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10 IN THE UNITED STATES DISTRICT COURT  
11 FOR THE NORTHERN DISTRICT OF CALIFORNIA

14 CITY AND COUNTY OF SAN FRANCISCO,  
15 Plaintiff,  
16 vs.  
17 ALEX M. AZAR II, et al.,  
18 Defendants.

19 STATE OF CALIFORNIA, by and through  
ATTORNEY GENERAL XAVIER BECERRA,  
20 Plaintiff,  
21 vs.  
22 ALEX M. AZAR, et al.,  
23 Defendants.

24 COUNTY OF SANTA CLARA, et al.,  
25 Plaintiffs,  
26 vs.  
27 U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, et al.,  
28 Defendants.

No. C 19-02405 WHA  
*Related to*  
No. C 19-02769 WHA  
No. C 19-02916 WHA

**DECLARATION OF JILL SPROUL,  
R.N., CHIEF NURSING OFFICER OF  
SANTA CLARA VALLEY MEDICAL  
CENTER, IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
SUMMARY JUDGMENT AND IN  
SUPPORT OF THEIR OPPOSITION  
TO DEFENDANTS' MOTION TO  
DISMISS OR, IN THE  
ALTERNATIVE, FOR SUMMARY  
JUDGMENT**

Date: October 30, 2019  
Time: 8:00 AM  
Courtroom: 12  
Judge: Hon. William H. Alsup  
Action Filed: 5/2/2019

1 I, JILL SPROUL, R.N., declare:

2 1. I am a resident of the State of California. I submit this declaration in support of  
3 the County of Santa Clara's ("County"), and its co-plaintiffs', Motion for Summary Judgment. I  
4 am over the age of 18 and have personal knowledge of all the facts stated herein. If called as a  
5 witness, I could and would testify competently to all the matters set forth below.

6 2. I am the Chief Nursing Officer for all of the hospitals and clinics operated by the  
7 County of Santa Clara ("County"), including Santa Clara Valley Medical Center ("Valley  
8 Medical Center"), O'Connor Hospital, and St. Louise Hospital.<sup>1</sup> Prior to my current role, I  
9 served as Nurse Manager for Valley Medical Center's Burn Center and as Valley Medical  
10 Center's Interim Director of Critical Care. I have served in public health care for 29 years.

11 3. The County employs approximately 3,000 nurses. In my role as Chief Nursing  
12 Officer, I am responsible for overseeing staffing of nurses, defining the scope of nurse practice at  
13 the County's three hospitals, and establishing policies and standards that govern how nurses carry  
14 out their duties and are supervised.

15 4. The County recognizes that situations may arise in which appropriate patient care  
16 conflicts with a nurse's cultural values, ethics, or religious beliefs. Accordingly, the County has a  
17 policy allowing its current and prospective medical-staff members and employees to request in  
18 writing not to participate in certain patient care that conflicts with the staff member's cultural  
19 values, ethics, or religious beliefs. A copy of the policy is attached to the Declaration of Paul  
20 Lorenz as Exhibit A.

21 5. The policy provides that once an exemption is requested, the appropriate manager  
22 or director determines whether the request can be granted in light of staffing levels and other  
23 relevant circumstances. If the request is granted, the staff member's tasks, activities, and duties  
24 may be redistributed to ensure appropriate patient care.

25  
26 <sup>1</sup> The County only recently acquired O'Connor and St. Louise hospitals, so my knowledge of the  
27 historical practice of those hospitals is limited. I do know, however, that the County Health  
28 System is in the process of integrating policies across all three hospitals and plans to adopt the  
religious objection policies in place for Valley Medical Center or substantially similar versions  
enterprise-wide.

1           6.       The policy makes clear that a request for an exemption will not result in  
2 disciplinary or recriminatory action. However, a manager or director may decline to accept an  
3 employee or medical staff member for permanent assignment when the employee/medical staff  
4 member has requested not to participate in an aspect of care that is commonly performed in that  
5 assignment. The policy also makes clear that patient care may not be adversely affected by the  
6 granting of an exemption and that medical emergencies take precedence over personal beliefs.

7           7.       Before we adopted this policy in 2017, we had in place a Nursing Standard, which  
8 applied to religious objections to abortions. That Nursing Standard similarly provided that a  
9 nurse could submit a request not to participate in medical procedures that resulted in abortions,  
10 but also provided that a nurse would still have to participate in such procedures in the event of an  
11 emergency until relief personnel could take over the nurse's responsibilities. A copy of that  
12 standard is attached as **Exhibit A**.

13           8.       Objections to participation in patient care on moral, ethical, or religious grounds  
14 are also addressed in the Memorandum of Agreement ("MOA") between the County and the  
15 Registered Nurses Professional Association, the exclusive bargaining representative for nurses at  
16 the County's three hospitals. Section 18.2 of that MOA—like Valley Medical Center's policy—  
17 recognizes that while nurses must generally be free to refuse to provide care based on their moral,  
18 ethical, or religious beliefs without threat of discipline, in an emergency a nurse must provide  
19 necessary care until other personnel can take over. Under such circumstances, our nurses have  
20 agreed that a patient's right to receive necessary nursing care takes precedence over the exercise  
21 of a nurse's individual beliefs. A copy of the Memorandum of Agreement is attached as **Exhibit**  
22 **B**.

23           9.       Nurses sometimes object to providing certain types of care, including assisting in  
24 organ donation procedures or in terminating pregnancies. In those situations, prior notice of  
25 conscience objections has allowed us to make staffing plans to ensure that a nurse's moral or  
26 religious objection can be accommodated without compromising patient care. Currently, twenty-  
27 seven nurses in our Operating Room Department have objections to participating in abortions on  
28 file. We also regularly honor informal objections that are raised to managers. Because we are

1 aware of our nurses' objections, we are able to accommodate them by assigning other nurses to  
2 perform the patient care to which they object.

3 10. Our nurses' willingness to provide care in emergency situations is critical to  
4 ensuring patient safety. Valley Medical Center includes a Level I trauma center equipped to  
5 provide the highest level of comprehensive care to patients suffering from life-threatening  
6 traumatic injuries. There, nurses are part of teams that treat people who are in serious medical  
7 crisis, such as situations where a patient is bleeding out or has experienced severe burns. Further,  
8 other healthcare needs may also not initially present as emergent but may become so. For  
9 example, while most abortion procedures can be scheduled in advance, sometimes patients  
10 scheduled for routine obstetric care may develop an unexpected medical need for an abortion,  
11 which can be provided in an outpatient, ambulatory setting if caught quickly. Were a nurse to  
12 abandon or refuse to treat a patient during a time-sensitive emergency, patient care and safety  
13 would be seriously compromised.

14 11. As Chief Nursing Officer, I constantly deal with staffing challenges. Night shifts,  
15 holiday periods, and flu season are all especially challenging times from a staffing perspective,  
16 and it can be difficult to fill shifts during these periods. Were a nurse to unexpectedly object to  
17 providing care, there might be no other nurse to take over their responsibilities in a timely  
18 manner, which would undermine patient care and could even be life threatening in an emergency  
19 situation. Even if there were another nurse available, abruptly changing nurse assignments would  
20 disrupt our nurses' work flow and result in additional patient hand-offs when a non-objecting  
21 nurse takes over mid-shift. Medical research reflects that inadequate handoffs of patients can  
22 pose dangers to patient health. Patient care and safety would also be put at risk if a nurse decided  
23 not to assist a patient on moral, ethical, or religious grounds and failed to provide notice to other  
24 staff, because the rest of the medical team might not immediately be aware that the nurse had  
25 declined to assist the patient and care might be delayed.

26 12. Additionally, it is critical that the County be able to match our nurses with jobs or  
27 schedules that are consistent with their moral, ethical, or religious objections. If a nurse objected  
28 to care regularly provided in his or her assignment but declined reassignment, this would cause

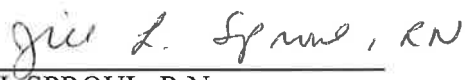
1 repeated staffing challenges and might regularly undermine patient care. If the County lacked the  
2 ability to take objections into account when setting nurse schedules, or if nurses could unilaterally  
3 reject any schedule or assignment set to accommodate their religious objections, patient care  
4 could be disrupted, and we could face short staffing for certain medical procedures.

5 13. Our hospital regularly serves vulnerable patients from a variety of backgrounds,  
6 including LGBTQ patients. Were a nurse to refuse treatment to a patient based solely on the  
7 patient's identity, it would harm that patient's trust in our hospitals and undermine the County's  
8 mission to provide healthcare to vulnerable populations.

9 14. As a safety-net provider, we are often the last resort or only option for patients  
10 with limited healthcare options, such as those who are uninsured or underinsured. If those  
11 patients are turned away from our hospitals, they may have no other options to address their  
12 healthcare needs.

13 I declare under penalty of perjury under the laws of the United States that the foregoing is  
14 true and correct.

15 Executed on September 10, 2019 in San José, California.

16  
17   
18 JILL SPROUL, R.N.  
19 Chief Nursing Officer  
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28

**EXHIBIT A**

**ABORTION PROCEDURE, EMPLOYEE OBJECTION TO PARTICIPATION IN ELECTIVE**I. POLICY

Nursing personnel who object to participating in an elective abortion procedure on moral, ethical, or religious grounds shall not be required to participate in the specific medical procedures which result in an abortion, except in cases of medical emergencies or spontaneous abortions.

II. PURPOSE

To comply with Health and Safety Code Division 106, Part 2, Chapter 2, §123420 and JCAHO Standards which protect a medical employee's right to refrain from participating in medical procedures that conflict with that employee's ethics, religious beliefs, or cultural values.

III. PROCESS

- A. A member of the nursing staff who objects to abortions on moral, ethical, or religious grounds shall state so in writing by completing and signing a form entitled "Employee Statement regarding Abortion." (see page 2) These forms are kept in the Nursing Office. The nursing staff member should allow two weeks after submitting this form for processing of his/her request
- B. Once a member of the nursing staff who has submitted an Employee Statement regarding Abortion has received approval of his or her request, that employee shall not be required to participate in the specific medical procedures which result in abortions (except in cases of medical emergencies or spontaneous abortions), and the refusal by such an employee to do so shall not result in any disciplinary action, denial of privileges, or any other penalty.
- C. Specific nursing service areas where abortions are commonly performed may refuse to accept permanently assigned staff who object to participate in abortion procedures.
- D. Because SCVMC is obligated to treat all emergencies, medical emergencies or spontaneous abortions must take precedence over personal beliefs, such as those of nursing staff members who have submitted Employee Statements regarding Abortion.
- E. Should a need arise where a nursing staff member who has signed the Employee Statement regarding Abortion is called upon to care for the patient during a medical emergency relating to abortion or during a spontaneous abortion, the nursing staff member must do so promptly until relief personnel arrive to take his or her place. Relief personnel will be provided as soon as possible.

IV. ATTACHMENT

Employee Statement Regarding Abortion form.

References: Administration Policies and Procedure VMC#132.01 "Non-Participation in Certain Patient Care".

**History: Original** 10/81; **Revised** 9/84, 11/89 5/91, 7/95 (A-6903-108), 3/97, 2/02, 7/07; **Reviewed** 5/88, 5/93, 6/98, 8/01, 1/05, 6/10 **Deleted** 5/2014

SANTA CLARA VALLEY MEDICAL CENTER  
DEPARTMENT OF NURSING SERVICE

**EMPLOYEE STATEMENT REGARDING ABORTION**

I the undersigned, an employee (or prospective employee) of the Santa Clara Valley Medical Center, request that during the course of my employment at the Medical Center I not be assigned to duties involving direct participation in the initiation, induction, or performance of an abortion on a patient in this hospital.

This statement is made because of my moral, ethical or religious beliefs relating to such procedures.

I understand that medical emergency situations or spontaneous abortions take precedence over personal beliefs, and that if I am called upon to assist in such cases, I will do so promptly until such time when other qualified personnel will be provided to relieve me. I understand that qualified personnel will be provided as soon as possible.

Date \_\_\_\_\_

Time \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness



# **EXHIBIT B**

AGREEMENT

Between

COUNTY OF SANTA CLARA

And

REGISTERED NURSES PROFESSIONAL ASSOCIATION

NOVEMBER 10, 2014 THROUGH OCTOBER 20, 2019

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PREAMBLE

This Memorandum of Agreement is entered into by the County of Santa Clara (hereinafter referred to as the County) and the Registered Nurses Professional Association (hereinafter referred to as the Association). This Memorandum of Agreement incorporates by this reference all appendices attached.

ARTICLE I - RECOGNITION

The County recognizes Registered Nurses Professional Association as the exclusive bargaining representative for all classified and unclassified nurses in coded and uncoded classifications within the Registered Nurses bargaining unit.

For the purpose of this Agreement, a nurse shall be defined as a person employed in coded and uncoded classifications in a bargaining unit covered by this Agreement.

The following classifications are included in the Registered Nurses bargaining unit:

Assistant Nurse Manager  
Certified Registered Nurse Anesthetist  
Clinical Nurse I  
Clinical Nurse II  
Clinical Nurse III  
Clinical Nurse Specialist  
Infection Control Nurse  
Nurse Coordinator  
Nurse Practitioner  
Psychiatric Nurse I  
Psychiatric Nurse II  
Staff Developer  
Per Diem Clinical Nurse  
Per Diem Psychiatric Nurse  
Per Diem Nurse Practitioner



ARTICLE 2 - NO DISCRIMINATION

Section 2.1 - Employment

Neither the County nor the Association shall discriminate (except as allowed by law) against nurses because of race, age, sex, color, disability, creed, national origin, religion, Association activity, affiliations, political opinions, or sexual preference.

Section 2.2 - Association Affiliation

Neither the County nor the Association shall interfere with, intimidate, restrain, coerce or discriminate against any nurse in the nurse's free choice to participate or join or refuse to participate or join the Association.

Section 2.3 - Affirmative Action

The County and the Association agree to cooperate to achieve equitable representation of women, minorities and disabled at all occupational levels designated by Federal, State and County Affirmative Action goals and timetables, as adopted by the Board of Supervisors.

ARTICLE 3 - ASSOCIATION SECURITY

Section 3.1 - Relationship Affirmation

The intent and purposes of this Agreement are to encourage harmonious relationships between the County and the Registered Nurses it employs who are subject hereto; to promote and improve that relationship subject to their joint duties to the community and to the high standards of patient care; to clarify certain rights and privileges of the parties; to set forth and define rates of pay, economic benefits and other conditions of employment that shall apply to such nurses; and to establish amicable processes for collective bargaining. The Association agrees that it will cooperate with the County and support its efforts to assure efficient operation, to serve the needs of the community, and to meet the highest of professional standards in such services.

Section 3.2 - Dues Deductions

a) Maintenance

Nurses covered by this Agreement who have authorized Association dues deductions as of date of signature of this Agreement shall continue to have such deductions made by the County during the term of this Agreement, except that such nurses may terminate such dues deductions during the month of February pursuant to paragraph (e) of this Section.

b) Condition of Employment

Each person employed during the term of this Agreement shall at the time of employment and as a condition of employment execute an authorization for the payroll deduction of Association dues or of a service fee equivalent to Association dues on a form provided by the Association and shall continue said authorization in effect, except that such nurses may terminate such dues deductions pursuant to paragraph (e) of this Section.

c) Implementation

Any nurse hired by the County subject to this Agreement shall be provided by the County with a notice advising that the County has entered into an agency shop agreement with the Association and that all employees subject to this Agreement must either join the Association, pay a service fee to the Association, or execute a written declaration claiming a religious exemption from this requirement. Such notice shall include a form for the employee's signature authorizing payroll deduction of Association dues or a service fee. Said nurse shall have five working days from the initial date of employment to fully execute the authorization form of his/her choice and return said form to County payroll. If the form is not completed properly and returned within five working days, the County shall commence

and continue a payroll deduction of service fees from the regular bi-weekly pay warrants of each employee. The effective date of Association dues, service fee deductions or charitable contributions for such nurse shall be the beginning of the first pay period of employment except that initiation fees shall be deducted in two installments in successive pay periods, beginning with the first pay period. The nurse's earnings must be sufficient after other legal and required deductions are made to cover the amount of dues or service fees check-off authorized. When a nurse is in a non-pay status for an entire pay period, no withholding will be made to cover the pay period for future earnings. In the case of a nurse who is in a non-pay status during only part of the pay period, and the salary is not sufficient to cover the full withholding, no deduction shall be made. In this connection, all other legal and required deductions (including health care and pension deductions), have priority over Association dues and service fee.

d) Religious Exemption

A nurse subject to this Agreement who is a member of a bona fide religion, body or sect which has historically held conscientious objections to joining or financially supporting a public employee organization and which is recognized by the National Labor Relations Board as such, shall, upon presentation of verification of active membership in such religion, body, or sect be permitted to make a charitable contribution equal to the service fee in lieu of Association membership or service fee payment.

Declarations of or applications for religious exemption and any supporting documentation shall be forwarded to the Association by the objecting nurse in accordance with paragraph e below. The Association shall have fifteen days after receipt of a request for religious exemption to challenge any exemption. If challenged, the deduction to the charity shall commence but shall be held in escrow pending resolution of the challenge in accordance with Association policy. The Association shall inform the County of the outcome of the challenge. Charitable deductions shall be by regular payroll deduction only. For purposes of this Section, a charitable deduction means a contribution to the Valley Medical Center Foundation or the Santa Clara Family Health Foundation.

e) Revocation

A nurse may terminate authorization for Association dues and commence authorization of service fee, or terminate service fee deduction and commence charitable contribution deduction by giving notice thereof to the Association and the County

Controller by individual letter deposited in the U.S. Mail (1) within the last ten (10) working days in the month of February prior to the expiration of the Agreement, or (2) within the first ten (10) working days following the date of first employment, whichever applies. If the canceled letter is not postmarked, it must be received and date stamped within the time limits specified in (1) or (2) above.

The County shall promptly forward a copy of the letter of revocation to the Association.

A nurse who makes changes to deductions during the month of February shall have the deduction changed on the first pay period in April.

A nurse who makes changes to deduction within ten (10) working days following the date of first employment shall have the deduction changed following the receipt of the notification by the County.

f) No Fault

The Association agrees to indemnify, defend and hold the County harmless from any and all claims, demands, suits, or any other action arising from the provisions of this Section or from complying with any demand for termination or revocation hereunder.

g) Leaves of Absence

Upon return from leaves of absence, the County shall reinstate the payroll deduction of Association dues for those nurses who were on dues check-off immediately prior to taking leave, provided the employee has not authorized cancellation of dues check-off in accordance with the prescribed provisions.

Section 3.3 - Other Deductions

The County shall deduct other deductions for insurance programs from pay checks of nurses under reasonable procedures prescribed by the County for such deductions which may include nurses not within the recognized bargaining unit of the Association in accordance with procedures that may be established between the parties.

Section 3.4 - Association Notices and Activities

a) Bulletin Boards

The Association, where it represents nurses of a County Department, shall be provided by that Department use of adequate and accessible space on designated bulletin boards for communications.

The glass covered, locked bulletin board purchased by the Association and installed by Valley Medical Center will be maintained in the cafeteria hallway at Santa Clara Valley Medical Center.

b) Distribution

The Association may distribute material to nurses in its representation unit through normal channels, including use of County's e-mail.

c) Visits by Association Representatives

Any Representative of the Association shall give notice to the Department Head or designated representative when entering departmental facilities. The Representative shall be allowed reasonable contact with nurses on County facilities provided such contact does not interfere with the nurse's work. Solicitation for membership or other internal nurse organization business shall not be conducted during work time. Prearrangement for routine contact may be made on an annual basis.

For this purpose rest periods are not work time.

d) Facilities

County buildings and other facilities shall be made available for use by the Association or its Representatives in accordance with administrative procedures governing such use.

e) Names and Addresses of Covered Nurses

The County shall supply the Association with a bi-weekly data processing run of names and addresses and classifications of work of all nurses within the representation unit. Such list shall be supplied without cost to the Association except that addresses shall not be supplied of those nurses who request the County in writing to not provide such information. A copy of such request shall be forwarded to the Association.

f) Notification of Association Coverage

When a person is hired in any classification covered by a bargaining unit represented by the Association, the County shall notify that person that the Association is the recognized bargaining representative for the nurses in said unit and present that person with a copy of the present Agreement, and a copy of the purpose and objectives of RNPA as approved.

g) Report of Transactions

The County shall supply the Association a data processing run covering the following nurse transactions as are currently

available on the system: newly hired nurse, provisional appointments, reinstatement, re-employment, return from leave, return from military leave, miscellaneous, promotion, return to former class, voluntary demotion, disciplinary demotion, transfer, title change, suspension, temporary military leave, injury or illness leave, other leave, indefinite military leave, resignation, probationary resignation, probationary release, provisional release, miscellaneous release, dismissal, retirement, death, layoff.

Section 3.5 - New Nurse Orientation

The Association shall be allowed a Representative at County-wide orientations for new nurses or departmental orientations where they are held in place of County-wide orientations. Such Representative shall be allowed twenty (20) minutes to make a presentation and answer questions to nurses in classifications represented by their organization. The Association may present packets to represented nurses at orientation, such packets being subject to review by the County. The County or department, where appropriate, will notify the Association one (1) week in advance of such orientation sessions.

Section 3.6 - Printing of Agreement

The parties agree to share equally the cost of printing bound copies of this Agreement. The Association shall reimburse the County for the actual cost of copies ordered by the Association. The design and format of the printed Agreement shall be jointly determined by the parties. It is agreed that the contract will be printed not more than one hundred and twenty (120) days after final agreement on all language.

ARTICLE 4 - OFFICIAL REPRESENTATIVES AND NEGOTIATING COMMITTEE

Section 4.1 - Official Representatives

a) Notification of Official Representatives

The Association agrees to notify the County of their Official Representatives for its representation unit and changes in such Representatives. It may also designate alternates to such Official Representatives for purposes of specific meetings by advance notice to the appropriate level of Management.

b) Release Time

Up to three (3) Official Representatives at any given time shall be allowed thirty-two (32) hours of release time each pay period. Effective November 10, 2002, up to three (3) Official Representatives at any given time shall be allowed release time. The total combined time may not exceed eighty (80) hours per pay period and the total for one (1) individual shall not exceed thirty-two (32) hours per pay period. This provision shall cover all shifts and must be taken in a minimum of one (1) hour increments. This time shall be scheduled in advance by mutual agreement between the Association and Management.

c) Release Time Log

RNPA Representatives who are on their shift during approved release time will log the time they leave their work assignments and the time they return on a form provided by the County.

Section 4.2 - Negotiating Committee

There shall be six (6) Official Representatives for the Registered Nurses Unit. The County agrees to release six (6) persons upon such request where required.

a) Compensatory Time

Those negotiators who are on their own time during the meetings will not be granted compensatory time.

b) Resource People

Resource people for negotiations shall be allowed on their own time, leave without pay, PTO, or compensatory time off to attend scheduled negotiation meetings for this Association to provide information to the committee on specific items on an as needed basis and as mutually agreed, prearranged and scheduled by the committee. The County shall facilitate arranging time off for resource people attending negotiations.

ARTICLE 5 - LAYOFF

Section 5.1 - Seniority Defined

For purposes of layoff, seniority is defined as the total length of continuous employment in a coded classification from the first date of hire within the bargaining unit. First date of hire shall be adjusted for all time on suspension or leave without pay which extends beyond one full pay period, but shall not be adjusted for all time on Maternity Leave, Worker's Compensation Leave and Military Leave. If an employee resigns and is subsequently reinstated within 12 months of the resignation, the seniority shall be restored for the period of time previously served within the bargaining unit.

The County will provide the Union with a copy of the appropriate current seniority list prior to the issuance of notices described below in Section 5.8.

Section 5.2 - Transfer of Prior Employer Service

If a function of another employer is transferred to the County, with employees performing nursing duties comparable to those performed by this bargaining unit, the County and the RNPA will meet and confer over the definition of seniority for the transferred employees.

Section 5.3 - Changes to Classes

The County and the Association agree that to the extent possible, nurses should not lose their rights under this Article because classes have been revised, established, abolished or retitled.

Section 5.4 - Order of Layoff and Reassignment

When the County determines that bargaining unit positions will be reduced or eliminated which results in a layoff, the order of layoff shall be based on seniority as applied to each classification. The order shall be: a) provisional nurses in inverse seniority; b) nurses on original probation in inverse seniority; c) permanent nurses in inverse seniority.

The provisions of Appendix B "Classifications and Areas of Competency" shall apply for purposes of layoff and reassignment as a result of layoff.

Employees will be retained within their current assigned work unit on the basis of seniority. The employees (other than those in the classifications of Clinical Nurse I, II, III or Psychiatric Nurse I or II) for whom no position exists at the same code status within the current assigned work unit will be reassigned in order of seniority as follows:



- a) to a vacant position in the same code status and classification within the related competency area; or if no such position exists,
- b) to a position held by the least senior individual in the same code status and classification within the related competency area; or if no such position exists,
- c) to a vacant position in the same code status and classification within another competency area; or if no such position exists,
- d) to a position held by the least senior individual in the same code status and classification within another area of competency; or if no such position exists,
- e) to a position of the next lower code status within the same classification, following the sequence "a" through "d" above until all successive code statuses are exhausted; or if no such positions exist,
- f) to a position in the next lower classification applying the sequence "a" through "e" above until all lower classifications are exhausted;

The employees in the classifications of Clinical Nurse I, II, III or Psychiatric Nurse I or II for whom no position exists at the same code status and same or lower classification in the series within the current assigned work unit will be reassigned in order of seniority as follows:

- a) to a vacant position in the same code status and same or lower classification within the related competency area; or if no such position exists,
- b) to a position held by the least senior individual in the same code status and same or lower classification within the related competency area; or if no such position exists,
- c) to a vacant position in the same code status and same or lower classification within another competency area; or if no such position exists,
- d) to a position held by the least senior individual in the same code status and same or lower classification within another area of competency; or if no such position exists,

e) to a position of the next lower code status and same or lower classification, following the sequence "a" through "d" above until all successive code statuses are exhausted.

Nurses in full-time status who are assigned to less than a full-time position as a result of layoff will retain full-time benefits pursuant to section 7.4b of this agreement.

Employees who are currently part-time cannot assert seniority to claim a position with more hours than currently held.

Section 5.5 - Reassignment from a Lower Classification

After all nurses within an affected classification have been afforded the opportunity to be reassigned according to Section 5.4 and a vacancy remains in that classification, that vacancy shall be filled by reassignment of the most senior nurse in the next lower classification from the vacancy's related area of competency and then another area of competency as identified in Appendix B.

