MANITOBA NURSES UNION

Contract Interpretation Manual

April 1, 2024 to March 31, 2028

Last Revised: July 11, 2025

IMPORTANT - PLEASE READ

INTRODUCTION

This manual is to assist Regional/Worksite Presidents who must interpret and/or apply the Central Table Collective Agreements. The manual is not the "final word" on the subjects it addresses. The Collective Agreement remains the legal binding document, but is subject to interpretation, precedent as a result of grievance resolution or other agreement between Employer and Union (MNU Central) or arbitration ruling. Interpretation may differ from that presented herein, particularly as this is a Collective Agreement with a number of new and/or modified provisions. We have endeavoured to interpret clauses so that they reflect the intent of the language when it was negotiated. Where no interpretation is given, the contract language is self-explanatory.

As interpretation is solidified, adapted by agreement or arbitration ruling, or as the Collective Agreement changes so will the manual - remaining reflective of the **intent,** and practical application, of the language contained in the Agreement.

Remember, this is not the final word and we may not have covered every possible situation. We, therefore, advise you to proceed with some caution. If you are unsure of the answer(s) to your question, please contact your Labour Relations Officer.

HOW TO USE THIS MANUAL

Each section of language contained in the MNU Collective Agreement is contained herein and is shown in green. The base Collective Agreement used is Interlake-Eastern. The following colour legend is used to reflect a difference from the foregoing language where there is a specific site or Employer exemption/variation:

- Pink- NHREO (Northern)
- Blue- SHEO (Shared Health)
- Red- WCHREO (Winnipeg Churchill)
- Purple- PMHREO (Prairie Mountain)
- Orange- SHREO (Southern Health)

Following each clause is a brief explanation of the language and perhaps an example or two of the application of the language. When searching for answers, look up the "issues" in the index; cross referencing is often necessary when dealing with problems.

Where there are references to "attachments" - these are numbered and are at the back of the manual.

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PREAMBLE

Statement of intent and philosophy is to be used as a guide to interpret other provisions in the Collective Agreement.

WHEREAS, it is the desire of both parties to this Agreement to recognize a mutual obligation to provide the best possible quality of health care through the successful operation of the Health Care Organization; and recognizing that some Employers are Faith based; and to maintain harmonious relationships between the Employers and the members of the Union; and to recognize the value of joint discussion and negotiation in matters related to working conditions; and

Expresses the obligation to provide the best possible quality of health care. This provision should be addressed within NAC and/or IAC presentations or at discussions relating to quality of nursing care.

Expresses the obligation to maintain harmonious relationships between the Employer and the Union related to all working conditions. This should be used as a guidepost in any discussions.

WHEREAS, the Employers Organization and the Union have agreed to enter into a Collective Agreement containing terms and conditions of employment of the nurses as herein set forth;

WHEREAS, the Employers Organization recognizes the responsibility to secure nurses from risks to their safety, health and welfare arising out of or in connection with the activities in their workplaces, the Employers will comply with their responsibilities in accordance with Section 2(2) of The Workplace Safety and Health Act.

Expresses the obligation of the Employer under the Workplace Safety and Health Act. Nurses are guaranteed under the legislation the right to know about hazards, the right to participate in safety discussions and committees, the right to be free from discrimination and the right to refuse dangerous work.

Excerpt from the current Workplace Safety and Health Act
Specific objects and purposes

2(2) *Without limiting the generality of subsection (1), the objects and purposes of this Act include*

(a) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;

(b) the prevention among workers of ill health caused by their working conditions;

(c) the protection of workers in their employment from factors promoting ill health;

(d) the placing and maintenance of workers in an occupational environment adapted to their physiological and psychological condition; and

(e) the promotion of workers' rights

(i) to know about safety and health hazards in their workplaces,

(ii) to participate in safety and health activities at their workplaces,
(iii) to refuse dangerous work, and
(iv) to work without being subject to reprisal.

The Workplace Safety and Health Act and Regulations are available on line.

NOW, THEREFORE, the Employers Organization and the Union mutually covenant and agree as follows:

The Union and the Employer have agreed to all of the terms and conditions of the Collective Agreement and, as such, both parties are obligated to uphold the provisions of same.

ARTICLE 1 -- SCOPE OF RECOGNITION

101 The Employers Organization recognizes the Union as sole bargaining agent for nurses in the bargaining unit defined in the Health Section Bargaining Unit Review Act Certificate issued under Health Sector Bargaining Unit Restructuring Act (HSBURA) (*nos. specific to each bargaining unit/Collective Agreement).*

This clause incorporates by reference a description of the bargaining unit. Reference should be made to this provision as well as definitions (301) and Appendix "C" whenever bargaining unit work is an issue.

This clause reflects the principles of the Labour Relations Act which sets out the Union as the sole bargaining agent. The purpose of this is to ensure that the Union members have the right to collective representation through their Union as the designated bargaining agent.

The Worksite Executive (Regional/Direct Operations or non-transferred Worksite) is considered the in situ representative of the Worksite. As a result of HSBURA changes to the bargaining unit, only MNU central office representatives can enter into, or approve agreements with the Employer for that bargaining unit. Such agreements are conducted in collaboration with the Worksite Executive. The worksite unit is not the bargaining agent nor representative of the entire bargaining unit.

An individual Union member or a worksite unit cannot make any agreement with the Employer which changes the terms of the Collective Agreement to affect the bargaining unit, or themselves, unless the Collective Agreement clearly provides for such agreements to be made.

A nurse with the same Employer must be "in" or "out" of scope but not both.

ARTICLE 2 - DURATION

201 This Collective Agreement shall be in full force and effect from the 1st day of April, 2024, up to and including the 31st day of March, 2028.

This clause determines the effective date and expiry date of the Collective Agreement. (4-year agreement ratified on May 17th, 2024 [July 8th, 2024 for SHEO] for all other EOs) Not all provisions herein are fully retroactive to the effective date (April 1, 2024) of this Agreement. Any questions as to which elements are or are not fully retroactive should be directed to your Labour Relations Officer.

202 Either party to this Collective Agreement desiring to terminate this Collective Agreement or renegotiate a new Agreement, shall give notice to the other party in writing at least ninety (90) days prior to the expiration date of the Collective Agreement and present its proposals in writing at a meeting between the parties, within thirty (30) days following such notice. If notice is not given as above, the Collective Agreement shall be automatically renewed without change for a further period of one (1) year.

A mechanism is provided here for the "opening" of the Collective Agreement by either the MNU or the Employer and negotiating its terms either in whole or in part.

*The process for "opening" is clearly defined in the language above stating that written notice is given by either party to the other indicating that they wish to open the Collective Agreement (i.e. negotiate to arrive at a new Collective Agreement). Such notice must be given, in writing, **at least** 90 days before the date the Collective Agreement expires.*

*Within the 30 days after the notice to open the Collective Agreement is received, the parties **meet** to exchange their proposals to the Collective Agreement unless a later date is mutually agreed.*

In the event that either party does not serve notice to negotiate the Collective Agreement within the specified time period, the current Collective Agreement may have to continue for another one year - without change to any of its provisions. The expiry may have to be moved to the next year in the same month and on the same day as the contract stipulates in 201.

203 The provisions of this Agreement shall continue in effect following the expiry date until replaced by a new Agreement, or until the declaration of a strike or lockout, whichever occurs first.

This provision mandates that the Collective Agreement continues in effect and only ends when a new/revised Collective Agreement is ratified or the Union goes on strike or the Employer locks out the nurses. This clause is commonly known as a "bridging clause".

ARTICLE 3 -- DEFINITIONS

301 A "nurse" is a Registered Nurse, or a Nurse Practitioner (Registered Nurse Extended Practice) or a Licensed Practical Nurse, or a Registered Psychiatric Nurse, or a graduate nurse, or a graduate nurse extended practice or a graduate practical nurse, or a graduate psychiatric nurse, or Operating Room Technician who is employed by the Employer in one of the occupational classifications described in Appendix "C" attached hereto and forming part of this Agreement, subject to Article 3807 herein.

We have given a definition to the term "nurse" as used in this Collective Agreement. This provision does not preclude a nurse from working in more than one occupational classification at the same time. The term "nurse" is also applicable to an Operating Room Technician or an Undergraduate Nursing Employee where this classification is included in the bargaining unit.

302 Employment status of nurses shall be defined as:

A status is established for nurses according to the working hours and conditions of their employment.

(a) A "full-time nurse" is one who works the full prescribed hours of work specified in Article 14.

*Full-time nurses are those nurses who are **hired to work** full-time hours as specified in the Collective Agreement (see Article 14 in your Collective Agreement – full-time hours of work consist of 2015 annual hours (e.g. 7.75 hour shift equates to 2015 full time annual hours).*

(b) A "part-time nurse" is one who works on a regular and continuing basis for less than the full prescribed hours as specified in Article 14 but not less than seven and three-quarter (7.75) hours per bi-weekly period when averaged over a four (4) week period.

*A part-time nurse will be **assigned and committed** to work regularly scheduled shifts on a continuing basis and the EFT must be confirmed in writing at the time of commencing employment or the position (see Article 3401).*

(c) A "casual nurse" is one called in occasionally by the Employer to replace a full-time or part-time nurse or to supplement regular staff coverage in situations of unforeseen staff shortage.

Casual nurses do not derive their status from the number of hours they work – they do not have guaranteed hours of work.

Casuals are called in on an occasional basis. They are called in for the specific purpose of replacing a full or part-time nurse or they may be called in if the workload temporarily increases. Shifts assigned to casuals are not guaranteed nor are casual nurses obligated to work shifts that they have previously accepted.

Applicable for Home Care Nurses:
A casual nurse is called in by the Employer to replace a full-time or part-time nurse or to supplement regular staffing requirements.

303 "Weekend" shall mean the 48 hour period between 0001 hours on the Saturday to 2400 hours on the following Sunday.

*The weekend is Saturday and Sunday which is the period from **at or about** 0001 hours Saturday to **at or about** 2400 hours Sunday. (48 hour period) This does not impact 8 hour night shifts that commence between 2300 – 2400 hours.*

304 "Bi-weekly period" as used herein shall mean the two (2) weeks constituting a pay period.

A bi-weekly period, for the purposes of this Collective Agreement commences at the beginning of the pay period and terminates at the end of the pay period, with the elapsed time between those two points being two (2) weeks.

305 The provisions of this Collective Agreement are intended to be gender neutral and gender inclusive. A word used in the singular applies also in the plural, unless the context otherwise requires.

This simply allows for the exchange of references to gender, without having to insert the pronoun in the text of the Collective Agreement.

