwise affected by any provision in this Article, all the terms and conditions contained in this Agreement shall apply to the Advanced Practice Providers ("APP" or "Nurse Practitioner" or "Nurse Midwife").

### Section 1. Status

An APP shall be considered Full-Time if his/her FTE is equivalent to .9 to 1.0 and part-time if his/her FTE is equivalent to .5 to .89, where 0.1 FTE is equivalent to four hours per week.

### Section 2. Wages

#### A. Correcting Market Adjustments

Within a month of ratification, CHE will pay, retroactive to February 9th, 2025, and the date market adjustments were distributed to Physician Assistants in 2025, the difference in pay between

the nurse practitioners and the physician assistants including, full-time, part-time and contingent employees. The market adjustment will be calculated first, then the general pay increase.

**B. Wage Tiers**

APPs will be assigned to one of four classification pay tiers below: A, B, C or D. The classification pay zone designation is determined by the work, the complexity of the assessment and management required by the patient population, the stability of those patients and the level of technical skills that must be employed. Placement may be challenged through the grievance procedure. Certified midwives shall be classified as Tier C.

*Figure A.*

Tier A	B	C	D
<p>Outpatient, primary care, H and P, management of common problems requiring limited medical decision making with chronic conditions. Patients are considered stable, and care provided primarily is ambulatory care. Provides a limited number of therapeutic and diagnostic that may be complex</p>	<p>Inpatient, subacute care and /or outpatient management of complex problems of relatively stable patients. Provides a moderate amount of therapeutic and diagnostic interventions. Primary work setting either inpatient unit of hospital non-icu, ccu or outpatient setting.</p> <p>Palliative care            Cardiology            Pulmonology            Hepatology            Nephrology            Internal Medicine            Hospitalist            Vascular Surgery            Bariatric Surgery            Endocrine Surgery            General Surgery            Orthopedic surgery            Urology            Inpatient PM&amp;R</p>	<p>High acuity, autonomous independent decision making outside of the ICU. A high level of critical thinking in life and death situations. If intervention not carried out this would cause death or deterioration.</p> <p>Positions requiring autonomous Immediate urgent or emergent patient care that could require coordination and facilitating smooth transitions of care between units.</p> <p>Positions requiring 50% or more procedures outside of the operating room.</p> <p>Trauma team            IR            Neurosurgery            Rapid response team            ED            OB            OR            Medical Progressive CU            Cardiac Progressive CU            Acute Coronary service            Transplant Surgery            Transplant Nephrology            Transplant Hepatology</p>	<p>Majority of time spent in the critical and intensive care unit requiring complex monitoring and or medical surgical intervention. Patient are unstable requiring a broad range of high intensity therapies and high technical interventions.</p> <p>Cardiothoracic OR            Neonatal ICU            Medical ICU            Surgical ICU            Cardiovascular ICU            Cardiac ICU</p>

### C. Salary Schedule Placement

Upon ratification, APPs will be assigned to a step on the Nurse Practitioner Salary Schedule (Figure B) based on their points in effect at the time of ratification. Placement shall be based on a point system that follows these principles:

- Nurse Practitioners will be credited one point for each year of service as an RN, and one point for each year as a nurse practitioner.
- A maximum credit of 10 years for full years of service as a full or part-time RN.
- Each total will be rounded up for the next whole year and will be placed into that step accordingly. Example: 2.4 years will be counted as 3 years.
- A nurse practitioner with zero (0) points will be placed at the minimum or “0” step on the pay scale.

### Contingents

- No credit will be given to years worked as a contingent RN.
- If a contingent RN worked more than half of the year as a full or part time RN then he or she will get one (1) point for that year.
- Contingents will be paid a flat hourly rate based on the pay tier listed in Figure A. The flat rate will also be based on the years of NP licensure, refer to Figure C. Will also qualify for shift differentials as defined above.

*Figure B.*

Step\Tier	A	B	C	D
0	\$112,320	\$115,690	\$119,161	\$122,736
1	\$114,566	\$118,004	\$121,544	\$125,191
2	\$116,857	\$120,364	\$123,975	\$127,695
3	\$119,194	\$122,771	\$126,455	\$130,249
4	\$121,578	\$125,226	\$128,984	\$132,854
5	\$124,010	\$127,731	\$131,564	\$135,511
6	\$126,490	\$130,286	\$134,195	\$138,221
7	\$129,020	\$132,892	\$136,879	\$140,985
8	\$131,600	\$135,550	\$139,617	\$143,805

Step\Tier	A	B	C	D
9	\$134,232	\$138,261	\$142,409	\$146,681
10	\$136,917	\$141,026	\$145,257	\$149,615
11	\$139,655	\$143,847	\$148,162	\$152,607
12	\$142,448	\$146,724	\$151,125	\$155,659
13	\$145,297	\$149,658	\$154,148	\$158,772
14	\$148,203	\$152,651	\$157,231	\$161,947
15	\$151,167	\$155,704	\$160,376	\$165,186
16	\$154,190	\$158,818	\$163,584	\$168,490
17	\$157,274	\$161,994	\$166,856	\$171,860
18	\$160,419	\$165,234	\$170,193	\$175,297
19	\$163,627	\$168,539	\$173,597	\$178,803
20	\$166,900	\$171,910	\$177,069	\$182,379
21	\$170,238	\$175,348	\$180,610	\$186,027
22	\$173,643	\$178,855	\$184,222	\$189,748
23	\$177,116	\$182,432	\$187,906	\$193,543
24	\$180,658	\$186,081	\$191,664	\$197,414
25	\$184,271	\$189,803	\$195,497	\$201,362

Figure C

Years\Tier	A	B	C	D
0-5 years	\$62.61	\$64.47	\$66.41	\$68.41
6-10 years	\$68.87	\$70.92	\$73.05	\$75.25
11+ years	\$75.76	\$78.01	\$80.36	\$82.78

#### D. General Wage Increases

The wage grid above represents wages prior to any adjustments pursuant to the terms of the collective bargaining agreement. The figures above shall be adjusted based on Section 2(A) of this

Article. After the APP is placed on the schedule and his or her wages are adjusted pursuant to Section 2(A), APPs shall then receive the same wage increases as the RNs in Article 33, Section 1. Between general increases and annual step advancements, this means that effective January 1, 2026 and each year of the Agreement thereafter, APPs shall receive a 10 percent increase to wages.

**E. Classification Review**

Disputes over reclassification shall be reviewed by CHE upon request and subject to the grievance procedure. APPs may initiate a review by making a request to the Human Resources Department. The Human Resources Department will complete the review within 90 days. If the issue is not satisfactorily resolved at that point, the RN may file a grievance. In no event will an APP’s points be changed to be less than the total on record at the time the request for review was submitted.

**F. Overtime/Shift Differential/Premium Pay**

- i. CHE shall pay APPs the following shift differentials:

Afternoons (3 p.m. -11 p.m.)	Nights (11 – 7 a.m.)	Weekends	Preceptor	Holiday	Secondary Assignment
\$7.50/hr	\$7.50/hr	\$7.50/hr	\$3.00/hr	Twice hourly rate	1.5x hourly rate*

- ii. Shift differentials will be paid at one and a half (1.5 times) the rate per hour for hours worked during an overtime shift or holiday
- iii. APPs shall receive Preceptor Pay consistent with RNs for all preceptor work performed, including with new hires, transfers within CHE, and NP or PA students

**G. On Call**

On-call pay will be \$7.50/hr. for all tiers. On-call shifts will be determined by individual departments to meet the needs of that department and to reflect the needs of the patients. On-call shifts will start immediately following the nurse practitioners normally scheduled shift. The nurse practitioner will be available via phone, text message, or page during the entire call shift and must respond within 30 minutes. If the nurse practitioner is called and remote intervention provided, they will receive 1 hour of regular pay plus the on-call pay. If the nurse practitioner is required to show up to the hospital, then the nurse practitioner will be compensated two hours minimum at one and one-half times his or her hourly rate. After remaining at the hospital, APPs will be compensated one and one-half (1.5) times his or her hourly rate for each hour thereafter. He or she shall be paid a minimum of one hour at the premium rate for the first hour and then on a pro rata basis for each hour thereafter. Nurse practitioners’ normal hours shall not be reduced because of being on call. Nurse practitioners will not work more than 16 hours in a 24-hour period in direct patient care, or 16 hours direct patient care plus 4 hours indirect patient care in a 24-hour period. A minimum of three months’ notice must be provided for changes to, or addition of on-call

responsibility. Nurse Practitioners that are on call during a specified holiday period will be paid one and one-half times the hourly on call pay. Nurse practitioners will be paid according to the holiday pay guidelines for any remote intervention, and twice their hourly rate if they are required to show up to the hospital and will be paid a two-hour minimum.

## **H. Meetings**

Meetings shall satisfy the following:

- i. **Notice Requirement:** Meets shall be scheduled with no less than one (1) month advance notice, and such notice must be provided in writing or by email.
- ii. **Agenda Requirement:** An agenda for the meeting will be provided no later than one (1) week prior to the meeting date.
- iii. **Compensation Requirement:** Meetings that occur outside of a nurse's scheduled working hours will be compensated at one and one-half (1.5x) the nurse's hourly rate and will be paid for a minimum of one (1) hour, regardless of meeting length.

## **Flex Time**

Prior to being paid overtime, the APP will have the opportunity to flex their hours within the pay period to maintain his/her assigned FTE. The APP will have the sole discretion on flexing their time versus being paid overtime. If an APP attends a mandatory meeting outside his/her scheduled working hours they will have the opportunity to flex their hours during that pay period or have the overtime paid as above.

## **Section 3. Secondary Assignments**

Whenever an APP performs work in a role different than the APP's primary assignment, he or she shall be compensated at one-and-a-half times his or her hourly rate. APPs shall receive shift differentials in addition to Second Assignment premium rate pay.

## **Section 4. Pulling/redeployment**

### **A. Pull Assignments**

Nurse practitioners may only be pulled to units in which they have been trained.

Nurse practitioners may volunteer to be pulled to a different unit, but only if they are trained to take care of that patient population. Volunteers shall be chosen based on seniority.

If there aren't volunteers, CHE may assign an APP to a different unit for a "pull" assignment, but such assignments must be made based on inverse seniority within the primary unit from which the nurse is being pulled. In addition, the following conditions must be met:

- i. The nurse practitioner pulled must be trained to take care of that patient population.
- ii. The pulling of the nurse practitioner may not make their primary unit short staffed.
- iii. The nurse practitioner will be returned to their home unit prior to any nurse practitioner being sent home from the unit to which the nurse practitioner was pulled.

**B. Redeployment**

Redeployment of a nurse practitioner shall be permitted based on extenuating circumstances such as but not limited to local, regional or global pandemic, terrorism, utility outages, and natural disasters. The decision to redeploy an APP will be made in conjunction with the APP’s manager/supervisor and administration and shall only happen if the APP is trained in the care of the patient population to which he or she is being redeployed.