Section 5.6 - Competency Standards

The classifications, the work units, and the areas of competency for layoff purposes are listed in Appendix B. The County shall establish written competency standards for each area of competency. These standards shall not be greater than the hiring standards.

Section 5.7 - Employee Competency Profile

Prior to the issuance of layoff notice, the employee will be provided the opportunity to complete an Employee Competency Profile or add any information to an existing profile which might qualify the employee for an area of competency. Failure to respond will be construed as acceptance of the information on file.

Section 5.8 - Notice of Layoff

a) Notice to the Association of Intent to Reduce or Eliminate Bargaining Unit Positions

The County will notify the Association of the decision to reduce or eliminate bargaining unit positions which would result in a layoff. At a minimum, the notice shall include the total proposed reduction. Upon request, the Association shall be afforded an opportunity to meet with the County prior to layoff notices being issued to discuss the circumstances requiring the layoff and any proposed alternatives.

b) Notice to Employee

The County shall provide a written layoff notification to any nurse whose employment is being terminated, whose code status is being reduced, or whose classification is being changed as a result of layoff. Additionally, employees shall receive a notice of reassignment due to layoff. The notice shall be provided at least 20

working days before the effective date. The Association will receive concurrent notices.

Section 5.9 - Training Opportunities

Nurses who are reassigned as a result of layoff according to Section 5.4 will be provided orientation training and skills upgrade, up to a maximum of six weeks, if needed. Additional training beyond six weeks may be provided on an individual basis.

Section 5.10 - Layoff

a) Layoff

In the event that a nurse is not reassigned as a result of layoff as in Section 5.4, the nurse shall be laid off, unless the employee has a right to return to a former classification in another bargaining unit. If a nurse refuses the reassignment pursuant to Section 5.4 "a" through "d" or refuses to return to a former class in another bargaining unit, the nurse may be deemed to have been offered and to have declined such work.

b) Inplacement

If a nurse has been issued a layoff notice pursuant to Section 5.8 and has no reassignment in lieu of layoff rights pursuant to Sections 5.4 or 5.5, then that nurse shall be considered for inplacement.

Inplacement is an offer of transfer (within specific wage bands) or demotion to a nurse with a layoff notice into a vacant position which the County intends to fill during the layoff notice period.

The following conditions apply to the inplacement process:

1. A nurse must be qualified to transfer or demote. The Personnel Director shall determine qualifications.
  - a. Testing requirements will be the same as if the nurse had been reclassified.
  - b. In determining qualifications and possible positions, transfers and demotions to both related and non-related classes may be considered.
2. Transfers resulting from layoffs will be deemed a "lateral transfer" if movement from one class to another does not exceed an upward salary change of 10%\_(ten percent).
3. The normal transfer (ordinance code) rules apply when an inplacement transfer occurs. If a nurse has underlying

- permanent status the probationary period following the transfer shall be considered a subsequent probation. Consistent with this status, the nurse on a subsequent probation with underlying permanent status, has Personnel Board appeal rights.
4. The nurse may express a preference for certain occupational fields, assignments or departments. However, the nurse has no right to claim any position nor is the County required to offer placement.
  5. A position shall not be considered "vacant" for inplacement purposes if the position has been identified as claimable under Section 5.4 or 5.5 by another nurse who has been issued a layoff notice under Section 5.8 or by a nurse on a re-employment list established pursuant to Section 5.11.
  6. A nurse who is placed under Section 5.4 or laid off under Section 5.10 shall have his/her name placed on all re-employment lists pursuant to Section 5.11 for the appropriate classification.
  7. In determining placement offers, the Association and the County, on a case by case basis, may by mutual agreement include as part of the placement offer:
    - a. basic skill competency training and/or;
    - b. literacy training and/or;
    - c. other methods (other than transfer or demotion) of filling vacant positions that do not violate Merit System principles or County Ordinance Code provisions.
  8. All inplacement offers must be made and accepted or rejected prior to the effective date of the layoff notice. Time permitting, the Personnel Department may assist nurses on the re-employment list in addition to those workers with layoff notices. Such nurses shall be entitled to all provisions of this Agreement.
  9. If a worker is not placed by the effective date of the layoff notice, he/she shall be laid off under the provisions of the layoff notice.
  10. Nurses are eligible to transfer to vacant positions within a unit in accordance with 6.9 prior to filling positions by inplacement of employees outside the bargaining unit into RNPA. Vacancies existing within a unit seven (7) calendar

days prior to date of layoff shall not be posted and shall be considered for purposes of inplacement. This provision relates to inplacement of employees outside of RNPA and does not include employees with return to former classification rights.

Section 5.11 - Re-employment List

- a) The names of such probationary and permanent nurses reassigned or laid off in accordance with this Article shall be entered upon a re-employment list in inverse order of seniority. The County shall maintain re-employment lists by classification and code status. At the time of a nurse's placement on a re-employment list, the County will inform the nurse in writing of the employee's responsibility to leave the address and/or telephone number where the employee can be contacted.
  
- b) When a vacancy exists which the County intends to fill, the most senior nurse on the appropriate re-employment list shall be offered appointment, provided the required competencies are met. Nurses on re-employment lists shall retain the right to take promotional exams and/or receive promotional preference on exams.
  1. If the County is able to contact the nurse to communicate the offer of re-employment, the nurse will be encouraged to respond within forty-eight (48) hours, but, if requested, will be allowed up to four (4) working days to respond.
  2. If the County is unable to make contact, the County will send the offer by certified mail, return receipt, to the last known address. The nurse must respond to the offer within ten (10) working days from the date of mailing.
  3. If no response is received within the above time limits, the nurse will be deemed to have been offered and to have refused such work.

Section 5.12 - Extra-Help and Per Diem Work for Laid Off Nurses

Interested nurses who are placed upon the re-employment list due to layoff and who elect to be available for extra-help or per diem work shall be given preference for any work in their former Department/Agency for which they are currently qualified. The election to be available for extra-help and per diem work must be made in writing at the time of layoff. Employees may decline to be available for extra-help and per diem work or may decline such work itself without affecting any rights under this Article.

Section 5.13 - Names Dropped from Re-employment List

No name shall be carried on a re-employment list for a period longer than two (2) years, and the names of persons re-employed in a permanent position within the same classification shall, upon such re-employment be dropped from the list. Refusal to accept one of two offers of re-employment within the same classification, shall cause the name of the person to be dropped from the re-employment list.

Section 5.14 - Rights Restored

Upon re-employment of a nurse from a re-employment list, all rights acquired by a nurse prior to the nurse's placement on such list shall be restored; including but not limited to PTO accrual rates, seniority as defined in Section 5.1, salary step and time-in-step placement, and educational leave.

Section 5.15 - Temporary Layoff

In the event of a decrease in census of any unit requiring a temporary reassignment of work areas or layoff of Registered Nurses for less than thirty (30) calendar days, the appointing authority shall:

- a) Attempt to float any affected nurse to any unit which the nurse has been oriented.
- b) As an educational opportunity, allow a nurse to request an orientation to an unfamiliar unit.
- c) Request volunteers to take time-off by using PTO, comp. time or leave without pay.
- d) Implement a layoff of nurses by inverse seniority, if there are insufficient volunteers. This subsection, however, shall not apply to any classification of nurses that are designated as FLSA exempt.

It is agreed that this provision shall be applied by unit and shift. It is also understood that the hospital will not assign extra-help, per diem or registry RN to the unit on that shift when this section is implemented.

ARTICLE 6 - PERSONNEL ACTIONS

Section 6.1 - Probation

- a) Each new nurse shall serve a probationary period of nine (9) months, which shall be counted as twenty (20) complete pay periods. Upon successful completion of such probationary period, the nurse shall be deemed a permanent employee. A leave of absence without pay shall not be credited toward completion of the nurse's probationary period. The parties agree that probationary nurses shall have all rights in this Agreement, unless otherwise specified, including full and complete access to the grievance procedure. Any nurse released during the probationary period shall, upon request, be provided with a statement of the reasons for the release. Consistent with County Charter Section 704(e), probationary nurses may not grieve suspensions, demotions, or dismissals.
- b) Probationary nurses shall have the right to request and receive Department/Agency administrative review of disciplinary action taken during probation. Such review must be requested in writing within ten (10) working days of the disciplinary action or it is waived. The review process shall consist of a meeting with the clinical director or his or her designee. The review process shall proceed promptly after a request is received. The clinical director or his or her designee shall hear and make a decision within fifteen (15) working days.

Section 6.2 - Disciplinary Action - Unclassified Nurses

Unclassified nurses who have completed a period equal to the probationary period for a comparable classified position may grieve disciplinary action on the grounds that such discipline was not for cause. Such grievance shall comply in all respects with Article 16 of this Agreement.

Notice of disciplinary action must be served on the nurse in person or by certified mail prior to the disciplinary action becoming effective. Notice shall be included in the nurse's personnel file and a copy sent to the Association and shall include:

- a) Statement of the nature of the disciplinary action.
- b) Effective date of the action.
- c) Statement of the cause thereof.
- d) Statement in ordinary and concise language of the act or omissions upon which the causes are based.

- e) Statement advising the nurse of the right to appeal from such action and the right to Association representation.

Section 6.3 - Personnel Files

The County shall maintain a personnel file for each nurse. The Santa Clara Valley Health and Hospital System may also maintain a personnel file for each nurse. Nurses shall have the right to review their personnel file(s) or authorize review by their representative. No material will be inserted into the nurse's personnel file(s) without prior notice to the nurse. Nurses may cause to be placed in their personnel file(s) responses to adverse material inserted therein and a reasonable amount of correspondence originating from other sources directly related to their job performance.

Materials relating to suspensions which become final will be removed after four (4) years if no other suspensions have occurred during the four (4) year period except those involving charges as listed in A25-301(a)(4) Brutality in the performance of duties and (b)(2) Guilty of immoral conduct or a criminal act.

Materials relating to suspensions may be removed from the nurse's personnel file earlier than the regular removal schedule by mutual agreement between the Union, the Office of Labor Relations and the CNO or his/her designee.

Materials relating to disciplinary actions recommended but not taken, or disciplinary actions overturned on appeal, shall not be retained in a nurse's personnel file.

Section 6.4 - Disciplinary Action - Permanent Classified

The County may take disciplinary action for cause against any permanent classified nurse by suspension, demotion or discharge by notifying the nurse in writing. Notice of disciplinary action must be served on the nurse in person or by certified mail prior to the disciplinary action becoming effective. The notice shall be included in the nurse's personnel file(s) and a copy sent to the Association and shall include:

- a) Statement of the nature of the disciplinary action.
- b) Effective date of the action.
- c) Statement of the cause thereof.
- d) Statement in ordinary and concise language of the act or omissions upon which the causes are based.



- e) Statement advising the nurse of the right to appeal to the Personnel Board from such action and the right to Association representation.

Such nurse shall be given either five (5) days' notice of discharge, or demotion, or five (5) days' pay, except where circumstances require immediate action.

In cases of questionable gross negligence or incompetence as defined in the Nurse Practice Act, the nurse, at the sole election of the appointing authority or their designee, may be placed on administrative leave with pay, not to exceed fifteen (15) working days, pending an investigation. If circumstances permit, a nurse will be advised in writing that they are being placed on administrative leave under this provision.

#### 6.5 - Counseling and Unfavorable Reports

##### a) Counseling

In the event that a nurse's performance or conduct is unsatisfactory or needs improvement, informal counseling shall be provided by the nurse's first level supervisor. Counseling shall be separate and distinct from on-going worksite dialogue. Documentation of such counseling (including verbal counseling) shall be given to the nurse as it is developed. Such documentation shall not be placed in a nurse's personnel file(s) and when the situation allows counseling, counseling shall be used prior to any unfavorable reports being issued. Counseling shall be removed from supervisory files within two (2) years, and shall not be used in the progressive disciplinary process provided no subsequent related counseling or other personnel action was issued.

##### b) Unfavorable Reports on Performance or Conduct

If upon such counseling a nurse's performance or conduct does not improve and disciplinary action could result, a written report shall be prepared by the supervisor including specific suggestions for corrective action, if appropriate. A copy shall be given to the nurse and a copy filed in the nurse's personnel file(s). No unfavorable reports shall be placed in a nurse's file(s) unless such report is made within ten (10) working days of the County's knowledge of the occurrence or incident which is the subject of this report. Provided no additional report has been issued during the intervening period, each report shall be removed from the nurse's file(s) at the end of two (2) years. Upon resignation, any such reports shall be removed from the nurse's file(s). Unfavorable reports may be removed from the nurse's personnel file earlier than the regular removal schedule by mutual agreement between the Union, the Office of Labor

Relations and the CNO or his/her designee. Nurses shall have the right to grieve the factual content of such reports or attach a written response to the report for inclusion in their personnel file(s).

Section 6.6 - Return to Former Class

As an alternative to appointment from any employment list, any current regular nurse, upon recommendation of the appointing authority and approval by the Director of Personnel, may be appointed without further examination to a position in any class in which regular status had formerly been acquired, or to any related class on a comparable level with the former class.

Section 6.7 - Unclassified Appointment

No nurse, while holding a position in the unclassified service, shall be assigned to or occupy any classified position.

Section 6.8 - Rights Upon Promotion to Classified or Unclassified Service or Transfer to Unclassified Service

Any permanent nurse who receives a provisional or probationary promotion, or who is transferred or promoted to a position in the unclassified service shall retain all rights and benefits as a permanent nurse of the nurse's former class while in such provisional, probationary, or unclassified status. These include the right to participate in promotional examinations and the right to return to the nurse's former class if released while in such status. All such service shall count toward seniority credits in the nurse's former class in the event the layoff procedure is involved.

Any permanent nurse who receives a provisional promotion, or who is transferred or promoted to a position in the unclassified service, the duration of which is known to be for less than six (6) months, shall be considered to be on leave from the nurse's permanent position and departments are authorized to make substitute appointments to such vacated positions.

Section 6.9 - Transfers and Job Opportunities

Santa Clara Valley Health and Hospital System shall establish a system to facilitate transfers and career mobility of Registered Nurses.

- a) All coded vacancies, transfer opportunities, and all special assignment positions created within existing job specifications, that the County intends to fill shall be posted on the work unit where the vacancy exists for a period of seven (7) calendar days. The County will transmit electronically to the RNPA all vacancies every payroll period.

- b) Code and / or shift change requests within a unit shall be based on seniority within the unit subject to the following:
- 1) Nurses who have been issued an Unfavorable Report, suspension, subsequent probationary release or demotion within the past twelve (12) months may only transfer to a higher code status with management approval. T/A CP 1/13/31
  - 2) The nurse is available to fulfill the position within six (6) weeks of the request.
- c) If a vacant position exists after exhausting the above provisions, management shall post a notice of the vacancy for transfers of eligible nurses outside the work unit for seven calendar days. The vacancy may also be posted as promotional or open/competitive. Should the vacancy be posted as promotional or open/competitive, any nurse interested and eligible for transfer will be interviewed and considered prior to interviewing outside candidates. The vacancies will be posted on a bulletin board outside the Nursing Office and the Cafeteria at Valley Medical Center at least bi-weekly. In addition, the list shall be distributed to designated individuals in non-hospital locations for posting in nursing areas. All Job postings may be accessed at the following websites: [www.sccgovatwork.org](http://www.sccgovatwork.org) and [www.sccjobs.org](http://www.sccjobs.org).

#### Section 6.10 - Exchange of Shifts

Nurses may exchange shifts within the same code status and within the same work unit using the following process:

1. From February 1 through February 10 and August 1 through August 10 of each year, nurses desiring to change shifts within his/her same code status may submit in writing to management a request to change shifts. For example: day shift nurse holding a 3/5ths position requesting to exchange to night shift 3/5ths position.
2. Such requests shall be maintained in the schedule binder of each unit. Nursing management shall notify nurses of a viable shift change by February 15 and August 15 of each year.
3. If two or more requests to exchange to the same different shift are received, the nurse with the most seniority shall be granted shift exchange provided there is a staff member on the opposite shift in the same code status desiring to exchange. Seniority for the purposes

of shift exchange is defined as continuous date in the unit as a coded RN. Date of seniority for this purpose will be adjusted for unpaid leaves of absence.

4. Exchange of shifts will occur as soon as practical but not to exceed six weeks after notification to both parties.

ARTICLE 7 - PAY PRACTICES

Section 7.1 - Salaries

Effective on the dates listed all salaries shall be as listed in Appendix A attached hereto and made a part hereof. The parties agree that the rates of pay established by this Agreement are commensurate with those prevailing throughout the County for comparable work as required by the Charter for the County of Santa Clara.

Section 7.2 - Basic Pay Plan

The Basic Pay Plan consists of the salary ranges and the assignment of classes to such ranges as provided in this Section. Each nurse shall be paid within the range for the nurse's class according to the following provisions.

a) Step One

The first step in each range is the minimum rate and shall normally be the hiring rate for the class. In cases where it is difficult to secure qualified personnel or a person of unusual qualifications is engaged, the Director, with the approval of the County Executive, may approve appointment at the second, third, fourth or fifth step. If a nurse is hired under the difficult-to-secure-qualified- personnel clause, the County will move those nurses within that same class to the same salary step as that being received by the new nurse. The Association will receive a monthly listing of positions by class and department which list positions hired above the first salary step.

Effective April 11, 2005 Step 1 and Step 2 of the Clinical Nurse I wage scale shall be eliminated thereby making the entry wage for Clinical Nurse I to be at the Step 3 level.

b) Step Two

The second step shall be paid after the accumulation of six (6) months of competent service at the first step.

c) Step Three

The third step shall be paid after the accumulation of twelve (12) months of competent service at the second step.

d) Step Four

The fourth step shall be paid after the accumulation of twelve (12) months of competent service at the third step.

e) Step Five

The fifth step shall be paid after the accumulation of twelve (12) months of competent service at the fourth step.

f) Longevity Pay - Step Six

Effective August 7, 2000 a sixth step is established at approximately five percent (5%) above step five for the existing classifications of Clinical Nurse III, Psychiatric Nurse II, Nurse Coordinator, Staff Developer, Clinical Nurse Specialist, Infection Control Nurse, and Nurse Practitioner. The sixth step shall be paid after the accumulation of thirty-six (36) months of competent service at the fifth step. Beginning November 12, 2001 eligibility for sixth step shall be extended to the classifications of Assistant Nurse Manager and Certified Registered Nurse Anesthetist.

g) Longevity Pay - Step Seven

Effective August 7, 2000 a seventh step is established at approximately five percent (5%) above step six for the existing classifications of Clinical Nurse III, Psychiatric Nurse II, Nurse Coordinator, Staff Developer, Clinical Nurse Specialist, Infection Control Nurse and Nurse Practitioner. The seventh step shall be paid after the accumulation of one hundred and thirty two months (132) of competent service subsequent to attainment of step five of the nurse's current classification.

Effective August 7, 2000, former Clinical Nurse IVs and Clinical Nurse Vs, who are currently Clinical Nurse III's and had their salaries frozen, shall be eligible to be paid at step seven.

h) Longevity Pay Steps - Steps A, B and C

Effective November 8, 2004 pay steps A, B and C are established as sub-steps within a salary range at approximately two and one half percent (2.5%), five percent (5%) and seven and one half percent (7.5%) higher than a corresponding step (e.g. step 7, step 7A, step 7B and step 7C). The A step shall be paid during the 15<sup>th</sup> year through the 19<sup>th</sup> year of service in this bargaining unit. The B step shall be paid during the 20<sup>th</sup> year through the 24<sup>th</sup> year of service in this bargaining unit. The C step shall be paid during the 25<sup>th</sup> year and beyond of service in this bargaining unit.

i) Time for Salary Adjustments

Salary adjustments shall be made on the first day of the pay period in which the required accumulation of months of competent service occurs.

j) For nurses hired on or after February 4, 2013, the following salary steps shall apply:

1) Effective February 4, 2013, two lower sub-steps below step one shall be established for all classifications at 5% difference between each step. The first sub-step shall be

the hiring rate for all new nurses hired on or after February 4, 2013.

- 2) Sub step 98 is the minimum rate and shall normally be the hiring rate for the classification. In cases where it is difficult to secure qualified personnel or a person of unusual qualities is engaged, the County Executive may approve the appointment at step 99, one, two, three, four or five.
- 3) Sub step 99 shall be paid after the accumulation of twelve (12) months competent service at sub step ninety-eight.
- 4) Step one shall be paid after the accumulation of twelve months competent service at step ninety-nine.
- 5) Step two shall be paid after the accumulation of six months competent service at step one.
- 6) Step three shall be paid after the accumulation of twelve months competent service at step two.
- 7) Step four shall be paid after the accumulation of twelve months competent service at step three.
- 8) Step five shall be paid after the accumulation of twelve months competent service at step four.
- 9) Sub-step 98 and 99 Elimination:  
Sub-steps 98 and 99 shall be eliminated effective November 10, 2014.

Nurses hired on or after February 4, 2013, into sub-step 98/99 and who remain in sub step 98/99 on November 10, 2014 shall be placed in step 1 effective November 10, 2014.

Nurses who remain in sub-step 98/99 on or after June 23, 2014, shall receive the difference between sub-step 98/99 and step 1 for all hours paid starting from June 23, 2014 through November 9, 2014.

### Section 7.3 - Effect of Promotion, Demotion or Transfer on Salaries

#### a) Promotion

Upon promotion, a nurse's salary shall be adjusted as follows:

1. For a promotion of less than ten percent (10%) the salary shall be adjusted to the step in the new range which provides for a corresponding percentage increase in salary.

2. For a promotion of ten percent (10%) or more the salary shall be adjusted to the step in the new range which provides for ten percent (10%) increase in salary or to the first step in the new range, whichever is greater.

Any other promotion will be in accordance with regular County procedure.

b) Demotion

Notwithstanding the provisions of Section 7.2, upon demotion of a nurse with permanent status in the nurse's current class, the nurse's salary shall be adjusted to the highest step in the new class not exceeding the salary received in the former class.

c) Transfer

Upon transfer, the salary shall remain unchanged.

d) No Loss of Time-In-Step

Notwithstanding the provisions of Section 7.2, no salary adjustment upon promotion, demotion, or transfer shall effect a loss of time acquired in the former salary step, and such time as was acquired in the former salary step shall be included in computing the accumulation of the required months of service for eligibility of the employee for further salary increases.

e) Voluntary Demotion

In the event of a voluntary demotion required by a work-connected illness or injury and a resulting disability, the salary of the nurse shall be placed at the step in the salary range which corresponds most closely to the salary received by the nurse as of the time of injury. In the event that such voluntary demotion would result in a salary loss of more than ten percent (10%), the nurse's new salary shall be set at the rate closest to, but not less than ten percent (10%) below the nurse's salary as of the time of injury.

f) Lateral Transfers

When making a lateral transfer or demotion to another class, an application review by the Personnel Director shall be deemed as an appropriate qualifying examination for nurses in instances where a qualifying examination is required. If otherwise qualified under this provision, and the only prohibition to lateral transfer is the salary of the new class, it shall be deemed to be a lateral transfer if the move from one classification to another does not exceed twelve percent (12%) upward range movement.



Section 7.4 - Part-Time Salaries

a) Salary Ranges

The salary ranges provided in the attached Appendix are for full-time service in full-time positions, and are expressed in dollars per the number of working days in a bi-weekly pay period. If any position is established on any other time basis, the compensation for such position shall be adjusted proportionately.

b) Benefits

Beginning with the 1996 open enrollment period, part-time nurses may elect to be covered by either the County's health care package (medical, dental, vision, and life) or medical coverage only and shall authorize a payroll deduction for the appropriate prorated cost.

Nurses who become part-time nurses as a result of a layoff from full-time will continue to receive full-time benefits until such time as they are offered a full-time position in their current classification or higher.

Nurses may withdraw from the insurance package at any time. Nurses may enroll in the insurance package upon entering part-time, upon changing from any increment of part-time to any other increment of part-time or to full-time, or once per year during the County-wide insurance window.

Any nurse in a part-time status who pays for medical benefit coverage will be reimbursed in the following pay period the additional pro-rated premiums consistent with any hours worked above their code status the previous month. This shall begin with changes coinciding with the 1996 open enrollment period.

c) Split Codes

The County shall provide a minimum of fifty (50) full-time codes to be filled on a half-time basis at any one time. The location and choice of these codes will be determined on a departmental basis. Requests for split codes shall not unreasonably be denied. Reasonable denial shall include, but not be limited to, demonstration that the work is not divisible, demonstration that qualified partners, if needed, are not available, or that the fifty (50) available codes are filled. Nurses shall make a written request for a split code to their immediate supervisor. If the request is denied, it shall be reviewed by their Department Head and they shall receive a written response.

Section 7.5 - Work Out of Classification

a) Pay

Work out of classification assignments shall only be made if such assignment is 15 consecutive calendar days or more. When a nurse is temporarily assigned work out of classification to a vacant position or a position where the incumbent is unavailable for work due to an authorized leave, the nurse will receive pay consistent with the promotional pay procedure as set forth in Article 7.3. When such payment for higher level duties is appropriate under these terms and conditions, it will commence on the first day of the assignment and continue throughout the duration thereof. Any nurse assigned work out of classification must meet the minimum qualifications of the classification to which the nurse is assigned. The Association will be notified in writing of any work out of classification pay which continues beyond three (3) months.

Work out of classification to vacancies within the bargaining unit shall be posted within the unit for a period of five days. In order to be considered, nurses expressing interest in such assignment shall notify his/her Nurse Manager in writing. No nurse shall be assigned work out of classification in a vacancy within the bargaining unit for more than twelve (12) consecutive months per occurrence.

b) Application to Holiday and Sick Leave

Upon eligibility for pay in accordance with Section 7.5(a), a nurse temporarily assigned work out of classification shall receive the pay for:

1. Holidays when the nurse is assigned work out of classification the day prior to and following the holiday.
2. Sick leave absences when the nurse is assigned work out of classification and while absent is not relieved by the incumbent or by another nurse assigned work out of classification in the same position.

c) Vacant Regular Codes

Work out of classification may be assigned to cover vacant regular codes after ordinance code provisions for filling such vacancies have been followed and with approval of the Director of Personnel. The appointing authority shall consider appointment of nurses under work out of classification provision before making a provisional appointment.

Section 7.6 - Paychecks

a) Night Employees

The County agrees to provide paychecks for night nurses by 12:01 a.m. on payday.

b) Shortage Errors

Cash advance by the Controller's Department to cover a shortage error in a nurse's paycheck shall be provided to the nurse within one (1) working day after written notification of discrepancy by the department to Finance. The department will notify Finance within one (1) working day after verification of the shortage. This provision is to cover only those discrepancies above a net one hundred dollars (\$100.00).