Also, the singular may be taken to be plural in a situation where reference is being made to more than one nurse, etc. This alleviates the need for the Collective Agreement to contain both singular and plural.

306 A "Registered Nurse" or a “Nurse Practitioner” (Registered Nurse Extended Practice) is a person entitled to practice under the Regulated Health Professions Act of Manitoba.

307 A "Licensed Practical Nurse" is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

308 A "Registered Psychiatric Nurse" is a person entitled to practice under the Regulated Health Professions Act of Manitoba.

The above clauses 306, 307 and 308 define the designations Registered Nurse, Nurse Practitioner, Registered Psychiatric Nurse and Licensed Practical Nurse by referencing the respective Acts which govern the practice of such persons. Thus, in order for a person to hold themselves out as either a RN, NP, RPN or LPN they must comply with the requirements set forth in the respective Acts.

309 An "Operating Room Technician" shall mean a person who has graduated from a formal course in Operating Room Technology approved by the Employer.

Operating Room Technicians are considered members of the bargaining unit as identified in HSBURA.

310 A "graduate nurse" means a person whose name is entered on the graduate nurse register of the College of Registered Nurses of Manitoba. A "graduate nurse extended practice" means a person whose name is entered on the graduate nurse extended practice register of the College of Registered Nurses of Manitoba. A "graduate practical nurse" means a person whose name is entered on the register of graduate practical nurses of the College of Licensed Practical Nurses of Manitoba. A "graduate psychiatric nurse" means a person whose name is entered on the register of graduate psychiatric nurses of the College of Registered Psychiatric Nurses of Manitoba. The terms of this Agreement shall be applicable to the graduate nurse, the graduate practical nurse, graduate psychiatric nurse, and graduate nurse practitioner, except as otherwise specified in the Collective Agreement.

In this clause we create a definition to deal with persons who have graduated from a nursing program but who do not hold a registration/license and cannot be considered as either a RN, NP, RPN or LPN for the purpose of this Collective Agreement or for the purpose of the governing Acts. Thus, without this clause, a nurse whose name is not included in one of the above registers would not be eligible for hire as a graduate nurse.

311 Definition of Continuous Service/Length of Employment

"Length of Employment" with an Employer shall mean the period of time since an employee last became a full-time or part-time employee in a permanent or term position for purposes of calculating all entitlements pursuant to this Agreement including, but not limited to, vacation, bonus vacation and pre-retirement leave and "Length of Service" shall have a similar meaning. Conversion from full-time or part-time status to casual status shall be considered a break in service and no period of casual employment or prior full-time or part-time employment in a permanent or term position shall be included in an employee's length of employment or length of service even when a casual employee subsequently becomes a full-time or part-time employee.

This provision embeds our longstanding interpretation regarding the status of casual nurses. This applies only when calculating entitlements and does not preclude the Employer from giving nurses service recognition/awards.

312 "Site(s)" shall mean the program(s)/facility(ies) within the Employer as listed in Appendix "D" under the Site List column.

Appendix "D" lists the sites in the various Employers' Organizations. Please note that the sites (Direct Operations and Non-transferred) listed in Appendix "D" for the purposes of the Collective Agreement may be different than the worksites within the MNU internal structure.

313 "Employer" shall mean the legal entity with whom the nurse is employed as listed in Appendix "D" under the Employer List column.

314 "Employers Organization" shall mean the party to this Agreement, being the collective total of Employers (under HSBURA) listed in Appendix "D" (Employer list column) herein established for the purpose of identifying the group of Employers party to this Collective Agreement.

315 "Layoff" shall mean the temporary or permanent removal of a nurse from active employment status as a result of an employment security notice issued in accordance with Article 27. It is understood that nothing contained in the definition of layoff shall abrogate, limit or restrict any right of a nurse as provided in Article 27.

ARTICLE 4 -- MANAGEMENT RIGHTS

401 The Union recognizes the sole right of the Employer, unless otherwise provided in this Agreement, to exercise its function of management under which it shall have, among others, the right to maintain efficiency and quality of patient/resident/client care; the right to direct the work of its nurses; the right to hire, classify, assign to nursing positions and promote; the right to determine job content and the number of nurses in a nursing unit; the right to demote, discipline, suspend, layoff and discharge for just cause; the right to make, alter and enforce rules and regulations in a manner that is fair and consistent with the terms of this Agreement.

The Union recognizes the Employer's management rights to the extent that they are limited or qualified by other language in the Collective Agreement, current legislation including the Labour Relations Act, Human Rights Act and the Workplace Health & Safety Act, or by past practice of the Employer in applying the Collective Agreement. Only certain portions of the Employment Standards Code and Regulations apply to nurses as professionals. See Attachment #8 for those portions of the Regulations that do apply to nurses.

The Employer has the right to determine which category and/or classification of worker fills a shift or a vacancy subject to limitations in other parts of the Collective Agreement, e.g. Article 34. However, we reserve the right to challenge if the Employer assigns bargaining unit work inappropriately to non bargaining unit workers.

The Employer has the right to lay off nurses, however, under the layoff procedure (Article 27), the Employer has conceded some rights to the Union. It cannot lay off whomever it pleases for convenience sake. The Employer must take into consideration:

1. *Seniority*
2. *Ability to do the work required*
3. *The right to bump*
4. *Employment Security Provisions in Article 2701 and redeployment principles as contained in the Collective Agreement including MOU #11 re: Participation in PHCLA/Redeployment.*

If you are in doubt about the Employer decisions or actions:

1. *Check the Collective Agreement for language which may limit or put conditions on their rights.*
2. *If no restrictions exist, then determine what policy they have in effect to cover the situation.*
3. *Determine if this policy falls in line with pertinent legislation (i.e. Labour Relations Act, Human Rights Act, Workplace Safety & Health Act, etc.)*
4. *Make certain their decision for a course of action is based on good sound management practice, not on bias or prejudices. Make certain it is consistent with other decisions they have made in the past.*
5. *Be prepared to ask questions regarding their action(s) and the rationale for the Employer's position.*

@SHEO

401 The Union recognizes the right of the Employer to exercise its function of management which includes, without limiting the generality of the foregoing; the right to direct the work of its nurses; to hire, promote, demote and discipline, suspend and discharge for just cause; or to expand or contract the numbers of the work force; to assign activities, determine job content; to transfer nurses to any area within the jurisdiction of the Employer; and to determine the numbers and the classification of nurses at any designated work area; to make, modify, and enforce rules and regulations in a manner consistent with the terms of this Agreement, and to establish the standards of volume, the level and quality of work performance, and if necessary, to sub-contract work to meet the requirements of the institution.

402 The Employer, in administering the Collective Agreement, shall act reasonably, fairly, in good faith, and in a manner consistent with the Collective Agreement as a whole.

This language comes from the Labour Relations Act and seeks to ensure reasonable application/administration of the Collective Agreement and/or policies of the Employer.

ARTICLE 5 -- UNION SECURITY AND REPRESENTATION

501 All nurses who are union members in good standing, or who may subsequently become union members in good standing shall as a condition of employment maintain union membership during the life of this Agreement. All nurses who are not union members shall not be required to become members as a condition of employment. All new nurses hired shall as a condition of employment, become union members within ninety (90) days from the date of employment and shall as a condition of employment, remain union members in good standing during the life of this Agreement.

The Employer agrees to deduct an amount equal to the current Union dues as directed in writing by the Manitoba Nurses' Union from each nurse in the bargaining unit, whether a member of the Union or not. Such letter shall include any dues exemptions. The Employer shall remit such dues to the Manitoba Nurses' Union fifteen (15) business days following the date deductions were made day of the following month together with a list of the names of nurses from each site/program for whom deductions have been made and a list of the names of all nurses newly hired/terminated and all nurses on leave of absence for a period of four (4) weeks or longer. Electronic copies of the lists from each site will be provided with specifications as indicated below.

Annually, by January 31st a list including the name, address and telephone number of each nurse currently in the bargaining unit shall be sent to the Union. This information may only be used by the Union for the purpose of communicating with its members.

This list is sent to Provincial MNU Office and ought be provided simultaneous to the seniority list.

The Employer also agrees to deduct once annually the amount of any special general assessment made by the Union. The Union shall notify the Employer, in writing, of the amount of the assessment at least one (1) month in advance of the end of the pay period in which the deductions are to be made.

In accordance with the law, each and every nurse in the bargaining unit who is included in the scope of this agreement shall have dues deducted. These dues are deducted from their bi-weekly pay regardless of whether they have signed a Union membership form in accordance with the Rand formula for dues deduction. See Attachment #9 for history of the Rand formula. (Full-time and part-time nurses have dues deducted 26 pay periods per year, casual nurses have dues deducted in each pay period that they work.)
The Employer must send the dues to the MNU within 15 business days of the deductions being made. Accompanying the payment of dues is to be a list of nurses from each site for whom deductions have been made and lists of nurses who:

1. *have terminated employment;*
2. *are newly hired;*
3. *are currently on a leave of absence for four (4) weeks or longer.*

There is also provision for the Union to assess a general levy against its members which the Employer will deduct and forward to the MNU. This assessment has to be specific and generally assessed to all nurses and it can only happen once per year.

Excerpt from the MNU Handbook:
Dues Exemption:

(a) ***Leave of Absence:*** *A member on leave of absence of more than four weeks is exempted from paying dues. (less than four weeks – no exemption) A member on layoff (who is not working – see (b) below) or in receipt of Workers Compensation or on Disability & Rehabilitation (D&R) benefits or on an unpaid leave of absence for a period of four weeks or longer remains a member in good standing without paying dues. As well, dues are not deducted from pre-retirement leave salary and the MNU will continue to represent these members should the need arise. MNU members on maternity leave with "top up" are exempt from paying dues, as they are not on a paid LOA.*

(b) ***Nurses on Lay-off:*** *Nurses who are laid off, but who continues to work additional available shifts and/or in a term position, shall pay full dues on a biweekly basis (i.e., the same as when they are working regular full-time or part-time).*

The Employer agrees to provide each newly hired nurse with a Union Membership Form, or provide an electronic Union Membership Form, or link to an electronic Union Membership Form as requested/determined by the Union at the time of hiring. A nurse who chooses to complete the Union Membership Form shall forward the completed Union Membership Form to the Worksite President.

This ensures each newly hired nurse is provided a membership form and/or instruction to complete an electronic/online form and the opportunity to become a signed member in a timely fashion. This should allow Worksites to have up to date membership lists.

When the Union Representative attends orientation sessions, they should encourage new hires to sign and return the membership forms or apply for membership online. If a nurse chooses not to sign the membership form which includes their address, phone number and current e-mail address, they will not receive regular communications from the Union.