**C. Premium Compensation**

Pay for pulling and redeployment will be a one and a half (1.5) times the APP’s hourly rate for each hour worked regardless of the total number of hours worked during that week

**Section 5. Hours of Work**

There shall be three shifts:

- **Day:** starting on or after 3:00 a.m. and before 11:00 a.m. or has most scheduled hours between 7:00 a.m. and 3:00 p.m.
- **Afternoon:** starting on or after 11:00 a.m. and before 7:00 p.m. or who has most scheduled hours between 3:00 p.m. and 11:00 p.m.
- **Night:** starting on or after 7:00 p.m. and before 3:00 a.m. or who has most scheduled hours between 11:00 p.m. and 7:00 a.m.

**Section 7. Continuing Education/Professional Development**

FTE	Hours per Year	Amount Available per Year
0.9 - 1.0 FTE	40 hours per year	\$3000
0.5 - 0.89 FTE	24 hours per year	\$2500
Less than 0.5 FTE or Contingent	No less than 1 day per year	Prorated based on FTE, contingent \$1500
***Unused funds in one year may be rolled over to the following calendar year only (and may not be rolled over again). Contingent staff may not roll over unused funds		

**A. Eligibility**

Upon ratification, each Nurse Practitioner with an FTE of fifty percent (50%) or more will receive continuing medical education/discretionary funds annually for the purpose of professional development & continuing education (CE) as follows

**B. Carry-Forward/Roll-over Permitted**

Nurse Practitioners will be able to “bank” two times the minimum annual allotment. Unused funds from the previous year will be used prior to the current year’s funds.

### C. Use/Approval

The approval process related to the use of professional development funds will be determined by each unit/department. Use of discretionary funds may include, but is not limited to: conferences, travel for conferences including but not limited to lodging, and meals (alcohol is not included), membership to professional organizations, funding for specialty certifications, books, online continuing education programs, computer software designed to enhance professional growth and development, and electronic devices as required by hospital to facilitate communication between staff. Use of discretionary funds may also include nursing license, Nurse Practitioner license, Nurse Practitioner certification and DEA license. Use of discretionary funds may be used for uniforms, such as scrubs, lab coats, vests, jackets, and scrub caps. Other certifications, including but not limited to ATLS, PALS, NRP, EFM, BLS or ACLS, required by a section or department will be funded separately by each department and will not be included in the annual allocation of professional development funds for the individual nurse practitioner.

### Section 8. Paid Time Off

Upon ratification, APPs (including CRNAs) will accrue PTO as followed:

Years of Service	Accrual per hour worked	Annual Accrual	Maximum Accrual
Less than 5 years	0.119230769	248	372
5-10 years	0.130769231	272	408
10-20 years	0.134615385	280	420
20 or more years	0.142307692	296	444

### Section 9. Liability insurance

APPs shall be covered under the hospitals group policy as provided to RNs. APPs may elect to purchase supplemental liability insurance, which will be in addition to the hospital group policy

### Section 10. Short Term disability/Long Term Disability

CHE will follow the Short-Term Disability (STD) Plan as outlined in the Corewell Health guidelines dated January 1, 2025. Short-term disability will be paid at one hundred percent (100%) of regular pay for at least twelve (12) months, beginning on the first day of disability. Advanced Practice Providers (APPs), like RNs, will not be required to use PTO while receiving short-term disability benefits. Short-term disability payments will continue until long-term disability (LTD) benefits begin. Long-term disability will be paid at not less than sixty percent (60%) of regular pay. APPs may use PTO to supplement LTD benefits to receive up to one hundred percent (100%) of their regular pay.

## **Section 11. Holidays**

APPs shall generally observe holidays listed in Article 31 on the day during the week that it falls. However, a holiday that falls on a Saturday will be observed on Friday and a holiday that falls on a Sunday will be observed on Monday. APPs will be compensated for one (1) full regular-day pay according to their FTE and normal hours worked daily for the holiday if the employee is not required to work on the holiday. APPs shall otherwise be compensated at twice their full regular-day pay for all hours worked on a holiday. APPs, like RNs, shall receive holiday pay in addition to any differential pay. A Nurse Practitioner that is required to work the holiday will be able to take a different day off within that pay period as their observed holiday hours based on their FTE.

## **Section 12. Resignation**

APPs will give, in writing, a minimum of thirty (30) days' notice of resignation. APPs shall not be disciplined or terminated without just cause.

## **Section 13. Transfer**

A nurse practitioner will give, in writing, a minimum of thirty (30) days' notice of transfer to a different unit within the employer. The APP's manager may hold the employee up to thirty (30) additional days to maintain safe staffing and patient care ratios.

## **Section 14. Other Provisions**

- A. Within twelve (12) months post-ratification of this agreement, APP evaluations will be addressed by an APP Manager. APP's must complete an annual self-evaluation and participate in peer feedback on their anniversary date. All APP evaluations classified as "Approaching" must be reviewed by the Director of Advanced Practice Nursing.
- B. Open shifts available in an APP's "home" unit shall be offered to regularly benefited employees of the "home" unit prior to allowing other APPs to fill those available shifts. The open shifts will be posted a minimum of 3 months prior to that shift and will be available for regularly benefited employees for 1 month. After 1 month, any additional shifts not taken by the regular benefited employee will be made available to contingent staff.
- C. Contingent RNs and regularly benefited APPs who are receiving overtime shall be canceled or sent home early if there is no longer a need for them for or during that shift. This shall be in order of seniority if volunteered and in reverse seniority order if forced.
- D. APPs shall not be canceled or sent home early unless they have already worked 40 hours and are receiving overtime pay for the current shift they are working.
- E. A regularly benefited APP may volunteer to cancel or leave early and are required to use PTO for the difference of their FTE. A regularly benefited APP that is forced home early may choose not to use PTO and will go unpaid for the hours up to their FTE.
- F. Each unit manager or supervisor will inform all APPs in that unit that a change in FTE is available, whether a reduction or an increase. APPs will have two weeks to respond to their unit manager or supervisor in writing of their interest in changing their FTE to a different

available FTE. After two weeks, the manager or supervisor can then post the available position. If more than one unit APP wishes to change FTE, the APP with more unit seniority will be moved to the new FTE.

- G. Each unit shall adhere to individual scheduling guidelines currently established. The guidelines will adhere to the hospital's safe staffing ratios, and minimum hourly requirement based on individuals FTE. Scheduling guidelines will include but are not limited to working hours (8, 10, 12, 24), start and stop times, evening, midnight, weekend and holiday shifts based on the needs of each unit. Changes to the current guidelines established by each unit shall be made at the discretion of the manager/supervisor with the assistance of the scheduling committee, provided bargaining obligations are satisfied.
- H. Ambulatory/Hybrid (Outpatient or Outpatient/Inpatient) will have allocated twenty percent (20 %) of their FTE as administrative time. Administrative duties shall include but are not limited to: charting/documentation; returning patient calls/emails; reviewing, ordering, renewing prescriptions; following up test results and responding accordingly. Upon completion of clinical administrative duties, APPs may use time for hospital business such as scheduling and meetings or scholarly activities.
- I. Each APP actively employed as of the ratification date of this contract shall receive a one-time payment of \$3,000.

## **Article 42. CRNA**

Unless otherwise affected by this Article, all terms and conditions contained in this Agreement shall apply to the CRNAs.

### **Section 1. Scheduling and Hours of Work**

- A. CRNAs shall not be scheduled to work at any Corewell Health facility other than Corewell Farmington Hills for the duration of this Agreement.
- B. CRNAs will not be required to work on their scheduled days off or more than their agreed upon FTE in any given work week, except:
  - i. CRNAs may be scheduled for "Late Stay" or "Standby" ("Call") immediately following the end of their regularly scheduled shift;
  - ii. CRNAs who are not assigned Late Stay or Standby may be required to remain at work for a reasonable period beyond the end of their scheduled shift—not to exceed thirty (30) minutes to one (1) hour—when necessary due to unexpected events and only when patient needs cannot be met by CRNAs already assigned to Late Stay or Standby.
  - iii. CHE shall make reasonable efforts to minimize and equitably distribute such unscheduled extensions through a rotating seniority-based list.
- C. CHE shall allow CRNAs to work over their FTE status upon request.

- D. If there is low census and the number of CRNAs exceed the number of OR rooms, the CRNAs are allowed to go home and will not be required to use PTO to cover lack of work.
- E. CRNA's schedule shall be completed by the CRNA manager two months in advance and shall contain work schedules for all CRNAs (full-time, part-time, PRN), including all Call and Standby shifts for every day of the schedule.
- F. Call and standby will be equitably distributed among all employees except PRN employees.
- G. Vacation time in the summer months (Last week of May -First week of September) will be elected in order of seniority with each full-time CRNA electing two weeks to be off. If more than three (3) full-time CRNAs wish for the same weeks off during the summer, seniority will dictate priority for the week with only three full time CRNAs off per week in the summer so as not to unduly understaff for those weeks. One part-time CRNA may be off per week in the summer. The schedule will be emailed through CHE email to each CRNA as soon as it is completed. It can be sent earlier than two months but must be at least two months out.
- H. The holiday schedule will be completed in January every year and will be completed in order of seniority.
- I. CHE shall not change the number of employees on Standby or Late Stay status.
- J. The five most senior CRNAs in the staffing list will reserve the right to choose whether they would like to work nights, weekends, holidays, and call shifts.

## **Section 2. Medical Malpractice Insurance**

The employer shall maintain professional liability insurance at its sole cost and expense in an appropriate amount, at not less than \$1 million per occurrence and \$20 million aggregate, covering each employee for the employee's acts and omissions, and the performance of the employee's duties. If an employee retires from the practice of nursing, ceases to be an employee of the employer, or otherwise ceases to practice nursing, the employer shall be solely responsible for the cost of maintaining incurred by not reported (IBNR) coverage, following the date of the termination of the employees employment, provided the claim results from an incident which occurred during the employees employment with the employer. This coverage will be provided in an amount equal to the malpractice insurance carried during the term of this agreement. This coverage applies to PRN CRNAs, full-time and part-time employees of the anesthesia department.

## **Section 3. Compensation**

### **A. Base Salary Rates**

Full-time exempt CRNAs at Farmington Hills (i.e., 0.8 FTE and above) will be paid a base salary of a rate that is \$132.00 per hour.

Part-time employees will be paid an hourly rate of \$134/hr.

PRN or “Contingent” employees will be paid a base hourly rate of \$175/hr.

Effective January 1, 2026, and continuing each year of the contract thereafter, CRNAs shall receive a 10 percent general wage increase, consistent with other APPs.