Shortage errors of less than a net one hundred dollars (\$100.00) shall be adjusted within two (2) pay periods of when the department learns of the error.

c) Overpayment Errors

When a net twenty-five dollar (\$25.00) or more overpayment error occurs, the nurse will repay the overpayment in the same amount and within the same number of pay periods in which the error occurred. In cases that necessitate pay back of overpayments totaling more than \$200.00, the County shall notify the Association prior to implementing repayment action.

Section 7.7 - Automatic Check Deposit

All nurses hired after the effective date of this Agreement shall be paid by automatic check deposit. By March 1, 2008 all nurses hired prior to the effective date of this Agreement shall be paid by automatic check deposit unless the nurse certifies he/she does not have a bank account.

ARTICLE 8 - HOURS OF WORK, OVERTIME, PREMIUM PAY

Section 8.1 - Hours of Work

Eight (8) hours work shall constitute a full day's work and forty (40) hours work shall constitute a full week's work unless otherwise provided by law, code or other agreement. Nurses assigned to an eight (8) hour shift which is shortened to seven (7) hours due to daylight savings time shall be paid for eight (8) hours, and nurses assigned to an eight (8) hour shift which is lengthened to nine (9) hours due to daylight savings time, shall be paid overtime one (1) hour as defined in Section 8.2(b).

Section 8.2 - Overtime Work

a) Overtime Defined

1. Exempt Nurses

Overtime is defined as time worked beyond eighty (80) hours on a bi-weekly pay period, or beyond eight (8) hours in any work day except as mutually agreed upon between the County and the Association. Time for which pay is received but not worked such as vacation, sick leave, and authorized compensatory time off, will be counted towards the base period. The County Executive shall determine by administrative order those classes and positions which shall be eligible for overtime work and for cash payment.

2. Non-exempt Nurses

For non-exempt nurses all provisions regarding overtime shall be as set by the Fair Labor Standards Act. All disputes regarding that Act shall be within the sole jurisdiction of the U.S. Department of Labor and shall not be subject to grievance or arbitration under this contract. At least five (5) working days prior to filing any complaint regarding the Act with the U.S. Department of Labor, the Association shall give the County written notice. Such notice shall contain specific information so that the County can prepare a response.

b) Rate of Pay

When overtime work is assigned and is authorized by the appointing authority to be worked, compensation for such time worked shall be time off with pay computed as noted in 1. and 2. below, except that such overtime work shall be paid in cash for nurses where required by State or Federal law or when specifically authorized by administrative order of the County Executive.

1. Regular Overtime - one and one-half (1 1/2) hours for every hour of overtime worked.

2. Continuous Shift - one and one-half (1 1/2) hours for the first four (4) hours of overtime contiguous to their regular shift of a minimum of eight (8) hours and two (2) hours for any additional hours worked.

All compensatory time off must be taken within twelve (12) months of the date the overtime was worked, and failure to take the compensatory time off shall be deemed a waiver of the compensatory time by the nurse. In the event the appointing authority does not provide compensatory time off during the mandatory time period, the nurse may take compensatory time off as a matter of right immediately before the end of the pay period in which the compensatory time would be lost. Compensatory time balances shall be paid in cash on separation. A nurse may elect in advance to receive compensatory time-off credit in lieu of cash compensation for overtime where compensatory time off is allowed, if the appointing authority agrees.

c) Distribution of Overtime

In situations where the need for overtime work exists, coded nurses in the applicable work unit shall first be offered the overtime work. Overtime work shall be distributed among nurses in the applicable work unit as equally as practicable.

Section 8.3 - Meal Periods

a) Length

Nurses shall be granted a meal period not less than thirty (30) minutes nor more than one (1) hour, scheduled at approximately the mid-point of the work day. Nurses required to be at work stations for eight (8) or more consecutive work hours shall have their meal during work hours.

b) Overtime Meals

If a nurse is assigned two (2) or more hours of overtime work contiguous to the nurse's regular work shift or is called in within three (3) hours of the nurse's scheduled quitting time and then works two (2) or more hours of overtime work, the County will reimburse the cost of the meal actually purchased and consumed by the nurse on the nurse's own time to a maximum amount of nine dollars (\$9.00). Nurses shall be provided additional meals as above for every seven (7) hour period of overtime completed thereafter. Nurses must present their claim for the reimbursement within fourteen (14) calendar days following the shift it was earned or the meal reimbursement is waived.

c) County Facilities

Whenever the duties or responsibilities of any County nurse require the nurse to be present and on duty during the serving of meals in a County facility and where such duty or responsibility occupies that nurse's meal period, such individual shall be entitled to that meal without charge.

d) Meal Rates

In each County dining facility where meals are served to nurses at the nurse's expense, the Department Head in charge of the operation of that facility shall prescribe the rates to be charged. The rates so prescribed shall, as a minimum, be sufficient to defray the costs of the food served.

Section 8.4 - Rest Periods

All nurses shall be granted and take a rest period of fifteen (15) minutes during each half shift of four (4) hours of work. Rest periods shall be considered as time worked for pay purposes. Should an individual nurse anticipate not being able to take his/her rest period due to patient care needs, he/she shall promptly notify his/her charge nurse or supervisor, or if unable to directly notify the charge nurse or supervisor, the nurse shall inform the relief nurse, in which case every effort shall be made to ensure the nurse is offered an alternate rest period during his/her shift. Any alternate rest period offered shall be considered a rest period and not a meal period.

If a nurse is not offered a rest period, the missed break shall be reported utilizing the Notice of Staffing Level Concerns form and process as listed in Section 18.10(d), (e), and (f).

Section 8.5 - Clean-Up Time

All nurses whose work causes their person or clothing to become soiled shall be provided with reasonable time and adequate facilities for wash-up purposes.

Section 8.6 - On-Call Pay

a) Definition

On-call is defined as the requirement to remain immediately available to report for duty to perform an essential service when assigned by the appointing authority, subject to approval by the County Executive. On-call duty is in addition to and distinct from the normal work week. This Section is only applicable to those situations where nurses are recalled to work when previously placed on an on-call status.

b) Classifications Eligible

Each Department Head, subject to approval by the County Executive, shall designate which class(es) of nurse(s) shall be subject to on-call duty.

c) Rates of Pay

Nurses assigned to on-call duty shall receive, in addition to their regular salary, one half (1/2) of their regular base rate of pay for each hour of assigned call duty. Nurses who are called into work while on-call will receive one and one-half (1 1/2) times their regular base rate of pay for each hour worked. Shift differentials shall be paid in accordance with Section 8.8.

d) Beepers

Beepers shall be provided to all nurses when placed on on-call status.

Section 8.7 - Call-Back Pay

If overtime work does not immediately follow or precede the regular work shift, a minimum of four (4) hours call-back time shall be credited the nurse. Call-back pay is subject to all provisions of Article 8, Section 2, Overtime Work.

The O.R. Nurse or Recovery Room Nurse may elect to receive compensatory time off credit in lieu of cash compensation for call-back time worked.

An O.R. Nurse or Recovery Room Nurse shall be granted a day charged to Paid Time Off, leave without pay, or compensatory time, on the O. R. or Recovery Room Nurse's normal work day following five (5) or more hours of call-back time.

Nurses will be credited for each call-back during a scheduled shift.

Section 8.8 - Call-In Pay

Availability does not constitute confirmation to work. Definite confirmation must be made by authorized personnel before the nurse reports to work. If staffing needs change and the nurse reports to work for a specific area, no work is available and no alternate assignment can be made, the nurse shall be reimbursed for a minimum of four (4) hours.

No work or pay is required under this provision if the employer has attempted to contact the nurse by phone (contact or attempted contact has been documented) at least one and one half (1.5) hours prior to the start of the shift to inform the nurse not to report. This provision is waived if the nurse declines an alternate assignment.

Section 8.9 - Shift Differentials

a) Definition of shifts:

1. DAY shift -- any scheduled shift of at least eight (8) hours beginning on or after 6:00 a.m. and ending on or before 6:00 p.m.
2. EVENING shift -- any scheduled shift of at least eight (8) hours beginning on or after 2:00 p.m. and ending on or before 2:00 a.m.
3. NIGHT shift -- any scheduled shift of at least eight (8) hours beginning on or after 10:00 p.m. and ending on or before 10:00 a.m.

b) Part Time/Overlapping Shifts:

1. For shifts of fewer than eight (8) hours, a differential will be paid on the hours worked only if at least half the hours fall between 5:00 p.m. and 6:00 a.m.
2. For shifts which fall across the shifts as defined above, a differential will be paid if at least half the hours fall between 5:00 p.m. and 6:00 a.m.
3. For shifts which fall across both the evening and night shifts as defined above, the differential will be paid according to which shift contains the majority of hours worked. If the split is half and half, the night shift differential will be paid.

c) Pay Rates:

1. The hourly rate for evening shift differential is \$4.00.
2. The hourly rate for night shift differential is \$7.25.
3. The above differentials are paid on productive hours worked only.

Section 8.10 - Split Shift Pay

A nurse who is performing services upon a split shift shall be paid an additional twelve dollars (\$12.00) per day. "Split Shift" is defined as eight (8) hours of work which are not completed within any nine (9) consecutive hours in a work day.



Section 8.11 - Charge Nurse Differential

A Clinical Nurse I, II, or III, and Psychiatric Nurse I, or II who is assigned as a charge nurse shall receive an additional two dollars and seventy five cents (\$2.75) per hour.

Section 8.12 - Weekend Off Provision

The County will attempt to grant every other weekend off and each nurse will not be required to work more than two (2) consecutive weekends in a row. The County guarantees that nurses will not be required to work more than twenty-six (26) weekends per year. If the County requires a nurse to work more than two (2) consecutive weekend days, or more than twenty-six (26) required above, the nurse will receive time and one-half for work in excess of that required. These penalties shall not be duplicated for the same weekend worked. Work as used in this section shall mean productive time. Weekend work required shall be prorated for newly coded nurses and for any nurse who is off the payroll due to an authorized leave of absence.

The above weekend off provisions may be waived on the written request of the individual nurse.

The weekend day a nurse is required to work must be the same day during consecutive weekends, e.g. a nurse who works the first Saturday, the second Saturday, and the third Saturday and Sunday would receive penalty pay at time and one half for the third Saturday. A nurse who works the first Saturday, the second Saturday, and the third Sunday would not receive penalty pay at time and one half for the third Sunday.

A nurse must pick up at least half of a scheduled shift on each weekend day worked to be eligible for penalty pay, e.g. a nurse working an eight hour shift who works the first Saturday for three hours, the second Saturday for eight hours, and the third Saturday for eight hours would not receive penalty pay at time and one half for the third Saturday. A nurse working an eight hour shift who works the first Saturday for four hours, the second Saturday for eight hours, and the third Saturday for eight hours would receive penalty pay at time and one half for eight hours the third Saturday. A nurse working an eight hour shift who works the first Saturday for eight hours, the second Saturday for three hours, and the third Saturday for eight hours would not receive penalty pay at time and one half for the third Saturday. A nurse working an eight hour shift who works the first Saturday for eight hours, the second Saturday for four hours, and the third Saturday for eight hours would receive penalty pay at time and one half for eight hours the third Saturday.

The examples listed are not exhaustive.

Section 8.13 - Weekend Shift Differential

A weekend differential of two dollars (\$2.00) per hour will be paid to Registered Nurses for productive time worked on a Saturday and/or Sunday. For the Night Shift only, the weekend will begin at the start of the RN's regularly scheduled Saturday shift (i.e., 11:00 p.m. on Friday) and terminate at the end of his/her regularly scheduled shift on Sunday (i.e., 7:30 a.m. on Sunday).

This differential shall not be pyramided with other penalty premiums or paid on overtime shifts. The value of the weekend differential does not increase regardless of hours worked or rates of pay, etc.

Section 8.14 - Float Differential

The order of float shall be as follows:

- a) Volunteers;
- b) Extra help and per diem;
- c) Coded nurses:
  1. All coded nurses working overtime will float prior to regularly scheduled coded unit nurses;
  2. All coded nurses working over-code will float prior to regularly scheduled coded unit nurses.

Each nurse will only float within areas as follows:

1. Medical-Surgical Units (3 Surgical, 4 Surgical, 4 Medical)  
Admission, Discharge, Transfer (ADT) Nurse
2. Neonatal ICU  
Pediatrics  
Pediatric Intensive Care Unit
3. Adult Intensive Care Units (MICU, CCU, SICU, TICU)  
Burn Unit  
Cardiac Cath Lab  
Interventional Radiology
4. Rehabilitation Unit 1 RHB  
Rehabilitation Unit 2 RHB  
Rehabilitation Trauma Unit RTC2
5. Labor and Delivery
6. Mother Infant Care Center (MICC)
7. Operating Room

8. Post Anesthesia Care Unit (PACU)  
Ambulatory Surgery Unit (ASU)
9. Transitional Care Neurosurgery Unit  
Medical Short Stay Unit
10. Drug and Alcohol
11. Psychiatric Inpatient  
Emergency Psychiatric Service
12. Custody Health Services
13. Ambulatory Care Clinics
14. Emergency Department  
(not to float except in emergency)
15. Renal Care Center/ Renal Dialysis Unit
16. Resource Nurse
17. Endoscopy

- b) If a float assignment outside like areas is necessary, Management shall attempt to send volunteers from the unit to be floated from prior to making an involuntary assignment. If a coded nurse is required to float outside of one of the like areas, the nurse shall receive one dollar (\$1.00) per hour for such assignment. A nurse who requests to float in order to broaden the nurse's experience may put the nurse's name on a list, maintained in the Nursing Office, indicating where the nurse requests to float. In this case, a differential shall not be paid.

Except in emergencies (emergency is defined as a situation when reasonable efforts to float from like areas fails), no nurse will be assigned to an area without having adequate orientation to that area. Adequate orientation will be determined by the Director of Nursing with input from the Nurse Manager, and Staff Developer.

Assignments shall include only those duties and responsibilities for which competency has been validated. A registered nurse with demonstrated competencies for the area shall be responsible for the nursing care, and shall be assigned as a resource to the

RN who has been assigned to the unlike area and who has not completed competencies for that area.

This Section will not apply when one of the units is temporarily closed.

- c) The County will attempt to expand the float pool at Valley Medical Center. Coded Floats and Resource Nurses will be paid the current differential.

Section 8.15 - Temporary Work Location

When a nurse is assigned to work at a location different from the nurse's regularly assigned work location, the nurse shall be allowed to travel on County time to that work location. Time allotted for travel and mileage paid shall be based on actual miles traveled. Actual miles traveled shall be defined as all miles driven on County business. However, no mileage reimbursement shall be paid for miles traveled to the first field or work location of the day from the nurse's place of residence or from the last field or work location of the day to the nurse's place of residence, unless the miles traveled exceeds the distance normally traveled by the nurse during their normal home-to-work commute. In that case, the nurse may claim reimbursement for only the added mileage which exceeds their normal home-to-work location.

The County will either supply transportation for such travel or shall pay mileage based on the above distances. The County assumes no obligation to the nurse who for self-convenience voluntarily reports to other than the regularly assigned work location.

Section 8.16 - Bilingual Pay

On recommendation of the appointing authority and the Director of Personnel, the County may approve payments of one hundred fifty (\$150.00) per month to a bilingual nurse whose abilities have been determined by the Director of Personnel as qualifying to fill positions requiring bilingual speaking and/or writing ability. Bilingual skill payments will be made when:

- a) Public contact requires continual eliciting and explaining information in a language other than English; or
- b) Where translation of written material in another language is a continuous assignment; or
- c) The position is the only one in the work location where there is a demonstrated need for language translation in providing services to the public.

The County shall review positions covered by this Agreement not less than annually to determine the number and location of positions to be designated as requiring bilingual abilities. The County will post the names and language skills by work unit of those employees who are being paid a bilingual differential.

Differential may be removed when the criteria ceases to be met.

Section 8.17 - Hazard Duty

- a) The work places covered and included in this Section are the JPD Ranches and the locked/secured sections of the following facilities:
- The Main Jail
  - Elmwood
  - North County Jail
  - JPD Hall
  - Psychiatric Inpatient
  - Emergency Psychiatric Services
- b) A premium for Hazard Duty of ninety-five cents (\$.95) per hour shall be paid to coded classifications while in paid status whose entire assignment for the County is in a work place described in paragraph a). This payment shall be made irrespective of classification, pay level, overtime status, holiday work, or other wage variations. This hazard duty premium shall be included in the pay status time of the coded classifications described in this paragraph b).
- c) A premium for hazard duty of ninety-five cents (\$.95) per hour shall be paid to coded classifications, whose entire assignment is not in a work place described in paragraph a), for only the hours assigned and worked in a work place described in paragraph a). This payment shall be made irrespective of classification, pay level, overtime status, holiday work or other wage variations. This hazard duty premium shall not be included in the pay status time of the coded classification described in this paragraph c). A nurse must work a minimum of thirty (30) consecutive minutes per entry into a work place described in paragraph a) prior to being eligible for the hazard duty premium. Coded classifications shall receive an additional full hourly premium for time worked of more than six (6) minutes in any hour after the first hour of work.
- d) The hazard duty premium shall not be allowed in computing payments at the time of termination.

Section 8.18 - Alternate Work Schedules

The only alternate shifts recognized are ten (10) and twelve (12) hour shifts. A nurse may elect to work an alternate work schedule based on eighty (80) hours per two (2) week period. Time worked in excess of eighty (80) hours bi-weekly shall be subject to overtime pay provisions of this Agreement. This schedule shall be a voluntary/optional alternative to a previous eight (8) hour per day schedule with mutual agreement of the nurse and management. A nurse working a regularly scheduled ten (10) or twelve (12) hour shift shall be compensated for each hour worked at the regular hourly base pay. Hours worked in excess of ten (10) or twelve (12) hours of a regularly scheduled ten (10) or twelve (12) hour shift, shall be subject to overtime provisions of Article 8, Section 2 (Overtime Pay).

Shift differential shall be paid for all hours worked as specified in Article 8, Section 8 (Shift Differentials).

Section 8.19 - Changes in Schedules

Except for emergencies, changes in a nurse's scheduled work unit, scheduled regular shift or scheduled regular number of hours in the work day will not be made unless the nurse is given advance notice of the change and is provided the opportunity to discuss the proposed change with the appropriate supervisor.

Section 8.20 - Additional Shift Work

Draft schedules shall be posted two weeks in advance of the posting of the final schedule. Nurses shall indicate availability for additional shift work in writing. Prior to posting of the final work schedule, nurses in part time codes will be given preference over Per Diem and Extra-Help nurses for available, additional shifts in their work unit. Additional shift work within a unit shall be distributed as equally as practicable among coded nurses in the following sequence:

- a) Part time coded nurses within the work unit the additional shifts are available;
- b) Part time coded nurses outside the work unit, provided such nurse can claim competency in the area the additional shifts are available.

Additional shifts do not result in overtime compensation or weekend off provision penalty pay unless pre-approved by Management.

Section 8.21 - Voluntary Reduced Work Hours Program

- a) The County agrees to establish a Voluntary Reduced Work Hours Program for full-time nurses represented by the Association.

The purpose of the Program is to reduce work hours and a commensurate amount of pay on a voluntary basis.

- b) Nurses may elect a two and one-half percent (2 1/2%), five percent (5%), ten percent (10%) or twenty percent (20%) reduction in pay for a commensurate amount of time off for a six (6) month period. Admission into the plan will be at six (6) month intervals.
- c) All nurses in the Program will revert to their former status at the end of six (6) months. If a nurse transfers, promotes, demotes, terminates, or in any other way vacates or reduces the nurse's present code, the nurse will be removed from the Program for the balance of the six (6) month period.
- d) Compensatory time shall accrue as earned and shall not be scheduled on any day considered as a County holiday. Nurses may use the reduced hours time in advance of accrual and will reimburse the County for hours taken in advance of accrual upon early termination from the Program.
- e) Participation in this Program shall be by mutual agreement between the nurse and the Department/Agency Head. At no time will approval be given if it results in overtime. Restrictions by Department/ Agencies within work units shall be uniformly applied.
- f) It is understood by the County that due to this Program there may be lower levels of service.
- g) All nurses will be notified in writing regarding the Program specifics and the sign-up options. Such written notice to be mutually agreed upon by the parties.
- h) Full and timely disclosure of actual sign-ups and any analysis developed will be made available to both the County and the Association.
- i) This agreement governs as to the Voluntary Reduced Work Hours Program, but will in no way alter the meaning of the Association and County Agreements currently in effect. This will include any departmental, side letter agreements, etc.

Section 8.22 - National Certification Pay

Annual compensation of two hundred fifty dollars (\$250.00) may be issued to a coded nurse who is certified or recertified in a clinical specialty. Each coded nurse may apply for National Certification Pay provided:

- a) The certification is clinically relevant to the nurse's area of clinical specialty and will enhance the nurse's knowledge base and skill in providing expert patient care.
- b) The certification is issued by a nationally recognized accrediting agency and applicable to current area of practice.
- c) Certification that is required by the California Board of Registered Nursing (BRN) to meet certification or recertification requirements as a Certified Registered Nurse Anesthetist (CRNA) does not qualify for National Certification pay.
- d) Certification that was used to meet the California Board of Registered Nursing credentialing requirements as a Nurse Practitioner or Clinical Nurse Specialist does not qualify for National Certification pay.
- e) Verification of successful completion of such certification is submitted during the April submission month.



ARTICLE 9 - PAID TIME OFFSection 9.1 - Purpose

Paid Time Off was developed to allow more flexibility in the use of nurse's time off. The following were taken into consideration in establishing the amount of time accrued each pay period:

3 Personal leave days  
 12 Holidays  
 1 Birthday  
 Vacation

9.2 - Paid Time Off Accrual

a) Each nurse shall be entitled to annual Paid Time Off. Paid Time off is earned on an hourly basis. For purposes of this section, a day is defined as eight (8) work hours. Prior to February 16, 2003, the provisions of the prior contract will apply to PTO total yearly accrual, accrual factor, hourly accrual factor per pay period and maximum allowable balances.

Effective February 16, 2003, the accrual schedule shall be as follows:

SERVICE YEARS & WORK DAY ALLOWABLE EQUIVALENT	TOTAL YEARLY ACCRUAL IN WORK DAYS	ACCRUAL FACTOR PER HOUR	HOURLY ACCRUAL FACTOR PER PP	MAXIMUM BALANCE
1st year (1st through 261 days)	27	0.103846	8.307	81 work days
2nd through 4th year (262 through 1044 days)	29	0.111538	8.923	87 work days
5th through 9th year (1045 through 2349 days)	33	0.126923	10.153	99 work days
10th through 14th year (2350 through 3654 days)	35	0.134615	10.769	105 work days
15th through 19th year (3655 through 4959 days)	37	0.142307	11.384	111 work days
20th year and thereafter (4960 days and beyond)	39	0.150000	12.000	117 work days

Section 9.3 - Pre-Scheduled Usage

Paid Time Off may be used for any lawful purpose by the nurses; the time requested shall require the approval of management with due consideration of nurse convenience and administrative requirements. Requests for paid time off shall not be unreasonably denied. Approvals / denials shall be made in writing to the requesting nurse in accordance with Nursing Standards within thirty (30) days of the receipt of the request. All Paid Time Off hours must be exhausted before Leave Without Pay may be used with the exception of leaves of absence Where there are no earnings in one (1) full pay period. A nurse may be granted Leave Without Pay for less than one (1) pay Period upon the approval of the appointing authority or their designee.

Each unit shall maintain a vacation calendar effective June thirtieth (30) for the upcoming calendar year. The purpose of the calendar is to aid in vacation planning by the nurse and is not to be considered as an approval of a nurse's request. The scheduler will enter nurse's vacation requests(s) on such calendar as it is received.

Before denying a request, the employer will make all reasonable attempts to accommodate conflicts considering the utilization of over code work, scheduling extra help and per diem, and voluntary shift trades in support of vacation scheduling.

Upon request of a nurse denied vacation, management shall meet with the nurse on an individual basis no later than forty five (45) days before schedules are finalized in order to explore all reasonable options for resolving such conflicts. Requests for vacation shall be prioritized by submission date. Should two or more requests be submitted on the same date seniority, as defined in Section 5.1-Seniority Defined, will be used to resolve the conflict.

Section 9.4 - Paid Time Off Carry Over

In the event the nurse does not take all the paid time off to which he/she is entitled in the succeeding payroll year (twenty-six (26) or twenty-seven (27) pay periods), the nurse shall be allowed to carry over the unused portion, provided that the nurse may not accumulate more than three (3) years' earnings except:

- a) When absent on full salary due to work-related compensation injury which prevents the nurse from reducing credits to the maximum allowable amount, or
- b) In the case of inability to take paid time off because of extreme emergency, such as fire, flood or other similar

disaster, an additional accumulation may be approved by the County Executive.

Section 9.5 - Paid Time Off Pay-Off

Upon termination of employment a nurse shall be paid the monetary value of the earned Paid Time Off balance as of the actual date of termination of employment.

Section 9.6 - Nurse's Exit from Paid Time Off Program

In the event that a nurse covered by this section ceases to be covered by this section, the nurse shall revert back to Ordinance Section A25-693 "Vacations", A25-688 "Bereavement Leave", A25-694 "Sick Leave" and A25-664 "Holidays", or superseded agreement with a recognized employee organization. Any balance of paid time off shall be reconverted to vacation leave, and any paid time off accumulated over an amount allowed without reference to this section shall be credited as compensatory time off which must be used within one (1) year. Any balance in the Sick Leave Bank shall be converted to Sick Leave.

9.7 - Annual Cash Out of PTO

- a) If a nurse has no more than two (2) occurrences of unscheduled absences, the nurse may cash out up to eighty hours of PTO. During the term of this agreement, a nurse may only cash out up to forty (40) hours under this subsection.
  
- b) If the nurse has no more than four occurrences of unscheduled absences, the nurse may cash out up to forty hours of PTO.