The Union commits to have in place reasonable administrative and physical safeguards to ensure the confidentiality and security of this information.

The Union must take all reasonable steps to ensure the member information is retained securely and is used exclusively for Union business and communication with its members and not accessed, disseminated or dispersed for any other purpose without the consent of the nurses.

502 The Employer agrees to deduct union dues and the amount of any special general assessment in arrears upon receiving written authorization from the Union, and the Union agrees that all nurses to which the foregoing applies shall be given advance notice of the requested adjustment; and the Union further agrees to make refunds to nurses in the event of an overdeduction of dues.

This clause provides for a method of collecting dues that for one reason or another have fallen into arrears or collecting special assessments. The Employer does not take any action to collect dues in arrears until it receives written authority from the MNU.

The MNU will give the nurse(s) advance notice of any requested adjustments.

Worksite Treasurers should review monthly dues deduction listings to ensure all nurses in the bargaining unit are being deducted dues.

503 When a nurse makes known to the Employer or the Union that they are a member of a religious group which has as one of its articles of faith the belief that members of the group are precluded from being members of or financially supporting any union or professional association, the matter shall be dealt with in accordance with Section 76(3) of the Labour Relations Act of Manitoba.

For those nurses whose articles of faith dictate that they are prevented from joining or financially contributing to a Union, they must indicate same to the Union or Employer and make application to the Manitoba Labour Board if they wish to be considered for exemption from paying dues. There are several religious organizations that fall within these provisions.

A nurse who succeeds in this application shall continue to be deducted monies equivalent to union dues and such monies deducted shall be forwarded to a charity mutually agreed upon between the Union and the nurse.

The nurse who has succeeded in their application forfeits most of their Union rights. The Union has no obligation to represent them in matters pertaining to the Collective Agreement and will not file a grievance on their behalf. But, the nurse does have the right to cast a ballot for ratification or strike votes.

504 The Union shall notify the Employer in writing of any change in the amount of dues at least one (1) month in advance of the end of the pay period in which the deductions are to be made; however, such change shall not be made more frequently than once in a twelve (12) month period.

Should the Union wish to change the amount of dues to be deducted from each person in the bargaining unit, notice to the Employer must be given in writing by the MNU. The Region/Worksite must advise the MNU Provincial Office if a decision is made to change their Region/Worksite dues. The MNU will notify the Employer one (1) month or more before the end of the pay period in which dues deductions are to be made.

The Union cannot make changes more than once in a twelve (12) month period.

505 The Union shall save the Employer harmless from any claims from nurses covered by this Agreement as a result of dues or special general assessments having been collected in accordance with the terms of this Article.

506 The Union shall provide the Employer with a list of officers and nurse representatives of the Union, and shall provide the Employer with a revised list within four (4) weeks of any changes made. The Employer also agrees to notify the Union when there are changes to relevant management positions.

This clause ensures the Union and Employer are kept informed of those persons with whom it is to deal on matters relating to the Collective Agreement.

The Region/Worksite shall supply such a list and supply revised lists within 4 weeks of any changes being made whenever any of their representatives are replaced or reorganized. List should include Executive and Voting Delegates. In accordance with the MNU Constitution, Regions/Worksites should be electing their Voting Delegates for the AGM in the following year, not the current year.

507 Union activities other than those provided for in this Agreement shall not be conducted during the hours of duty of any nurse, nor in any non-public restricted area of the Employer's premises, without prior authorization by persons designated by the Employer.

This provision allows nurses to use Employer time to act on behalf of the Union or in some specific matters of Union business. These instances generally relate to administering or enforcement of the Collective Agreement (grievance, arbitration, orientation) or negotiating the terms of the Agreement.

If the Region/Worksite wishes to conduct any business on Employer time for which it has no specific right under the Collective Agreement, it must make a request of the Employer. The granting of such request is at the discretion of the Employer and should not be unreasonably denied.

508 If required in relation to the renewal of this Agreement or any new Agreement which may be negotiated as herein provided, nurse representatives or officers of the Union shall be granted time off duty, without loss of pay, to participate in negotiations in which both the Employer and the Union are represented, subject to a maximum cost as follows:

(a) Worksite Negotiations:
Facilities of less than 150 beds -- Two (2) nurses
Facilities of 151 - 400 beds -- Three (3) nurses
Facilities of over 400 beds -- Four (4) nurses

This sub-paragraph (a) shall only apply in the event Worksite Negotiations of individual site Collective Agreements are reinstated, such that the Employers Organization structure established under the HSBURA is no longer applicable to the affected Employers/sites for the purpose of collective bargaining.

(b) In the case of "Central Table" negotiations, salaries of up to twelve (12) nurses representing participating Manitoba Nurses' Union regions/worksites shall be maintained by the respective Employers.

The number of nurses from each Employers Organization shall be designated/determined by the Union.

Provision is made for nurses to negotiate without suffering loss of pay. The negotiations must be with the Employer and a maximum is set on the number of nurses who will be paid during such negotiations.

Joint negotiations are also addressed and the Employer is again responsible for ensuring that the nurses, who are on the MNU PCBC do not suffer any loss of pay for those periods of negotiations.

The Employer continues to pay the nurse their scheduled days when they are away at negotiations.

509 The Employer shall provide the Manitoba Nurses Union (MNU) link to the electronic copy of the Collective Agreement to each nurse at the time of hiring.

This ensures each newly hired nurse receives instructions as to how to access a copy of the Collective Agreement at the time of hiring. Any questions related to the Collective Agreement can be reviewed during the Union orientation (see 512).

510 A suitable notice board or notice board space for the use of the Union will be provided by the Employer. Such notice boards shall be located in each building within the site where members of the bargaining unit are regularly employed. The Employer reserves the right to request the removal of posted material if considered damaging to the Employer and the Union agrees to comply with this request.

The Employer provides notice board space for the Union. Generally this consists of a notice board specified for Union use, perhaps to be used in conjunction with other Unions within the facility. The use of this board should be for the posting of information regarding Union meetings, elections and other non-confidential Union information. No prior approval is required.

Requests by the Employer for removal of material should not be frivolous in nature. They should only stem from a real concern for the reputation of the facility or the Employer/nurse relations within the facility.

511 The Employer agrees to show on the income tax (T-4) slip of each nurse, the total amount of union dues deducted from their earnings and remitted to the Union.

512 A representative of the Union shall be granted not less than forty-five (45) minutes at a time authorized by the Employer, within thirty (30) calendar days of hiring of a nurse in order to familiarize newly hired nurses with the general conditions and responsibilities with respect to this Collective Agreement and to the Union. A management representative may be present during this period. Where it is not reasonably possible to hold a Union orientation within the thirty (30) calendar day time limit, the Employer shall notify the Union of such, including reasoning, and will provide the orientation as soon as practicable.

Orientation must occur within 30 calendar days of a nurse being hired and is no less than 45 minutes in duration. The Union must be notified and provided reasons for delays beyond 30 days. It is important that the Employer advise the Union of newly hired nurses and when their orientation will occur. This is an opportunity for the Region/Worksite to meet/sign up new members and advise as to MNU's role and responsibility with respect to member representation. Instructions as to how to access a copy of the Collective Agreement should be provided to each newly hired nurse at this time. Each Region/Worksite should assign the President or designate to conduct this orientation to the Union.

The Region/Worksite President should ensure that during the orientation, new hires are reminded to check their proper placement on the salary scale as per Article 38, their entitlement to Academic Allowances according to Appendix "B", and to ensure that they are enrolled in pension and benefit plans.

See MNU website for Orientation Checklist.

513 No nurse shall be required to make a written or verbal agreement with the Employer which may conflict with the terms of this Agreement, in accordance with Section 72(1) of the Labour Relations Act of Manitoba.

Section 72(1) of the Labour Relations Act identifies the Union as the sole bargaining agent for the bargaining unit and precludes any one individual from entering into agreements with the Employer, unless the Collective Agreement clearly provides for such agreements to be made (see 101). The Employer cannot rely upon any nurse's voluntary agreement to violate the terms of the Collective Agreement.

514 Where a nurse, as a member of the MNU bargaining committee:

a) Has their scheduled week of vacation fully or partially disrupted due to collective bargaining negotiation meetings with the Employer, the nurse may, at their election, choose one of the following options for every week of vacation disrupted:
   (i) Reschedule vacation amongst remaining available weeks in the vacation schedule within the current vacation year.

(ii) Carry over the week(s) of disrupted vacation for use in the subsequent vacation year, up to a maximum of ten (10) days of current annual vacation (pro-rated for part time nurses).

b) Where a single personal use vacation day(s) has been disrupted the nurse may choose amongst the following options:
   (i) Select an alternate day(s) of vacation amongst the remaining available days in the vacation schedule within the current vacation year.
   (ii) Elect to carry over the vacation day(s) for use in the subsequent vacation year, up to a maximum of five (5) days.

This allows PCBC members an opportunity to recover vacation displaced as a result of bargaining and reschedule at a later date. Addresses disadvantage to PCBC members as a result of participation in bargaining which can often be protracted and interfere with vacation.

ARTICLE 6 -- CONTINUANCE OF OPERATIONS

601 The Union agrees that during the life of this Agreement there shall be no strike, and to this end the Union will take affirmative action to prevent any nurse covered by this Agreement from striking. The Employer agrees that for the duration of this Agreement, there shall be no lockout.

A strike or lockout, as defined in the Labour Relations Act, cannot occur during the life of the Collective Agreement.

The grievance arbitration procedure is provided for dispute resolution during the life of the Collective Agreement.

ARTICLE 7 -- NON DISCRIMINATION

701 The parties agree that there shall be no discrimination, interference, restriction, harassment or coercion based on the applicable characteristics cited in Section 9 of the Human Rights Code of Manitoba.

This clause incorporates rights and responsibilities as determined in section 9 of the Manitoba Human Rights Code. This requires members to access the grievance/arbitration process to address discriminatory issues should the need arise.

Excerpt from Manitoba Human Rights Code:
PART II PROHIBITED CONDUCT AND SPECIAL PROGRAMS

"Discrimination" defined

9(1)

In this Code, "discrimination" means

- *(a) differential treatment of an individual on the basis of the individual's actual or presumed membership in or association with some class or group of persons, rather than on the basis of personal merit; or*
- *(b) differential treatment of an individual or group on the basis of any characteristic referred to in subsection (2); or*
- *(c) differential treatment of an individual or group on the basis of the individual's or group's actual or presumed association with another individual or group whose identity or membership is determined by any characteristic referred to in subsection (2); or*
- *(d) failure to make reasonable accommodation for the special needs of any individual or group, if those special needs are based upon any characteristic referred to in subsection (2).*

Interpretation

9(1.1)

In this Code, "discrimination" includes any act or omission that results in discrimination within the meaning of subsection (1), regardless of

(a) the form of the act or omission; and

(b) whether the person responsible for the act or omission intended to discriminate.