<b>CRNA Hourly</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
Full time	\$ 132.00	\$ 145.20	\$ 159.72
Part time	\$ 134.00	\$ 147.40	\$ 162.14
PRN	\$ 175.00	\$ 192.50	\$ 211.75

**B. Non-clinical Duties Rate**

When an employee is performing non-clinical duties for the employer, such hours will be paid at a rate of \$25 per hour. Examples include assigned training prior to the employee’s clinical start date, online training, orientation, and time spent as a member of the scheduling committee.

**C. Standby and Late-Stay Rates**

Part-time and full-time CRNAs who are required to be available to be called into work may be placed on Standby (“Call”) status and compensated as provided below. Each time a part-time or full-time employee is called into work the CRNA will be paid \$250/hr. for all the time worked or a minimum of two hours, even if the CRNA works fewer than two hours, in addition to the standby pay. No shift differential will be paid during such time, regardless of the day. Drive time (i.e., the time it takes the CRNA to drive to work) will also be given to the Call CRNAs at a rate of one hour of pay at straight time. CRNAs assigned to call duty on a holiday shall receive the on-call pay in addition to holiday pay.

CRNAs scheduled for “Late Stay” shall be paid the applicable Late Stay rate reflected in the following tables for the hours during which they are scheduled for possible late stay, even if they are not required to stay late or to work the full two hours of “late-stay” time. If the CRNA who is scheduled for Late Stay is required to work more than 30 minutes after their scheduled shift, he or she will be paid time and a half (1.5) for time worked, in addition to the Standby rate for all hours worked.

Example: If the Standby CRNA works over their scheduled shift for one hour, they will be paid at 1.5 times their rate for that one hour, plus they will receive two hours of standby pay at \$19.00 per hour.

Standby	
Weekday Standby (Call) Rate:	\$19.00/hr.
Weekend/Holiday 1st Call Standby Rate:	\$19.00/hr.
Weekend/Holiday 2nd Call Standby Rate:	\$19.00/hr.
Late Stay	\$19.00/hr.

#### **D. Unexpected Work Beyond Shift**

If an CRNA not designated as a late stay for a particular day is required to stay past the end of the employees shift, the CRNA will receive 1.5 times the employee's base hourly rate of pay for all time worked beyond the end of the shift and one hour of standby pay at the rate located in the chart above. This does not apply to an CRNA scheduled ahead of time for standby or late stay status; an CRNA scheduled for standby or late stay status will be paid according to the above.

#### **E. Shift Differential**

Afternoon shift differential from 15:00-23:00 shall be \$6.75 per hour on top of base pay. There is no minimum number of hours that must be worked before the CRNA becomes eligible for this premium.

Midnight shift differential from 23:00-07:00 shall be \$8.00 per hour on top of base pay and there is no minimum number of hours that must be worked before the CRNA becomes eligible for this premium.

CRNAs who report to work between Friday at 11 p.m. and Sunday at 10:59 p.m. shall receive an additional \$6.75/hr. on top of their base pay and there is no minimum number of hours that must be worked to qualify for this benefit.

Differentials shall increase three percent per year, effective on and after January 1, 2026.

#### **F. Board runner or charge Differential**

CRNAs who temporarily assume responsibility of the Charge CRNA will be paid a (five dollar per hour) premium for all hours scheduled as temporary charge CRNA on top of their base pay. The "Charge CRNA" is listed on the daily schedule of CRNA assignments that is placed outside the anesthesia office.

#### **G. Overtime**

All hours worked over scheduled shift time that is over the employees FTE status hours in one week (80 hours in a pay period for a FTE) will be paid at \$250/hr. Overtime shifts will be offered to employees in order of seniority from highest to lowest. No CRNA shall be required to work overtime except as otherwise provided in this agreement. If no CRNAs are available or volunteers to work an overtime shift CHE may require mandatory overtime solely as a last resort. All hours worked as mandatory overtime shall be compensated at two (2) times the CRNAs regular hourly rate. Mandatory overtime assignments shall be offered in reverse seniority order.

#### **H. Retention**

A retention bonus of three percent base salary will be offered to CRNAs every five years of their employment. This will be given on the anniversary of the CRNA's hire date. On a CRNA's twenty-year anniversary, CRNAs will receive a three percent (3 %) bonus.

### **I. Automatic Adjustments**

The hourly wage of CRNAs at Farmington Hills shall not fall below the hourly rate of CHE North Star CRNAs and if the hourly rate ever does, then Farmington Hills hourly rates shall be increased to match.

### **J. Ratification Bonus**

Each CRNA actively employed as of the ratification date of this contract shall receive a one-time payment of \$3,000.

### **K. CEU**

CRNAs with a 0.5 FTE or greater will be entitled to CEU expense reimbursement as follows:

- 1) CRNAs with a 0.7 FTE or greater shall be entitled to no less than \$2,500 per calendar year;
- 2) CRNAs with a 0.5-0.6 FTE shall receive \$2,000 per calendar year;
- 3) CRNAs may apply reimbursement funds toward the cost of a smart phone or iPad communication device; and
- 4) Any unused funds in one year may be rolled over to the following calendar year to a max of \$5,000 per year.

In addition, CRNAs with a 0.7 FTE or greater shall receive one week PTO for CEU requirement fulfillment, which shall be equal to one week pay at base rate. CRNAs with a 0.5-0.6 FTE shall receive two (2) days of PTO.

ACLS – BLS courses that are required by CHE as a condition of employment shall be paid using a separate allocation of funds at a rate of \$550 to \$750 per every two years. CRNA association dues will be paid in full by Corewell for all CRNAs to belong to the professional organization of CRNAs the American Association of Nurse Anesthetists (AANA).

## **Article 43. Miscellaneous**

### **Section 1. Paychecks**

Pay checks are to be issued on a bi-weekly basis on Fridays. RNs must sign up for direct deposit or a pay card to receive pay. The Hospital will no longer issue paper checks.

### **Section 2. Subcontracting**

CHE shall not contract out work that otherwise would be performed by bargaining unit employees if it would diminish the size of the bargaining unit or reduce the hours of bargaining unit employees below their FTE status.

### **Section 3. Supervisors Performing Bargaining Unit Work**

CHE may not use supervisors, managers, or other non-bargaining unit employees to perform work that otherwise would be performed by bargaining unit employees unless doing so is consistent with the historical practice prior to the execution of this agreement; in emergencies; when training or instructing employees; when assisting employees for the purposes of maintaining health and safety; or when necessary to cover absenteeism by bargaining unit employees.

#### **Section 4. Vaccines**

No employee shall be required to receive any vaccination as a condition of employment, unless the mandate includes provisions for religious and medical exemptions. Any vaccine mandate must clearly outline the procedure for requesting an exemption, and the criteria used to evaluate and approve or deny exemption request. This procedure must be made available to the employee at the time the mandate is first issued and/or communicated to the employee. The process must comply with the Title VII of the Civil Rights Act of 1964 the Americans with Disabilities Act, and any applicable State Law.

Any denial of an exemption request must be in writing and describe the reason for the denial in detail, specifically related to the employee's request. Template or boiler plate denial language is not acceptable. Employees whose request for exemption has been denied have at least 30 days to appeal the decision. An employee denied medical exemption must be provided with a reasonable amount of time to gather medical documentation to support their request, which may extend the 30-day appeal.

An employee who provides proof of immunity to the disease or pathogen, targeted by the vaccine shall be considered to have complied with the mandate for that vaccine.

#### **Section 5. FTE reductions**

Employees whose FTE status is decreased, (including reducing to PRN) during a low-staffing incentive program will be paid incentives (if any are in effect) as though they were still at their original FTE status and not their new FTE status, for the first six months, following the effective date of the status change

### **Article 44. Term of Agreement**

This Agreement shall continue in full force and effect from January 1, 2026 through December 31, 2028. If either CHE or the Union wish to terminate, modify or change this Agreement, the respective party shall provide written notice to the other party at least ninety (90) days prior to the Agreement expiration date.

TEAMSTERS LOCAL 2024 and COREWELL HEALTH EAST hereby enter into this Agreement  
on this 10<sup>th</sup> day of February 2026:

**TEAMSTERS LOCAL 2024**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**COREWELL HEALTH EAST**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **ADDENDUM A – Wages**

*See Attachments A1-A3.*

Union Proposed Wage Grid (2026 Year 1)