Section 9.8 - Sick Leave Conversion to PTO

A nurse's eligibility for sick leave conversion is determined by the number of occurrences of sick leave usage. Sick leave use attributed to Worker's Compensation shall not be counted as an occurrence. The period for 2008 sick leave conversion eligibility begins December 17, 2007 and ends December 14, 2008. The period for 2009 sick leave conversion eligibility begins December 15, 2008, and ends December 27, 2009. The period for 2010 sick leave conversion eligibility begins December 28, 2009 and ends December 26, 2010. The conversion of sick leave to PTO will be for those nurses meeting the eligibility requirements below and upon the nurse's request to the Health and Hospital Systems Human Resources Department. A nurse must identify any sick leave use attributed to Worker's Compensation with the request in order for such leave to be disregarded as an occurrence. Requests for sick leave conversion for 2008 must be submitted in February 2009 and conversion to PTO shall be credited on March 9, 2009 (paycheck of March 27, 2009). Requests for sick leave conversion

for 2009 must be submitted in February 2010 and conversion to PTO shall be credited on March 22, 2010 (paycheck of April 9, 2010). Requests for sick leave conversion for 2010 must be submitted in February 2011 and conversion to PTO shall be credited on March 21, 2011 (paycheck of April 8, 2011).

Sick leave may be converted annually on the following basis (prorated for nurses other than full time on the basis of code status):

- a) If a nurse has no sick leave usage, seven (7) days of sick leave will be converted into PTO.
- b) If a nurse has one (1) occurrence of sick leave usage, six (6) days of sick leave will be converted into PTO.
- c) If a nurse has two (2) occurrences of sick leave usage, five (5) days of sick leave will be converted into PTO.
- d) If a nurse has three (3) occurrences of sick leave usage, two (2) days of sick leave will be converted into PTO.
- e) If a nurse has four (4) occurrences of sick leave usage, one (1) day of sick leave will be converted into PTO.
- f) If a nurse has five (5) or more occurrences of sick leave usage, no sick leave shall be converted to PTO.

Section 9.9 - Usage of Paid Time Off on Holidays

- a) The following shall apply to all holidays listed below:
  1. Holiday falls on regularly scheduled day to work and nurse does not work -- Charge maximum eight (8) hours PTO.
  2. Holiday falls on regularly scheduled day to work and nurse works -- Charge maximum eight (8) hours PTO and pay time and one-half for all hours worked.
  3. Holiday falls on scheduled day off and nurse does not work -- Nothing is charged as holidays are in PTO accrual rate.
  4. Holiday falls on scheduled day off and nurse works -- No charge to PTO Bank and pay time and one-half for all hours worked.
  5. Half-time nurses who do not work the holiday may elect in advance to charge four (4) hours to PTO and the remainder to leave without pay.

- b) The following shall be observed as legal holidays:
1. January 1st
  2. Third Monday in January
  3. Third Monday in February
  4. March 31st
  5. Last Monday in May
  6. July 4th
  7. First Monday in September
  8. Second Monday in October
  9. Veteran's Day to be observed on the date State of California workers observe the holiday
  10. Fourth Thursday in November (Thanksgiving Day)
  11. The Friday following Thanksgiving Day (Day After Thanksgiving)
  12. December 25th
  13. Other such holidays as may be designated by the Board of Supervisors.

All previous informal time off practices are eliminated and unauthorized.

- c) Nurses shall enjoy the same number of holidays, regardless of variations in work weeks. For nurses who are assigned to positions which are not normally staffed on the weekends (Saturdays and Sundays, such as the clinics and Staff Development), holidays which fall on Sunday are observed on the following Monday and holidays which fall on Saturdays shall be observed on the preceding Friday. For employees who are assigned to positions which normally work on weekends (such as the Medical Units, ICU's, Institutional Units, etc.) the holiday shall be observed on the actual day listed in (b), supra.
- d) The employer will use its best efforts to rotate equitably holiday time off among coded nurses for each unit for Thanksgiving, Christmas and New Year holidays.

- e) A nurse may elect in advance to receive compensatory time off credit in lieu of cash compensation.
- f) A nurse may elect in advance to use compensatory time off for a holiday in lieu of charging PTO.

Section 9.10 - Call Back From PTO

When a nurse is called back from PTO, which has been scheduled at least five (5) calendar days in advance of the first day of PTO, the nurse shall be paid at 1 1/2 times the nurse's base hourly rate.

Section 9.11 - PTO Illness Conversion

If a nurse on PTO becomes ill, the nurse may convert PTO to sick leave with pay. Such conversion must be supported by a statement from an accredited physician.

ARTICLE 10 - SICK LEAVE PROVISIONS

Section 10.1 - Sick Leave Bank Usage and Accrual

Each nurse shall be entitled to sick leave. Such leave may be used for personal illness or for medical consultation to preserve the nurse's health. Except for emergencies, all absences for medical consultation must be approved by the nurse's supervisor. Such leave shall be earned on an hourly basis and computed at the rate of ninety-six (96) hours per year and may be accrued without limitation. The accrual factor per hour is .045977 and the accrual factor per full pay period is 3.678.

Section 10.2 - Sick Leave Usage for Care of Immediate Family

A nurse who has acquired a sufficient right to sick leave with pay may be granted permission to use same not to exceed three (3) working days of such leave in order to care for a sick or injured member of the nurse's immediate family requiring care. "Immediate family" shall mean the mother, father, grandmother, grandfather of the nurse or of the spouse of the nurse and the spouse, son, son-in-law, daughter, daughter-in-law, brother, sister, grandchild, brother-in-law or sister-in-law of the nurse or any person living in the immediate household of the nurse.

Section 10.3 - Doctor's Notes

Request for sick leave with pay in excess of three (3) working days must be supported by a statement from a licensed medical practitioner who is eligible for third party reimbursement. Management may require such a supporting statement for absences of less than three (3) days when there is reasonable cause.

Section 10.4 - Bereavement Leave

Leaves of absence with pay shall be granted nurses in order that they may discharge the customary obligations arising from the death of a member of their immediate family. "Immediate family" shall mean the mother, father, grandmother, grandfather of the nurse or of the spouse of the nurse and the spouse, son, son-in-law, daughter, daughter-in-law, brother, sister, grandchild, brother-in-law, sister-in-law, registered domestic partner or step-parent of the nurse or any person living in the immediate household of the nurse. Up to forty (40) hours pay shall be granted which will consist of sixteen (16) hours not charged to any accumulated balance followed by twenty-four (24) hours chargeable to sick leave, if necessary. An additional twenty-four (24) hours, sixteen (16) chargeable to sick leave and eight (8) not charged to any accumulated balance, is authorized if out-of-state travel is required.

Section 10.5 - Sick Leave Bank Pay Off

For purposes of this paragraph, a day is defined as eight (8) work hours.

Upon death or retirement, up to sixty (60) days of accrued sick leave shall be paid off at a rate of fifty percent (50%) of the equivalent cash value. All accrued balances beyond sixty (60) days shall be paid off at the rate of twelve and one-half percent (12 1/2%) of the accrued cash value (one hour's pay for one day of accrual).

Upon resignation in good standing, nurses with ten (10) or more years' service shall be paid up to sixty (60) days of accrued sick leave at the rate of twenty-five percent (25%) of the equivalent cash value. All accrued balances beyond sixty (60) days will be paid off at the rate of twelve and one-half percent (12 1/2%) of the accrued cash value.

Section 10.6 - Reinstatement Pay Back

Nurses receiving a sick leave bank payoff in accordance with Section 10.5 may, if reinstated within one (1) year, repay the full amount of sick leave bank payoff received and have the former sick leave bank balance restored. Repayment in full must be made prior to reinstatement.

Section 10.7 - Sick Leave Conversion

A portion of unused sick leave may be converted to PTO in accordance with Section 9.8.



ARTICLE 11 - LEAVE PROVISIONS

Section 11.1 - Leave Without Pay

a) Reasons Granted

Leaves of absence without pay may be granted to nurses for up to one (1) year. Extensions to leaves approved for less than one (1) year shall not unreasonably be denied provided adequate advance notice is given. If a nurse wishes to return to work early from a leave of absence, the nurse shall provide reasonable advance notice to the appointing authority. Leaves beyond one (1) year may be granted due to unusual or special circumstances. The following are approved reasons for such leaves:

1. Illness beyond that covered by sick leave.
2. Education or training which will benefit the County, including advancement in nursing.
3. Other personal reasons which do not cause inconvenience on the department.
4. To accept other government agency employment.
5. Paternity leave, not to exceed six (6) months.

b) Leave for Association Business

Upon thirty (30) days' advance notice, a long term leave without pay to accept employment with the Association shall be granted by the appointing authority for a period of up to one (1) year. No more than three (3) nurses shall be granted a leave at any one time. A leave may only be denied if:

1. The notice requirement is not met.
2. The number of nurses on leave has reached the maximum of three (3).
3. The nurse has specialized skills and abilities which are necessary and could not be replaced.

With notice no less than thirty (30) days prior to the conclusion of the leave, such leave may be extended up to one (1) year upon approval of the appointing authority.

c) Revocation

A leave may be revoked by the Director of Personnel upon evidence that the cause for granting it was misrepresented or has ceased to exist.

d) Seniority Rights

Maternity leaves of more than thirteen (13) pay periods; leaves of absence of more than two (2) pay periods; and suspensions shall not be counted as time spent in a salary step in computing eligibility of the nurse for further salary increases. All time spent on industrial injury leave shall be counted.

Section 11.2 - Family Leave

a) Maternity and Adoptive Leave

1. Length

Upon request, maternity leave without pay shall be granted to natural or adoptive parents by the appointing authority for a period of up to six (6) months. With notice no less than one (1) month prior to the conclusion of the leave, such leave may be extended up to one (1) year upon approval of the appointing authority. A request for extension can only be denied for good cause. A nurse who is pregnant may continue to work as long as her physician approves with concurrence from the Department.

2. Sick Leave Use

If, during the pregnancy leave or following the birth of a child, the nurse's physician certifies that she is unable to perform the duties of her job, she may use her PTO or accumulated sick leave during the period certified by the physician. The authorized PTO or sick leave shall be charged either prior to or at the termination of the leave.

b) Paternity Leave

Upon request, paternity leave without pay shall be granted to natural or adoptive parents not to exceed six (6) months. All provisions of Section 11.1 shall apply to this paternity leave provision.

c) Other Family Leave

Upon request, family leave shall be granted for the placement of a foster child, or to attend to the serious illness of a family member in accordance with the Family and Medical Leave Act, and for the serious illness of a same sex domestic partner, for a period of up to six (6) months.

Section 11.3 - Leaves to Perform Jury Duty or to Respond to a Subpoena

a) Response to Summons

A nurse shall be allowed to take leave from the nurse's County duties without loss of wages, PTO, sick leave or nurse benefits for the purpose of responding to summons to jury selection or serving on a jury for which the nurse has been selected, subject to the limitation that a nurse shall receive paid leave to serve on a jury for which the nurse has been selected not more than once during a calendar year and provided that the nurse executes a written waiver of all compensation other than the mileage allowance, for which the nurse would otherwise receive compensation by virtue of the nurse's performance of such jury duty. No nurse shall be paid more than the nurse's regular shift pay or regular work week pay as a result of jury duty service. The nurse is required to notify the nurse's appointing authority when the nurse has received a jury summons and when the nurse's jury service is completed.

b) Jury Duty

Nothing in this Section shall prevent any County nurse from serving on a jury more than once per calendar year, provided, however, that such additional periods of absence from regular County duties as a result thereof shall be charged, at the option of such nurse, to either accrued Paid Time Off (PTO) or leave without pay.

c) Response to a Subpoena

No nurse shall suffer loss of wages or benefits in responding to a subpoena to testify in court if that nurse is not a party to the litigation.

d) Release Time

In the event a nurse is called to court under the above provision, the following shall apply:

1. Swing or PM shift shall have release time the day of court attendance; time spent in court shall be deducted from the regular shift on that day with no loss of wages or benefits.
2. Night or graveyard shift shall have release time on the shift prior to court attendance; and that nurse shall suffer no loss of wages or benefits.
3. When a nurse, whose regularly scheduled hours includes two (2) full shifts (16 hours) of scheduled duty between 11:00 p.m., Friday to 3:00 a.m., Monday, is selected for a jury

and is required to be in Court during his/her regular days off, the department will make every effort to provide the following Saturday or Sunday as a regularly scheduled day off. The weekend cannot count as a weekend worked for weekend off provisions.

e) Return to Work

For the purpose of this Section, a nurse who responds to a summons to jury duty and who is not selected as a juror shall not be deemed to have performed jury duty and shall return to work as soon as possible.

Section 11.4 - Compulsory Leave

a) Fitness for Duty Examination

If any non-probationary nurse is required by the appointing authority to take a fitness for duty examination not connected with preexisting or existing industrial injury to determine if the nurse is incapacitated for work, the following provisions will apply and will be given to the nurse in writing:

1. Before making a decision, the physician designated by the appointing authority will consult with the nurse's personal physician and will advise the nurse of this procedure.
2. If the nurse's personal physician agrees with the decision of the physician designated by the appointing authority, the decision is final.
3. If the physicians disagree, and the nurse so requests, they will select a third physician whose determination will be final. Cost for such examination by the selected physician will be equally shared by the nurse and the appointing authority.

b) Court Related

The appointing authority may require a nurse who has been formally charged in a court of competent jurisdiction with the commission of any felony or of a misdemeanor involving moral turpitude, provided said crime is related to the nurse's employment status, to take a compulsory leave of absence without pay pending determination by way of a plea, finding or verdict at the trial court level as to the guilt or innocence of such nurse.

1. Determination of Innocence

If there is a determination of innocence or the charges are dropped, the nurse shall be reinstated to the nurse's position with return of all benefits, including salary,

that were due for the period of compulsory leave if the nurse was available for work during this period. Despite reinstatement, the nurse remains subject to appropriate disciplinary action if warranted under the circumstances. Any such disciplinary action may be imposed effective as of the commencement date of the compulsory leave imposed under this Section.

2. Determination of Guilt

If there is a determination of guilt, the appointing authority may take appropriate disciplinary action. If the action is a suspension and the suspension is for a shorter duration than the compulsory leave, the nurse shall receive the difference between the compulsory leave and the suspension in salary and all benefits.

Section 11.5 - Military Leave

a) Governing Provision

The provisions of the Military and Veterans Code of the State of California and the County ordinance code shall govern the military leave of nurses of the County of Santa Clara.

b) Physical Examination

Any regular or provisional nurse shall be allowed time off with no loss in pay for the time required to receive a physical examination or re-examination as ordered by provisions of a national conscription act or by any branch of the National or State military services.

Section 11.6 - Educational Leave for Registered Nurses

a) Each July 1 a credit of forty (40) hours per year shall be granted for educational leave for all full-time nurses. Educational leave will be accumulative to a maximum of eighty (80) hours. Educational leave for part-time nurses will be prorated. There shall be a three (3) month waiting period for all nurses hired after the execution of this contract. However, each nurse who uses any time earned between three (3) and six (6) months must sign a note which states that the nurse will authorize a deduction from the nurse's last paycheck for the time used if the nurse leaves County employment within one (1) year of the date of hire.

b) The individual nurse shall decide the educational program in which they shall participate. It is understood that all use of educational leave shall be principally related to nursing practices within the County.

- c) Details in the written application for educational leave shall include but not be limited to the course, institute, workshops, classes, or homestudy subjects, hours, faculty and purpose of taking the course, seminar, etc. The application shall be received by the Administration no less than ten (10) working days prior to the requested date of leave of absence. At least five (5) working days prior to the commencement of the leave of absence date, the Administration shall respond in writing to the nurse. When notification of a course is received less than ten (10) working days prior to the course date, Administration may consider approval.
- d) In all instances set forth above, the leave request shall be subject to approval by the Department. Such leaves shall not unduly interfere with staffing requirements for patients' care or duplicate comparable training offered by the Department. The Department agrees that it shall not unreasonably withhold approval.
- e) Proof of attendance may be requested by the Department. The nurse may be requested by the Department to report such activity in writing.
- f) Every effort shall be made to arrange scheduling for the individual nurse's use of educational leave time.
- g) If the educational leave falls on the nurse's day off, the nurse shall select one of the following:
  - 1. The day will be charged to educational leave and the nurse will have a day added to the nurse's Paid Time Off balance, or
  - 2. The day will be charged to educational leave and the nurse will be given another day off during the pay period, or
  - 3. The day will not be charged to educational leave.
  - 4. Educational leave granted for homestudy courses shall not be counted toward the base period in calculation of overtime.
- h) Participation in the Registered Nurses Unit educational leave program shall not alter the RN's right to benefits included in the Professional Development Fund Section of this Agreement.
- i) The County shall provide three (3) courses approved by the Board of Registered Nursing for continuing educational credit,

provided qualified instructors are available and interested. The County is under no obligation to hire additional instructors.

- j) Educational leave for homestudy courses will be paid at the rate of one (1) hour for each contact hour completed. A copy of the certificate verifying successful completion is required for educational leave to be paid.

ARTICLE 12 - PROFESSIONAL DEVELOPMENT AND  
TUITION REIMBURSEMENT

Section 12.1 - Professional Development Fund

a) General

1. The County will fund, on a matching basis, up to eighty thousand dollars (\$80,000) per fiscal year for group and individual professional development, California Board of Registered Nursing (BRN) Registered Nurse licensure, certification and recertification in a nursing specialty, and for education, as described in sections "b" and "c". An additional amount of fifteen thousand dollars (\$15,000) per fiscal year shall be funded for the use by nurses in the classifications of Nurse Practitioner and Clinical Nurse Specialist for individual claims that are beyond the \$300 annual matching limits. Funds not used for any period shall be carried over for use in the next period.

b) Individual

1. Funded on a matching basis: fifty percent (50%) by the nurse and fifty percent (50%) by the County, up to a maximum County contribution of three hundred dollars (\$300) for nurses in the classifications of Clinical Nurse I, II, & III, Psychiatric Nurse I & II, Nurse Coordinator, Staff Developer, Infection Control Nurse, Assistant Nurse Manager, and Certified Registered Nurse Anesthetist per fiscal year. For nurses in the classifications of Nurse Practitioner and Clinical Nurse Specialist the matching cap is eight hundred dollars (\$800) per fiscal year.
2. The requested expenditure must relate to the nurse's job or one to which the nurse could reasonably aspire within County service.
3. Requests will be processed on a "first come, first served" basis, but priority will be given to first requests by an individual for the current year.
4. At least five (5) working days must be allowed for prior approval in the amount of the estimated County contributions for authorized expenses other than licensure reimbursement.
5. Allowable expenses shall include but not be limited to: certifications and recertifications in a nursing specialty; conference and seminar registration fees; actual cost of California BRN Registered Nurse licensure fees; tuition not reimbursed under the tuition reimbursement program; books



and materials required for a conference, seminar or course; expenses for travel out of the county to attend a conference, seminar or course, including transportation, meals, lodging, car rental, etc., per County reimbursement policy, procedures and schedules.

6. An itemized statement of expenses for programs shall be submitted by the nurse for reimbursement or accounting as the case may be.
7. All nurses whose BRN licenses expire during the term of the agreement must present a receipt or other proof of payment and/or the renewed BRN license within sixty (60) calendar days after expiration of the BRN license in order to receive reimbursement. Requests must be submitted on a form provided by the County.
8. Substitute courses may be approved when approved courses are found to be unavailable.

c) Group

1. Funded on a matching basis: twenty-five percent (25%) by the participating nurses and/or the Association, and seventy-five percent (75%) by the County.
2. The Association will plan and budget group programs for review and approval by the County/Association Committee. Each proposed program will be considered separately on its own merits.
3. The Association will administer the approved programs, making all the necessary arrangements, etc.

d) Quarterly Financial Statement

A quarterly financial statement shall be forwarded to the Association on the status of the fund no later than two (2) weeks after the end of each quarter.

Section 12.2 - Tuition Reimbursement

a) Fund

The County shall maintain a tuition reimbursement program for the term of this Agreement. The total monies in this program will be administered at the County level. The fund will consist of two hundred thousand dollars (\$200,000) per fiscal year. Effective July 1, 2008, the fund will increase to three hundred thousand (\$300,000) per fiscal year. One quarter (1/4) of each year's fund will be available on the following quarterly dates:

Fiscal Year 14-15  
2nd quarter - October 1, 2014  
3rd quarter - January 1, 2015  
4th quarter - April 1, 2015

Fiscal Year 15-16  
1st quarter - July 1, 2015  
2nd quarter - October 1, 2015  
3rd quarter - January 1, 2016  
4th quarter - April 1, 2016

Fiscal Year 16-17  
1st quarter - July 1, 2016  
2nd quarter - October 1, 2016  
3rd quarter - January 1, 2017  
4th quarter - April 1, 2017

Fiscal Year 17-18  
1st quarter - July 1, 2017  
2nd quarter - October 1, 2017  
3rd quarter - January 1, 2018  
4th quarter - April 1, 2018

Fiscal Year 18-19  
1st quarter - July 1, 2018  
2nd quarter - October 1, 2018  
3rd quarter - January 1, 2019  
4th quarter - April 1, 2019

Fiscal Year 19-20  
1st quarter - July 1, 2019  
2nd quarter - October 1, 2019

Funds not used for any period shall be carried over for use in the next period. Funds shall be encumbered to fifteen percent (15%) above the amount allotted for each funding period for the first one and one half fiscal years including any unused amount carried over from the prior funding period. This additional amount for encumbrance for the last one half fiscal year of this Agreement may be decreased based on the actual usage pattern. No amount may be approved or expended beyond funds available for the term of the Agreement.

b) Eligibility

Nurses are eligible to participate in the program provided:

1. The nurse is not receiving reimbursement from any other government agency or private source. (This applies to reimbursement only.)

2. The training undertaken is related to the nurse's occupational area or has demonstrated value to the County.
3. The application was filed with the appointing authority or their designee prior to the commencement of the course. Applications requiring time off must be filed with the appointing authority at least ten (10) days prior to the commencement of the course.
4. Substitute courses may be approved when approved courses are found to be unavailable.
5. There are sufficient funds available in the program.

c) Disapproval

Management may disapprove an application for tuition reimbursement provided:

1. Notice of disapproval is given to the nurse within ten (10) working days of the application.
2. The County alleges disapproval is necessary because any of the provisions above have not been met. When a nurse disagrees with the disapproval and files a grievance, they shall be allowed to continue the course with time off as provided for in this Section, except for denial based on paragraph b(5) above. If a final determination is made against the nurse, time off shall be made up by working, charging Paid Time Off (PTO) or comp time, or payroll deduction, and tuition reimbursement shall not be paid. If a final determination is made supporting the nurse, they shall be fully reimbursed in accordance with this Section.

d) Reimbursement

Total reimbursement for each nurse participating in the program will not exceed nine hundred dollars (\$900.00) per fiscal year. Mileage and subsistence will not be authorized unless the training is required of the nurse. Within the above limit, nurses shall receive full immediate reimbursement for tuition, including approved home study courses and other required costs (including textbooks) upon presentation of a receipt showing such payment has been made.

e) Deduction Authorization

The nurse shall sign a note which states that, upon receipt of reimbursement, they authorize:

1. Deduction from their wages in the event they do not receive a passing grade of C or better.
2. Deduction of fifty percent (50%) of the amount of reimbursement if they leave County employment within one (1) year after satisfactory completion of the course.
3. Deduction of the full amount of reimbursement if they leave County employment before completion of the course.
4. Any monies deducted from nurses under this Section will be redeposited into the Tuition Reimbursement Fund.

f) Make-Up Time

Nurses taking a course only available during working hours must make up fifty percent (50%) of the time away from the job. Make-up time may be deducted from the nurse's accrued educational leave, Paid Time Off (PTO) or compensatory time balance. Make-up time will not be allowed when it results in the payment of overtime. The department will make every effort to allow the nurse time off except where the payment of overtime will result. A nurse and the appropriate level of management may mutually rearrange the duty shift beyond eight (8) hours but within the eighty (80) hour pay period for purposes of participating in non-duty education and/or training deemed by the County to be to the benefit of the nurse and the County and such arrangement will be considered a waiver of Section 8.2.

g) Quarterly Financial Statement

A quarterly financial statement shall be forwarded to the Association on the status of the fund no later than two (2) weeks after the end of each period.

ARTICLE 13 - BENEFIT PROGRAMS

Section 13.1 - Workers' Compensation

a) Eligibility

Every nurse shall be entitled to industrial injury leave when the nurse is unable to perform services because of any injury as defined in the Workers' Compensation Act.

b) Compensation

A nurse who is disabled as a result of an industrial injury shall be placed on leave, using as much of the nurse's accumulated compensable overtime, accrued sick leave, and PTO time as when added to any disability indemnity payable under the Workers' Compensation Act will result in a payment to the nurse of not more than the nurse's full salary unless at the time of the filing of the Supervisor's Report of Injury the nurse indicates on the form provided by the supervisor that he/she does not want such integration of payments to take place. This choice shall be binding for the entire period of each disability unless the employee later requests in writing that the Workers' Compensation Division begin integration. In such case, integration shall be implemented at the beginning of the next pay period.

If integration occurs, the first three (3) days are to be charged to the nurse's accrued but unused sick leave. If the temporary disability period exceeds fourteen (14) calendar days, temporary disability will be paid for the first three (3) days.

c) Industrially Injured Workers - Temporary Modified Work Program

The County has established a program to return workers with temporary disabling occupational injuries or illnesses to modified duty within the County as soon as medically practical. Pursuant to the program, the County will make every reasonable effort to provide meaningful work assignments to all such workers capable of performing modified work. The maximum length of such work program shall not exceed twelve (12) weeks. With the approval of the Worker's Compensation Division, a temporary modified work assignment may be extended to no more than 16 weeks.

There are three kinds of "Temporary Modified Work" shown in order of preference:

1. Return to the worker's same job with some duties restricted.

2. Return to the same job, but for fewer hours per day or fewer hours per week. To be used if an injured worker cannot return on a full time basis.
3. Return temporarily to a different job. This is the least desirable and will only be attempted if the regular job cannot be reasonably modified to meet the injured worker's medical limitations.

d) Clothing Claims

Loss of, or damage to, a nurse's clothing resulting from an industrial injury which requires medical treatment will be replaced by the County through the following:

The Department will review and make a determination on all such incidents as submitted in writing by the nurse. Reimbursement will be limited to the lesser of:

1. Seventy-five percent (75%) of proven replacement cost, or
2. The repair cost.

However, both of the above are limited by a fifty dollar (\$50.00) maximum. (Nothing in this Section is intended to replace or supersede Article 13.2 which provides for replacement of items damaged, lost or destroyed in the line of duty.)

e) Tracking of High Incidents of Industrial Injury

The County shall design and initiate a study/analysis of on-the-job injury/illness incidents to identify whether there are areas of unusually high injury and/or illness. The County may submit the report to the County-wide Safety Committee. The parties agree to review and determine what course of action, if any, may be required based on the findings.