Applicable characteristics

9(2)

The applicable characteristics for the purposes of clauses (1)(b) to (d) are

- *(a) ancestry, including colour and perceived race;*
- *(b) nationality or national origin;*
- *(c) ethnic background or origin;*
- *(d) religion or creed, or religious belief, religious association or religious activity;*
- *(e) age;*
- *(f) sex, including sex-determined characteristics or circumstances, such as pregnancy, the possibility of pregnancy, or circumstances related to pregnancy;*
- *(g) gender identity;*
- *(h) sexual orientation;*
- *(i) marital or family status;*
- *(j) source of income;*
- *(k) political belief, political association or political activity;*
- *(l) physical or mental disability or related characteristics or circumstances, including reliance on a service animal, a wheelchair, or any other remedial appliance or device;*
- *(m) social disadvantage.*

The Human Rights Code is available on line at
http://web2.gov.mb.ca/laws/statutes/ccsm/h175e.php

702 The Employer and the Union agree that no form of workplace harassment, sexual harassment, disruptive workplace conflict, disrespectful behavior or violence, shall be condoned in the workplace. It is further agreed that both parties will work together in recognizing and resolving such problems should they arise. Situations involving sexual harassment shall be treated in strict confidence by both the Employer and the Union, except where disclosure is required by law.

See Attachment #1 regarding ***Harassment and Abuse Between Members – Protocol Regarding Union Representation (Article 7A04)****.*

Attachment #2A- ***Preventing Workplace Harassment***

ARTICLE 7A -- HEALTH AND SAFETY

7A01 The parties to this Collective Agreement endorse the importance of a safe and secure environment, in which nurses must work. The parties will work together in recognizing and resolving Occupational Health and Safety issues.

Environment includes not only areas internal to the facility but also the exterior areas under the care and control of the Employer (per Arbitration Award issued by Kristin L. Gibson April 9, 2024).

7A02 In accordance with the Workplace Safety and Health Act, the Employer agrees to make reasonable and proper provisions for the maintenance of a high standard of health and safety in the workplace and will provide safety and personal protective equipment where required and install safety devices where necessary.

This wording guarantees the rights of nurses and the obligation of the Employer to ensure a safe workplace for nurses. The Employer is also obligated to provide necessary safety, PPE protective equipment and the education for proper use of such equipment (for example N95 masks). Workplace Safety and Health Regulations Part 6 obligates nurses to use the protective equipment supplied. Where the safety equipment is inadequate, the nurse has the right to challenge the Employer through the Workplace Safety and Health Committee.

Respiratory protective equipment
6.15(1) An employer must ensure that respiratory protective equipment provided to a worker is selected, used and maintained in accordance with CAN/CSA-Z94.4-11, Selection, Use, and Care of Respirators.

6.15(2) An employer must ensure that a worker using the respiratory protective equipment

(a) is adequately trained by a competent person in the proper fit,
(b) testing, maintenance, use and cleaning of the equipment and in
(c) its limitations;
(d) is able to test, maintain and clean the equipment;
(e) is able to use the equipment safely; and
(f) inspects and tests the equipment before each use.

7A03 The Workplace Safety and Health Committee shall cooperate with Union representation for the purpose of ensuring health and safety in the workplace and the identification of health and safety hazards.

The Workplace Safety and Health Act says there must be a Workplace Safety and Health Committee established at each workplace with more than twenty employees and the Collective Agreement supports the provisions of the Act. The MNU constitution and bylaws determines how the Worksites elect and/or select their representatives. The worker members of the WSHC determine the Worker co-chair by election (separate and apart from the entire WSHC). It is important that the worksite MNU WSH Representative attend all of the committee meetings and provide regular reports to the executive and membership. Worksites are advised to elect/appoint an alternate so that if the representative is unable to attend, MNU members are still represented at the meeting. Worksite and Regional Presidents should make every effort to keep current on the status of WSH issues within their jurisdiction including receiving copies of WSHC minutes as a regular order of business. If you have any questions contact your Labour Relations Officer.

On an annual basis the Workplace Safety and Health Committee will be provided with and will review the Critical Incident Stress Response policy, security/response plans and all other applicable policies and regulations.

The Employer will make available where it exists, support through the Critical Incident Stress Response (CISR) team, or where there is no CISR team, appropriate Critical Incident support, to a nurse affected by a Critical Incident, an incident or circumstances that are deemed by the nurse to be outside the normal experience of their duties/workplace, and/or upon request of the nurse, or the manager on behalf of the nurse.

Where the Employer, does not currently maintain a CISR team, they shall provide the Union with the specifics of how nurses are provided support similar to that provided by CISR teams, and through what programs and/or services.

Where maintenance of CISR teams is no longer reasonably possible the Employer shall provide the Union as much notice as possible and the parties shall meet to discuss what options are to be implemented to continue provision of similar support to nurses.

The Employer will communicate to members the option to activate CISR as well as provide information as to the nature of the support provided by the CISR teams.

Requiring the Employer to:

*(a) Provide these policies to the Workplace Safety and Health Committee to ensure that the policies are reviewed and recommendations can be submitted. Please note that this language **does not** require the Employer to implement the recommendations;*

(b) Communicate to nurses the options to activate CISR;

(c) Provide nurses information as to the nature of the support provided by CISR;

(d) Where CISR does not exist, provide MNU with specifics on support provided similar to CISR and through what programs and/or services.

The parties agree that there shall be a dedicated mental health support unit (over and above EAP), funded by PCOC, and established exclusively for nurses in the bargaining unit.

The parties agree to establish a committee within sixty (60) days of ratification of this agreement to establish the scope, duties and terms of reference of the mental health support unit.

Requires establishment of dedicated mental health support unit for nurses and obligation for the committee to establish such.

7A04 The Employer and the Union agree that no form of abuse, harassment or bullying of nurses will be condoned in the workplace. Both parties will work together in recognizing, facilitating the reporting of alleged abuse and resolving such problems as they arise.

There shall be zero tolerance of abuse, harassment or bullying.

Any nurse who believes a situation may become or has become abusive, harassing or bullying shall report this to the immediate supervisor. The Employer shall notify the Union ninety-six (96) hours after the receipt of the report. Every reasonable effort will be made to rectify the abusive situation to the mutual satisfaction of the parties.

Any workplace injury or harmful exposure suffered by a nurse shall be reported to the Union no later than ninety-six (96) hours after the report/notification is made to the Employer. Such report to the Union will include the name of the affected nurse, if the nurse agrees, and a brief description as to the mechanism of injury/exposure.

In regards to respectful workplace; there shall be a policy supporting a Respectful Workplace which shall be provided to the Union, and shall be reviewed annually by the Workplace Health and Safety Committee. Such policy shall address the issue of communication strategies, which will include signage. The Employer's Respectful Workplace policy shall include a commitment to conclude the investigation as quickly as

is reasonably possible. Where a respectful workplace complaint is filed by a nurse, the Employer shall notify the Union of such complaint no later than ten (10) business days following receipt of the complaint.

Where the Union has concerns regarding the impartiality of an Employer conducted Respectful Workplace Investigation, the Union shall have the right to request the investigation be conducted by an individual from outside the work site. The Employer shall give all due reasonable consideration to such request.

If a Respectful Workplace Investigation is conducted, a report of findings, or a summary of the report will be shared by the Employer with the complainant and respondent nurse(s). Where a summary is provided, rather than the full report the Union may request and the Employer shall provide the rationale for the provision of a summary rather than the full report. The complainant and respondent may share the report/summary with the Union if they wish.

Adds harassment and bullying to definition of abuse. Allows for the Union to request respectful workplace investigations be conducted from a party outside the Worksite. Union retains the right to grieve. Removes misapplied PHIA exemption. Establishes timeline for Union notification of nurse initiated respectful workplace complaints. This enshrines the employer's obligation to have a respectful workplace policy as well as the employer's commitment to basic principles such as an expeditious and impartial investigation. This is intended to address the concern that investigations are often protracted and that sometimes the employer selects an investigator who is not perceived by members to be impartial.

This clause seeks to ensure a safe working environment for nurses. There is an obligation on the part of the Employer to notify the Union of any abuse, workplace injury or harmful exposure within 96 hours of the occurrence being reported. Development of a reporting process for incidents of abuse should be determined in accordance with Manitoba Health Policy 215.5 Violence Prevention Program for Healthcare Workers in Manitoba and Manitoba Regulation Part 11 Violence in the Workplace, and Part 10 Harassment which form as attachments to this manual.

This clause can have a very broad application and no individuals who enter your work environment are exempt. It can apply in situations where the abuser includes: co-workers, contractors, volunteers, families, visitors, doctors, Employer representatives.

The Workplace Safety and Health Regulations require that the Employer, through the Workplace Safety and Health Committee, establish policies that clearly express that no form of harassment or abuse will be tolerated. The Workplace Safety and Health Committee, which is a joint committee comprised of Union and Management representatives, shall review the Respectful Workplace policy once a year. The policy must address how zero tolerance of staff abuse will be communicated within the facility/worksite. The communication strategy will include signs which advise staff,

visitors, patients/residents/clients, doctors, etc. that this workplace supports zero tolerance of abuse.

See Attachment #1 regarding ***Harassment and Abuse Between Members – Protocol Regarding Union Representation (Article 7A.04).***

See Attachment #2 ***- Workplace Safety and Health Regulations Part 10 and 11***

See Attachment #2A ***- Preventing Workplace Harassment***

See Attachment #2B ***- Workplace Violence Prevention Guide***

See Attachment #2C ***Manitoba Health Policy 215.5 Violence Prevention Program***

7A05 At the request of a nurse, the Employer shall provide, at no cost to the nurse, vaccination(s) and/or immunization(s) for occupational illness(es) in accordance with the Canadian Immunization Guide from the Laboratory Centre for Disease for Health Canada.

All reasonable efforts should be made to provide immunization(s) to the nurse during their regularly scheduled work hours.