Increase 10% Step Extension 3%

Group	MINIMUM HIRING RATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	\$30.62	\$31.54	\$32.48	\$33.46	\$34.45	\$35.49	\$36.55	\$37.65	\$38.79	\$39.95	\$41.15	\$42.39	\$43.66	\$44.97	\$46.32	\$47.71	\$49.14	\$50.61	\$52.13
2	\$33.28	\$33.96	\$34.63	\$35.32	\$36.03	\$36.75	\$37.49	\$38.23	\$39.00	\$39.78	\$40.57	\$41.79	\$43.04	\$44.33	\$45.66	\$47.03	\$48.44	\$49.89	\$51.39
3	\$34.38	\$35.07	\$35.77	\$36.49	\$37.21	\$37.96	\$38.72	\$39.49	\$40.28	\$41.09	\$41.91	\$43.17	\$44.46	\$45.80	\$47.17	\$48.59	\$50.04	\$51.54	\$53.09
4	\$34.58	\$35.28	\$35.98	\$36.70	\$37.43	\$38.18	\$38.94	\$39.72	\$40.51	\$41.33	\$42.15	\$43.42	\$44.72	\$46.06	\$47.44	\$48.87	\$50.33	\$51.84	\$53.40
5	\$34.66	\$35.35	\$36.06	\$36.78	\$37.52	\$38.27	\$39.04	\$39.82	\$40.61	\$41.43	\$42.25	\$43.52	\$44.82	\$46.17	\$47.55	\$48.98	\$50.45	\$51.96	\$53.52
6	\$35.83	\$36.63	\$37.44	\$38.25	\$39.06	\$39.88	\$40.69	\$41.49	\$42.30	\$43.11	\$43.91	\$44.73	\$45.53	\$46.34	\$47.15	\$47.97	\$48.77	\$49.58	\$50.39
7	\$36.39	\$37.11	\$37.85	\$38.62	\$39.39	\$40.18	\$40.98	\$41.80	\$42.64	\$43.49	\$44.36	\$45.69	\$47.06	\$48.48	\$49.93	\$51.43	\$52.97	\$54.56	\$56.20
8	\$36.92	\$37.65	\$38.40	\$39.18	\$39.95	\$40.77	\$41.57	\$42.69	\$43.97	\$45.30	\$46.65	\$48.05	\$49.49	\$50.98	\$52.51	\$54.08	\$55.70	\$57.37	\$59.10
9	\$36.97	\$37.71	\$38.47	\$39.24	\$40.02	\$40.82	\$41.64	\$42.47	\$43.32	\$44.19	\$45.07	\$46.42	\$47.81	\$49.25	\$50.72	\$52.25	\$53.81	\$55.43	\$57.09
10	\$37.06	\$37.69	\$38.32	\$38.97	\$39.63	\$40.30	\$40.99	\$41.68	\$42.38	\$43.10	\$43.82	\$45.54	\$47.76	\$49.98	\$52.20	\$54.42	\$56.64	\$58.86	\$61.08
11	\$37.70	\$38.53	\$39.35	\$40.18	\$41.00	\$41.83	\$42.65	\$43.48	\$44.30	\$45.12	\$45.95	\$46.77	\$47.60	\$48.42	\$49.25	\$50.07	\$51.57	\$53.12	\$54.72
12	\$37.74	\$38.50	\$39.27	\$40.05	\$40.85	\$41.67	\$42.50	\$43.35	\$44.22	\$45.10	\$46.00	\$47.38	\$48.80	\$50.27	\$51.78	\$53.33	\$54.93	\$56.58	\$58.27
13	\$37.77	\$38.53	\$39.30	\$40.08	\$40.89	\$41.70	\$42.54	\$43.38	\$44.25	\$45.13	\$46.04	\$47.42	\$48.84	\$50.30	\$51.81	\$53.37	\$54.97	\$56.62	\$58.32
14	\$37.83	\$38.51	\$39.20	\$39.92	\$40.63	\$41.36	\$42.11	\$42.87	\$43.64	\$44.42	\$45.22	\$46.58	\$47.97	\$49.41	\$50.90	\$52.42	\$54.00	\$55.62	\$57.28
15	\$38.27	\$38.92	\$39.58	\$40.25	\$40.93	\$41.62	\$42.33	\$43.04	\$43.78	\$44.53	\$45.20	\$45.88	\$47.26	\$48.68	\$50.14	\$51.64	\$53.19	\$54.78	\$56.43
16	\$38.58	\$39.35	\$40.14	\$40.94	\$41.76	\$42.59	\$43.44	\$44.31	\$45.20	\$46.10	\$47.03	\$48.44	\$49.89	\$51.39	\$52.93	\$54.51	\$56.15	\$57.83	\$59.57
17	\$39.24	\$40.02	\$40.82	\$41.64	\$42.47	\$43.32	\$44.19	\$45.07	\$45.97	\$46.89	\$47.83	\$49.26	\$50.74	\$52.26	\$53.83	\$55.45	\$57.11	\$58.82	\$60.59
18	\$39.33	\$40.11	\$40.91	\$41.73	\$42.57	\$43.42	\$44.29	\$45.18	\$46.08	\$46.99	\$47.94	\$48.90	\$49.87	\$50.88	\$51.89	\$52.92	\$54.51	\$56.14	\$57.83
19	\$39.57	\$40.24	\$40.92	\$41.61	\$42.32	\$43.03	\$43.76	\$44.51	\$45.27	\$46.01	\$46.77	\$47.54	\$48.32	\$49.12	\$49.93	\$50.75	\$51.59	\$52.44	\$53.31
20	\$39.69	\$40.48	\$41.29	\$42.12	\$42.97	\$43.82	\$44.70	\$45.60	\$46.51	\$47.44	\$48.39	\$49.84	\$51.34	\$52.88	\$54.46	\$56.10	\$57.78	\$59.51	\$61.30
21	\$40.03	\$40.83	\$41.65	\$42.48	\$43.33	\$44.20	\$45.08	\$45.98	\$46.90	\$47.84	\$48.80	\$50.26	\$51.77	\$53.32	\$54.92	\$56.57	\$58.26	\$60.01	\$61.81
22	\$40.18	\$40.99	\$41.81	\$42.65	\$43.51	\$44.37	\$45.27	\$46.17	\$47.09	\$48.04	\$48.99	\$50.46	\$51.98	\$53.54	\$55.14	\$56.80	\$58.50	\$60.26	\$62.06
23	\$41.15	\$41.98	\$42.81	\$43.67	\$44.54	\$45.43	\$46.34	\$47.27	\$48.21	\$49.18	\$50.17	\$51.68	\$53.23	\$54.82	\$56.47	\$58.16	\$59.91	\$61.70	\$63.56
24	\$41.54	\$42.24	\$42.96	\$43.68	\$44.43	\$45.19	\$45.96	\$46.74	\$47.53	\$48.31	\$49.10	\$49.92	\$50.74	\$51.58	\$52.43	\$53.30	\$54.18	\$55.07	\$55.98
25	\$41.95	\$42.67	\$43.40	\$44.13	\$44.88	\$45.64	\$46.42	\$47.21	\$48.02	\$48.73	\$49.46	\$50.19	\$51.70	\$53.25	\$54.85	\$56.49	\$58.19	\$59.93	\$61.73
26	\$42.03	\$42.87	\$43.73	\$44.61	\$45.50	\$46.41	\$47.33	\$48.28	\$49.25	\$50.24	\$51.24	\$52.78	\$54.36	\$55.99	\$57.67	\$59.40	\$61.18	\$63.02	\$64.91
27	\$42.10	\$42.94	\$43.80	\$44.68	\$45.57	\$46.49	\$47.42	\$48.37	\$49.34	\$50.33	\$51.34	\$52.88	\$54.46	\$56.10	\$57.78	\$59.51	\$61.30	\$63.14	\$65.03
28	\$42.27	\$43.12	\$43.98	\$44.87	\$45.77	\$46.67	\$47.61	\$48.57	\$49.53	\$50.52	\$51.54	\$53.08	\$54.67	\$56.31	\$58.00	\$59.74	\$61.54	\$63.38	\$65.28
29	\$42.49	\$43.22	\$43.96	\$44.70	\$45.46	\$46.23	\$47.01	\$47.82	\$48.63	\$49.43	\$50.25	\$51.07	\$51.92	\$52.78	\$53.65	\$54.53	\$55.43	\$56.34	\$57.28
30	\$42.54	\$43.26	\$44.00	\$44.75	\$45.51	\$46.28	\$47.07	\$47.87	\$48.69	\$49.51	\$50.26	\$51.02	\$52.55	\$54.12	\$55.75	\$57.42	\$59.14	\$60.92	\$62.75
31	\$43.48	\$44.22	\$44.97	\$45.73	\$46.51	\$47.30	\$48.10	\$48.92	\$49.75	\$50.60	\$51.36	\$52.13	\$53.69	\$55.30	\$56.96	\$58.67	\$60.43	\$62.24	\$64.11
32	\$44.14	\$44.89	\$45.65	\$46.43	\$47.22	\$48.03	\$48.84	\$49.67	\$50.51	\$51.27	\$52.04	\$52.82	\$53.61	\$54.42	\$55.23	\$56.06	\$57.74	\$59.47	\$61.25
33	\$44.29	\$45.03	\$45.80	\$46.59	\$47.38	\$48.18	\$48.99	\$49.83	\$50.68	\$51.54	\$52.31	\$53.09	\$54.68	\$56.32	\$58.01	\$59.75	\$61.54	\$63.39	\$65.29
34	\$44.67	\$45.43	\$46.20	\$46.98	\$47.78	\$48.60	\$49.42	\$50.26	\$51.12	\$51.99	\$52.77	\$53.56	\$55.17	\$56.82	\$58.53	\$60.28	\$62.09	\$63.95	\$65.87
35	\$44.94	\$45.69	\$46.48	\$47.27	\$48.07	\$48.88	\$49.72	\$50.57	\$51.43	\$52.27	\$53.13	\$54.01	\$54.90	\$55.80	\$56.73	\$57.66	\$58.61	\$59.58	\$60.56
36	\$45.57	\$46.34	\$47.14	\$47.94	\$48.75	\$49.58	\$50.42	\$51.28	\$52.15	\$53.04	\$53.65	\$55.26	\$56.91	\$58.62	\$60.38	\$62.19	\$64.06	\$65.98	\$67.96
37	\$46.17	\$46.95	\$47.75	\$48.57	\$49.39	\$50.23	\$51.08	\$51.95	\$52.84	\$53.64	\$54.44	\$55.25	\$56.08	\$56.91	\$57.77	\$58.64	\$60.40	\$62.21	\$64.08
38	\$46.67	\$47.47	\$48.27	\$49.09	\$49.93	\$50.78	\$51.63	\$52.51	\$53.41	\$54.29	\$55.18	\$56.83	\$58.54	\$60.29	\$62.10	\$63.96	\$65.88	\$67.86	\$69.90
39	\$47.95	\$48.92	\$49.90	\$50.90	\$51.91	\$52.94	\$54.00	\$55.09	\$56.19	\$57.31	\$58.45	\$60.21	\$62.01	\$63.87	\$65.79	\$67.76	\$69.80	\$71.89	\$74.05
40	\$48.05	\$48.86	\$49.70	\$50.55	\$51.40	\$52.27	\$53.16	\$54.07	\$54.99	\$55.81	\$56.65	\$57.50	\$59.22	\$61.00	\$62.83	\$64.71	\$66.65	\$68.65	\$70.71
41	\$49.93	\$50.78	\$51.63	\$52.51	\$53.41	\$54.32	\$55.24	\$56.18	\$57.13	\$57.99	\$58.86	\$59.74	\$61.53	\$63.38	\$65.28	\$67.24	\$69.26	\$71.33	\$73.47
42	\$54.68	\$55.62	\$56.56	\$57.52	\$58.50	\$59.49	\$60.50	\$61.52	\$62.57	\$63.50	\$64.46	\$65.43	\$67.39	\$69.41	\$71.49	\$73.64	\$75.85	\$78.12	\$80.47

Union Proposed Wage Grid (2027 Year 2)