Section 13.2 - Repair/Replace Claims

County shall provide the necessary protective clothing to nurses and classifications pursuant to such requests by the nurses affected as provided by law under Cal-OSHA, Title 8, Article 10. The County shall pay the cost of repairing or replacing the uniforms, clothing and equipment of County nurses which have been damaged, lost or destroyed in the line of duty when the following conditions exist:

- a) The clothing, uniform or equipment is specifically required by the department or necessary to the nurses to perform the nurse's duty; and not adaptable for continued wear to the extent that they may be said to replace the nurse's regular clothing; or

- b) The clothing, uniform or equipment has been damaged or destroyed in the course of making an arrest, or in the issuance of a citation, or in the legal restraint of persons being placed in custody or already in custody, or in the service of legal documents as part of the nurse's duties or in the saving of a human life; and
- c) The nurse has not, through negligence or willful misconduct, contributed to such damage or destruction of said property.

Claims for reimbursement shall be reviewed and approved by the Department in accordance with procedures set forth by the County Executive.

### Section 13.3 - Insurance Premiums

- a) The HMO plan design will be \$10 co-payments for office visits, \$35 co-payment for emergency room visits, \$5-\$10 co-payment for prescriptions (30-day supply) and \$10-\$20 co-payment for prescriptions (100-day supply) and \$100 copayment for hospital admission; the Point of Service plan design will be \$15/\$20/30% (Tier 1/2/3) for office visits, \$50/\$75/30% co-payment for emergency room visits, and \$5/\$15/\$30 (generic/brand/formulary) co-payment for prescription (30-day supply) and \$10/\$30/\$60 co-payment for prescription (90-day supply).

Hearing aid coverage, up to \$1000 for 1 to 2 devices every 36 months, will be counted in all health plans.

Effective November 10, 2014 the County and employees will share in the cost of medical plan premiums. The County, in order to provide one health plan where there is not premium sharing, will continue to offer Valley Health Plan without premium sharing. For all other plans, the County will pay the cost of any premiums for "employee only" and "employee plus dependent" tiers that is not covered by the employee's share of the premium. The employee share shall be 2% of premium in effect as of November 10, 2014, converted to a flat rate.

Effective November-07-2016, and each November thereafter, for those plans and tiers where the employee pays a portion of the premium, the dollar amount of the then current employee contribution shall constitute the base onto which an additional amount equal to 10% of the increase in medical plan premiums rate for the plan year, if any, will be added to form the new total employee contribution. The County share of the premiums will decrease accordingly.

During the term of the agreement the employee contribution shall be capped at an amount equal to 10% of the increase. Employees shall not pay a higher share of the increase in medical plan premium rate than other bargaining units during the term of the agreement. Should a bargaining unit negotiate a lower term on a year for year basis during the term of this agreement, the share paid by RNPA members shall be adjusted accordingly.

Dual Coverage

Effective November 1, 1999, married couples and same sex domestic partners who are both County employees shall be eligible for coverage under one medical plan only with the County paying the full premium for dependent coverage. Married couples and registered domestic partners who had one dependent coverage and one single coverage will have the single coverage dropped effective November 1, 1999. If both employees have single coverage, one will be converted to dependent coverage. County employee couples are not eligible to participate in the Health Plan Bonus Waiver Program.

High Deductible Health Plan (HDHP)

The parties agree to investigate the feasibility of adding by mutual agreement a High Deductible Health Plan (HDHP) with or without Health Savings Account (HSA) or Health Reimbursement Account (HRA) as an option to current health plans.

Medical Premiums during Medical, Family, Maternity or Industrial Injury Leave of Absence

The County shall pay the nurse's premium subject to applicable co-payments in this Section as follows:

1. While on medical, maternity or industrial injury leave of absence without pay, up to thirteen (13) pay periods of employee only coverage. A portion of the leave may include dependent coverage in accordance with the Family and Medical Leave Act, The California Family Rights Act and the County's Family and Medical Leave Policy.
2. For a nurse on family leave without pay, in accordance with the County's Family and Medical Leave Policy, up to twelve (12) weeks of dependent coverage.

Registered Domestic Partners

- a) County employees who have filed a Declaration of Registered Domestic Partnership in accordance with the provisions of



Family Code 297-297.5 shall have the same rights, and shall be subject to the same responsibilities and obligations as are granted to and imposed upon spouses. The term "spouse" in this contract shall apply to Registered Domestic Partners.

b) Tax Liability

Employees are solely responsible for paying any tax liability resulting from benefits provided as a result of their Domestic Partnership.

b) Dental Insurance

The County agrees to contribute the amount of the current monthly insurance premium to cover the nurse and full dependent contribution and to pick up inflationary costs during the term of this Agreement. The existing Delta Dental Plan coverage will be continued in accordance with the following schedule:

Basic and Prosthodontics: 75-25 - no deductible. \$2,000 maximum per patient per calendar year.

Orthodontics: 60-40 - no deductible. \$2000 lifetime maximum per patient (no age limit).

The County will continue to provide an alternative dental plan. The current alternate dental plan is Pacific Union Dental. The County will contribute up to the same dollar amount to this alternative dental plan premium as is paid to the Delta Dental Plan.

c) Life Insurance

The County agrees to increase the existing base group Life Insurance Plan to twenty-five thousand dollars (\$25,000) per nurse for the term of the Agreement.

d) Social Security

Effective October 12, 1981, the County did cease payment of the nurses' portion of Social Security.

e) Vision Care Plan

The County agrees to provide a Vision Care Plan for all nurses and dependents. The Plan will be the Vision Service Plan - Plan A with benefits at 12/12/24 month intervals with twenty dollar (\$20.00) deductible for examinations and twenty dollar (\$20.00) deductible for materials. The County will fully pay the monthly

premium for nurse and dependents and pick up inflationary costs during the term of the agreement.

f) County-wide Benefits

The parties agree that, during the term of this Agreement, County-wide changes in benefits, such as medical, dental, life insurance or retirement, shall be applied to nurses in this Unit.

Section 13.4 - Training for Nurses With Disabilities

a) Vocational Rehabilitation

When a nurse is determined by the County to be unable to return to the classification in which the nurse held permanent status because of a work-connected illness or injury and does not elect a disability retirement, that nurse will be offered vocational rehabilitation.

b) Lateral Transfer/Demotion Openings

If the nurse meets all the qualifications for a particular position (this would take into account the nurse's medical limitations, prior work experience and skills) and an opening exists that involves a lateral transfer or demotion, the position shall be offered to the nurse.

c) Salary Level

In accordance with Chapter VI, Article 5, Section A25(e) of the Personnel Practices, "...the salary of the nurse shall be placed at the step in the salary range which corresponds most closely to the salary received by the nurse as of the time of injury. In the event that such a demotion would result in a salary loss of more than ten (10) percent, the nurse's new salary shall be set at the rate closest to but not less than ten percent (10%) below his/her salary as of the time of injury."

d) Training Program

In those cases where the nurse may not have the necessary prior experience or all the required skills but there is reasonable assurance that the nurse will be capable of obtaining them through a designated formal on-the-job training program, the County will make reasonable efforts to place the nurse in a training program.

e) Placement Review

If, after a period on the job, it is demonstrated that the nurse is unable to develop the required skills, knowledge and abilities and/or cannot meet the physical requirements to handle the new position, the nurse will be placed on a leave of absence and the placement process begins again.

f) Promotions

Any position which involves a promotion will call for the normal qualifying procedures, written and/or oral examination. However, if it is found that a nurse meets all the qualifications for a higher paying position and an eligibility list is already in existence, the nurse shall be allowed to take a written and/or oral examination, and, if the nurse qualifies, the nurse's name will be placed on the eligibility list commensurate with his/her score.

g) Referral to Accredited Rehabilitation Agency

In those cases where the County is unable, for one reason or another, to place a nurse in any occupation, that nurse's case will be referred to an accredited rehabilitation agency as approved by the Division of Industrial Accidents for testing, counseling and retraining at either the County's or State's expense.

h) State Legislation

The provisions of this Section shall not apply if State legislation removes from the County the control of training for disabled employees.

Section 13.5 - Short-Term Disability Program

The County shall provide a short-term disability plan at no expense to the County under the same terms and conditions as provided County-wide.

Section 13.6 - Retirement

The County will continue the present benefit contract with PERS which is the 2% at 55 Retirement Plan.

Effective April 11, 2005 the County ceased paying the employee's statutorily required contribution and adjusted the base pay of all employees upwards by 7.49% and implemented an employee self-pay PERS member contribution on a pre-tax basis pursuant to Internal Revenue Code 414(h) (2).

The County has amended its contract with PERS effective December 17, 2007 for the 2.5% at 55 Plan for Miscellaneous employees. In consideration for this amendment, the Association agrees for each nurse covered under this benefit to contribute to PERS, through payroll deduction effective December 17, 2007, an additional amount of 3.931% of PERS reportable gross pay added to the current self-pay member contribution of 7% through June 14, 2009.

Each nurse's payroll deduction of 3.931% includes the 1% member contribution and the 2.931% employer contribution. The 1% member contribution, in addition to the 7% member contribution, shall be deducted for the duration of the Agreement.

Effective June 15, 2009, each nurse, in addition to making the 8% member contribution, shall have a payroll deduction equal to the difference between the employer share for 2.5% at 55 and the employer share for 2% at 55 as computed by PERS for all Miscellaneous employees effective July 1, 2009 provided that the deduction for the employer share will not exceed 2.931%. This deduction shall continue for the duration of the Agreement.

Employees who are hired on or after January 1, 2013, and who are considered "new employees" and who are considered "new members" of PERS, as defined in Government Code section 7522.04 shall not be entitled to the benefits enumerated above. All such employees shall be in the Miscellaneous retirement tier of 2% at age 62 with a minimum retirement age of 52 and final compensation calculated on the highest average of pensionable compensation earned during a period of 36 consecutive months.

The employee contribution rate shall be 50% of the normal cost for the 2% @ age 62 PERS plan expressed as a percentage of payroll as defined in the Public Employees' Pension Reform Act of 2012. The County shall not pay any portion of the employee contribution rate (EMPC.) If the normal cost increases or decreases by more than one quarter of 1% of payroll the employee contribution rate will be adjusted accordingly.

Pursuant to the California Public Employees' Pension Reform Act of 2013 - Government Code Section 7522, employees convicted of certain felonies may be deemed to have forfeited accrued rights and benefits in any public retirement system in which he or she is a member.

#### Medical Benefits for Retirees

a) For Employees Hired before August 12, 1996:

The County shall contribute an amount equal to the cost of Kaiser retiree-only medical plan premium to the cost of the medical plan of employees who have completed five (5) years service (1,305 days of accrued service) or more with the County and who retire on PERS directly from the County on or after December 5, 1983. Retirees over sixty-five (65) or otherwise eligible for Medicare Part B must be enrolled in such a plan, and the County shall reimburse the retiree for the cost of Medicare Part B premium on a quarterly basis. This reimbursement is subject to the maximum County contribution for retiree medical. The surviving spouse or the same sex domestic partner

of an employee eligible for retiree medical benefits may continue to purchase medical coverage after the death of the retiree.

b) For Employees Hired on or after August 12, 1996:

The County shall contribute an amount equal to the cost of Kaiser retiree-only medical plan premium to the cost of the medical plan of employees who have completed eight (8) years of service (2,088 days of accrued service) or more with the County and who retire on PERS directly from the County on or after December 5, 1983. Retirees over the age of sixty-five (65) or otherwise eligible for Medicare Part B must be enrolled in such a plan and the County shall reimburse the retiree for the cost of Medicare Part B premium on a quarterly basis. This reimbursement is subject to the maximum County contribution for retiree medical. The surviving spouse or the same sex domestic partner of an employee eligible for retiree medical benefits may continue to purchase medical coverage after the death of the retiree.

c) For Employees hired on or after June 19, 2006:

The County shall contribute an amount equal to the cost of Kaiser retiree-only medical plan premium to the cost of the medical plan of employee who have completed ten (10) years of service (2610 days of accrued service) or more with the County and who retire on PERS directly from the County. Retirees over 65 or otherwise eligible for Medicare Part B must be enrolled in such a plan, and the County shall reimburse the retiree for the cost of Medicare Part B premium on a quarterly basis. This reimbursement is subject to the maximum County contribution for retiree medical. The surviving spouse or same sex domestic partner of a employee eligible for retiree medical benefits may continue to purchase medical coverage after the death of the retiree.

Continuous Years of Service

The years of service expressed in Section 13.6 a), b), c) and d) must be continuous service with the County and shall have been completed immediately preceding retirement directly on PERS from the County.

Delayed Enrollment in Retiree Medical Plan

A retiree who otherwise meets the requirements for retiree only medical coverage under the Sections above may choose to delay enrollment in retiree medical coverage. Application and coverage may begin each year at the annual medical insurance open enrollment period or within 30 days of a qualifying event after retirement.

Employee Contribution toward Retiree Medical Obligation Unfunded Liability

Effective with the pay period beginning February 4, 2013, all coded employees shall contribute on a biweekly basis an amount equivalent to 15% of the lowest cost early retiree premium rate. Effective with the pay period beginning June 24 2013, all coded employees shall contribute on a biweekly basis an amount equivalent to 7.5% of the lowest cost early retiree premium rate. Such contributions are to be made on a pre-tax basis, and employees shall have no vested right to the contributions made by the employees. Such contributions shall be used by the County exclusively to offset a portion of the County's annual required contribution amount to the California Employers Retirement Benefit Trust established for the express purpose of meeting the County's other post-employment benefits (OPEB) obligations and shall not be used for any other purpose.

Contributions made between June 23, 2014 and November 9, 2014 shall be rebated to each nurse.

d) For Employees Hired on or After December 08, 2014:

The County shall contribute an amount equal to the cost of Kaiser retiree-only medical plan premium to the cost of the medical plan of workers who have completed fifteen (15) years of service (3915 days of accrued service) or more with the County and who retire on PERS directly from the County. Retirees over 65 or otherwise eligible for Medicare Part B must be enrolled in such a plan, and the County shall reimburse the retiree for the cost of Medicare Part B premium on a quarterly basis. This reimbursement is subject to the maximum County contribution for retiree medical. The surviving spouse or registered domestic partner of a worker eligible for retiree medical benefits may continue to purchase medical coverage after the death of the retiree.

Section 13.7 - Deferred Compensation Plan

The County will continue the present deferred income plan. If the County proposes to change the plan, it shall provide appropriate notice to the Association and the parties shall meet and confer pursuant to Article 20 over said changes.

ARTICLE 14 - USE OF PRIVATE VEHICLES AND MILEAGE PAYMENT

Section 14.1 - Use of Private Vehicles

a) No Requirement

No nurse shall be required as a condition of obtaining or continuing County employment, to possess or provide a private vehicle for use in connection with her/his County employment. Use of County vehicles shall be in accordance with County policies and regulations.

b) Authorization of Use

Departments may authorize the use of private vehicles by their Department nurses, with each Department maintaining a continuous listing of those nurses authorized to use their private vehicles. Each nurse so authorized shall have completed applicable County authorization requirements governing County driver permits and insurance. Nurses not having completed such requirements and thereby not on the listing shall be neither required nor authorized to use their private vehicles.

c) Damage

A nurse whose vehicle is damaged in a collision with another vehicle while driving a personal vehicle on County business shall, following the approval of the Accident Review Board ESA Claims Division or if denied by ESA and subsequently approved on appeal to the Accident Review Board, be reimbursed for such damage not to exceed five hundred dollars (\$500.00) provided:

1. The driver of the other vehicle is responsible for the accident as verified by a police report, and the damages shall be unrecoverable from the other party by reason of lack of liability insurance, or
2. The damage is caused by a hit-run or unidentified driver as verified by a police report, and/or
3. The amount of damage to be reimbursed by the County is not recoverable under any policy of insurance available to the nurse. The County shall be subrogated to the rights of recovery from the responsible party.

Section 14.2 - Mileage Reimbursement for Use of Private Vehicle

Effective September 1, 2000, the rate of reimbursement shall be equal to the "standard mileage rate" for auto expenses established by the Federal Government as the maximum tax-exempt mileage rate. Subsequent to September 2000, the County rate of reimbursement shall be adjusted on the first day of the month that any change by the Federal Government "standard mileage rate" is effective.

Section 14.3 - County Business Travel

Nurses who are required in the performance of their duties to travel shall receive business travel reimbursement in accordance with Santa Clara County Policy.

Section 14.4 - Parking Stickers for Nurses with Disabilities

All nurses determined by the County to be disabled in accordance with standards of the State of California Department of Motor Vehicles will be issued a disabled parking sticker for their private vehicle.



ARTICLE 15 - NURSES IN UNCLASSIFIED POSITIONS

- a) Specially Funded Nurses  
All nurses in unclassified coded positions within the Association's bargaining unit shall be subject to and protected by this Agreement and departmental agreements, except as otherwise provided.
- b) Seniority  
Time worked in such positions shall apply to seniority for the purposes of departmental agreements, salary increments and all other matters in the same manner for all other unclassified coded positions.
- c) Examinations  
Such nurses shall be allowed to participate in examinations in the classified service equivalent to the positions they occupy as well as all open and/or promotional examinations for which they qualify under Merit System Rules.
- d) Career Opportunities  
It is the County's intention to encourage and promote career opportunities for regular County nurses. In the interest of equitable treatment and to fulfill its contractual commitment, the County will not fill more than fifty percent (50%) of coded vacancies in a classification with unclassified nurses when regular County nurses are certifiable.
- e) New Programs  
Upon final approval by the County and the granting authority of new special programs funded from State and/or Federal sources which create full-time positions of one (1) year's duration or more, the parties agree to meet and confer on:
1. Coverage of such positions by all or any portion of the terms of this Agreement.
  2. The impact the utilization of such positions may have on employees in positions currently covered by this Agreement.

ARTICLE 16 - GRIEVANCE PROCEDURE

County and the Association recognize early settlement of grievances is essential to sound employee-employer relations. The parties seek to establish a mutually satisfactory method for the settlement of grievances of nurses, the Association, or the County. In presenting a grievance, the aggrieved and/or the aggrieved's representative is assured freedom from restraint, interference, coercion, discrimination or reprisal.

Section 16.1 - Grievance Defined

a) Definition

A grievance is defined as an alleged violation, misinterpretation or misapplication of the provisions of this Memorandum of Agreement, Department Memoranda of Agreement and/or Understanding, Merit System Rules, or other County ordinances, resolutions, Policy and/or Procedure Manuals, or alleged infringement of an employee's personal rights (i.e., discrimination, harassment) affecting the working conditions of the nurses covered by this Agreement, except as excluded under Section 16.1(b).

b) Matters Excluded From Consideration Under the Grievance Procedure

1. Disciplinary actions taken under Section 708 of the County Charter except where nurses voluntarily waive their right to appeal such disciplinary actions to the Personnel Board.
2. Probationary release of nurses.
3. Position classification.
4. Merit System Examinations.
5. Items requiring capital expenditure.
6. Items within the scope of representation and subject to the meet and confer process.

Section 16.2 - Grievance Presentation

Nurses shall have the right to present their own grievance or do so through a representative of their own choice. Grievances may also be presented by a group of nurses, by the Association, or by the County. No grievance settlement may be made in violation of an existing rule, ordinance, memorandum of agreement or memorandum of understanding, nor shall any settlement may be made which affects the rights or conditions of other nurses represented by the Association without notification to and consultation with the Association.

The Association shall be provided copies of individual or group grievances and responses to same. Such grievances may not proceed beyond Step One without written concurrence of the Association at each step.

The Association shall have the right to appear and be heard in all individual or group grievances at any step. Upon request by County, the Association shall appear and be heard in such grievances at any step.

#### Section 16.3 - Procedural Compliance

Association grievances shall comply with all foregoing provisions and procedures. The County shall not be required to reconsider a grievance previously settled with a nurse if renewed by the Association, unless it is alleged that such grievance settlement is in violation of an existing rule, ordinance, memorandum of understanding, or memorandum of agreement.

A grievance is deemed to be presented or filed when it is either received by the Office of Labor Relations if presented in person or by facsimile or by electronic mail; or on the day it is postmarked, whichever occurs first.

A response by the County is deemed to be made when it is either received by the Association when presented in person or by facsimile or by electronic mail; or on the day it is postmarked, whichever occurs first.

#### Section 16.4 - Informal Resolution/Time Limits

It is agreed that nurses will be encouraged to act promptly through informal discussion with their immediate supervisor on any act, condition or circumstance which is causing nurse dissatisfaction and to seek action to remove the cause of dissatisfaction before it serves as the basis for a formal grievance. Time limits may be extended or waived only by written agreement of the parties.

If either party fails to comply with the grievance time limits, and the matter proceeds to arbitration, the party who missed the time limits, as determined by the arbitrator, shall pay the full cost of the arbitrator.

#### Section 16.5 - Formal Grievance

##### a) Step One

Within fifteen (15) working days of the occurrence or discovery of an alleged grievance, the grievance shall be presented in writing to the Office of Labor Relations. The grievance form shall contain information which identifies:

1. The aggrieved;
2. The specific nature of the grievance;
3. The time or place of its occurrence;
4. The rule, law, regulation, or policy alleged to have been violated, improperly interpreted, applied or misapplied;
5. The consideration given or steps taken to secure informal resolution;
6. The corrective action desired; and,
7. The name of any person or representative chosen by the nurse to enter the grievance.

A decision shall be made by the County in writing within fifteen (15) working days of receipt of the grievance. A copy of the decision shall be directed to the person identified in (7) above. A copy shall be sent to the Association and this copy shall dictate time limits.

b) Step Two

If the aggrieved continues to be dissatisfied, the aggrieved may, within fifteen (15) working days after receipt of the first step decision, present a written presentation to be directed to the County Executive's designated representative indicating the aggrieved wishes the grievance to be referred to an impartial arbitrator. The arbitrator shall be advised of and agree to the following provisions:

1. Within ten (10) working days of receipt of the grievance at step two, one (1) arbitrator shall be selected from the panel and a hearing scheduled within thirty (30) calendar days.
2. If the selected arbitrator cannot be scheduled within ninety (90) calendar days the parties will mutually agree to either another arbitrator or extend the time limit for the hearing.
3. Arbitration proceedings shall be recorded but not transcribed except at the request of either party or the arbitrator. Upon mutual agreement, the County and the Association may submit written briefs to the arbitrator for decision in lieu of a hearing.

The arbitrator's compensation and expenses shall be borne equally by the nurse or the Association and the County. Decisions of the arbitrator shall be final and binding.

Section 16.6 - Arbitrators

For the term of this agreement the County and the Union have agreed to the following panel:

Christopher D. Burdick	John Kagel
Katherine Thomson	Alexander Cohn
Matthew Goldberg	Catherine Harris
Barry Winograd	Luella Nelson
Robert Hirsch	

The parties may also mutually agree to choose another arbitrator not on the above list.

Section 16.7 - Arbitration Release Time

The following statement on nurse participation in grievance arbitration hearings is agreed to:

- a) The nurse on whose behalf the grievance has been filed will be granted release time for the entire hearing. Release time to serve as a witness will be granted on a scheduled basis, i.e., when the nurse is scheduled to appear. In the case of a group grievance, release time will be granted for the designated spokesperson for the entire hearing. Release time also will be granted to the appropriate Unit Representative.
- b) Other requests for leave for the purpose of participation in a grievance arbitration hearing will also be granted and charged to the nurse's own leave time - provided the absence does not unduly interfere with the performance of service.

ARTICLE 17 - CONFLICT OF INTEREST

Nurses are to abide by all applicable Federal, State and Local Statutes or contract requirements regarding conflict of interest in outside employment. Nurses intending to engage in outside employment shall file an advance statement of such intent for the approval of the appointing authority.

ARTICLE 18 - NURSING PRACTICE ISSUES

Section 18.1 - Supervision

All Interim Permittees will be directly supervised and will not assume team leader duties. A Clinical Nurse I will not work in charge position except as provided for in Section 8.10 of this Agreement.

Section 18.2 - Conscientious Objector Clause

The rights of patients to receive the necessary nursing care are to be respected. As individuals, licensed nurses hold certain moral, ethical, and religious beliefs and in good conscience may be compelled to refuse involvement with abortions. The licensed nurse must be free to exercise this right without being subjected to ridicule, harassment, coercion, censure, termination, or other forms of discipline. Emergency situations will arise where the immediate nature of the patient's needs will not allow for personnel substitutions. In such circumstances the patient's right to receive the necessary nursing care would take precedence over exercise of the nurse's individual beliefs and rights until other personnel can be provided.

Section 18.3 - Malpractice Protection

The County's obligation to defend and indemnify its officers and employees is prescribed by California Government Code 825 et seq. and 995 et seq. The County shall indemnify and defend nurses in this Unit in accordance with the applicable law when and if they are sued for errors or omissions (malpractice) within the course and scope of their duties, save and except where the applicable law excuses County's obligation to defend (e.g., fraud, malice, etc.). This paragraph and the terms and conditions thereof shall be enforceable, at law in accordance with the applicable law, but shall not be subject to the grievance provision of this Agreement.

Section 18.4 - Inservice Education Program For Nurses

- a) While all nurses are responsible for their own professional growth, Santa Clara Valley Medical Center will maintain a Staff Development Program for nurses, including the following:
1. Provide an organized plan of orienting all newly hired nurses to the objectives, policies, goals, and procedures of the hospital and of nursing service at regularly scheduled intervals.
  2. Provide an organized plan of orienting all nurses to the job descriptions, responsibilities, and work assignments for nursing classifications at regularly scheduled intervals.

3. Keep the nursing staff abreast on a continuing basis of new and expanding nursing care programs and of new techniques, equipment, facilities and concepts of care.
  4. Each nurse must complete both (1) and (2) above before being permanently assigned to a unit and shift. Until completion of the formal orientation, the nurse will be considered as still in a structured learning experience and not part of the unit's regular nursing staff.
- b) In each area, a clinical nurse(s) is responsible for coordinating inservice programs with the Nursing Staff Development. These programs shall be relevant to updating and upgrading skills particular to the unit in order to promote optimal nursing care to each patient.

It is understood that the department has the authority to approve all voluntary attendance at inservice education programs.

Section 18.5 - Staff Meetings

The date, time and location of regularly scheduled staff meetings will be posted seven calendar days in advance. Nurses assigned attendance at meetings, lectures, or inservice courses while off shift will be subject to all overtime provisions. Nurses on shift will be compensated at the regular rate.