The Employer shall bear the cost. See Attachment #3 ***- Canadian Immunization Guide.***

7A06 **Rehabilitation and Return to Work Program -** The Employer agrees to actively participate and facilitate the rehabilitation and return to work of ill, injured or disabled nurses even when they are not covered under the D & R, WCB or MPI programs. **For clarity, where a nurse is waiting for a decision from D & R, WCB, or MPI and has been medically cleared to return to work, the Employer will pay for all return to work hours. It is understood that the nurse will reimburse the Employer once their claim is accepted.** Any such nurse will be supernumerary in nature when reasonably possible. The Union shall be notified by the Employer if there is a request for a Rehabilitation and Return to Work Program for a nurse. The Employer shall include the Union in the initial meeting with the nurse to review the provisions of the program to ensure that the work designated is within their restrictions and limitations. If required, the Employer shall schedule subsequent (progress) review(s) with the Union and the nurse and may proceed without the Union's involvement subject to the Union's concurrence. Where appropriate, by agreement between the Employer and the Union, job postings may be waived.

Provides for the nurse to be paid and returned to work when medically cleared despite awaiting a decision from D&R, WCB or MPI.

Not Applicable at non-transferred sites
Nurses may be placed in a rehabilitation program within a fifty (50) kilometre radius of the originating site unless a greater distance is mutually agreed between the Employer and the nurse.

*This clause outlines the Employer's and the Union's legal responsibility under the Human Rights Code to accommodate nurses returning from medical leaves of absence and leaves of absence related to D & R, MPI and WCB claims. Where D & R, MPI or WCB is not funding the return to work, the Employer is responsible for payment of hours worked**. The nurse in the Rehabilitation and Return to Work Program must be "supernumerary" when reasonably possible. "Supernumerary" means that the nurse is in addition to the regular staffing complement to ensure that the return to work will be successful.*

In the absence of a third party insurer attendance by the affected member at any meetings related to the Return to Work program shall be compensated by the employer.

The inclusion of the Union in the Rehabilitation and Return to Work process is mandatory. This clearly defines the requirement for union representation at the initial meeting. With union concurrence, subsequent meetings may not require union representation, however the Union makes this determination. It is not the Employer's decision as to whether or not the Union attends.

*** If the nurse is in receipt of EI, the Employer is still responsible to pay for hours worked and it is the responsibility of the nurse to report their earnings to EI.*

It may be necessary to consider waiving job postings after all avenues have been exhausted, to ensure every reasonable effort has been made to accommodate a nurse in the workplace in accordance with the Duty to Accommodate.

Case Law is continually evolving in regards to the Duty to Accommodate. Please consult with your Labour Relations Officer on any matters related to Accommodation.

7A07 **Whistle Blowing Protection -** Nurses who exercise their rights in accordance with the Public Interest Disclosure Act shall not be subject to discipline or reprisal.

Reflects the provisions of the Public Interest Disclosure Act.

7A08 Basic pay or equivalent time off with a minimum of one (1) hour guaranteed to nurses who are not on duty, will be granted to nurses appointed by the Union to attend meetings of the Workplace Safety and Health Committee or to perform such other duties as may be specified in the Workplace Safety and Health Act or prescribed by regulation.

In accordance with the Workplace Safety and Health Act, a nurse is entitled to take time off from their regular work duties in order to carry out their duties as a committee member under this Act and the regulations. The nurse shall be paid by the Employer at their regular or premium pay, as applicable, for all time spent carrying out their duties as a committee member under this Act and the regulations.

Upon application, each nurse on the Workplace Safety and Health Committee shall be granted paid educational leave in accordance with the Workplace Safety and Health Act.

As part of the above paid education days, new Committee Members shall be required to attend a basics course offered by Manitoba Workplace Safety and Health or an equivalent course approved by the Workplace Safety and Health Committee within their first year on the Committee.

This seeks to ensure that new Workplace Safety and Health Committee members receive valuable basic training in order to be a productive and effective member of the committee. As well, it allows for this training to take place within the first year when it is needed most. Finally, the language recognizes the professional autonomy of members in selecting training that best meets their needs provided that it covers the basics of workplace health and safety.

Time off for committee work – See Sections 40(11), 40(12) and 44(1) under Attachment #2.

The rights for workers regarding the Workplace Safety and Health Committee are clearly enshrined in the legislation. It is common for Employers to request a variance from these legislated rights. Workplace Safety and Health Committee members should contact the LRO if the Employer is proposing a variance.

7A09 The Employer recognizes its obligation to ensure, so far as is reasonably practicable, the safety, health and welfare of nurses at work. The Employer agrees that the obligation includes taking all precautions necessary, in so far as is reasonably practicable, even where there is not yet scientific certainty regarding the efficacy and/or necessity of such measures.

Precautionary principle now enshrined in the CA which preserves its existence for nurses even if the legislation were to be struck down.

ARTICLE 7B – REPRESENTATIVE WORKFORCE

7B01 Health services across Manitoba are provided in facilities located on the original lands of First Nations and Inuit peoples, and on the homeland of the Métis Nation. Manitoba's health authorities respect that First Nations treaties were made on these territories and we dedicate ourselves to collaborate in partnership with First Nations, Inuit, and Métis peoples in the spirit of reconciliation.

Confirms commitment of both Employer and MNU in relation to recognition of treaties with First Nations, Inuit and Metis people in the spirit of reconciliation.

7B02 The Union and the Employer agree with the goal of achieving a representative workforce for First Nations, Métis, and Inuit ("Indigenous") peoples who are significantly underrepresented in the health workforce. Additional actions are needed to promote and facilitate employment of Indigenous persons in health care occupations at all levels. The parties shall work collaboratively to:

(a) Develop strategic initiatives and programs that:

- Foster mutual respect, trust, equity, open communication, and understanding;
- Focus on recruiting, training, and career development of Indigenous staff;
- Identify workplace barriers that may be discouraging or preventing Indigenous staff from entering and remaining in the workforce;
- Foster reconciliation in race and cultural relations;
- Promote the elimination of anti-Indigenous racism in the healthcare system.

(b) Promote and publicize initiatives undertaken to encourage, facilitate, and support the development of a representative workforce.

Recognizes both the parties commitment to work towards a representative workforce.

7B03 The Employer will implement educational opportunities for all employees to promote awareness of cultural diversity with an emphasis on Indigenous peoples. This will include enhanced orientation sessions for new employees to promote cultural awareness with emphasis on Indigenous peoples. Anti-racism education will be offered. The Union will encourage participation in such efforts amongst its members.

Where the Employer offers education with respect to diversity, cultural awareness and/or anti-racism, the Union will encourage member participation.

7B04 Truth and Reconciliation

The parties agree to collaborate in finding constructive ways of implementing the Calls to Action outlined by the Truth and Reconciliation Commission of Canada, June 2015 that are relevant to health and healthcare, including improving cultural competencies, improving health outcomes, supporting culturally appropriate healthcare services, and increasing the number of Indigenous employees in the health care system.

ARTICLE 8 -- TECHNOLOGICAL CHANGE

801 Technological Change shall mean the introduction by the Employer of equipment or material of a different nature or kind than that previously used by the Employer, and a change in the manner in which the Employer carries on the work, that is directly related to the introduction of that equipment or material.

In the event of a technological change occurring during the life of this Agreement which will displace or adversely affect one or more nurses in the bargaining unit:

(a) The Employer shall notify the Union at least one hundred and twenty (120) working days before the introduction of the technological change, with a detailed description of the project it intends to carry out, disclosing all foreseeable effects and repercussions on nurse(s).
(b) The Employer and the Union will meet as soon as possible and not later than ninety (90) working days prior to the intended date of implementation for the purpose of negotiating reasonable provisions to protect the interest of nurse(s) so affected.
(c) If the Employer and the Union fail to agree upon measures to protect the nurse(s) from any adverse effects, the matter may be referred by either party to arbitration as provided for under the terms of this Agreement.

When considering technological change, it should not be confused with "Change of Function of Nursing Unit" (refer to Article 9).

The introduction of new computer systems, (e.g. charting systems, electronic medical records) does not constitute technological change under this article. This example may need to be addressed under Article 2407 and/or Nursing Advisory Committee. Equipment or material that affects employment security and/or staff mix/ratios, e.g. robotics, could be considered Technological Change. Prior to implementing a technological change, the Employer should have developed a plan of action. This will ensure that when the one hundred and twenty (120) days minimum notice is given to the Union, meaningful negotiations may take place. This is important as an arbitration hearing will give a decision if one cannot be reached between both parties.

Applicable for IEHREO, PMHREO, SHREO, NHREO, WCHREO, SHEO (direct operations):

A nurse who is displaced from their job as a result of technological change:

802 A nurse who is displaced from their job as a result of technological change:
(i) shall be entitled to apply for any vacancy within the sites comprising the Employer, or
(ii) shall have the right to displace a nurse with less seniority in accordance with Article 27 specified in this Agreement.

Applicable for all non-transferred sites:
A nurse who is displaced from their job as a result of technological change:

(i) shall be entitled to apply for any vacancy, or

(ii) shall have the right to displace a nurse with less seniority in accordance with Article 27 specified in this Agreement.

The option provided in (i) job competition and (ii) bumping, is at the nurse's discretion.

803 Where newer skills are required than are already possessed by nurse(s) who are affected by a technological change as provided in Article 801, such nurse(s) shall, at the expense of the Employer, be given a reasonable training period during which they may acquire the skills necessitated by the new method of operation or, at the option of the Employer, be trained in a new area in respect of which there is a demand for individuals possessing such skills. There shall be no reduction in wage or salary rates during the training period of any such nurse.

ARTICLE 9 -- CHANGE OF FUNCTION OF NURSING UNIT

901 Should the Employer find it necessary in the interest of patient/client care, reduction of costs, or increased efficiency, to change the general overall function of a nursing unit/Community Health Program **(*Community Health Program n/a @ non-transferred facilities*)**, the Employer shall provide written notice to the nurses and the Union at least ninety (90) days in advance of the change of function. The Employer and the Union shall enter into discussion within fourteen (14) calendar days of notice being given for the purpose of affecting reasonable provisions to protect the interests of the nurse(s) so affected.

Health care delivery is evolving in our Province. Please contact your Labour Relations Officer with your specific situation.

The notice to MNU and subsequent discussions are to ensure that the affected nurse's rights are protected. The Employment Security provisions will be applicable in conjunction with this clause when there are associated deletions. Reasonable provisions may include training, adequate orientation, relocation, enforcing bumping rights.

An arbitration award has determined that two conditions need to be met in order for 90 days Change of Function notice to apply:
1. If it is the Employer who initiates the change of its own volition, and
2. There must be a change to the general overall function of the nursing unit.

i.e. Changing from acute care to transitional care does not qualify nor does changing from a urology surgical unit to a general surgical unit qualify.

Changing from a surgical unit to a medical unit or a long-term care unit would qualify.

Applicable for Home Care Nurses
In the event that the Employer transfers the delivery of Home Care services to another employer, the Employer shall notify the Union in writing at least ninety (90) days in advance of any transfer of services. The notification to the Union shall identify which services are being transferred, the name of the employer to which the services are being transferred and the names of the nurses within the bargaining unit affected by the transfer of services. At the request of either party, the parties shall meet to discuss the impact of the transfer.