Increase 10%

Group	MINIMUM HIRING RATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	\$33.69	\$34.69	\$35.73	\$36.81	\$37.90	\$39.03	\$40.21	\$41.42	\$42.66	\$43.95	\$45.27	\$46.62	\$48.02	\$49.46	\$50.95	\$52.48	\$54.05	\$55.67	\$57.34
2	\$36.60	\$37.35	\$38.09	\$38.85	\$39.63	\$40.43	\$41.24	\$42.05	\$42.89	\$43.75	\$44.62	\$45.96	\$47.34	\$48.76	\$50.23	\$51.73	\$53.28	\$54.88	\$56.53
3	\$37.81	\$38.57	\$39.35	\$40.14	\$40.93	\$41.76	\$42.59	\$43.44	\$44.31	\$45.19	\$46.10	\$47.48	\$48.91	\$50.38	\$51.89	\$53.44	\$55.05	\$56.70	\$58.40
4	\$38.04	\$38.80	\$39.58	\$40.37	\$41.18	\$42.00	\$42.83	\$43.69	\$44.56	\$45.46	\$46.37	\$47.76	\$49.19	\$50.67	\$52.19	\$53.75	\$55.36	\$57.03	\$58.74
5	\$38.13	\$38.89	\$39.66	\$40.46	\$41.27	\$42.10	\$42.94	\$43.80	\$44.67	\$45.57	\$46.48	\$47.87	\$49.31	\$50.79	\$52.31	\$53.88	\$55.49	\$57.16	\$58.87
6	\$39.41	\$40.29	\$41.19	\$42.07	\$42.97	\$43.86	\$44.76	\$45.64	\$46.52	\$47.42	\$48.30	\$49.20	\$50.08	\$50.98	\$51.86	\$52.77	\$53.65	\$54.53	\$55.43
7	\$40.03	\$40.83	\$41.64	\$42.48	\$43.33	\$44.20	\$45.07	\$45.98	\$46.90	\$47.84	\$48.80	\$50.26	\$51.77	\$53.32	\$54.92	\$56.57	\$58.27	\$60.02	\$61.82
8	\$40.61	\$41.42	\$42.24	\$43.10	\$43.95	\$44.84	\$45.73	\$46.96	\$48.36	\$49.83	\$51.32	\$52.86	\$54.44	\$56.07	\$57.76	\$59.49	\$61.27	\$63.11	\$65.01
9	\$40.67	\$41.48	\$42.31	\$43.16	\$44.02	\$44.90	\$45.80	\$46.72	\$47.65	\$48.61	\$49.57	\$51.06	\$52.59	\$54.17	\$55.80	\$57.47	\$59.19	\$60.97	\$62.80
10	\$40.76	\$41.45	\$42.16	\$42.87	\$43.60	\$44.33	\$45.08	\$45.85	\$46.62	\$47.41	\$47.65	\$47.89	\$48.13	\$48.38	\$48.62	\$48.86	\$49.10	\$49.34	\$49.59
11	\$41.47	\$42.39	\$43.28	\$44.20	\$45.10	\$46.02	\$46.91	\$47.83	\$48.73	\$49.63	\$50.54	\$51.45	\$52.36	\$53.26	\$54.17	\$55.08	\$56.73	\$58.43	\$60.19
12	\$41.52	\$42.35	\$43.20	\$44.06	\$44.94	\$45.83	\$46.75	\$47.69	\$48.64	\$49.61	\$50.60	\$52.12	\$53.68	\$55.29	\$56.95	\$58.66	\$60.42	\$62.23	\$64.10
13	\$41.55	\$42.39	\$43.23	\$44.09	\$44.98	\$45.87	\$46.79	\$47.72	\$48.68	\$49.65	\$50.64	\$52.16	\$53.72	\$55.33	\$56.99	\$58.70	\$60.47	\$62.28	\$64.15
14	\$41.61	\$42.36	\$43.12	\$43.91	\$44.70	\$45.50	\$46.32	\$47.15	\$48.00	\$48.86	\$49.74	\$51.24	\$52.77	\$54.36	\$55.99	\$57.67	\$59.40	\$61.18	\$63.01
15	\$42.10	\$42.81	\$43.54	\$44.27	\$45.02	\$45.79	\$46.56	\$47.35	\$48.16	\$48.98	\$49.72	\$50.47	\$51.98	\$53.54	\$55.15	\$56.80	\$58.51	\$60.26	\$62.07
16	\$42.43	\$43.28	\$44.15	\$45.04	\$45.93	\$46.85	\$47.78	\$48.74	\$49.72	\$50.71	\$51.73	\$53.28	\$54.88	\$56.52	\$58.22	\$59.97	\$61.77	\$63.62	\$65.53
17	\$43.16	\$44.02	\$44.90	\$45.80	\$46.72	\$47.65	\$48.61	\$49.57	\$50.57	\$51.58	\$52.61	\$54.19	\$55.81	\$57.49	\$59.21	\$60.99	\$62.82	\$64.70	\$66.65
18	\$43.26	\$44.12	\$45.00	\$45.91	\$46.83	\$47.76	\$48.71	\$49.69	\$50.69	\$51.69	\$52.73	\$53.78	\$54.86	\$55.96	\$57.08	\$58.21	\$59.36	\$61.76	\$63.61
19	\$43.52	\$44.26	\$45.01	\$45.77	\$46.55	\$47.34	\$48.13	\$48.96	\$49.79	\$50.61	\$51.45	\$52.30	\$53.16	\$54.03	\$54.92	\$55.83	\$56.75	\$57.68	\$58.64
20	\$43.66	\$44.53	\$45.42	\$46.33	\$47.26	\$48.21	\$49.17	\$50.15	\$51.16	\$52.19	\$53.23	\$54.82	\$56.47	\$58.16	\$59.91	\$61.71	\$63.56	\$65.46	\$67.43
21	\$44.03	\$44.92	\$45.81	\$46.73	\$47.66	\$48.62	\$49.59	\$50.58	\$51.59	\$52.62	\$53.68	\$55.29	\$56.94	\$58.65	\$60.41	\$62.22	\$64.09	\$66.01	\$67.99
22	\$44.20	\$45.08	\$45.99	\$46.91	\$47.86	\$48.81	\$49.79	\$50.78	\$51.80	\$52.84	\$53.89	\$55.51	\$57.18	\$58.89	\$60.66	\$62.48	\$64.35	\$66.28	\$68.27
23	\$45.27	\$46.17	\$47.09	\$48.04	\$48.99	\$49.97	\$50.98	\$51.99	\$53.03	\$54.10	\$55.19	\$56.84	\$58.55	\$60.31	\$62.11	\$63.98	\$65.90	\$67.87	\$69.91
24	\$45.69	\$46.46	\$47.25	\$48.05	\$48.87	\$49.71	\$50.55	\$51.41	\$52.28	\$53.14	\$54.01	\$54.91	\$55.82	\$56.74	\$57.67	\$58.62	\$59.59	\$60.57	\$61.58
25	\$46.15	\$46.94	\$47.73	\$48.55	\$49.37	\$50.20	\$51.06	\$51.93	\$52.82	\$53.60	\$54.40	\$55.21	\$56.87	\$58.57	\$60.33	\$62.14	\$64.01	\$65.93	\$67.90
26	\$46.23	\$47.15	\$48.10	\$49.07	\$50.05	\$51.05	\$52.07	\$53.11	\$54.17	\$55.26	\$56.36	\$58.05	\$59.79	\$61.59	\$63.44	\$65.34	\$67.30	\$69.32	\$71.40
27	\$46.31	\$47.24	\$48.18	\$49.15	\$50.13	\$51.13	\$52.16	\$53.20	\$54.27	\$55.36	\$56.47	\$58.16	\$59.91	\$61.71	\$63.56	\$65.47	\$67.43	\$69.45	\$71.54
28	\$46.50	\$47.43	\$48.38	\$49.36	\$50.35	\$51.34	\$52.37	\$53.42	\$54.49	\$55.58	\$56.69	\$58.39	\$60.14	\$61.95	\$63.80	\$65.72	\$67.69	\$69.72	\$71.81
29	\$46.74	\$47.54	\$48.35	\$49.17	\$50.01	\$50.86	\$51.72	\$52.60	\$53.49	\$54.38	\$55.27	\$56.18	\$57.11	\$58.06	\$59.01	\$59.98	\$60.97	\$61.98	\$63.00
30	\$46.79	\$47.59	\$48.40	\$49.22	\$50.06	\$50.90	\$51.78	\$52.66	\$53.55	\$54.46	\$55.28	\$56.12	\$57.80	\$59.54	\$61.32	\$63.16	\$65.06	\$67.01	\$69.02
31	\$47.83	\$48.64	\$49.46	\$50.30	\$51.16	\$52.03	\$52.91	\$53.81	\$54.73	\$55.66	\$56.49	\$57.34	\$59.06	\$60.83	\$62.66	\$64.54	\$66.47	\$68.47	\$70.52
32	\$48.56	\$49.38	\$50.22	\$51.07	\$51.95	\$52.83	\$53.72	\$54.63	\$55.56	\$56.40	\$57.25	\$58.10	\$58.98	\$59.86	\$60.75	\$61.66	\$63.51	\$65.42	\$67.38
33	\$48.71	\$49.54	\$50.38	\$51.24	\$52.11	\$53.00	\$53.89	\$54.81	\$55.74	\$56.69	\$57.54	\$58.39	\$60.15	\$61.95	\$63.81	\$65.72	\$67.70	\$69.73	\$71.82
34	\$49.14	\$49.97	\$50.82	\$51.68	\$52.56	\$53.46	\$54.37	\$55.28	\$56.23	\$57.19	\$58.04	\$58.91	\$60.68	\$62.50	\$64.38	\$66.31	\$68.30	\$70.35	\$72.46
35	\$49.43	\$50.26	\$51.12	\$51.99	\$52.88	\$53.77	\$54.69	\$55.62	\$56.57	\$57.50	\$58.44	\$59.41	\$60.39	\$61.38	\$62.40	\$63.43	\$64.47	\$65.53	\$66.61
36	\$50.13	\$50.98	\$51.85	\$52.73	\$53.63	\$54.53	\$55.47	\$56.41	\$57.37	\$58.35	\$59.01	\$60.78	\$62.61	\$64.48	\$66.42	\$68.41	\$70.46	\$72.58	\$74.75
37	\$50.78	\$51.64	\$52.53	\$53.42	\$54.33	\$55.25	\$56.19	\$57.15	\$58.13	\$59.00	\$59.88	\$60.78	\$61.69	\$62.61	\$63.55	\$64.51	\$66.44	\$68.43	\$70.49
38	\$51.34	\$52.21	\$53.09	\$54.00	\$54.92	\$55.85	\$56.80	\$57.77	\$58.75	\$59.71	\$60.69	\$62.51	\$64.39	\$66.32	\$68.31	\$70.36	\$72.47	\$74.65	\$76.88
39	\$52.74	\$53.81	\$54.89	\$55.99	\$57.10	\$58.24	\$59.40	\$60.60	\$61.81	\$63.04	\$64.30	\$66.23	\$68.22	\$70.26	\$72.37	\$74.54	\$76.78	\$79.08	\$81.45
40	\$52.85	\$53.75	\$54.67	\$55.60	\$56.54	\$57.50	\$58.48	\$59.47	\$60.49	\$61.40	\$62.32	\$63.25	\$65.14	\$67.10	\$69.11	\$71.18	\$73.32	\$75.52	\$77.79
41	\$54.92	\$55.85	\$56.80	\$57.77	\$58.75	\$59.75	\$60.77	\$61.79	\$62.85	\$63.79	\$64.75	\$65.72	\$67.69	\$69.72	\$71.81	\$73.96	\$76.18	\$78.47	\$80.82
42	\$60.15	\$61.18	\$62.22	\$63.27	\$64.35	\$65.44	\$66.55	\$67.68	\$68.82	\$69.85	\$70.91	\$71.97	\$74.13	\$76.35	\$78.64	\$81.00	\$83.43	\$85.94	\$88.52