Section 18.6 - Professional Performance Committee

- a) The Valley Medical Center Professional Performance Committee shall be composed of nurses currently employed by the hospital. The Committee shall have a representative from each nursing unit, one (1) from each satellite clinic, and one (1) Institution Nurse elected by the nurses from that unit and clinic. All appointed and new positions will be filled by election by October 31 of each year.
- b) Nurses employed by the County recognize their obligation to perform the highest level of nursing care for the patients. The Professional Performance Committee shall act as an advisory body to Nursing Service and Administration. The hospital will make a good faith effort to implement recommendations agreed to by the P.P.C. and the Director of Nursing.
- c) The Committee shall not involve itself in grievances as defined and set forth in this Agreement. The purpose and function shall be as set forth in its bylaws and shall include the following:
1. Recommend nursing policies and procedures to the Nursing Administrator.



2. Review nursing policies and procedures prior to implementation, when possible, except in emergencies.
  3. Maintain representative on Valley Medical Center Nursing Committees as designated by management.
- d) The Nursing Administrator or representative will meet with the P.P.C. at their regularly scheduled meeting when requested. The Nursing Administrator will respond in writing to all written recommendations within thirty (30) days unless extended by mutual agreement.
- e) Attendance at P.P.C. will be voluntary by the elected representative or an alternate. Committee members will be granted release time to attend the meetings. Those members who attend during other than duty time will be granted up to four (4) hours of compensatory time.

Meetings will be held monthly for three (3) hours or more as agreed to by the Nursing Administrator.

Section 18.7 Advanced Practice Professional Performance Committee

- a) The Advanced Practice Professional Performance Committee (APPPC) shall be composed of Nurse Practitioners, Certified Registered Nurse Anesthetists and Clinical Nurse Specialists covered by the contract and employed by the County.
- b) Each APRN within the employ of the County may attend APPPC meetings with prior management approval.
- c) A minimum of (three)(3) Advanced Practice Professionals, (one)(1) RNPA representative and (one)(1) Nursing Administration representative shall make up the board of the APPPC. The position of Chairperson, Vice Chairperson and Secretary will be held by an APRN. All positions are to be elected by the APRN staff only. Necessity for additional seats on the board will be determined by the Chair and Vice-Chair. Duration of appointment to a particular board position shall be determined by the committee. All policies regarding the function of the APPPC shall be placed in writing and submitted to the Chief Nursing Officer and Deputy Director, ACHS/FQHC. A copy of these policies will be kept at the offices of RNPA. The agenda shall be determined and distributed one (1) week in advance. A copy of all minutes shall be forwarded to the Chief Nursing Officer, Deputy Director of ACHS/FQHC and RNPA.
- d) The function of the APPPC shall be as follows:

1. To serve as a forum for discussion of administrative and medical practice issues which arise for APRNs within the SCVHHS.
2. The Chairperson, or designee, of this committee shall serve as a liaison between the committee and the Chief Nursing Officer, the Deputy Director, ACHS/FQHC and the Assistant Medical Director.
3. The development and review of APRN practice protocols prior to the submission of these protocols to the Interdisciplinary Care Committee/Medical Executive Committee.
4. To provide updates on state and federal legal changes to practice.

Section 18.8 - Safety

The County necessarily abides by safety standards established by the State Division of Industrial Safety and pursuant to the Occupational Safety and Health Act.

Section 18.9 - Nursing Practice

If a nurse objects to an assignment on the basis that it exceeds the nurse's professional qualifications and the nurse is unable to resolve the objection with the immediate supervisor, the objection will be noted, in writing utilizing the "Objection to Assignment" form, by the nurse and delivered to the Director of Nursing's office or the appropriate administrator prior to the nurse leaving at the end of the shift. A written response from the Director of Nursing or designee will be forwarded to the nurse.

Section 18.10 - Performance Evaluation

- a) Each nurse shall be subject to a written appraisal of work performance. Performance evaluations are done:
  1. Annually;
  2. Prior to a promotion;
  3. During the probationary period.

Performance evaluations will not be used in the disciplinary process.

- b) The evaluation shall consist of comparison of the nurse's performance against written standards established by Management for:

1. Work Unit competencies;
2. Job classification;
3. Unit role expectations;
4. Any appropriate legal or regulatory requirements.

#### 18.11 - Staffing

The County shall maintain a staffing system for nurses based on the assessment of patient needs, to include the number and the acuity of the patient(s) assigned to a nurse in compliance with applicable state laws and regulations including AB 394 chaptered October 10, 1999. This assessment shall include meal and rest periods when determining staffing needs.

##### a)Assessment of Patient Acuity

During each shift, bedside nurses shall assess and determine patient acuity on an ongoing basis. The nurse shall consult with the charge nurse or manager as needed.

##### b)Staffing Decisions

In the absence of the Nurse Manager or Assistant Nurse Manager, the Charge Nurse shall have the authority to make necessary staffing decisions based upon patient acuity and census. Nurses involved in direct patient care are included in the calculation of nurse-to-patient ratios.

##### c)Staffing Report

Staffing reports shall be submitted by the Nurse Manager by shift and unit to nursing administration reflecting staffing levels for each shift, including beginning, middle and end of shift.

##### d)Notice of Staffing Levels Concerns

Nurses may report nurse to patient staffing levels that they believe are out of compliance by notifying the next level of management. Should a nurse believe staffing levels cannot be easily remedied, he/she may submit a Notice of Staffing Levels form. Such form shall be submitted to the nurse's charge nurse or immediate supervisor. The Charge nurse or supervisor who receives the form shall note the action(s) taken, if any, to resolve the staffing concern and shall forward the form to the Nurse Manager and the appropriate Nursing Director with a copy to the Chief Nursing Officer and RNPA. Notice of Staffing Levels forms shall be reviewed at the monthly Patient Acuity Task Force meeting. After review at the Patient Acuity Task Force meeting, the nurse reporting the concern shall be informed of the action taken to resolve the staffing concern, if any.

e) Patient Acuity Task Force

The Patient Acuity Task Force shall be comprised of an equal number of management, including the Nurse Manager of Nursing Systems, and RNPA representatives. The Patient Acuity Task Force shall meet on a monthly basis to assess and develop strategies for alleviating staffing concerns within nursing units. The Task Force shall also develop forms to be used as described in (c) and (d) above.

The Patient Classification Team shall include the Nurse Manager of Nursing Systems and one clinical nurse per shift/per unit to meet twice yearly to review inter-rater reliability of the patient classification system to determine whether the system accurately determines patient needs. Members of the Patient Classification Team shall then review and validate with each nurse in the unit that he/she is proficient. The Nurse Manager of Nursing System shall report the results of the twice yearly review to the Patient Acuity Task Force.

f) Dispute Resolution

In the event of a dispute regarding a staffing concern that is not able to be resolved in accordance with sub-section (d), such concern shall be subject to an internal review by the Management Audit Division for the Board of Supervisors when:

- 1) The staffing concern was not de minimis, (i.e. staffing concern was not cured within four (4) hours) and;
- 2) The staffing concern was not able to be resolved in accordance with sub-section (d) at the monthly meeting following the alleged violation and;
- 3) The staffing concern has not been resolved to the satisfaction of a majority of the Patient Acuity Task Force.

The Management Audit Division for the Board of Supervisors shall review the staffing concern and information provided by the Patient Acuity Task Force, Nursing Administration and RNPA and shall report his/her conclusions to the Patient Acuity Task Force and to Nursing Administration. Nursing Administration shall submit such report for the next scheduled Health and Hospital Committee meeting.

g) Section 18.10 is not subject to the grievance and arbitration procedures of this Agreement.

Section 18.12 - Safe Patient Handling

The County shall maintain a safe patient handling policy for all patient care units in acute care facilities in accordance with applicable state and or federal law, including AB1136, as applicable.

Such policy shall address providing nurses with appropriate equipment and staff assistance for moving patients, thereby eliminating, to the extent possible, manual lifting that may cause injuries.

Each nurse is responsible for the observation and direction of the lifting and mobilization of patients, and participates as needed in patient handling. The County will provide uniform training in the handling of patients on the appropriate use of lifting devices, equipment, and body mechanics on an annual basis.

ARTICLE 19 - STRIKES AND LOCKOUTS

During the term of this Agreement, the County agrees that it will not lock out nurses and the Association agrees that it will not engage in any concerted work stoppage. A violation of this Article will result in cessation of Association dues deduction by the County.

ARTICLE 20 - FULL AGREEMENT

It is understood this Agreement represents a complete and final understanding on all negotiable issues between the County and its Departments and the Association. This Agreement supersedes all previous memoranda of understanding or memoranda of agreement between the County and its Departments and the Association except as specifically referred to in this Agreement. All ordinances or rules covering any practice, subject or matter not specifically referred to in this Agreement shall not be superseded, modified or repealed by implication or otherwise by the provisions hereof. The parties, for the term of this Agreement, voluntarily and unqualifiedly agree to waive the obligation to negotiate with respect to any practice, subject or matter not specifically referred to or covered in this Agreement even though such practice, subject or matter may not have been within the knowledge of the parties at the time this Agreement was negotiated and signed. In the event any new practice, subject or matter arises during the term of this Agreement and an action is proposed by the County, the Association shall be afforded all possible notice and shall have the right to meet and confer upon request. In the absence of agreement on such a proposed action, the County reserves the right to take necessary action by management direction.

ARTICLE 21 - SAVINGS CLAUSE

If any provision of this Agreement should be held invalid by operation of law or by any court of competent jurisdiction, or if compliance with or enforcement of any provision should be restrained by any tribunal, the remainder of this Agreement shall not be affected thereby, and the parties shall enter into negotiations for the sole purpose of arriving at a mutually satisfactory replacement for such provision.

If the State of California notifies the County of Santa Clara that legislation has been implemented which assesses monetary penalties to local governments which settle wages and/or benefits with increases in excess of certain limits, those benefits and/or wages shall not be implemented or continue to be paid. The parties shall immediately enter into negotiations for the sole purpose of arriving at a mutually agreed upon alternative.

The County reserves the right to cease payment or seek repayment of wages and/or benefits upon which the State of California is basing the monetary penalty. The Union reserves the right to contest the legality of the payment cessation or repayment.

It is understood that the purpose of this Section is to ensure that the County does not incur any liability or penalties on either the original agreement provisions, or the negotiated alternate provisions.



ARTICLE 22 - IMPLEMENTATION

It is understood by the County and the Association that to fully implement this Agreement it will be necessary for the County to amend several existing County ordinances, some of which require the approval of the County Personnel Board, so that such ordinances will not conflict with the provisions of this Agreement. The County and the Association agree to cooperate to secure the enactment of such ordinances.

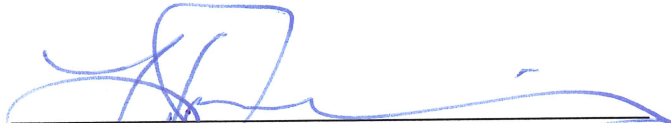
ARTICLE 23 - TERM OF AGREEMENT

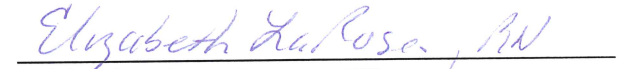
This Agreement shall become effective only upon approval by the Board of Supervisors and upon the ratification by the Association, and shall remain in full force and effect to and including November 9, 2014 and from year to year thereafter; provided, however, that either party may serve written notice on the other at least sixty (60) days prior to October 20, 2019, or any subsequent October 19, of its desire to terminate this Agreement or amend any provision thereof.


DATED: 2/23/2015


COUNTY of SANTA CLARA


REGISTERED NURSES  
PROFESSIONAL ASSOCIATION

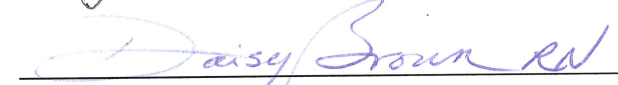
  
\_\_\_\_\_  
Lisa Dumanowski

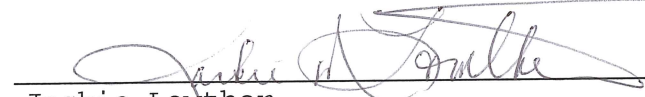
  
\_\_\_\_\_  
Elizabeth LaRosa, RN  
President

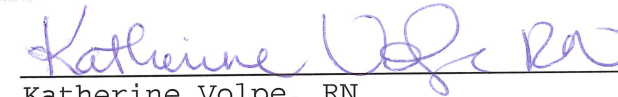
  
\_\_\_\_\_  
Cynthia Mihulka

  
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Jane Valdez, RN, CORN  
Vice President

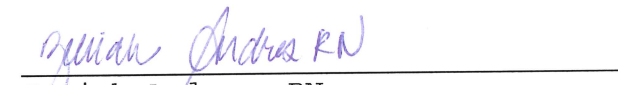
  
\_\_\_\_\_  
Matthew Cottrell

  
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Daisy Brown, RN  
Vice President

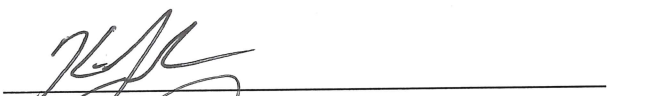
  
\_\_\_\_\_  
Jackie Lowther

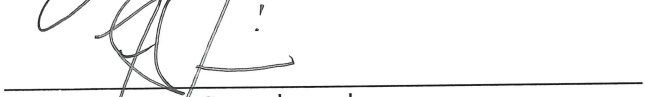
  
\_\_\_\_\_  
Katherine Volpe, RN  
Negotiator

  
\_\_\_\_\_  
Joyce Van De Pitte

  
\_\_\_\_\_  
Zeniah Andres, RN  
Alternate Negotiator

  
\_\_\_\_\_  
Terry Edmonson

  
\_\_\_\_\_  
Kim Johnson

  
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Francesco Germinario

## APPENDIX A - RNPA SALARIES

Effective November 10, 2014

Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Assistant Nurse Manager	S11	5033.44	5285.28	5549.36	5826.88	6118.48	6424.40	6752.00	10905.78	14629.33
Assistant Nurse Manager - Extra Help	X1J	4682.64	4916.96	5162.72	5420.96	5692.16	---	---	10145.72	12333.01
Assistant Nurse Manager - Step A	S2A	5159.12	5417.20	5688.08	5972.48	6271.36	6585.04	6920.64	11178.09	14994.72
Assistant Nurse Manager - Step B	S2B	5285.20	5549.36	5826.80	6118.32	6424.24	6745.60	7089.52	11451.26	15360.62
Assistant Nurse Manager - Step C	S2C	5410.96	5681.52	5965.68	6263.76	6577.28	6906.32	7258.16	11723.74	15726.01
Certified Registered Nurse Anesthetist	S1V	6887.60	7239.20	7608.96	7997.60	8406.00	8835.28	---	14923.13	19143.10
Certified Registered Nurse Anesthetist - Extra Help	X1K	6408.56	6734.80	7078.80	7440.40	7828.40	---	---	13885.21	16961.53
Certified Registered Nurse Anesthetist - Step A	Y1A	7059.76	7420.16	7799.12	8197.44	8616.16	9056.08	---	15296.14	19621.50
Certified Registered Nurse Anesthetist - Step B	Y1B	7232.08	7601.20	7989.52	8397.44	8826.24	9276.96	---	15669.50	20100.08
Certified Registered Nurse Anesthetist - Step C	Y1C	7404.32	7782.00	8179.60	8597.36	9036.40	9497.76	---	16042.69	20578.48
Clinical Nurse I	S89	3719.52	3905.44	4100.72	4306.64	4522.32	---	---	8058.96	9798.36
Clinical Nurse I - Extra Help	X1A	3445.04	3617.28	3815.20	4006.48	4207.20	---	---	7464.25	9115.60
Clinical Nurse I - Step A	C3A	---	---	4203.36	4414.08	4635.28	---	---	9107.28	10043.10
Clinical Nurse I - Step B	C3B	---	---	4305.92	4521.68	4748.40	---	---	9329.49	10288.20
Clinical Nurse I - Step C	C3C	---	---	4408.40	4629.44	4861.44	---	---	9551.53	10533.12
Clinical Nurse I - U	Q89	3719.52	3905.44	4100.72	4306.64	4522.32	---	---	8058.96	9798.36
Clinical Nurse II	S76	3942.24	4140.24	4347.60	4565.12	4793.52	---	---	8541.52	10385.96
Clinical Nurse II - Extra Help	X1H	3667.68	3851.76	4044.72	4247.12	4459.60	---	---	7946.64	9662.46
Clinical Nurse II - Step A	D0A	4040.88	4243.76	4456.32	4679.20	4913.20	---	---	8755.24	10645.26
Clinical Nurse II - Step B	D0B	4139.36	4347.12	4565.04	4793.44	5033.28	---	---	8968.61	10905.44
Clinical Nurse II - Step C	D0C	4237.92	4450.72	4673.76	4907.44	5152.88	---	---	9182.16	11164.57
Clinical Nurse II - U	Q87	3942.24	4140.24	4347.60	4565.12	4793.52	---	---	8541.52	10385.96
Clinical Nurse II - U - Step A	E1A	4040.88	4243.76	4456.32	4679.20	4913.20	---	---	8755.24	10645.26
Clinical Nurse II - U - Step B	E1B	4139.36	4347.12	4565.04	4793.44	5033.28	---	---	8968.61	10905.44
Clinical Nurse II - U - Step C	E1C	4237.92	4450.72	4673.76	4907.44	5152.88	---	---	9182.16	11164.57
Clinical Nurse III	S75	4347.60	4565.12	4793.52	5033.44	5285.28	5549.36	5826.88	9419.80	12624.90
Clinical Nurse III - Extra Help	X1I	4044.72	4247.12	4459.60	4682.64	4916.96	---	---	8763.56	10653.41
Clinical Nurse III - Step A	S7A	4456.32	4679.20	4913.20	5159.12	5417.20	5688.08	5972.48	9655.36	12940.37
Clinical Nurse III - Step B	S7B	4565.04	4793.44	5033.28	5285.20	5549.36	5826.80	6118.32	9890.92	13256.36
Clinical Nurse III - Step C	S7C	4673.76	4907.44	5152.88	5410.96	5691.52	5965.68	6263.76	10126.48	13571.48

Effective November 10, 2014										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Clinical Nurse III - U	Q86	4347.60	4565.12	4793.52	5033.44	5285.28	5549.36	5826.88	9419.80	12624.90
Clinical Nurse III - U - Step A	Q8A	4456.32	4679.20	4913.20	5159.12	5417.20	5688.08	5972.48	9655.36	12940.37
Clinical Nurse III - U - Step B	Q8B	4565.04	4793.44	5033.28	5285.20	5549.36	5826.80	6118.32	9890.92	13256.36
Clinical Nurse III - U - Step C	Q8C	4673.76	4907.44	5152.88	5410.96	5691.52	5965.68	6263.76	10126.48	13571.48
Clinical Nurse Specialist	S35	5033.44	5285.28	5549.36	5826.88	6118.48	6424.40	6752.00	10905.78	14629.33
Clinical Nurse Specialist - Extra Help	X1L	4682.64	4916.96	5162.72	5420.96	5692.16	---	---	10145.72	12333.01
Clinical Nurse Specialist - Step A	S4A	5159.12	5417.20	5688.08	5972.48	6271.36	6585.04	6920.64	11178.09	14994.72
Clinical Nurse Specialist - Step B	S4B	5285.20	5549.36	5826.80	6118.32	6424.24	6745.60	7089.52	11451.26	15360.62
Clinical Nurse Specialist - Step C	S4C	5410.96	5681.52	5965.68	6263.76	6577.28	6906.32	7258.16	11723.74	15726.01
Infection Control Nurse	S04	5033.44	5285.28	5549.36	5826.88	6118.48	6424.40	6752.00	10905.78	14629.33
Infection Control Nurse - Extra Help	X1F	4682.64	4916.96	5162.72	5420.96	5692.16	---	---	10145.72	12333.01
Infection Control Nurse - Step A	S0A	5159.12	5417.20	5688.08	5972.48	6271.36	6585.04	6920.64	11178.09	14994.72
Infection Control Nurse - Step B	S0B	5285.20	5549.36	5826.80	6118.32	6424.24	6745.60	7089.52	11451.26	15360.62
Infection Control Nurse - Step C	S0C	5410.96	5681.52	5965.68	6263.76	6577.28	6906.32	7258.16	11723.74	15726.01
Nurse Coordinator	S39	4793.52	5033.44	5285.28	5549.36	5826.88	6118.48	6424.40	10385.96	13919.53
Nurse Coordinator - Extra Help	X1M	4459.04	4682.32	4916.56	5162.24	5420.40	---	---	9661.25	11744.20
Nurse Coordinator - Step A	S3A	4913.20	5159.12	5417.20	5688.08	5972.48	6271.36	6585.04	10645.26	14267.58
Nurse Coordinator - Step B	S3B	5033.28	5285.20	5549.36	5826.80	6118.32	6424.24	6745.60	10905.44	14615.46
Nurse Coordinator - Step C	S3C	5152.88	5410.96	5681.52	5965.68	6263.76	6577.28	6906.32	11164.57	14963.69
Nurse Coordinator - U	Q39	4793.52	5033.44	5285.28	5549.36	5826.88	6118.48	6424.40	10385.96	13919.53
Nurse Coordinator - U Step A	Q4A	4913.20	5159.12	5417.20	5688.08	5972.48	6271.36	6585.04	10645.26	14267.58
Nurse Coordinator - U Step B	Q4B	5033.28	5285.20	5549.36	5826.80	6118.32	6424.24	6745.60	10905.44	14615.46
Nurse Coordinator - U Step C	Q4C	5152.88	5410.96	5681.52	5965.68	6263.76	6577.28	6906.32	11164.57	14963.69
Nurse Practitioner	S59	5549.36	5826.88	6118.48	6424.40	6752.00	7096.48	7459.12	12023.61	16161.42
Nurse Practitioner - Extra Help	X1N	5162.72	5420.88	5692.16	5976.80	6281.44	---	---	11185.89	13609.78
Nurse Practitioner - Step A	Y0A	5688.08	5972.48	6271.36	6585.04	6920.64	7273.76	7645.36	12324.17	16564.94
Nurse Practitioner - Step B	Y0B	5826.80	6118.32	6424.24	6745.60	7089.52	7451.28	7832.08	12624.73	16969.50
Nurse Practitioner - Step C	Y0C	5965.68	6263.76	6577.28	6906.32	7258.16	7628.64	8018.40	12925.64	17373.20
Per Diem Clinical Nurse	S99	---	63.18/Hrly	---	79.88/Hrly	---	---	---	---	---
Per Diem Nurse Practitioner	S41	---	79.01/Hrly	---	99.89/Hrly	---	---	---	---	---
Per Diem Psychiatric Nurse	S92	---	63.18/Hrly	---	79.88/Hrly	---	---	---	---	---
Psychiatric Nurse I	S58	3904.96	4100.72	4306.64	4522.32	4748.48	---	---	8460.74	10288.37

<b>Effective November 10, 2014</b>										
<b>Job Title</b>	<b>Job Code</b>	<b>Biweekly Step 1</b>	<b>Biweekly Step 2</b>	<b>Biweekly Step 3</b>	<b>Biweekly Step 4</b>	<b>Biweekly Step 5</b>	<b>Biweekly Step 6</b>	<b>Biweekly Step 7</b>	<b>Monthly Min</b>	<b>Monthly Max</b>
Psychiatric Nurse I - Step A	D5A	4002.64	4203.36	4414.08	4635.28	4867.04	---	---	8672.38	10545.25
Psychiatric Nurse I - Step B	D5B	4100.24	4305.92	4521.68	4748.40	4985.84	---	---	8883.85	10802.65
Psychiatric Nurse I - Step C	D5C	4197.92	4408.40	4629.44	4861.44	5104.48	---	---	9095.49	11059.70
Psychiatric Nurse II	S57	4347.60	4565.12	4793.52	5033.44	5285.28	5549.36	5826.88	9419.80	12624.90
Psychiatric Nurse II - Extra Help	X1C	4044.72	4247.12	4459.60	4682.64	4916.96	---	---	8763.56	10653.41
Psychiatric Nurse II - Step A	E2A	4456.32	4679.20	4913.20	5159.12	5417.20	5688.08	5972.48	9655.36	12940.37
Psychiatric Nurse II - Step B	E2B	4565.04	4793.44	5033.28	5285.20	5549.36	5826.80	6118.32	9890.92	13256.36
Psychiatric Nurse II - Step C	E2C	4673.76	4907.44	5152.88	5410.96	5691.52	5965.68	6263.76	10126.48	13571.48
Staff Developer	S38	5033.44	5285.28	5549.36	5826.88	6118.48	6424.40	6752.00	10905.78	14629.33
Staff Developer - Extra Help	X1E	5008.72	5259.44	5522.40	5798.56	6088.72	---	---	10852.22	11693.06
Staff Developer - Step A	S5A	5159.12	5417.20	5688.08	5972.48	6271.36	6585.04	6920.64	11178.09	14994.72
Staff Developer - Step B	S5B	5285.20	5549.36	5826.80	6118.32	6424.24	6745.60	7089.52	11451.26	15360.62
Staff Developer - Step C	S5C	5410.96	5681.52	5965.68	6263.76	6577.28	6906.32	7258.16	11723.74	15726.01