ARTICLE 10 -- EMERGENCY, DISASTER, FIRE PLANS

1001 Emergency

(a) An any emergency or disaster, nurses are required to perform duties as assigned notwithstanding any contrary provision in this Agreement.

For purposes of this Article, emergencies will be those situations which directly affect the safety or well-being of patients/residents/clients in the site.

In the event of the declaration of an emergency, written confirmation of same will be given to the President of the Union by the Employer.

In the event of the issuance of a major health alert such as a possible pandemic occurrence, it is understood that notification will also be provided to the Manitoba Nurses' Union.

Nurses are required to perform duties as assigned during any period declared as an emergency.

A critical event must occur before a disaster is declared. Situations such as a fire or contaminated water supply within a facility or a disaster outside of the facility such as a blizzard or flood, plane crash, motor vehicle accident, train wreck, might be classified as an Emergency. Disaster exercises or fire drills are not emergencies (see 1002).

The notice to MNU of a major health alert such as a possible pandemic occurrence is in addition to notice to the Worksite. The notification to MNU is to ensure the best possible communication and co-ordination of any necessary responses to a major health alert.

Written confirmation of the declaration of Emergency may be delayed in extreme situations.

A staffing shortage in itself is not an emergency.

(b) Compensation for unusual working conditions related to such emergency will be determined by later discussion, between the Employer and the Union, and/or by means of the grievance procedure if necessary, except that the provisions of Article 16 shall apply to overtime hours worked.

(c) This clause is subject to the Labour Relations Act of Manitoba.

The Employer cannot declare an emergency in the event of strike by its employees.

1002 Drills

(a) Site disaster, emergency or fire plans brought into effect by drill shall override the provisions of this Agreement provided always that where overtime is worked by reason of a disaster or fire drill, pay, or by mutual agreement equivalent time off will be granted.

(b) The importance of regular disaster plan exercises and fire drills is mutually acknowledged by the Employer and the Union and, to this end, the participation of all nurses is encouraged.

(c) Fire drills and equipment testing shall be held in accordance with the Manitoba Fire Code, and a review of written disaster plan exercises will be conducted at least once annually. The site will ensure that the telephone fan-out system will be maintained on a perpetual basis. Each newly hired nurse shall receive the appropriate information relative to the site emergency, disaster, and fire plans during orientation to the site. An inservice session related to evacuation procedures will be conducted at least once annually.

The Workplace Safety and Health Committee will be provided with a copy of the written Disaster Plan annually for their information. The Committee may provide feedback.

*This allows the Workplace Safety and Health Committee to monitor this policy. Please note that this language **does not** require the employer to implement the recommendations.*

Under the National Building Code, Hospitals and Personal Care Homes are classified Group B, Division 2 occupancies. Under this classification the Manitoba Fire Code orders that fire drills shall be held at least monthly.

ARTICLE 11 -- JOINT COMMITTEES

1101 Release Time

(a) Basic pay or equivalent time off, with a minimum of one (1) hour guaranteed to nurses who are not on duty, will be granted to nurses appointed by the Union to attend meetings of the Union Management Committee, Nursing Advisory Committee and any other worksite, regional, or provincial joint committee to which the Union is required or requested by the Employer to appoint representatives.

The "one (1) hour" is a minimum and should not preclude meetings from lasting as long as required to deal with the issues.

(b) All reasonable efforts will be made to relieve a nurse who is appointed to attend meetings of the Union Management Committee, Nursing Advisory Committee, NRRF Committee or any other worksite, regional, or provincial joint committee to which the Union is required or requested by the Employer to appoint representatives, without loss of salary or benefits. This clause is applicable when the meeting(s) occurs during hours the nurse is otherwise scheduled to work.

Improves the opportunity for nurses to be relieved to attend joint committee meetings. Nurses need to advise their manager in advance of an upcoming meeting for which they require relief.

1102 Union Management Committee

(a) The Employer and the Union agree to establish and maintain a Union Management Committee at either a site comprising the Employers Organization, or multiple-sites comprised within the same Employers Organization, structure being dependent on mutual agreement between the Employer and the Union. The Union Management Committee will consist of not less than two (2) persons appointed by each of the parties. Management representatives shall include the designated senior nursing manager at the site or Employers Organization. Union representatives shall be nurses employed at the site and shall include the President and/or Vice-President of the Worksite. Appointments shall be made for a term of one (1) year but without limit on the number of consecutive terms a member may serve. The committee shall meet at the request of either party subject to five (5) days notice being given, but not less than quarterly unless otherwise mutually agreed. Other persons may be invited to participate as mutually agreed.

The purpose of this committee shall be to discuss/study/make recommendations to the Employer and Union regarding matters of mutual concern at that site and/or Employer Organization.

New committee structure can be established based on mutual agreement between Union and Employer to allow for greater flexibility. This Committee is intended to be a constructive vehicle for both parties (Union and Employer) and should meet at least bi-monthly to maintain communication between senior management and the worksite(s). Meetings may be held more frequently if requested by either party. Information discussed at those meetings provides the Employer with the opportunity to respond to the nurses' concerns on a formal basis. Minutes should be kept as a record. It is not intended that this Committee become involved in collective bargaining or grievance discussions. Issues related to nursing workload and/or staffing must be dealt with under Nursing Advisory Committee.

Any interpretations discussed should be confirmed with your Labour Relations Officer prior to agreement with the Employer.

Examples of appropriate topics for discussion at Union Management meetings include the reporting process for abuse incidents, payroll questions, parking issues, security (which might also be covered in WSH), benefit plan changes, laundry, dietary, pharmacy, and cafeteria.

(b) In addition, the Employer and the Union agree to establish and maintain a Regional Union Management Committee for the Employers Organization consisting of one (1) nurse from each site in the agreed upon groupings appointed by the Union, and senior management representatives appointed by the Employer, the number of whom shall not exceed the number of Union representatives. The Committee shall meet at the request of either party subject to ten (10) days notice being given, but not less than semi-annually. Other persons may be invited to participate as mutually agreed.

This committee shall address concerns as follows:

(i) Issues that have been referred by any site/multi-site Union Management Committee because they could not be resolved at the site level, or
(ii) Issues that have region-wide implication.

Where a nurse is required to use their vehicle to travel to attend meetings of this committee at a location other than their work site/office, they shall be reimbursed by the Employer in accordance with the prevailing Province of Manitoba mileage rates. It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

1103 Nursing Advisory Committee

(1) Purpose of the Committee

(a) At the request of either the Union, or the Employer's senior nursing management representative, a Nursing Advisory Committee (NAC) shall be established to:

(i) Review and make recommendations relative to those unresolved issues relating to workload and staffing including documented Workload Staffing Reports.

(ii) Provide a forum for discussion and make recommendations on issues relative to nursing professional practice such as nursing standards, nursing functions, physical planning and layout of facilities as they relate to nursing and other matters of concern.

Workload Staffing Reports are specifically referenced in the Nursing Advisory Committee language. This will ensure that unresolved issues identified by WSR's filled out by nurses will be part of the Nursing Advisory Committee agenda and discussions.

The words "and other matters of concern" broadens the scope of discussion under (a) (ii) to include other issues, for example: Employer policies, nursing administration, funding, etc.

(b) The parties mutually recognize that resolving nurses' workplace issues supports the delivery of effective patient/resident/client care and contributes to a healthy work environment.

(c) It is further agreed it is in the best interests of the Employer, the facilities/sites/programs and the nurses to work together to resolve the issues relative to staffing and scheduling, prolonged periods of work (consecutive hours and consecutive shifts), standby assignments, agency nurse utilization and the use of part time additional shifts and casual shifts as it relates to the creation of permanent positions.

(d) It is further agreed that to facilitate the effective functioning of the NAC, the NAC as a committee shall be provided no less frequently than quarterly all data related to use of additional and/or casual shifts, overtime hours, and vacancies, as well as Agency Nurse utilization with a view to making recommendations relative to the creation of positions and service delivery strategies to ensure the highest quality of patient/client/resident care and compliance with professional nursing standards.

(i) As part of the data related to Agency Nurse Utilization, a standing NAC agenda item will be maintained to discuss the Agency Report

that is provided to MNU Central on a quarterly basis in accordance with MOU #5.

The content of these four sections provides further direction with respect to issues that can be discussed at the Nursing Advisory Committee. The MNU representatives on the NAC should ensure that the data referred to in (c) & (d) above is shared at the NAC no less frequently than on a quarterly basis.

Ensures the Union's access to data required to make informed decisions by the NAC committee members. Including the use and application of Agency nurses in detail and the provision of that information to MNU Central in quarterly reports. The detailed information is confidential and can only be used for discussions at NAC or during grievance proceedings.

Reminder MNU committee members may request and obtain data related to use of additional and/or casual shifts, overtime hours, and vacancies.

(e) The parties further agree that the cost of producing the Workload Staffing Reports will be shared equally.

The addition of 1(e) confirms the long-standing practice that because the forms are a joint venture, the cost to produce the forms is also a joint venture. The cost of establishing a WSR online program has been shared by both the Employer and the Union.

(f) Any information shared with NAC cannot be used or shared by NAC members for any purpose other than that set out in this Article.

The release of this data is limited to the committee members and should only be shared with the referring nurses.

(2) Committee Representation and Meeting Processes

(a) The NAC shall be comprised of at least two (2)* and up to three (3)** nurses appointed by the Union and senior nursing management representatives appointed by the Employer, the number of whom shall not exceed the number of Union representatives. Other persons may be invited to participate as mutually agreed.

*Two (2) at those facilities which have less than three (3) out of scope senior nursing managers.

**Four (4) for those facilities exceeding 400 beds.

The intent of having a Senior Nursing Management representative is to have a person who is able to make/influence decisions on behalf of the Employer.

Management representatives may not all be nurses however, we suggest that at least one of them be a nurse.

(b) The NAC shall meet at the request of either party subject to five (5) days notice being given but not less than bi-monthly unless otherwise mutually agreed.

(c) The chair and the secretary of the NAC shall alternate between the parties. The secretary shall be the opposite party to the chair.

(d) Agendas shall be circulated at least seven (7) calendar days prior to each meeting; however this shall not preclude members from raising issues without prior agenda notice. It is understood that issues may be deferred to future meetings to enable appropriate investigation.

(e) Minutes of the NAC meetings shall be circulated to members of the committee and shall be approved at the next NAC meeting.