## Union Proposed Wage Grid (2028 Year 3)

Increase 10%

Group	MINIMUM HIRING RATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	\$37.06	\$38.16	\$39.30	\$40.49	\$41.69	\$42.94	\$44.23	\$45.56	\$46.93	\$48.34	\$49.79	\$51.29	\$52.83	\$54.41	\$56.04	\$57.72	\$59.46	\$61.24	\$63.08
2	\$40.26	\$41.09	\$41.90	\$42.74	\$43.59	\$44.47	\$45.36	\$46.25	\$47.18	\$48.13	\$49.09	\$50.56	\$52.08	\$53.64	\$55.25	\$56.91	\$58.61	\$60.37	\$62.18
3	\$41.59	\$42.43	\$43.28	\$44.15	\$45.03	\$45.93	\$46.85	\$47.78	\$48.74	\$49.71	\$50.71	\$52.23	\$53.80	\$55.41	\$57.08	\$58.79	\$60.55	\$62.37	\$64.24
4	\$41.85	\$42.69	\$43.54	\$44.40	\$45.29	\$46.20	\$47.12	\$48.06	\$49.02	\$50.01	\$51.00	\$52.53	\$54.11	\$55.73	\$57.41	\$59.13	\$60.90	\$62.73	\$64.61
5	\$41.94	\$42.78	\$43.63	\$44.51	\$45.40	\$46.31	\$47.24	\$48.18	\$49.14	\$50.13	\$51.12	\$52.66	\$54.24	\$55.86	\$57.54	\$59.27	\$61.04	\$62.88	\$64.76
6	\$43.35	\$44.32	\$45.31	\$46.28	\$47.26	\$48.25	\$49.23	\$50.21	\$51.18	\$52.16	\$53.13	\$54.12	\$55.09	\$56.08	\$57.05	\$58.04	\$59.02	\$59.99	\$60.97
7	\$44.03	\$44.91	\$45.80	\$46.73	\$47.66	\$48.62	\$49.58	\$50.58	\$51.59	\$52.63	\$53.68	\$55.29	\$56.95	\$58.66	\$60.42	\$62.23	\$64.10	\$66.02	\$68.00
8	\$44.67	\$45.56	\$46.47	\$47.41	\$48.34	\$49.33	\$50.30	\$51.66	\$53.20	\$54.81	\$56.45	\$58.14	\$59.89	\$61.68	\$63.53	\$65.44	\$67.40	\$69.42	\$71.51
9	\$44.73	\$45.63	\$46.55	\$47.48	\$48.42	\$49.39	\$50.38	\$51.39	\$52.41	\$53.47	\$54.53	\$56.17	\$57.85	\$59.59	\$61.38	\$63.22	\$65.11	\$67.07	\$69.08
10	\$44.84	\$45.60	\$46.37	\$47.16	\$47.96	\$48.77	\$49.59	\$50.43	\$51.28	\$52.15	\$52.41	\$52.68	\$52.95	\$53.21	\$53.48	\$53.75	\$54.01	\$54.28	\$54.54
11	\$45.61	\$46.62	\$47.61	\$48.62	\$49.61	\$50.62	\$51.60	\$52.61	\$53.60	\$54.60	\$55.60	\$56.59	\$57.59	\$58.59	\$59.59	\$60.59	\$62.40	\$64.28	\$66.21
12	\$45.67	\$46.59	\$47.52	\$48.46	\$49.43	\$50.42	\$51.43	\$52.45	\$53.51	\$54.57	\$55.66	\$57.33	\$59.05	\$60.82	\$62.65	\$64.53	\$66.46	\$68.46	\$70.51
13	\$45.71	\$46.62	\$47.56	\$48.50	\$49.47	\$50.46	\$51.47	\$52.49	\$53.55	\$54.61	\$55.70	\$57.37	\$59.09	\$60.87	\$62.69	\$64.57	\$66.51	\$68.51	\$70.56
14	\$45.77	\$46.60	\$47.44	\$48.30	\$49.17	\$50.05	\$50.95	\$51.87	\$52.80	\$53.75	\$54.72	\$56.36	\$58.05	\$59.79	\$61.58	\$63.43	\$65.34	\$67.30	\$69.31
15	\$46.31	\$47.09	\$47.89	\$48.70	\$49.53	\$50.37	\$51.22	\$52.08	\$52.97	\$53.88	\$54.69	\$55.52	\$57.18	\$58.90	\$60.66	\$62.48	\$64.36	\$66.29	\$68.28
16	\$46.68	\$47.61	\$48.57	\$49.54	\$50.52	\$51.54	\$52.56	\$53.61	\$54.69	\$55.78	\$56.90	\$58.61	\$60.37	\$62.18	\$64.04	\$65.96	\$67.94	\$69.98	\$72.08
17	\$47.48	\$48.42	\$49.39	\$50.38	\$51.39	\$52.41	\$53.47	\$54.53	\$55.62	\$56.74	\$57.87	\$59.61	\$61.40	\$63.24	\$65.14	\$67.09	\$69.10	\$71.18	\$73.31
18	\$47.58	\$48.53	\$49.50	\$50.50	\$51.51	\$52.53	\$53.59	\$54.66	\$55.76	\$56.86	\$58.00	\$59.16	\$60.35	\$61.56	\$62.78	\$64.03	\$65.36	\$67.93	\$69.97
19	\$47.88	\$48.69	\$49.51	\$50.35	\$51.20	\$52.07	\$52.95	\$53.85	\$54.77	\$55.68	\$56.59	\$57.53	\$58.47	\$59.43	\$60.41	\$61.41	\$62.42	\$63.45	\$64.50
20	\$48.02	\$48.98	\$49.97	\$50.96	\$51.99	\$53.03	\$54.09	\$55.17	\$56.27	\$57.41	\$58.55	\$60.31	\$62.12	\$63.98	\$65.90	\$67.88	\$69.91	\$72.01	\$74.17
21	\$48.44	\$49.41	\$50.39	\$51.40	\$52.43	\$53.48	\$54.54	\$55.64	\$56.75	\$57.89	\$59.04	\$60.81	\$62.64	\$64.52	\$66.45	\$68.45	\$70.50	\$72.62	\$74.79
22	\$48.62	\$49.59	\$50.59	\$51.60	\$52.64	\$53.69	\$54.77	\$55.86	\$56.98	\$58.12	\$59.28	\$61.06	\$62.89	\$64.78	\$66.72	\$68.72	\$70.79	\$72.91	\$75.10
23	\$49.79	\$50.79	\$51.80	\$52.84	\$53.89	\$54.97	\$56.08	\$57.19	\$58.34	\$59.51	\$60.71	\$62.53	\$64.40	\$66.34	\$68.33	\$70.38	\$72.49	\$74.66	\$76.90
24	\$50.26	\$51.11	\$51.98	\$52.85	\$53.76	\$54.68	\$55.61	\$56.55	\$57.51	\$58.46	\$59.42	\$60.40	\$61.40	\$62.41	\$63.44	\$64.49	\$65.55	\$66.63	\$67.73
25	\$50.76	\$51.63	\$52.51	\$53.40	\$54.30	\$55.22	\$56.17	\$57.13	\$58.10	\$58.96	\$59.84	\$60.73	\$62.56	\$64.43	\$66.37	\$68.36	\$70.41	\$72.52	\$74.69
26	\$50.86	\$51.87	\$52.91	\$53.97	\$55.05	\$56.15	\$57.27	\$58.42	\$59.59	\$60.79	\$62.00	\$63.86	\$65.77	\$67.75	\$69.78	\$71.87	\$74.03	\$76.25	\$78.54
27	\$50.94	\$51.96	\$53.00	\$54.07	\$55.14	\$56.25	\$57.38	\$58.52	\$59.70	\$60.89	\$62.12	\$63.98	\$65.90	\$67.88	\$69.91	\$72.01	\$74.17	\$76.40	\$78.69
28	\$51.15	\$52.18	\$53.21	\$54.29	\$55.38	\$56.47	\$57.61	\$58.76	\$59.93	\$61.13	\$62.36	\$64.23	\$66.15	\$68.14	\$70.18	\$72.29	\$74.46	\$76.69	\$78.99
29	\$51.42	\$52.29	\$53.19	\$54.09	\$55.01	\$55.94	\$56.89	\$57.86	\$58.84	\$59.82	\$60.80	\$61.80	\$62.82	\$63.86	\$64.91	\$65.98	\$67.07	\$68.17	\$69.31
30	\$51.47	\$52.35	\$53.24	\$54.15	\$55.06	\$56.00	\$56.95	\$57.93	\$58.91	\$59.91	\$60.81	\$61.73	\$63.58	\$65.49	\$67.46	\$69.48	\$71.56	\$73.71	\$75.92
31	\$52.61	\$53.51	\$54.41	\$55.33	\$56.27	\$57.23	\$58.20	\$59.19	\$60.20	\$61.23	\$62.14	\$63.08	\$64.97	\$66.92	\$68.92	\$70.99	\$73.12	\$75.32	\$77.58
32	\$53.41	\$54.32	\$55.24	\$56.18	\$57.14	\$58.11	\$59.10	\$60.09	\$61.12	\$62.04	\$62.97	\$63.91	\$64.87	\$65.84	\$66.83	\$67.83	\$69.86	\$71.96	\$74.12
33	\$53.59	\$54.49	\$55.42	\$56.37	\$57.33	\$58.30	\$59.28	\$60.29	\$61.32	\$62.36	\$63.29	\$64.23	\$66.16	\$68.15	\$70.19	\$72.30	\$74.46	\$76.70	\$79.00
34	\$54.05	\$54.97	\$55.90	\$56.85	\$57.82	\$58.80	\$59.80	\$60.81	\$61.85	\$62.90	\$63.85	\$64.81	\$66.75	\$68.75	\$70.82	\$72.94	\$75.13	\$77.38	\$79.70
35	\$54.37	\$55.29	\$56.23	\$57.19	\$58.16	\$59.15	\$60.16	\$61.19	\$62.22	\$63.25	\$64.29	\$65.35	\$66.43	\$67.52	\$68.64	\$69.77	\$70.92	\$72.09	\$73.27
36	\$55.14	\$56.08	\$57.03	\$58.00	\$58.99	\$59.99	\$61.01	\$62.05	\$63.10	\$64.18	\$64.91	\$66.86	\$68.87	\$70.93	\$73.06	\$75.25	\$77.51	\$79.83	\$82.23
37	\$55.86	\$56.81	\$57.78	\$58.76	\$59.76	\$60.77	\$61.81	\$62.86	\$63.94	\$64.90	\$65.87	\$66.86	\$67.85	\$68.87	\$69.90	\$70.96	\$73.08	\$75.28	\$77.54
38	\$56.47	\$57.43	\$58.40	\$59.40	\$60.41	\$61.44	\$62.48	\$63.54	\$64.62	\$65.68	\$66.76	\$68.77	\$70.83	\$72.95	\$75.14	\$77.40	\$79.72	\$82.11	\$84.57
39	\$58.02	\$59.19	\$60.37	\$61.59	\$62.81	\$64.06	\$65.34	\$66.66	\$67.99	\$69.35	\$70.73	\$72.85	\$75.04	\$77.29	\$79.61	\$81.99	\$84.45	\$86.99	\$89.60
40	\$58.14	\$59.12	\$60.13	\$61.16	\$62.20	\$63.25	\$64.33	\$65.42	\$66.54	\$67.53	\$68.55	\$69.57	\$71.66	\$73.81	\$76.02	\$78.30	\$80.65	\$83.07	\$85.56
41	\$60.41	\$61.44	\$62.48	\$63.54	\$64.62	\$65.72	\$66.84	\$67.97	\$69.13	\$70.17	\$71.22	\$72.29	\$74.46	\$76.69	\$78.99	\$81.36	\$83.80	\$86.31	\$88.90
42	\$66.16	\$67.30	\$68.44	\$69.60	\$70.78	\$71.98	\$73.21	\$74.44	\$75.71	\$76.84	\$78.00	\$79.17	\$81.54	\$83.99	\$86.51	\$89.10	\$91.78	\$94.53	\$97.37