## APPENDIX A - RNPA SALARIES

Effective November 9, 2015

Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Assistant Nurse Manager	S11	5196.96	5457.04	5729.68	6016.24	6317.28	6633.12	6971.44	11260.08	15104.78
Assistant Nurse Manager - Extra Help	X1J	4834.80	5076.72	5330.48	5597.12	5877.12	---	---	10475.40	12733.76
Assistant Nurse Manager - Step A	S2A	5326.72	5593.20	5872.88	6166.56	6475.12	6799.04	7145.52	11541.22	15481.96
Assistant Nurse Manager - Step B	S2B	5456.96	5729.68	6016.16	6317.12	6632.96	6964.80	7319.92	11823.41	15859.82
Assistant Nurse Manager - Step C	S2C	5586.80	5866.16	6159.52	6467.28	6791.04	7130.72	7494.00	12104.73	16237.00
Certified Registered Nurse Anesthetist	S1V	7111.44	7474.40	7856.24	8257.52	8679.12	9122.40	---	15408.12	19765.20
Certified Registered Nurse Anesthetist - Extra Help	X1K	6616.80	6953.68	7308.80	7682.16	8082.80	---	---	14336.40	17512.73
Certified Registered Nurse Anesthetist - Step A	Y1A	7289.20	7661.28	8052.56	8463.84	8896.16	9350.40	---	15793.26	20259.20
Certified Registered Nurse Anesthetist - Step B	Y1B	7467.12	7848.16	8249.12	8670.32	9113.04	9578.40	---	16178.76	20753.20
Certified Registered Nurse Anesthetist - Step C	Y1C	7644.96	8034.88	8445.36	8876.72	9330.08	9806.40	---	16564.08	21247.20
Clinical Nurse I	S89	3840.40	4032.32	4233.92	4446.56	4669.28	---	---	8320.86	10116.77
Clinical Nurse I - Extra Help	X1A	3556.96	3734.80	3939.12	4136.64	4343.92	---	---	7706.74	9411.82
Clinical Nurse I - Step A	C3A	---	---	4339.92	4557.52	4785.92	---	---	9403.16	10369.49
Clinical Nurse I - Step B	C3B	---	---	4445.84	4668.56	4902.72	---	---	9632.65	10622.56
Clinical Nurse I - Step C	C3C	---	---	4551.60	4779.84	5019.36	---	---	9861.80	10875.28
Clinical Nurse I - U	Q89	3840.40	4032.32	4233.92	4446.56	4669.28	---	---	8320.86	10116.77
Clinical Nurse II	S76	4070.32	4274.72	4488.88	4713.44	4949.28	---	---	8819.02	10723.44
Clinical Nurse II - Extra Help	X1H	3786.80	3976.88	4176.16	4385.12	4604.48	---	---	8204.73	9976.37
Clinical Nurse II - Step A	D0A	4172.16	4381.68	4601.12	4831.20	5072.80	---	---	9039.68	10991.06
Clinical Nurse II - Step B	D0B	4273.84	4488.40	4713.36	4949.20	5196.80	---	---	9259.98	11259.73
Clinical Nurse II - Step C	D0C	4375.60	4595.36	4825.60	5066.88	5320.32	---	---	9480.46	11527.36
Clinical Nurse II - U	Q87	4070.32	4274.72	4488.88	4713.44	4949.28	---	---	8819.02	10723.44
Clinical Nurse II - U - Step A	E1A	4172.16	4381.68	4601.12	4831.20	5072.80	---	---	9039.68	10991.06
Clinical Nurse II - U - Step B	E1B	4273.84	4488.40	4713.36	4949.20	5196.80	---	---	9259.98	11259.73
Clinical Nurse II - U - Step C	E1C	4375.60	4595.36	4825.60	5066.88	5320.32	---	---	9480.46	11527.36
Clinical Nurse III	S75	4488.88	4713.44	4949.28	5196.96	5457.04	5729.68	6016.24	9725.90	13035.18
Clinical Nurse III - Extra Help	X1I	4176.16	4385.12	4604.48	4834.80	5076.72	---	---	9048.34	10999.56
Clinical Nurse III - Step A	S7A	4601.12	4831.20	5072.80	5326.72	5593.20	5872.88	6166.56	9969.09	13360.88
Clinical Nurse III - Step B	S7B	4713.36	4949.20	5196.80	5456.96	5729.68	6016.16	6317.12	10212.28	13687.09
Clinical Nurse III - Step C	S7C	4825.60	5066.88	5320.32	5586.80	5876.48	6159.52	6467.28	10455.46	14012.44
Clinical Nurse III - U	Q86	4488.88	4713.44	4949.28	5196.96	5457.04	5729.68	6016.24	9725.90	13035.18

Effective November 9, 2015										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Clinical Nurse III - U - Step B	Q8B	4713.36	4949.20	5196.80	5456.96	5729.68	6016.16	6317.12	10212.28	13687.09
Clinical Nurse III - U - Step C	Q8C	4825.60	5066.88	5320.32	5586.80	5876.48	6159.52	6467.28	10455.46	14012.44
Clinical Nurse Specialist	S35	5196.96	5457.04	5729.68	6016.24	6317.28	6633.12	6971.44	11260.08	15104.78
Clinical Nurse Specialist - Extra Help	X1L	4834.80	5076.72	5330.48	5597.12	5877.12	---	---	10475.40	12733.76
Clinical Nurse Specialist - Step A	S4A	5326.72	5593.20	5872.88	6166.56	6475.12	6799.04	7145.52	11541.22	15481.96
Clinical Nurse Specialist - Step B	S4B	5456.96	5729.68	6016.16	6317.12	6632.96	6964.80	7319.92	11823.41	15859.82
Clinical Nurse Specialist - Step C	S4C	5586.80	5866.16	6159.52	6467.28	6791.04	7130.72	7494.00	12104.73	16237.00
Infection Control Nurse	S04	5196.96	5457.04	5729.68	6016.24	6317.28	6633.12	6971.44	11260.08	15104.78
Infection Control Nurse - Extra Help	X1F	4834.80	5076.72	5330.48	5597.12	5877.12	---	---	10475.40	12733.76
Infection Control Nurse - Step A	S0A	5326.72	5593.20	5872.88	6166.56	6475.12	6799.04	7145.52	11541.22	15481.96
Infection Control Nurse - Step B	S0B	5456.96	5729.68	6016.16	6317.12	6632.96	6964.80	7319.92	11823.41	15859.82
Infection Control Nurse - Step C	S0C	5586.80	5866.16	6159.52	6467.28	6791.04	7130.72	7494.00	12104.73	16237.00
Nurse Coordinator	S39	4949.28	5196.96	5457.04	5729.68	6016.24	6317.28	6633.12	10723.44	14371.76
Nurse Coordinator - Extra Help	X1M	4603.92	4834.48	5076.32	5330.00	5596.56	---	---	9975.16	12125.88
Nurse Coordinator - Step A	S3A	5072.80	5326.72	5593.20	5872.88	6166.56	6475.12	6799.04	10991.06	14731.25
Nurse Coordinator - Step B	S3B	5196.80	5456.96	5729.68	6016.16	6317.12	6632.96	6964.80	11259.73	15090.40
Nurse Coordinator - Step C	S3C	5320.32	5586.80	5866.16	6159.52	6467.28	6791.04	7130.72	11527.36	15449.89
Nurse Coordinator - U	Q39	4949.28	5196.96	5457.04	5729.68	6016.24	6317.28	6633.12	10723.44	14371.76
Nurse Coordinator - U Step A	Q4A	5072.80	5326.72	5593.20	5872.88	6166.56	6475.12	6799.04	10991.06	14731.25
Nurse Coordinator - U Step B	Q4B	5196.80	5456.96	5729.68	6016.16	6317.12	6632.96	6964.80	11259.73	15090.40
Nurse Coordinator - U Step C	Q4C	5320.32	5586.80	5866.16	6159.52	6467.28	6791.04	7130.72	11527.36	15449.89
Nurse Practitioner	S59	5729.68	6016.24	6317.28	6633.12	6971.44	7327.04	7701.52	12414.30	16686.62
Nurse Practitioner - Extra Help	X1N	5330.48	5597.04	5877.12	6171.04	6485.52	---	---	11549.37	14051.96
Nurse Practitioner - Step A	Y0A	5872.88	6166.56	6475.12	6799.04	7145.52	7510.08	7893.76	12724.57	17103.14
Nurse Practitioner - Step B	Y0B	6016.16	6317.12	6632.96	6964.80	7319.92	7693.44	8086.56	13035.01	17520.88
Nurse Practitioner - Step C	Y0C	6159.52	6467.28	6791.04	7130.72	7494.00	7876.56	8278.96	13345.62	17937.74
Per Diem Clinical Nurse	S99	---	65.23/Hrly	---	82.48/Hrly	---	---	---	---	---
Per Diem Nurse Practitioner	S41	---	81.58/Hrly	---	103.14/Hrly	---	---	---	---	---
Per Diem Psychiatric Nurse	S92	---	65.23/Hrly	---	82.48/Hrly	---	---	---	---	---
Psychiatric Nurse I	S58	4031.84	4233.92	4446.56	4669.28	4902.80	---	---	8735.65	10622.73
Psychiatric Nurse I - Extra Help	X1B	3750.88	3939.12	4136.64	4343.92	4561.20	---	---	8126.90	9882.60
Psychiatric Nurse I - Step A	D5A	4132.72	4339.92	4557.52	4785.92	5025.20	---	---	8954.22	10887.93
Psychiatric Nurse I - Step B	D5B	4233.44	4445.84	4668.56	4902.72	5147.84	---	---	9172.45	11153.65
Psychiatric Nurse I - Step C	D5C	4334.32	4551.60	4779.84	5019.36	5270.32	---	---	9391.02	11419.02



Effective November 9, 2015										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Psychiatric Nurse II - Extra Help	X1C	4176.16	4385.12	4604.48	4834.80	5076.72	---	---	9048.34	10999.56
Psychiatric Nurse II - Step A	E2A	4601.12	4831.20	5072.80	5326.72	5593.20	5872.88	6166.56	9969.09	13360.88
Psychiatric Nurse II - Step B	E2B	4713.36	4949.20	5196.80	5456.96	5729.68	6016.16	6317.12	10212.28	13687.09
Psychiatric Nurse II - Step C	E2C	4825.60	5066.88	5320.32	5586.80	5876.48	6159.52	6467.28	10455.46	14012.44
Staff Developer	S38	5196.96	5457.04	5729.68	6016.24	6317.28	6633.12	6971.44	11260.08	15104.78
Staff Developer - Extra Help	X1E	4583.84	4813.28	5053.84	5306.64	5572.16	---	---	9931.65	12073.01
Staff Developer - Step A	S5A	5326.72	5593.20	5872.88	6166.56	6475.12	6799.04	7145.52	11541.22	15481.96
Staff Developer - Step B	S5B	5456.96	5729.68	6016.16	6317.12	6632.96	6964.80	7319.92	11823.41	15859.82
Staff Developer - Step C	S5C	5586.80	5866.16	6159.52	6467.28	6791.04	7130.72	7494.00	12104.73	16237.00



## APPENDIX A - RNPA SALARIES

Effective October 24, 2016

Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Min
Assistant Nurse Manager	S11	5352.80	5620.72	5901.52	6196.72	6506.72	6832.08	7180.56	11597.73	15557.88
Assistant Nurse Manager - Extra Help	X1J	4979.84	5228.96	5490.32	5764.96	6053.36	---	---	10789.65	13115.61
Assistant Nurse Manager - Step A	S2A	5486.48	5760.96	6049.04	6351.52	6669.36	7002.96	7359.84	11887.37	15946.32
Assistant Nurse Manager - Step B	S2B	5620.64	5901.52	6196.64	6506.56	6831.92	7173.68	7539.44	12178.05	16335.45
Assistant Nurse Manager - Step C	S2C	5754.40	6042.08	6344.24	6661.28	6994.72	7344.64	7718.80	12467.86	16724.06
Certified Registered Nurse Anesthetist	S1V	7324.72	7698.56	8091.92	8505.20	8939.44	9396.00	---	15870.22	20358.00
Certified Registered Nurse Anesthetist - Extra Help	X1K	6815.28	7162.24	7528.00	7912.56	8325.28	---	---	14766.44	18038.10
Certified Registered Nurse Anesthetist - Step A	Y1A	7507.84	7891.04	8294.08	8717.68	9163.04	9630.88	---	16266.98	20866.90
Certified Registered Nurse Anesthetist - Step B	Y1B	7691.12	8083.60	8496.56	8930.40	9386.40	9865.68	---	16664.09	21375.64
Certified Registered Nurse Anesthetist - Step C	Y1C	7874.24	8275.92	8698.72	9142.96	9609.92	10100.56	---	17060.85	21884.54
Clinical Nurse I	S89	3955.60	4153.28	4360.88	4579.92	4809.28	---	---	8570.46	10420.10
Clinical Nurse I - Extra Help	X1A	3663.60	3846.80	4057.28	4260.72	4474.16	---	---	7937.80	9694.01
Clinical Nurse I - Step A	C3A	---	---	4470.08	4694.24	4929.44	---	---	9685.17	10680.45
Clinical Nurse I - Step B	C3B	---	---	4579.20	4808.56	5049.76	---	---	9921.60	10941.14
Clinical Nurse I - Step C	C3C	---	---	4688.08	4923.20	5169.92	---	---	10157.50	11201.49
Clinical Nurse I - U	Q89	3955.60	4153.28	4360.88	4579.92	4809.28	---	---	8570.46	10420.10
Clinical Nurse II	S76	4192.40	4402.96	4623.52	4854.80	5097.68	---	---	9083.53	11044.97
Clinical Nurse II - Extra Help	X1H	3900.40	4096.16	4301.44	4516.64	4742.56	---	---	8450.86	10275.54
Clinical Nurse II - Step A	D0A	4297.28	4513.12	4739.12	4976.08	5224.96	---	---	9310.77	11320.74
Clinical Nurse II - Step B	D0B	4402.00	4623.04	4854.72	5097.60	5352.64	---	---	9537.66	11597.38
Clinical Nurse II - Step C	D0C	4506.80	4733.20	4970.32	5218.88	5479.92	---	---	9764.73	11873.16
Clinical Nurse II - U	Q87	4192.40	4402.96	4623.52	4854.80	5097.68	---	---	9083.53	11044.97
Clinical Nurse II - U - Step A	E1A	4297.28	4513.12	4739.12	4976.08	5224.96	---	---	9310.77	11320.74
Clinical Nurse II - U - Step B	E1B	4402.00	4623.04	4854.72	5097.60	5352.64	---	---	9537.66	11597.38
Clinical Nurse II - U - Step C	E1C	4506.80	4733.20	4970.32	5218.88	5479.92	---	---	9764.73	11873.16
Clinical Nurse III	S75	4623.52	4854.80	5097.68	5352.80	5620.72	5901.52	6196.72	10017.62	13426.22
Clinical Nurse III - Extra Help	X1I	4301.44	4516.64	4742.56	4979.84	5228.96	---	---	9319.78	11329.41
Clinical Nurse III - Step A	S7A	4739.12	4976.08	5224.96	5486.48	5760.96	6049.04	6351.52	10268.09	13761.62
Clinical Nurse III - Step B	S7B	4854.72	5097.60	5352.64	5620.64	5901.52	6196.64	6506.56	10518.56	14097.54
Clinical Nurse III - Step C	S7C	4970.32	5218.88	5479.92	5754.40	6052.72	6344.24	6661.28	10769.02	14432.77

Effective October 24, 2016										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Min
Clinical Nurse III - U	Q86	4623.52	4854.80	5097.68	5352.80	5620.72	5901.52	6196.72	10017.62	13426.22
Clinical Nurse III - U - Step A	Q8A	4739.12	4976.08	5224.96	5486.48	5760.96	6049.04	6351.52	10268.09	13761.62
Clinical Nurse III - U - Step B	Q8B	4854.72	5097.60	5352.64	5620.64	5901.52	6196.64	6506.56	10518.56	14097.54
Clinical Nurse III - U - Step C	Q8C	4970.32	5218.88	5479.92	5754.40	6052.72	6344.24	6661.28	10769.02	14432.77
Clinical Nurse Specialist	S35	5352.80	5620.72	5901.52	6196.72	6506.72	6832.08	7180.56	11597.73	15557.88
Clinical Nurse Specialist - Extra Help	X1L	4979.84	5228.96	5490.32	5764.96	6053.36	---	---	10789.65	13115.61
Clinical Nurse Specialist - Step A	S4A	5486.48	5760.96	6049.04	6351.52	6669.36	7002.96	7359.84	11887.37	15946.32
Clinical Nurse Specialist - Step B	S4B	5620.64	5901.52	6196.64	6506.56	6831.92	7173.68	7539.44	12178.05	16335.45
Clinical Nurse Specialist - Step C	S4C	5754.40	6042.08	6344.24	6661.28	6994.72	7344.64	7718.80	12467.86	16724.06
Infection Control Nurse	S04	5352.80	5620.72	5901.52	6196.72	6506.72	6832.08	7180.56	11597.73	15557.88
Infection Control Nurse - Extra Help	X1F	4979.84	5228.96	5490.32	5764.96	6053.36	---	---	10789.65	13115.61
Infection Control Nurse - Step A	S0A	5486.48	5760.96	6049.04	6351.52	6669.36	7002.96	7359.84	11887.37	15946.32
Infection Control Nurse - Step B	S0B	5620.64	5901.52	6196.64	6506.56	6831.92	7173.68	7539.44	12178.05	16335.45
Infection Control Nurse - Step C	S0C	5754.40	6042.08	6344.24	6661.28	6994.72	7344.64	7718.80	12467.86	16724.06
Nurse Coordinator	S39	5097.68	5352.80	5620.72	5901.52	6196.72	6506.72	6832.08	11044.97	14802.84
Nurse Coordinator - Extra Help	X1M	4742.00	4979.44	5228.56	5489.84	5764.40	---	---	10274.33	12489.53
Nurse Coordinator - Step A	S3A	5224.96	5486.48	5760.96	6049.04	6351.52	6669.36	7002.96	11320.74	15173.08
Nurse Coordinator - Step B	S3B	5352.64	5620.64	5901.52	6196.64	6506.56	6831.92	7173.68	11597.38	15542.97
Nurse Coordinator - Step C	S3C	5479.92	5754.40	6042.08	6344.24	6661.28	6994.72	7344.64	11873.16	15913.38
Nurse Coordinator - U	Q39	5097.68	5352.80	5620.72	5901.52	6196.72	6506.72	6832.08	11044.97	14802.84
Nurse Coordinator - U Step A	Q4A	5224.96	5486.48	5760.96	6049.04	6351.52	6669.36	7002.96	11320.74	15173.08
Nurse Coordinator - U Step B	Q4B	5352.64	5620.64	5901.52	6196.64	6506.56	6831.92	7173.68	11597.38	15542.97
Nurse Coordinator - U Step C	Q4C	5479.92	5754.40	6042.08	6344.24	6661.28	6994.72	7344.64	11873.16	15913.38
Nurse Practitioner	S59	5901.52	6196.72	6506.72	6832.08	7180.56	7546.80	7932.56	12786.62	17187.21
Nurse Practitioner - Extra Help	X1N	5490.32	5764.88	6053.36	6356.16	6680.08	---	---	11895.69	14473.50
Nurse Practitioner - Step A	Y0A	6049.04	6351.52	6669.36	7002.96	7359.84	7735.36	8130.56	13106.25	17616.21
Nurse Practitioner - Step B	Y0B	6196.64	6506.56	6831.92	7173.68	7539.44	7924.24	8329.12	13426.05	18046.42
Nurse Practitioner - Step C	Y0C	6344.24	6661.28	6994.72	7344.64	7718.80	8112.80	8527.28	13745.85	18475.77
Per Diem Clinical Nurse	S99	---	67.19/Hrly	---	84.95/Hrly	---	---	---	---	---
Per Diem Nurse Practitioner	S41	---	84.02/Hrly	---	106.23/Hrly	---	---	---	---	---
Per Diem Psychiatric Nurse	S92	---	67.19/Hrly	---	84.95/Hrly	---	---	---	---	---
Psychiatric Nurse I	S58	4152.72	4360.88	4579.92	4809.28	5049.84	---	---	8997.56	10941.32

Effective October 24, 2016										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Min
Psychiatric Nurse I - Step A	D5A	4256.64	4470.08	4694.24	4929.44	5175.92	---	---	9222.72	11214.49
Psychiatric Nurse I - Step B	D5B	4360.40	4579.20	4808.56	5049.76	5302.24	---	---	9447.53	11488.18
Psychiatric Nurse I - Step C	D5C	4464.32	4688.08	4923.20	5169.92	5428.40	---	---	9672.69	11761.53
Psychiatric Nurse II	S57	4623.52	4854.80	5097.68	5352.80	5620.72	5901.52	6196.72	10017.62	13426.22
Psychiatric Nurse II - Extra Help	X1C	4301.44	4516.64	4742.56	4979.84	5228.96	---	---	9319.78	11329.41
Psychiatric Nurse II - Step A	E2A	4739.12	4976.08	5224.96	5486.48	5760.96	6049.04	6351.52	10268.09	13761.62
Psychiatric Nurse II - Step B	E2B	4854.72	5097.60	5352.64	5620.64	5901.52	6196.64	6506.56	10518.56	14097.54
Psychiatric Nurse II - Step C	E2C	4970.32	5218.88	5479.92	5754.40	6052.72	6344.24	6661.28	10769.02	14432.77
Staff Developer	S38	5352.80	5620.72	5901.52	6196.72	6506.72	6832.08	7180.56	11597.73	15557.88
Staff Developer - Extra Help	X1E	4721.28	4957.60	5205.44	5465.76	5739.28	---	---	10229.44	12435.10
Staff Developer - Step A	S5A	5486.48	5760.96	6049.04	6351.52	6669.36	7002.96	7359.84	11887.37	15946.32
Staff Developer - Step B	S5B	5620.64	5901.52	6196.64	6506.56	6831.92	7173.68	7539.44	12178.05	16335.45
Staff Developer - Step C	S5C	5754.40	6042.08	6344.24	6661.28	6994.72	7344.64	7718.80	12467.86	16724.06

## APPENDIX A - RNPA SALARIES

Effective October 23, 2017

Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Assistant Nurse Manager	S11	5513.36	5789.28	6078.56	6382.56	6701.92	7037.04	7395.92	11945.61	16024.49
Assistant Nurse Manager - Extra Help	X1J	5129.20	5385.76	5654.96	5937.84	6234.96	---	---	11113.26	14907.53
Assistant Nurse Manager - Step A	S2A	5651.04	5933.76	6230.48	6542.00	6869.44	7213.04	7580.56	12243.92	13509.08
Assistant Nurse Manager - Step B	S2B	5789.20	6078.56	6382.48	6701.68	7036.80	7388.88	7765.60	12543.26	16825.46
Assistant Nurse Manager - Step C	S2C	5926.96	6223.28	6534.56	6861.04	7204.56	7564.96	7950.32	12841.74	17225.69
Certified Registered Nurse Anesthetist	S1V	7544.40	7929.44	8334.64	8760.32	9207.60	9677.84	---	16346.20	20968.65
Certified Registered Nurse Anesthetist - Extra Help	X1K	7019.68	7377.04	7753.84	8149.92	8574.96	---	---	15209.30	18579.08
Certified Registered Nurse Anesthetist - Step A	Y1A	7733.04	8127.76	8542.88	8979.20	9437.92	9919.76	---	16754.92	21492.81
Certified Registered Nurse Anesthetist - Step B	Y1B	7921.84	8326.08	8751.44	9198.24	9667.92	10161.60	---	17163.98	22016.80
Certified Registered Nurse Anesthetist - Step C	Y1C	8110.40	8524.16	8959.68	9417.20	9898.16	10403.52	---	17572.53	22540.96
Clinical Nurse I	S89	4074.24	4277.84	4491.68	4717.28	4953.52	---	---	8827.52	10732.62
Clinical Nurse I - Extra Help	X1A	3773.44	3962.16	4178.96	4388.48	4608.32	---	---	8175.78	9984.69
Clinical Nurse I - Step A	C3A	---	---	4604.16	4835.04	5077.28	---	---	9975.68	11000.77
Clinical Nurse I - Step B	C3B	---	---	4716.56	4952.80	5201.20	---	---	10219.21	11269.26
Clinical Nurse I - Step C	C3C	---	---	4828.72	5070.88	5324.96	---	---	10462.22	11537.41
Clinical Nurse I - U	Q89	4074.24	4277.84	4491.68	4717.28	4953.52	---	---	8827.52	10732.62
Clinical Nurse II	S76	4318.16	4535.04	4762.16	5000.40	5250.56	---	---	9356.01	11376.21
Clinical Nurse II - Extra Help	X1H	4017.36	4219.04	4430.48	4652.08	4884.80	---	---	8704.28	10583.73
Clinical Nurse II - Step A	D0A	4426.16	4648.48	4881.28	5125.36	5381.68	---	---	9590.01	11660.30
Clinical Nurse II - Step B	D0B	4534.00	4761.68	5000.32	5250.48	5513.20	---	---	9823.66	11945.26
Clinical Nurse II - Step C	D0C	4642.00	4875.12	5119.36	5375.44	5644.24	---	---	10057.66	12229.18
Clinical Nurse II - U	Q87	4318.16	4535.04	4762.16	5000.40	5250.56	---	---	9356.01	11376.21
Clinical Nurse II - U - Step A	E1A	4426.16	4648.48	4881.28	5125.36	5381.68	---	---	9590.01	11660.30
Clinical Nurse II - U - Step B	E1B	4534.00	4761.68	5000.32	5250.48	5513.20	---	---	9823.66	11945.26
Clinical Nurse II - U - Step C	E1C	4642.00	4875.12	5119.36	5375.44	5644.24	---	---	10057.66	12229.18
Clinical Nurse III	S75	4762.16	5000.40	5250.56	5513.36	5789.28	6078.56	6382.56	10318.01	13828.88
Clinical Nurse III - Extra Help	X1I	4430.48	4652.08	4884.80	5129.20	5385.76	---	---	9599.37	11669.14
Clinical Nurse III - Step A	S7A	4881.28	5125.36	5381.68	5651.04	5933.76	6230.48	6542.00	10576.10	14174.33
Clinical Nurse III - Step B	S7B	5000.32	5250.48	5513.20	5789.20	6078.56	6382.48	6701.68	10834.02	14520.30
Clinical Nurse III - Step C	S7C	5119.36	5375.44	5644.24	5926.96	6234.24	6534.56	6861.04	11091.94	14865.58