Minutes of the meeting must accurately reflect the discussions that have taken place including the Union's position and the Employer's position on the issues and the minutes may be amended as necessary to reflect this.

(f) A regular report outlining the activities and deliberations of the NAC including the number, type and disposition of issues dealt with by the NAC shall be forwarded to the facility's/Regional Health Authority's Board of Directors (Board).

(g) The NAC shall be provided with a copy of that portion of the minutes of the Board's meeting relating to its deliberations of the NAC report. The NAC shall provide the nurse(s) with a copy of that portion of the minutes of the Board's meeting relating to issues raised by a nurse(s) under 1 (a) (i) above.

(3) <u>Nursing Advisory Committee Procedures</u>

(a) A nurse(s) with a concern as referenced in 1 (a) (i) above shall discuss the matter at the ward/unit/program level utilizing established lines of communication including the designated out of scope manager with the objective of resolving the concern. If the matter is not resolved to the satisfaction of the nurse(s), the nurse(s) may complete and submit a Workload Staffing Report. The Manager shall provide a written response as soon as is reasonably possible and no later than 14 days after the form has been submitted to management. The response will outline the action(s) taken and any further actions to be implemented. The Workload Staffing Report will then be reviewed at the next scheduled Nursing Advisory Committee meeting.

Workload Staffing Reports have traditionally been completed when nurses identified unsafe patient care or potentially unsafe situation as a result of workload. The WSR will be completed if the nurse has identified an unsafe or potentially unsafe situation and the situation is allowed to continue with no expeditious or immediate steps taken to create an environment where safe, quality patient care can be delivered by the nurse.

If the Employer has been made aware of the unsafe situation and does not respond or if the response was ineffective, the nurses concerned will complete the WSR and submit the WSR to the out of scope manager with whom they discussed the situation. Where online forms are not available, nurses are advised to take a photocopy of the WSR for their records and document the date and time they discussed the situation and submitted the form. The out of scope manager has 14 days after the form is submitted to provide a written response. Their response MUST outline the actions they took in response to the report of unsafe conditions and what further actions will be implemented to avoid a repeat of the situation. As a very important next step in the process, all WSR's are to be reviewed and discussed at the next NAC meeting. The NAC members must follow-up with the nurse who completed the form to advise the nurse of the outcome of the discussion and any further actions to be taken.

(b) Those issues referenced in 1 (a) (ii) above may be placed on the agenda at any time by any NAC member.

(c) If the decision of the NAC regarding an issue referenced in 1 (a) (i) or 1 (a) (ii) above is unacceptable to the nurse(s) who submitted the issues, or if the NAC is unable to resolve the issues in 1 (a) (i) or 1 (a) (ii), the matter shall be referred in writing to the facility Administrator/Executive Management Committee/regional senior nursing manager/senior nursing officer. Upon the request of either party, a meeting will be scheduled as soon as reasonably possible, but no later than fourteen (14) days.

This allows for unresolved NAC issues relative to nursing professional practice as referred to in 1 (a) (ii) above to be referred to the facility administration and an IAC if required.

This provides an opportunity for the nurse(s) who submitted the issue to the NAC or the EO NAC to meet with the EO Executive Management Committee.

(d) The response of the Administrator/Executive Management Committee/ regional senior nursing manager/senior nursing officer shall be provided in writing to the nurse(s) and the NAC within fourteen (14) calendar days of the referral unless otherwise mutually agreed.

(e) Where, in the opinion of the nurse(s) who submitted the issue, the response from the Administrator/Executive Management Committee/regional senior

nursing manager/senior nursing officer does not resolve the issue, it may be referred to an Independent Assessment Committee (IAC) within twenty-one (21) days following the response.

1104 Independent Assessment Committee

(a) The IAC shall be composed of three (3) nurses, one (1) of whom shall be appointed by the Manitoba Nurses' Union, and one (1) of whom shall be appointed by the Employer. The third (3rd) nurse shall chair the IAC and shall be selected in the following manner:

(i) A list of IAC Chairpersons as agreed between the parties shall be appended to this Collective Agreement.

(ii) When a Chairperson is required, the Provincial Health Labour Relations Services (PHLRS) and the Manitoba Nurses' Union will be contacted. They will provide the name of the person to be utilized on the alphabetical listing of Chairpersons. The name to be provided shall be the name following that of the last person utilized.

(iii) Should the person whose name is so selected be unable to serve, or where the person would be unsuitable due to connections with the parties or geographic community involved, the next person on the list shall be approached to act as Chairperson.

(iv) In the event that an individual whose name appears on the list of IAC Chairpersons can no longer serve in that capacity, another individual shall be jointly selected by the Manitoba Nurses' Union and the Provincial Health Labour Relations Services (PHLRS) and the list of Chairpersons shall be amended accordingly.

(v) Appointments to the IAC shall be confirmed within twenty-one (21) calendar days of the referral.

The MNU nominee must be appointed by MNU Provincial Office.

The IAC will be established, investigate and hear evidence relating to the issue(s) and make recommendations to resolve the issues. However, in Regional Agreements, issues that remain unresolved at the Worksite should be referred to the Regional NAC to attempt resolution prior to referring to an IAC.

(b) A meeting of the IAC to investigate and make recommendations shall be held within thirty (30) calendar days of the IAC's appointment unless a longer time frame is otherwise mutually agreed between the Employer and the Union. Such recommendations shall be provided in writing to the nurse(s), the NAC and the Administrator/Executive Management Committee/regional senior nursing manager/senior nursing officer within a further fourteen (14) calendar days. The Employer shall convene a meeting of Employer representatives, the Union and representative(s) selected by, and from amongst, the nurses who referred the matter/issues to the NAC, subsequent to the receipt of the

report, to review and discuss potential implementation of the recommendations.

This clause ensures the Employer will convene a meeting with the Union and nurse representatives to review and discuss potential implementation of the recommendations of the report. This allows an opportunity for the nurses who referred the matter initially to an IAC to have dialogue with the Employer representatives on the recommendations.

(c) Each party shall bear the cost of its own appointee to the IAC and shall jointly bear the cost of the Chairperson.

(d) Nurses required to attend IAC meetings shall be granted Union leave upon seven (7) calendar days notice in accordance with Article 2409.

(e) Nurses who are nominees to an IAC shall be granted leave of absence in accordance with 2409.

(f) A regular report outlining the activities and deliberations of the IAC including the number, type and disposition of issues dealt with by the IAC shall be forwarded to the facility's/Region's Board of Directors (Board).

(g) The NAC shall be provided with a copy of that portion of the minutes of the Board's meeting relating to its deliberations of the NAC report. The NAC shall provide the nurse(s) with a copy of that portion of the minutes of the Board's meeting relating to issues raised by a nurse(s) under 1 (a) (i) above.

1105 Employers Organization Nursing Advisory Committee
(1) Purpose of the Committee

(a) In addition, at the request of either the Union or the Employer's senior nursing management, an Employers Organization Nursing Advisory Committee (EO NAC) shall be established to address issues as outlined in Article 1103 (a) above which have regional impact, as well as the following:

@WCHREO, SHEO
(1) Purpose of the Committee

(a) The parties agree that an Employers Organization Nursing Advisory Committee (EO NAC) shall be established for the WCHREO and SHEO and the facilities/sites/programs affiliated therein to address issues outlined in Article 1103 above, which have Regional impact as well as the following. The EO NACs participants will be as follows:

NURSING ADVISORY COMMITTEE (NAC) PARTICIPANTS LONG TERM CARE

Sharon Home Nurses Worksite 47
Tache Nurses Worksite 49
Convalescent Home Nurses Worksite13
DCM Nurses Worksite 60
Golden West Nurses Worksite 91
Fred Douglas Nurses Worksite 100
Luther Home Nurses Worksite 102
Bethania Nurses Worksite 103
Middlechurch Nurses Worksite 116
Holy Family Nurses Worksite 136
Lions Nurses Worksite 137
Meadowood Nurses Worksite 140
Foyer Valade Nurses Worksite 146
River Park Gardens Nurses Worksite 149
Southeast PCH Nurses Worksite 148
Misericordia Nurses Worksite 2
Riverview Health Centre Nurses Worksite 1a
Concordia Nurses Worksite 27
Golden Links Lodge Nurses Worksite 152
St. Joseph's Nurses Worksite 154
Donwood Manor Worksite 155
Deer Lodge Worksite 157

NURSING ADVISORY COMMTTEE (NAC) PARTICIPANTS COMMUNITY CARE

Public Health Nurses Worksite 1
Home Care Nurses Worksite 97
Breast Health Centre Nurses Worksite 132
Clinical Nurse Specialists Worksite 134
Nurse Practitioners/RNEP Worksite 141
Primary Care Nurses Worksite 142
Klinic
Mount Carmel Clinic
Nine Circles Community Health Centre
Nor'West Co-op Community Health Centre
Women's Health Clinic
Manitoba Adolescent Treatment Centre *
Rehabilitation Centre for Children Worksite 58*
Crisis Response Services

NURSING ADVISORY COMMITTEE (NAC) PARTICIPANTS ACUTE CARE

Health Sciences Centre Worksite 10
St. Boniface Nurses Worksite 5
Concordia Nurses Worksite 27
Misericordia Nurses Worksite 2

Grace Nurses Worksite 41
Victoria Nurses Worksite 3
Seven Oaks Nurses Worksite 72
Pan Am Nurses Worksite 135
Regional Programs Nurses Worksite 153
Riverview Health Centre Nurses Worksite 1a
Cancer Care Worksite 36
Churchill Worksite 67
Selkirk Mental Health Centre Worksite 159

(b) The parties mutually recognize that resolving nurses' workplace issues supports the delivery of effective patient/resident/client care and contributes to a healthy work environment.

(c) It is further agreed it is in the best interests of the Employers Organization, the facilities/sites/programs and the nurses to work together to resolve the issues relative to staffing and scheduling, prolonged periods of work (consecutive hours and consecutive shifts), standby assignments, and the use of part time additional shifts and casual shifts as it relates to the creation of permanent positions.

(d) It is further agreed that the Employers Organization NAC will review data relative to use of additional and/or casual shifts, with a view to making recommendations relative to the creation of positions.

(e) It is agreed this structure shall not preclude issues as noted above being brought forward and/or resolved at the facility/site/program NAC in accordance with the provisions of Article1103.

(2) EO NAC Committee Representation and Meeting Processes

(a) The Employers Organization NAC shall be comprised of (1) one nurse from each facility/site/program appointed by the Union, and senior nursing management representatives from the facilities/sites appointed by the Employer, the number of whom shall not exceed the number of Union representatives. Other persons may be invited to participate as mutually agreed.