## Union Proposed Wage Grid Groups

Group	Job Code	Job Title
1	103420	EMS Coordinator
	103972	Clinical Appeals Nurse
2	103832	Transfer Ctr Nurse
3	101182	Trauma Injury Prev Coord
4	105303	Spec, RN Clinical Data
5	102357	Trauma Registry Coordinator
	105305	Trauma Registry Coord PRN
6	104505	Employee Health Nurse
7	102033	Program Coordinator Ortho
	102547	Clinical Research Nurse
	104577	Clinical Research Nurse PRN
8	105194	Infusion Coordinator RN
9	104462	Utilization Mgmt Coord
	104790	Utilization Mgmt Coord PRN
10	105437	Telehealth Nurse CHE
11	101024	Quality Improvement RN
	105176	Virtual Nurse
12	102147	Clinical Research Nurse Sr
13	105152	Bed Management Nurse
14	105391	Sr. Patient Relations Analyst
15	103534	Home Assessment Nurse
16	102442	MTQIP Clinical Reviewer
17	104363	Perinatal Patient Educator
	104859	Perinatal Patient Educator PRN
18	101065	Nurse Navigator
19	100718	Clinical Nurse
	102713	Clinical Nurse Float
	104878	Quality Improvement RN Coord
	104921	Clinical Nurse Weekend Alt
	105127	Clinical Nurse Amb
	105367	Infusion Clinical Nurse
	105384	Clinical Nurse Amb Procedural
20	105214	Utilization Management Educator
21	105321	Spec, RN Clinical Data Sr
	105365	Spec, RN Clinical Data Sr PRN
22	104740	Stroke/Sepsis Program Manager
23	105336	Spec, Clinical Operations CHE
24	101189	Charge Lead Nurse
	105124	Charge Lead Nurse Amb
	105385	Charge Clinical Nurse Amb Procedural

## Union Proposed Wage Grid Groups

Group	Job Code	Job Title
25	104497	Wound Ostomy RN
	104517	Wound Ostomy RN PRN
26	105298	Spec, RN Clinical Data Lead CHE
27	105331	Coord, Mission Control
28	100688	Care Coordinator
	102097	Organ Donation Coordinator
	103815	Care Coordinator PRN
	104667	Care Coordinator NX
	104934	Ambulatory RN Care Coord
29	104380	ECMO Nurse
	104882	Cath Lab Nurse
	105038	IR Nurse
30	100951	Nurse Educator
	104393	Nurs Prof Dev Generalist
31	104868	Care Management Educator
32	100867	Lactation Consultant
33	104513	Care Coordinator Lead
34	104394	Nurs Prof Dev Specialist
	104550	Nurs Prof Dev Specialist PRN
35	104884	Cath Lab Charge Ld Nurse
36	105441	Stroke Prg Mgr RN
37	105187	Lactation Consultant Lead
38	105057	ECMO Program Manager
39	101576	Pediatric Trauma Prgrm Manager
40	101093	Specialty RN
	103816	Specialty RN PRN
	105129	Specialty RN Amb
	105131	Specialty RN PRN Amb
	105513	Specialty RN Amb NX
41	101067	RN First Assist
	105049	RN First Assist PRN
	105133	RN First Assist Amb
42	102338	Clinical Nurse Specialist
	104824	Clinical Nurse Specialist PRN

## Union Proposed Flat Rates (2026-2028)

	2026	2027	2028
<b>Increases</b>	10%	10%	10%

Job Code	Job Title	2026	2027	2028
103436	Graduate Nurse	\$40.75	\$44.83	\$49.31
103864	Clin Nurse PRN Dept	\$56.55	\$62.20	\$68.42
103865	Clin Nurse PRN Float	\$56.55	\$62.20	\$68.42
104506	Employee Health Nurse PRN	\$53.47	\$58.81	\$64.69
104844	Clinical Nurse Flex A	\$71.42	\$78.57	\$86.42
104845	Clinical Nurse Flex B	\$71.42	\$78.57	\$86.42
104846	Clinical Nurse Regional Flex	\$77.37	\$85.11	\$93.62
104883	Cath Lab Nurse PRN Dept	\$60.76	\$66.84	\$73.52
105039	IR Nurse PRN Dept	\$60.76	\$66.84	\$73.52
105125	Clin Nurse PRN Amb	\$56.55	\$62.20	\$68.42
105126	Clin Nurse PRN Float Amb	\$56.55	\$62.20	\$68.42
105137	CN PRN Emp Svcs	\$52.95	\$58.24	\$64.06
105186	Bed Management Nurse PRN	\$52.95	\$58.24	\$64.06
105238	Virtual Nurse PRN	\$55.75	\$61.33	\$67.46
105369	Infusion Clinical Nurse PRN	\$55.08	\$60.58	\$66.64
105386	Clinical Nurse Amb Procedural PRN	\$56.55	\$62.20	\$68.42
105448	RN, Flu Vaccine PRN	\$36.90	\$40.59	\$44.65
105517	TNCC / ENPC Instructor	\$55.20	\$60.72	\$66.79

## **Addendum B – Staffing Ratio Grid**

## CHE Staffing Ratios - DETAILED

Unit / Patient Population		Staffing Ratios	Nursing Specialty Organization
A.	Intensive Care Units (ICU) / Critical Care Units (CCU)		AACN
	Standard ICU	1:2	
	Intensive monitoring in ICU	1:1	
	Patients on mechanical ventilation with FiO <sub>2</sub> >60% or PEEP >10		
	Multiple vasoactive drips (2 or more concurrent)		
	Continuous renal replacement therapy (CRRT)		
	Post-cardiac arrest within first 24 hours		
	Post-open heart within first 24 hours		
	Any patient requiring continuous bedside monitoring as determined by charge nurse.	2:1	
	ICU Special Assignments		
When patient acuity exceeds single RN capacity, the charge nurse may assign two RNs to one patient			
Both RNs share patient care responsibilities with clearly defined roles			
These assignments require charge nurse documentation of clinical justification			
B.	Intermediate Intensive Care Units (IICU)		AACN
	Standard IICU	1:3	
	Intensive monitoring in IICU	1:2	
	Gtts requiring frequent titration, ie. insulin gtt		
High-flow nasal cannula, non-invasive ventilation, mechanical ventilation			
C.	Progressive Care Units (PCU)	1:3	AACN
	Intensive monitoring in PCU	1:2	
	Gtts requiring frequent titration, ie. insulin gtt		
	High-flow nasal cannula, non-invasive ventilation, mechanical ventilation		
D.	Medical-Surgical Units (with & without telemetry)	1:4	AMSN/AACN
	<i>Day room coverage will be incorporated into the staffing matrix and overall nurse-to-patient ratio.</i>		
E.	Inpatient Rehabilitation (IPR)	1:4	
F.	Acuity Adaptable Units - Units providing variable levels of care based on patient needs	~	~
	Staffing ratios adjust to highest acuity level present on unit during each shift		
	Charge nurse documents acuity justification for ratio determinations		
G.	Pre-Operative Holding Area (POHA/Pre-Op)	1:1 or 1:2	ASPAN
H.	Operating Room (OR)		AORN
	Minimum one circulating RN per operating room	1:1	
	Complex or high-risk operative cases	2:1	
I.	Post-Anesthesia Care Unit (PACU)		ASPAN
	Phase I	1:1	
	Phase II	1:2	

**CHE Staffing Ratios - DETAILED**

Unit / Patient Population		Staffing Ratios	Nursing Specialty Organization
J.	Endoscopy / GI Lab		SGNA
	Intra-procedure	1:1	
	1 additional RN per procedure room for technical assistance during complex procedures		
	Phase 1 recovery	1:1	
	Phase 2 recovery	1:2	
K.	Cardiac Catheterization Lab		ACC
	Intra-Procedure	1:1	
	Additional RN for complex cases		
	Recovery	1:1 or 1:2	
	Tyner Center (hybrid procedural/surgical suite)		
<i>Follows both Cardiac Cath Lab &amp; OR ratios dependent on case performed</i>	~		
L.	Electrophysiology Lab		
	Intra-procedure	1:1	
	Recovery	1:1 or 1:2	
M.	Interventional Radiology		
	Intra-procedure	1:1	
	Recovery	1:1 or 1:2	
	Sedation patients: 1:1 until meeting discharge criteria	1:1	
N.	Labor & Delivery / Family Birthing Center (FBC)		AWHONN
	Triage		
	Stable	1:2	
	Unstable/IVP medications/prepping for emergent surgery	1:1	
	Antepartum		
	Stable condition	1:3	
	Intra-labor		
	Active labor without complications	1:2	
	Pushing phase and until at least 2 hours postpartum	1:1	
	Delivery: 1 RN for mother, 1 RN for newborn	2:1	
	Continuous monitoring required		
Initiation of regional anesthesia, for at least the first 30 minutes following initial dose	1:1		
High risk/high acuity medical needs: insulin gtt, oxytocin gtt, magnesium sulfate gtt, preeclampsia, hypertensive crisis, multiple gestation, abnormal FHR patterns			