Effective October 23, 2017										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Min
Clinical Nurse III - U	Q86	4762.16	5000.40	5250.56	5513.36	5789.28	6078.56	6382.56	10318.01	13828.88
Clinical Nurse III - U - Step A	Q8A	4881.28	5125.36	5381.68	5651.04	5933.76	6230.48	6542.00	10576.10	14174.33
Clinical Nurse III - U - Step B	Q8B	5000.32	5250.48	5513.20	5789.20	6078.56	6382.48	6701.68	10834.02	14520.30
Clinical Nurse III - U - Step C	Q8C	5119.36	5375.44	5644.24	5926.96	6234.24	6534.56	6861.04	11091.94	14865.58
Clinical Nurse Specialist	S35	5513.36	5789.28	6078.56	6382.56	6701.92	7037.04	7395.92	11945.61	16024.49
Clinical Nurse Specialist - Extra Help	X1L	5129.20	5385.76	5654.96	5937.84	6234.96	---	---	11113.26	13509.08
Clinical Nurse Specialist - Step A	S4A	5651.04	5933.76	6230.48	6542.00	6869.44	7213.04	7580.56	12243.92	16424.54
Clinical Nurse Specialist - Step B	S4B	5789.20	6078.56	6382.48	6701.68	7036.80	7388.88	7765.60	12543.26	16825.46
Clinical Nurse Specialist - Step C	S4C	5926.96	6223.28	6534.56	6861.04	7204.56	7564.96	7950.32	12841.74	17225.69
Infection Control Nurse	S04	5513.36	5789.28	6078.56	6382.56	6701.92	7037.04	7395.92	11945.61	16024.49
Infection Control Nurse - Extra Help	X1F	5129.20	5385.76	5654.96	5937.84	6234.96	---	---	11113.26	13509.08
Infection Control Nurse - Step A	S0A	5651.04	5933.76	6230.48	6542.00	6869.44	7213.04	7580.56	12243.92	16424.54
Infection Control Nurse - Step B	S0B	5789.20	6078.56	6382.48	6701.68	7036.80	7388.88	7765.60	12543.26	16825.46
Infection Control Nurse - Step C	S0C	5926.96	6223.28	6534.56	6861.04	7204.56	7564.96	7950.32	12841.74	17225.69
Nurse Coordinator	S39	5250.56	5513.36	5789.28	6078.56	6382.56	6701.92	7037.04	11376.21	15246.92
Nurse Coordinator - Extra Help	X1M	4884.24	5128.80	5385.36	5654.48	5937.28	---	---	10582.52	12864.10
Nurse Coordinator - Step A	S3A	5381.68	5651.04	5933.76	6230.48	6542.00	6869.44	7213.04	11660.30	15628.25
Nurse Coordinator - Step B	S3B	5513.20	5789.20	6078.56	6382.48	6701.68	7036.80	7388.88	11945.26	16009.24
Nurse Coordinator - Step C	S3C	5644.24	5926.96	6223.28	6534.56	6861.04	7204.56	7564.96	12229.18	16390.74
Nurse Coordinator - U	Q39	5250.56	5513.36	5789.28	6078.56	6382.56	6701.92	7037.04	11376.21	15246.92
Nurse Coordinator - U Step A	Q4A	5381.68	5651.04	5933.76	6230.48	6542.00	6869.44	7213.04	11660.30	15628.25
Nurse Coordinator - U Step B	Q4B	5513.20	5789.20	6078.56	6382.48	6701.68	7036.80	7388.88	11945.26	16009.24
Nurse Coordinator - U Step C	Q4C	5644.24	5926.96	6223.28	6534.56	6861.04	7204.56	7564.96	12229.18	16390.74
Nurse Practitioner	S59	6078.56	6382.56	6701.92	7037.04	7395.92	7773.20	8170.48	13170.21	17702.70
Nurse Practitioner - Extra Help	X1N	5654.96	5937.76	6234.96	6546.80	6880.48	---	---	12252.41	14907.70
Nurse Practitioner - Step A	Y0A	6230.48	6542.00	6869.44	7213.04	7580.56	7967.36	8374.40	13499.37	18144.53
Nurse Practitioner - Step B	Y0B	6382.48	6701.68	7036.80	7388.88	7765.60	8161.92	8578.96	13828.70	18587.74
Nurse Practitioner - Step C	Y0C	6534.56	6861.04	7204.56	7564.96	7950.32	8356.16	8783.04	14158.21	19029.92
Per Diem Clinical Nurse	S99	---	69.21/Hrly	---	87.50/Hrly	---	---	---	---	---
Per Diem Nurse Practitioner	S41	---	86.54/Hrly	---	109.42/Hrly	---	---	---	---	---
Per Diem Psychiatric Nurse	S92	---	69.21/Hrly	---	87.50/Hrly	---	---	---	---	---
Psychiatric Nurse I	S58	4277.28	4491.68	4717.28	4953.52	5201.28	---	---	9267.44	11269.44

<b>Effective October 23, 2017</b>										
<b>Job Title</b>	<b>Job Code</b>	<b>Biweekly Step 1</b>	<b>Biweekly Step 2</b>	<b>Biweekly Step 3</b>	<b>Biweekly Step 4</b>	<b>Biweekly Step 5</b>	<b>Biweekly Step 6</b>	<b>Biweekly Step 7</b>	<b>Monthly Min</b>	<b>Monthly Min</b>
Psychiatric Nurse I - Step A	D5A	4384.32	4604.16	4835.04	5077.28	5331.12	---	---	9499.36	11550.76
Psychiatric Nurse I - Step B	D5B	4491.20	4716.56	4952.80	5201.20	5461.28	---	---	9730.93	11832.77
Psychiatric Nurse I - Step C	D5C	4598.24	4828.72	5070.88	5324.96	5591.20	---	---	9962.85	12114.26
Psychiatric Nurse II	S57	4762.16	5000.40	5250.56	5513.36	5789.28	6078.56	6382.56	10318.01	13828.88
Psychiatric Nurse II - Extra Help	X1C	4430.48	4652.08	4884.80	5129.20	5385.76	---	---	9599.37	11669.14
Psychiatric Nurse II - Step A	E2A	4881.28	5125.36	5381.68	5651.04	5933.76	6230.48	6542.00	10576.10	14174.33
Psychiatric Nurse II - Step B	E2B	5000.32	5250.48	5513.20	5789.20	6078.56	6382.48	6701.68	10834.02	14520.30
Psychiatric Nurse II - Step C	E2C	5119.36	5375.44	5644.24	5926.96	6234.24	6534.56	6861.04	11091.94	14865.58
Staff Developer	S38	5513.36	5789.28	6078.56	6382.56	6701.92	7037.04	7395.92	11945.61	16024.49
Staff Developer - Extra Help	X1E	4862.88	5106.32	5361.60	5629.68	5911.44	---	---	10536.24	12808.12
Staff Developer - Step A	S5A	5651.04	5933.76	6230.48	6542.00	6869.44	7213.04	7580.56	12243.92	16424.54
Staff Developer - Step B	S5B	5789.20	6078.56	6382.48	6701.68	7036.80	7388.88	7765.60	12543.26	16825.46
Staff Developer - Step C	S5C	5926.96	6223.28	6534.56	6861.04	7204.56	7564.96	7950.32	12841.74	17225.69

## APPENDIX A - RNPA SALARIES

Effective October 22, 2018

Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Max
Assistant Nurse Manager	S11	5678.72	5962.88	6260.88	6574.00	6902.96	7248.08	7617.76	12303.89	16505.14
Assistant Nurse Manager - Extra Help	X1J	5283.04	5547.28	5824.56	6115.92	6422.00	---	---	11446.58	13914.33
Assistant Nurse Manager - Step A	S2A	5820.56	6111.76	6417.36	6738.24	7075.52	7429.36	7807.92	12611.21	16917.16
Assistant Nurse Manager - Step B	S2B	5962.80	6260.88	6573.92	6902.72	7247.84	7610.48	7998.56	12919.40	17330.21
Assistant Nurse Manager - Step C	S2C	6104.72	6409.92	6730.56	7066.80	7420.64	7791.84	8188.80	13226.89	17742.40
Certified Registered Nurse Anesthetist	S1V	7770.72	8167.28	8584.64	9023.12	9483.76	9968.16	---	16836.56	21597.68
Certified Registered Nurse Anesthetist - Extra Help	X1K	7230.24	7598.32	7986.40	8394.40	8832.16	---	---	15665.52	19136.34
Certified Registered Nurse Anesthetist - Step A	Y1A	7964.96	8371.52	8799.12	9248.56	9721.04	10217.28	---	17257.41	22137.44
Certified Registered Nurse Anesthetist - Step B	Y1B	8159.44	8575.84	9013.92	9474.16	9957.92	10466.40	---	17678.78	22677.20
Certified Registered Nurse Anesthetist - Step C	Y1C	8353.68	8779.84	9228.40	9699.68	10195.04	10715.60	---	18099.64	23217.13
Clinical Nurse I	S89	4196.40	4406.16	4626.40	4858.72	5102.08	---	---	9092.20	11054.50
Clinical Nurse I - Extra Help	X1A	3886.64	4080.96	4304.32	4520.08	4746.56	---	---	8421.05	10284.21
Clinical Nurse I - Step A	C3A	---	---	4742.24	4980.08	5229.52	---	---	10274.85	11330.62
Clinical Nurse I - Step B	C3B	---	---	4858.00	5101.36	5357.20	---	---	10525.66	11607.26
Clinical Nurse I - Step C	C3C	---	---	4973.52	5222.96	5484.64	---	---	10775.96	11883.38
Clinical Nurse I - U	Q89	4196.40	4406.16	4626.40	4858.72	5102.08	---	---	9092.20	11054.50
Clinical Nurse II	S76	4447.68	4671.04	4904.96	5150.40	5408.00	---	---	9636.64	11717.33
Clinical Nurse II - Extra Help	X1H	4137.84	4345.60	4563.36	4791.60	5031.28	---	---	8965.32	10901.10
Clinical Nurse II - Step A	D0A	4558.88	4787.92	5027.68	5279.12	5543.12	---	---	9877.57	12010.09
Clinical Nurse II - Step B	D0B	4670.00	4904.48	5150.32	5407.92	5678.56	---	---	10118.33	12303.54
Clinical Nurse II - Step C	D0C	4781.20	5021.36	5272.88	5536.64	5813.52	---	---	10359.26	12595.96
Clinical Nurse II - U	Q87	4447.68	4671.04	4904.96	5150.40	5408.00	---	---	9636.64	11717.33
Clinical Nurse II - U - Step A	E1A	4558.88	4787.92	5027.68	5279.12	5543.12	---	---	9877.57	12010.09
Clinical Nurse II - U - Step B	E1B	4670.00	4904.48	5150.32	5407.92	5678.56	---	---	10118.33	12303.54
Clinical Nurse II - U - Step C	E1C	4781.20	5021.36	5272.88	5536.64	5813.52	---	---	10359.26	12595.96
Clinical Nurse III	S75	4904.96	5150.40	5408.00	5678.72	5962.88	6260.88	6574.00	10627.41	14243.66
Clinical Nurse III - Extra Help	X1I	4563.36	4791.60	5031.28	5283.04	5547.28	---	---	9887.28	12019.10
Clinical Nurse III - Step A	S7A	5027.68	5279.12	5543.12	5820.56	6111.76	6417.36	6738.24	10893.30	14599.52
Clinical Nurse III - Step B	S7B	5150.32	5407.92	5678.56	5962.80	6260.88	6573.92	6902.72	11159.02	14955.89
Clinical Nurse III - Step C	S7C	5272.88	5536.64	5813.52	6104.72	6421.20	6730.56	7066.80	11424.57	15311.40



Effective October 22, 2018										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Min
Clinical Nurse III - U	Q86	4904.96	5150.40	5408.00	5678.72	5962.88	6260.88	6574.00	10627.41	14243.66
Clinical Nurse III - U - Step A	Q8A	5027.68	5279.12	5543.12	5820.56	6111.76	6417.36	6738.24	10893.30	14599.52
Clinical Nurse III - U - Step B	Q8B	5150.32	5407.92	5678.56	5962.80	6260.88	6573.92	6902.72	11159.02	14955.89
Clinical Nurse III - U - Step C	Q8C	5272.88	5536.64	5813.52	6104.72	6421.20	6730.56	7066.80	11424.57	15311.40
Clinical Nurse Specialist	S35	5678.72	5962.88	6260.88	6574.00	6902.96	7248.08	7617.76	12303.89	16505.14
Clinical Nurse Specialist - Extra Help	X1L	5283.04	5547.28	5824.56	6115.92	6422.00	---	---	11446.58	13914.33
Clinical Nurse Specialist - Step A	S4A	5820.56	6111.76	6417.36	6738.24	7075.52	7429.36	7807.92	12611.21	16917.16
Clinical Nurse Specialist - Step B	S4B	5962.80	6260.88	6573.92	6902.72	7247.84	7610.48	7998.56	12919.40	17330.21
Clinical Nurse Specialist - Step C	S4C	6104.72	6409.92	6730.56	7066.80	7420.64	7791.84	8188.80	13226.89	17742.40
Infection Control Nurse	S04	5678.72	5962.88	6260.88	6574.00	6902.96	7248.08	7617.76	12303.89	16505.14
Infection Control Nurse - Extra Help	X1F	5283.04	5547.28	5824.56	6115.92	6422.00	---	---	11446.58	13914.33
Infection Control Nurse - Step A	S0A	5820.56	6111.76	6417.36	6738.24	7075.52	7429.36	7807.92	12611.21	16917.16
Infection Control Nurse - Step B	S0B	5962.80	6260.88	6573.92	6902.72	7247.84	7610.48	7998.56	12919.40	17330.21
Infection Control Nurse - Step C	S0C	6104.72	6409.92	6730.56	7066.80	7420.64	7791.84	8188.80	13226.89	17742.40
Nurse Coordinator	S39	5408.00	5678.72	5962.88	6260.88	6574.00	6902.96	7248.08	11717.33	15704.17
Nurse Coordinator - Extra Help	X1M	5030.72	5282.64	5546.88	5824.08	6115.36	---	---	10899.89	13249.94
Nurse Coordinator - Step A	S3A	5543.12	5820.56	6111.76	6417.36	6738.24	7075.52	7429.36	12010.09	16096.94
Nurse Coordinator - Step B	S3B	5678.56	5962.80	6260.88	6573.92	6902.72	7247.84	7610.48	12303.54	16489.37
Nurse Coordinator - Step C	S3C	5813.52	6104.72	6409.92	6730.56	7066.80	7420.64	7791.84	12595.96	16882.32
Nurse Coordinator - U	Q39	5408.00	5678.72	5962.88	6260.88	6574.00	6902.96	7248.08	11717.33	15704.17
Nurse Coordinator - U Step A	Q4A	5543.12	5820.56	6111.76	6417.36	6738.24	7075.52	7429.36	12010.09	16096.94
Nurse Coordinator - U Step B	Q4B	5678.56	5962.80	6260.88	6573.92	6902.72	7247.84	7610.48	12303.54	16489.37
Nurse Coordinator - U Step C	Q4C	5813.52	6104.72	6409.92	6730.56	7066.80	7420.64	7791.84	12595.96	16882.32
Nurse Practitioner	S59	6260.88	6574.00	6902.96	7248.08	7617.76	8006.32	8415.52	13565.24	18233.62
Nurse Practitioner - Extra Help	X1N	5824.56	6115.84	6422.00	6743.20	7086.88	---	---	12619.88	15354.90
Nurse Practitioner - Step A	Y0A	6417.36	6738.24	7075.52	7429.36	7807.92	8206.32	8625.60	13904.28	18688.80
Nurse Practitioner - Step B	Y0B	6573.92	6902.72	7247.84	7610.48	7998.56	8406.72	8836.32	14243.49	19145.36
Nurse Practitioner - Step C	Y0C	6730.56	7066.80	7420.64	7791.84	8188.80	8606.80	9046.48	14582.88	19600.70
Per Diem Clinical Nurse	S99	---	71.28/Hrly	---	90.12/Hrly	---	---	---	---	---
Per Diem Nurse Practitioner	S41	---	89.14/Hrly	---	112.70/Hrly	---	---	---	---	---
Per Diem Psychiatric Nurse	S92	---	71.28/Hrly	---	90.12/Hrly	---	---	---	---	---
Psychiatric Nurse I	S58	4405.52	4626.40	4858.72	5102.08	5357.28	---	---	9545.29	11607.44



Effective October 22, 2018										
Job Title	Job Code	Biweekly Step 1	Biweekly Step 2	Biweekly Step 3	Biweekly Step 4	Biweekly Step 5	Biweekly Step 6	Biweekly Step 7	Monthly Min	Monthly Min
Psychiatric Nurse I - Step A	D5A	4515.84	4742.24	4980.08	5229.52	5491.04	---	---	9784.32	11897.25
Psychiatric Nurse I - Step B	D5B	4625.92	4858.00	5101.36	5357.20	5625.04	---	---	10022.82	12187.58
Psychiatric Nurse I - Step C	D5C	4736.16	4973.52	5222.96	5484.64	5758.88	---	---	10261.68	12477.57
Psychiatric Nurse II	S57	4904.96	5150.40	5408.00	5678.72	5962.88	6260.88	6574.00	10627.41	14243.66
Psychiatric Nurse II - Extra Help	X1C	4563.36	4791.60	5031.28	5283.04	5547.28	---	---	9887.28	12019.10
Psychiatric Nurse II - Step A	E2A	5027.68	5279.12	5543.12	5820.56	6111.76	6417.36	6738.24	10893.30	14599.52
Psychiatric Nurse II - Step B	E2B	5150.32	5407.92	5678.56	5962.80	6260.88	6573.92	6902.72	11159.02	14955.89
Psychiatric Nurse II - Step C	E2C	5272.88	5536.64	5813.52	6104.72	6421.20	6730.56	7066.80	11424.57	15311.40
Staff Developer	S38	5678.72	5962.88	6260.88	6574.00	6902.96	7248.08	7617.76	12303.89	16505.14
Staff Developer - Extra Help	X1E	5008.72	5259.44	5522.40	5798.56	6088.72	---	---	10852.22	13192.22
Staff Developer - Step A	S5A	5820.56	6111.76	6417.36	6738.24	7075.52	7429.36	7807.92	12611.21	16917.16
Staff Developer - Step B	S5B	5962.80	6260.88	6573.92	6902.72	7247.84	7610.48	7998.56	12919.40	17330.21
Staff Developer - Step C	S5C	6104.72	6409.92	6730.56	7066.80	7420.64	7791.84	8188.80	13226.89	17742.40

APPENDIX B - CLASSIFICATIONS AND AREAS OF COMPETENCY FOR LAYOFF  
PURPOSES ONLY

B.1 - Classifications

Assistant Nurse Manager

Areas of Competency

1. Medical/Surgical
2. Rehabilitation
3. Neonatal Intensive Care, Pediatrics,  
Pediatric Intensive Care
4. Critical Care
5. Post Anesthesia Care Unit (PACU),  
Ambulatory Surgery Unit (ASU)
6. Transitional Care Neurosurgery Unit, Medical Short Stay  
Unit
7. Labor and Delivery
8. Mother Infant Care Center (MICC)
9. Operating Room
10. Ambulatory Care
11. Renal Care Center
12. Psychiatry/Behavioral Health

Clinical Nurse Specialist

Areas of Competency

1. Enterostomal
2. Oncology
3. Psychiatry/Behavioral Health
4. Rehabilitation
5. Maternity
6. Neonatal
7. Pediatric

Staff Developer

Areas of Competency

1. Medical/Surgical
2. Rehabilitation
3. Neonatal Intensive Care, Pediatrics,  
Pediatric Intensive Care
4. Critical Care
5. Labor and Delivery
6. Mother Infant Care Center (MICC)
7. Operating Room
8. Ambulatory Care
9. Custody Health Services

10. Psychiatry/Behavioral Health
11. General

Infection Control Nurse

Area of Competency

1. Infection Control

Nurse Coordinator

Areas of Competency

1. HIV/AIDS Services
2. Diabetes Patient Education
3. Dialysis
4. Nursing Information Systems
5. Psychiatry/Behavioral Health, Drug and Alcohol
6. Comprehensive Perinatal Services Program (CPSP)
7. Endoscopy
8. SART
9. Mother Infant Care Center (MICC)
10. Lactation
11. Cardiovascular
12. Anticoagulant
13. Homeless Program
14. Oncology
15. Stroke Coordinator

Clinical Nurse I/II/III

Areas of Competency

1. Medical-Surgical Units  
(3 Surgical, 4 Surgical, 4 Medical,  
Admission, Discharge, Transfer (ADT) Nurse
2. Rehabilitation (1RHB,  
2 RHB, Rehabilitation Trauma Unit RTC2)
3. Neonatal Intensive Care Unit,  
Pediatrics, Pediatric Intensive Care Unit
4. Adult Intensive Care Units (MICU, TICU, CCU, SICU), Burn  
Unit, Emergency Department, Cardiac Cath Lab,  
Interventional Radiology, Resource Nurse, PICC Nurse
5. Post Anesthesia Care Unit (PACU), Ambulatory  
Surgery Unit (ASU)
6. Transitional Care Neurosurgery Unit, Medical Short Stay  
Unit

7. Labor and Delivery
8. Mother-Infant Care Center (MICC)
9. Operating Room
10. Ambulatory Care
11. Renal Care Center
12. Custody Health Services
13. Coded Float:  
Competency areas for coded float nurses are determined based upon the greatest percentage of assignments within Appendix B, Clinical Nurse I, II, III Areas of Competency 1-13 in the preceding twelve (12) months.  
In the event of a layoff, those coded floats determined to be competent in the area being laid off will be included in the layoff process.

Psychiatric Nurse I/II

Area of Competency

1. Psychiatry/Behavioral Health, Drug & Alcohol.

Nurse Practitioner

Areas of Competency

1. Family
2. Adult
3. Neonatal Care
4. Pediatric
5. Women's Health
6. Gerontology
7. Psychiatry/Behavioral Health
8. Oncology

B. 2. - Areas of Competency Not Covered

If an area is not covered by this appendix, the parties shall meet and confer on the related areas of competency.

B.3 - Certifications and Specialty Skills

County may retain less senior nurses or nurses in a lower class who have certifications or specialty skills as designated:

1. Chemotherapy Certification on 4 Medical and Infusion Center
2. Open Heart qualified in SICU
3. Intra-aortic Balloon Pump (IABP) Certification in the CCU
4. Cardiac Cath Lab qualified in the Cath Lab
5. Informatics Nurse Certification for Nursing Information Systems Nurse Coordinator positions.

Appendix C  
Per Diem and Extra Help Nurses

1. Per Diem (PD) and Extra Help (EH) Nurses are appointments to non-permanent positions established to meet peak load or other unusual work situations.

PD and EH nurses may access sccjobs.org and complete job interest notification(s) to be notified of coded nursing positions that are being posted on an open/competitive basis.

2. PD nurses are required to be available to work at least eight (8) shifts a month, two of which are weekend shifts(if applicable). Four (4) weekend shifts per month may be approved as an alternate schedule to the eight shifts per month work requirement.

Each PD and EH nurse must be available to work one of the three major holidays: Thanksgiving, Christmas or New Year's Day on a rotating basis. Christmas Eve and New Year's Eve will be considered as meeting the holiday requirement for the evening shift. When assigned and worked, extra help and per diem nurses shall be paid at time and one half for all hours worked on two of the three major holidays as noted above.

3. EH nurses are required to be available to work a minimum of four (4) shifts per month, one of which will be a weekend shift.
4. Each PD and EH nurse is expected to float to units within their like area(s) as set forth in Section 8.14 b) however PD/EH nurses are not eligible for the premium pay.
5. No nurse may receive pay in an extra help capacity in the same classification in the same department for more than 1,040 hours in any fiscal year, unless otherwise approved by the Board of Supervisors.
  - a) Should an extension of hours be requested, the County shall provide RNPA at least twenty (20) days' notice in advance of the scheduled Board of

Supervisors meeting. RNPA shall respond within five (5) days of receipt of notice to request to meet and discuss or such request is deemed to have been waived.

- b) If a request to meet is made, the County and RNPA shall meet and discuss for not more than five (5) working days. If concerns are not alleviated or agreement not reached, the County may proceed.
  - c) The Board of Supervisors may proceed without meeting should they determine circumstances justify urgent action. Reasonable advance notice will be provided to the notice with intention to proceed on such basis.
6. Nurses who work as PD or EH shall be compensated on an hourly basis in accordance with the provisions of the County of Santa Clara Salary Ordinance Section B. (3).
  7. Overtime is defined as time worked beyond eighty (80) hours on a bi-weekly pay period, or beyond eight (8) hours in any work day except as mutually agreed upon between the County and the Association. Compensation for regular overtime shall be paid in cash at the rate of one and one-half (1 ½) times the regular hourly rate. Compensation for continuous shift overtime shall be paid in cash at the rate of one and one-half (1 ½) times the regular hourly rate for the first four (4) hours of overtime contiguous to the regular shift of a minimum of eight (8) hours and two (2) times the regular hourly rate for any additional hours worked.
  8. PD or EH nurses may elect to work an alternate work day of ten (10) or twelve (12) hour shift with mutual agreement of the nurse and management. This schedule shall be a voluntary/optional alternative to an eight (8) hour work day assignment. A PD or EH nurse working an alternate ten (10) or twelve (12) hour shift shall be compensated for each hour worked at the regular hourly base pay. Hours worked in excess of ten (10) or twelve (12) hours of the alternate ten (10) or twelve (12) hour shift, shall be subject to overtime provisions (Appendix C, #7).
  9. PD and EH nurses shall be subject to all provisions of Article 1; Article 2; Section 3.1, 3.2, 3.4; Article 4; Section 6.3; Sections 7.1, 7.6, 7.7; Sections 8.3, 8.4, 8.5, 8.9, 8.14 a) 8.14 b) (except for differential); Section 13.7; Article 14; Article 16; Article 17; Sections 18.2, 18.3, 18.4, 18.5, 18.8, 18.9,

18.10 (except for e), 18.11; Article 19; Article 20; Article 21; Article 22 and Article 23 of the Agreement between the County and RNPA and this Appendix.

10. Each PD and EH nurse will be evaluated annually. The evaluation shall consist of a comparison of the nurse's performance against written standards established by Management for:

- 1) Work Unit competencies;
- 2) Job classification;
- 3) Unit role expectations;
- 4) Any appropriate legal or regulatory requirements.

The County and RNPA shall meet within 90 days of agreement to discuss options in assisting extra help and per diem nurses achieve employment in coded positions. Discussions shall include training for assisting extra help and per diem nurses be successful in the testing process and job advancement skills.

The County commits to train managers and supervisors on the effective use of eligible lists, filling temporary vacancies and using the recruitment process including the use of selective certification and alternatives to extra help and per diem including Provisional and Substitute Provisional appointments.

A PD nurse is eligible for and may request a performance salary increase, contingent upon achieving a rating of standard or above in all categories of the performance evaluation and provided that he/she has worked a minimum of 1,040 hours since the last performance increase. An evaluation used for salary increase shall not be older than 90 days. Each PD nurse may only receive one performance salary increase within a one year time frame.

11. The parties acknowledge the value of permanent positions in maintaining quality of patient care while recognizing the need to use an appropriate staffing mix. The staffing mix accounts for flexibility and fluctuations based on peak loads and unusual work situations.

On a monthly basis the County shall provide the Association with a list of all RNPA represented PD and EH nurses names, classification, department and hours worked. Each year during the month of July, the County shall provide the



Association with a summary of all RNPA represented PD and EH hours by name, classification, department, cost center, and hours for the entire preceding fiscal year.

On a quarterly basis the County shall provide the Association with a report on the aggregate staffing mix of permanent, extra help and per diem.

12. The County and the Association shall meet on a quarterly basis during the term of the agreement to review and discuss the use of PD and EH nurses.

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