## CHE Staffing Ratios - DETAILED

Unit / Patient Population		Staffing Ratios	Nursing Specialty Organization
O.	Postpartum / Mother-Baby Units (MBU)		AWHONN
	1 mother + 1 newborn = 1 couplet		
	Stable/uncomplicated couplet assignment	1:3	
	Complex couplet assignment		
	Post-cesarean, newborn feeding issues, jaundice protocol, early discharge teaching needs	1:2	
	High acuity		
	Mother or baby requiring continuous bedside monitoring	1:1	
	Magnesium sulfate gtt, recent IVP BP meds		
Baby on IV antibiotics			
<i>Nursery coverage will be incorporated into the staffing matrix and overall nurse-to-patient ratio.</i>			
P.	Neonatal ICU (NICU)		NANN
	Critical Care Infants (Level 4) & Small Baby Unit	1:1	
	Stable NICU infants (Level 3)	1:2	
	NICU Step-Down/Feeder-Growers/Special Care		
	Level II (stable, growing)	1:3	
	Transitional care (weaning support, learning to feed)	1:2	
	<i>Acuity-based assignments determined by documented clinical criteria including:</i>	~	
	<i>- Feeding method and frequency</i>		
<i>- Respiratory support requirements</i>			
<i>- Medication administration complexity</i>			
	<i>- Family teaching needs</i>		
Q.	Pediatrics		AAP
	General pediatrics	1:4	
	Complex or high-acuity patients	1:3	
	Unstable or high acuity patients that need more focused RN attention as designated by charge nurse	1:2	
R.	Pediatric ICU (PICU)		AACN
	Unstable	1:1	
	Stable	1:2	
S.	Pediatric Emergency Department (Peds ED)		
	General/stable	1:4	
	Moderate acuity	1:2	
	Critical	1:1	
T.	Psychiatric Emergency Services		
	General	1:4	
	Higher risk: violent restraints, high elopement risk	1:3	
U.	Emergency Department (ED)		ENA and AACN
	General ED	1:4	
	Resuscitation/trauma bays/Level 1	1:1 or 2:1	
	High-acuity monitored	1:2	
	Fast track/urgent care	1:5	

## CHE Staffing Ratios - DETAILED

Unit / Patient Population		Staffing Ratios	Nursing Specialty Organization	
V.	Short Stay Units (SSU)/Observation	1:4		
W.	Float Pool / Nursing Resource Team (NRT)	~	~	
	Float RNs must uphold the same ratios as unit-based RNs			
	Float staff shall not be used to exceed ratios or serve dual-unit assignments			
	Float RNs count toward unit-specific ratios when given a patient assignment on that unit			
	Float Pool Assignments:			
	- Float RNs with patient assignments count toward that unit's ratio calculations			
	- Float RNs providing break relief only do not count toward staffing grids			
	- Float RNs must complete unit-specific orientation before assignment			
X.	Wound Ostomy Care Nurse (WOCN) Team	1:100 beds		
Y.	Vascular Access Team	1:150 beds		
	<i>24/7 hospital coverage</i>			
Z.	Care Management	1:15		
AA.	Rapid Response Team (RRT)	2:300 beds		
	2 RN Minimum			
	<i>24/7 hospital coverage</i>			
AB.	Hemodialysis (HD)			
	On HD unit			1:2
	Off HD unit			1:1
AC.	Lactation Consultants (LC)	~	AWHONN	
	Well baby births: 1.3 FTE per 1,000 births			
	NICU admissions: 4.3 FTE per 1,000 admissions			
AD.	Extended Care Facilities (ECF)		Medicare Guidelines	
	Days			1:8
	Afternoon			1:12
	Nights			1:15

## CHE Staffing Ratios - SIMPLE

Unit / Patient Population		Staffing Ratios
A.	Intensive Care Units (ICU) / Critical Care Units (CCU)	1:1 or 1:2
	ICU Special Assignments	2:1
B.	Intermediate Intensive Care Units (IICU)	1:2 or 1:3
C.	Progressive Care Units (PCU)	1:2 or 1:3
D.	Medical-Surgical Units (with & without telemetry)	1:4
E.	Inpatient Rehabilitation (IPR)	1:4
F.	Acuity Adaptable Units - Units providing variable levels of care based on patient needs	~
	Staffing ratios adjust to highest acuity level present on unit during each shift	
G.	Pre-Operative Holding Area (POHA/Pre-Op)	1:1 or 1:2
H.	Operating Room (OR)	1:1 or 2:1
I.	Post-Anesthesia Care Unit (PACU)	
	Phase I	1:1
	Phase II	1:2
J.	Endoscopy / GI Lab	
	Intra-procedure	1:1
	Phase 1 recovery	1:1
	Phase 2 recovery	1:2
K.	Cardiac Catheterization Lab	
	Intra-Procedure	1:1
	Recovery	1:1 or 1:2
	Tyner Center	
	<i>Follows both Cardiac Cath Lab &amp; OR ratios dependent on case performed</i>	~
L.	Electrophysiology Lab	
	Intra-procedure	1:1
	Recovery	1:1, 1:2
M.	Interventional Radiology	
	Intra-procedure	1:1
	Recovery	1:1, 1:2
N.	Labor & Delivery / Family Birthing Center (FBC)	
	Triage	1:1 or 1:2
	Antepartum	1:3
	Intra-labor	1:1 or 1:2
	Delivery: 1 RN for mother, 1 RN for newborn	2:1
	Continuous monitoring required	1:1
O.	Postpartum / Mother-Baby Units (MBU)	
	Stable/uncomplicated couplet assignment	1:3
	Complex couplet assignment	1:2
	Patients requiring continuous bedside monitoring	1:1

## CHE Staffing Ratios - SIMPLE

Unit / Patient Population		Staffing Ratios
P.	Neonatal ICU (NICU)	
	Critical Care Infants (Level 4) & Small Baby Unit	1:1
	Stable NICU infants (Level 3)	1:2
	NICU Step-Down/Feeder-Growers/Special Care	1:2 or 1:3
Q.	Pediatrics	1:2 to 1:4
R.	Pediatric ICU (PICU)	1:1 or 1:2
S.	Pediatric Emergency Department (Peds ED)	1:1 to 1:4
T.	Psychiatric Emergency Services	1:3 or 1:4
U.	Emergency Department (ED)	
	General ED	1:4
	Resuscitation/trauma bays/Level 1	1:1, 2:1
	High-acuity monitored	1:2
	Fast track/urgent care	1:5
V.	Short Stay Unit (SSU)/Observation	1:4
W.	Float Pool / Nursing Resource Team (NRT)	~
	Float RNs must uphold the same ratios as unit-based RNs	
X.	Wound Ostomy Care Nurse (WOCN) Team	1:100
Y.	Vascular Access Team	1:150 beds
Z.	Care Management	1:15
AA.	Rapid Response Team (RRT)	2:300 beds
AB.	Hemodialysis (HD)	1:1 or 1:2
AC.	Lactation Consultants (LC)	~
	Well baby births: 1.3 FTE per 1,000 births	
	NICU admissions: 4.3 FTE per 1,000 admissions	
AD.	Extended Care Facilities (ECF)	
	Days	1:8
	Afternoon	1:12
	Nights	1:15

## **Addendum C – ADO Form**

# Teamsters Local 2024

## Assignment Despite Objection

I, \_\_\_\_\_, a Registered Nurse employed at \_\_\_\_\_  
(Name) (Campus Name)  
on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, hereby object to the assignment made at  
(Unit) (Shift) (Date)  
\_\_\_\_\_ on \_\_\_\_\_. Charge RN Present: \_\_\_\_\_  
(Time) (Date) (Charge RN Name, if applicable)

Based on my clinical judgment as a licensed Registered Nurse, the conditions outlined in this form do not sufficiently support the safe care of the patients currently assigned to me. I am proceeding with the assignment under protest and am not refusing the assignment. This form is submitted to formally inform supervisory personnel that the assignment may pose safety concerns for patients and/or staff, and to ensure this concern is appropriately documented.

***This assignment is accepted because I have been instructed to do so, despite my objections***

### My objections to this assignment are (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Short staffed for census   | <input type="checkbox"/> Charge nurse unable to perform duties        |
| <input type="checkbox"/> Short staffed for acuity/complexity                                | <input type="checkbox"/> Inadequate nurse to patient ratios           |
| <input type="checkbox"/> Inadequate nurse to patient ratios                                 | <input type="checkbox"/> Not trained/experienced in the area assigned |
| <input type="checkbox"/> Not oriented to unit/case load                                     | <input type="checkbox"/> Not provided with adequate support staff     |
| <input type="checkbox"/> Floating to multiple units during shift                            | <input type="checkbox"/> Forced/mandatory overtime                    |
| <input type="checkbox"/> Necessary equipment not available                                  | <input type="checkbox"/> System failure                               |
| <input type="checkbox"/> Not trained/experienced to use equipment                           | <input type="checkbox"/> Missed break/lunch                           |
| <input type="checkbox"/> Transferred/admitted new patient(s) to unit without adequate staff | <input type="checkbox"/> Other: _____                                 |

### Acuity Factors (check those that apply and indicate number of patients)

- |   |   |
|---|---|
| <input type="checkbox"/> Ventilator: # of patients _____                    | <input type="checkbox"/> Suicide precautions: # of patients _____   |
| <input type="checkbox"/> Restraints: # of patients _____                    | <input type="checkbox"/> Medicated gtts: # of patients _____        |
| <input type="checkbox"/> Total Care: # of patients _____                    | <input type="checkbox"/> Isolation precautions: # of patients _____ |
| <input type="checkbox"/> Unstable new admission: # of patients _____        |   |
| <input type="checkbox"/> Other (please explain): _____: # of patients _____ |   |

Unit Secretary/Clerk/CA?  Yes  No | Charge Nurse has patients?  Yes  No | # of patients on the unit: \_\_\_\_\_

### Consensus on Date and Shift of Objection:

Admission/Transfers: \_\_\_\_\_ Discharge/Transfers: \_\_\_\_\_ # of Patients @ end: \_\_\_\_\_ Unit Capacity: \_\_\_\_\_

### Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RN signature

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Printed Full Name & Title

\_\_\_\_\_  
Date

Complete this form and have it signed by your immediate supervisor or designee. Keep the original for your records and make 3 copies; give one to the supervisor, one to your local 2024 Delegate and one to the staffing committee.

**Addendum D – Workplace Safety Incident Report Form**

## Workplace Safety Incident Report Form

### Reporting RN Information

Name of Team Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Campus: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

### Incident Information

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Shift Start Time: \_\_\_\_\_

### Type of Incident

(Check all that apply)

- Exposure
- Hazardous Substance
- Body Fluid
- Sharps
- Other: \_\_\_\_\_
- Material Handling
- Environmental Object
- Slip, Trip, or Fall
- Animal or Insect Exposure
- Adverse Drug Reaction or Vaccine Reaction
- Burn
- Safety Concern or Near Miss
- Patient Handling
- Workplace Violence
- Other: \_\_\_\_\_

### Detailed Description of Incident

(Include what occurred, how it occurred, and persons affected)

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### Witnesses

(List names and titles, if applicable)

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### Location of Injury or Exposure

(if applicable)

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**Medical Attention**

Was medical attention required?  Yes  No

If yes, was medical attention completed?  Yes  No

**Lost Time**

Was time lost from work due to this incident?  Yes  No

If yes, number of hours/days: \_\_\_\_\_

**Additional Comments:**

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**Signature(s)**

Reporting RN Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Management Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Next Steps:**

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