(b) Where a nurse is required to use their vehicle to travel to attend meetings of this committee at a location other than their work site, they shall be reimbursed by the Employer in accordance with the prevailing Province of Manitoba mileage rates. It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

(c) The Employers Organization NAC shall meet at the request of either party subject to five (5) days' notice being given but not less than bi-monthly

unless otherwise mutually agreed.

(d) The chair and the secretary of the Employers Organization NAC shall alternate between the parties. The secretary shall be the opposite party to the chair.

(e) Agendas shall be circulated at least seven (7) calendar days prior to each meeting; however, this shall not preclude members from raising issues without prior agenda notice. It is understood that issues may be deferred to future meetings to enable appropriate investigation.

(f) Minutes of the Employers Organization NAC meetings shall be circulated to members of the committee and shall be approved at the next Employers Organization NAC meeting.

(3) EO NAC Procedures

(a) A nurse(s) with a concern which may be of regional impact may complete and submit a NAC summary report to the Chair of the Employers Organization NAC

(i) If such issue is determined to be of regional impact it will be placed on the agenda of the Employers Organization NAC. If not, it shall be referred to the appropriate facility/site/program NAC.

(b) If the decision of the Employers Organization NAC regarding an issue referenced above is unacceptable to the nurse(s) who submitted the issue, or if the EO NAC is unable to resolve the issue, the matter shall be referred in writing to the regional senior nursing manager/senior nursing officer. Upon the request of either party, a meeting will be scheduled as soon as reasonably possible.

(c) The response of the EO Executive Management Committee shall be provided in writing to the nurse(s) and the EO NAC within fourteen (14) calendar days of the referral unless otherwise mutually agreed.

(d) Where in the opinion of the nurse who submitted the issue to the Employers Organization NAC, the response from the EO Executive Management Committee does not resolve the issue it can be referred to an Independent Assessment Committee (IAC) within twenty-one (21) days following the response.

1106 Employers Organization Independent Assessment Committee (IAC)

(a) The IAC shall be composed of three (3) nurses, one (1) of whom shall be appointed by the Manitoba Nurses' Union, and one (1) of whom shall be appointed by the Employer. The third (3rd) nurse shall chair the IAC and shall be selected in the following manner:

(i) A list of IAC Chairpersons as agreed between the parties shall be appended to this Collective Agreement.

(ii) When a Chairperson is required, the Provincial Health Labour Relations Services (PHLRS) and the Manitoba Nurses' Union will be contacted. They will provide the name of the person to be utilized on the alphabetical listing of Chairpersons. The name to be provided shall be the name following that of the last person utilized.

(iii) Should the person whose name is so selected be unable to serve, or where the person would be unsuitable due to connections with the parties or geographic community involved, the next person on the list shall be approached to act as Chairperson.

(iv) In the event that an individual whose name appears on the list of IAC Chairpersons can no longer serve in that capacity, another individual shall be jointly selected by the Manitoba Nurses' Union and the Provincial Health Labour Relations Services (PHLRS) and the list of Chairpersons shall be amended accordingly.

(v) Appointments to the IAC shall be confirmed within twenty-one (21) calendar days of the referral.

(b) A meeting of the IAC to investigate and make recommendations shall be held within thirty (30) calendar days of the IAC's appointment unless a longer time frame is otherwise mutually agreed between the Employer and the Union. Such recommendations shall be provided in writing to the nurse(s), the EO NAC and the senior nursing manager/senior nursing officer within a further fourteen (14) calendar days. The Employer shall convene a meeting of Employer representatives, the Union and representative(s) selected by, and from amongst, the nurses who referred the matter/issues to the EO NAC, subsequent to the receipt of the report, to review and discuss potential implementation of the recommendations.

(c) Each party shall bear the cost of its own appointee to the IAC and shall jointly bear the cost of the Chairperson.

(d) Nurses required to attend IAC meetings shall be granted Union leave upon seven (7) calendar days' notice in accordance with Article 2409.

(e) Nurses who are nominees to an IAC shall be granted leave of absence in accordance with Article 2409.

(f) A regular report outlining the activities and deliberations of the EO IAC including the number, type and disposition of issues dealt with by the EO IAC shall be

forwarded to the Regional Health Authority's Board of Directors (Board).

(g) The EO NAC shall be provided with a copy of that portion of the minutes of the Board's meeting relating to its deliberations of the EO NAC report. The EO NAC shall provide the nurse(s) with a copy of that portion of the minutes of the Board's meeting relating to issues raised by a nurse(s) under (a) (i) above.

1107 Patient Care Optimization Committee

WHEREAS it is the desire of the Employers Organizations to ensure that quality health care services are delivered to Manitobans through a system which is, to the fullest extent possible, sustainable, accessible, cost-effective, efficient and effective;

AND WHEREAS Nurses are an integral part of the delivery of health care services in facilities, programs and communities throughout the province, and have a shared commitment and responsibility for the provision of appropriate, quality health care to Manitobans;

AND WHEREAS the Employers Organizations are responsible for the provision of health care services and programs for Manitobans, and as such desire to attract and retain nurses to work as part of the delivery of those services;

AND WHEREAS the parties recognize that it is in the best interest of the health care delivery system to have all parties working together towards these mutual goals, and the parties wish to work towards the achievement of these goals through collaborative initiatives to optimize patient care;

1. The Employers Organizations through the Provincial Health Labour Relations Services (PHLRS), and the Union, agree to establish the Patient Care Optimization Committee, which shall have a dual purpose:
   (a) to make recommendations to the Deputy Minister of Health regarding the identification, development and implementation of system delivery changes that are intended to improve the effectiveness and efficiency of health care service delivery in Manitoba; and
   (b) to administer and distribute the Patient Care Optimization Allocation, described below, which shall be used to support the following objectives:
      i) to improve recruitment and retention of nurses where staffing priorities and needs are identified; and
      ii) to incentivize training or education with respect to identified areas of need in the health care system.

2. The Patient Care Optimization Committee ("Committee") shall be established as follows:
   a) the Committee shall be comprised of equal representation from the Union and Employer representatives through the PHLRS, to a maximum of five (5) representatives each, unless expanded by agreement of the Committee. MNU

appointees shall be permitted to participate in Committee functions without loss of salary and or benefits;

b) each of the Union and PHLRS shall nominate an appointee to serve as Committee co-chair;

c) the Committee shall develop Terms of Reference and ensure processes are in place to appropriately authorize distribution of the allocated funds.

d) the Committee shall meet three times per year at minimum, or more frequently as required upon agreement of the Committee. PHLRS shall provide all necessary administrative resources required by the Committee to carry out its functions and mandate;

e) the Committee shall make recommendations to the Deputy Minister of Health that will include but are not limited to:

i. improving scheduling practices to reduce the use of overtime and agency nurses;
ii. creating a balance of full-time and part-time positions;
iii. improving the quality of work-life balance through the implementation of the group self-scheduling guidelines;
iv. improving weekend staffing resources through broader implementation of the weekend worker;
v. focusing on safe practices and the reduction of WCB injuries; and
vi. ensuring the skill sets of specialty nurses are used to maximum effect in the delivery of quality health services.

The parties agree to commit the necessary resources and expertise to this work.

(f) the Committee will be provided an allocation of four (4) million dollars ($4,000,000.00) per fiscal year to be allocated solely for the purpose of the Nurses Recruitment and Retention Fund (NRRF) as outlined in the Memorandum of Agreement #40. The allocated funds for NRRF shall be fully disbursed each year, or any portion thereof may be carried over to the next year by mutual agreement or order of the Arbitrator.

Ensures continuation of stable funding for nurse recruitment and retention for Central Table nurses enshrined in CA. Funding not utilized is carried over to the next fiscal year.

(g) the Committee will be provided an allocation of twelve (12) million dollars ($12,000,000.00) per fiscal year for 2024/2025, 2025/2026, 2026/2027 and 2027/2028 and shall be responsible to determine how these funds are to be disbursed to improve recruitment and retention of nurses where staffing priorities and needs are identified and to incentivize training or education with respect to identified areas of need in the health care system. In the event the funds are not fully spent as of March 31st in a given fiscal year the balance shall remain a part of the Patient Care Optimization allocation and carried over into the next fiscal year. For clarity any remaining amount unspent in any fiscal year

shall not reduce the twelve (12) million dollars ($12,000,000.00) allocation for the next fiscal year.

Ensures continuation of stable funding for nurse recruitment and retention, education and training for Central Table nurses enshrined in CA. Funding not utilized is carried over to the next fiscal year.

Note: NP paid education will be referred to PCOC (Patient Care Optimization Committee).

(h) the Committee shall make all decisions about the disbursement of the allocated funds by mutual agreement, failing which either party shall have the right to refer any dispute to an arbitrator, who shall be empowered to determine any dispute about how the allocated funds shall be disbursed in accordance with principles as defined in this Article.

3. For clarity, to the extent the allocated funds are to be used to incentivize training/education in identified areas of need for recruitment or retention of nurses, the funds shall not be utilized to replace funding the Employer Organizations provide under Article 2407 for education/training/certification, nor for other necessary instruction deemed mandatory for nurses engaged in a specific role/function/assignment or duty.

Incentive for Full Time Employment

1. The parties agree that a Full Time Employment Incentive shall be payable in a lump sum annually to a nurse (LPN, RN2 or RN3) employed in a full-time (1.0 EFT) position during the following periods:
    - April 1, 2021 – March 31, 2022
    - April 1, 2022 – March 31, 2023
    - April 1, 2023 – March 31, 2024
    - April 1, 2024 – March 31, 2025

This incentive terminates March 31, 2025 and is replaced by the Full Time Hours Salary Enhancement.

2. Upon confirmation of the nurse's employment in a full-time position for the above periods, the nurse shall be paid two thousand dollars ($2,000), on the first off-cycle pay period in May following each qualifying period. For clarity, eligibility depends on being employed in an eligible full-time position on March 31st in each year. Full-time nurses on an approved WCB claim are considered to be eligible for the full amount.

3. Nurses going on an approved leave of absence during the year, shall receive the pro-rated amount based on the number of full months the nurse is working full-time during the periods identified above.

4. In the event a nurse secures a full-time position after April 1st in any of the above periods, the incentive payment will be prorated based on the number of full months the nurse is employed full-time up to March 31st of the qualifying year.

This incentive payable under this provision shall be paid as income and shall not attract any accruals or benefits.

ARTICLE 12 -- GRIEVANCE PROCEDURE

In grievances involving application of the Collective Agreement and non-disciplinary issues, the onus of proof lies with the grievor. The onus of proof lies with the Employer on all disciplinary matters.

1201 For purposes of this Agreement "grievance" shall mean a dispute between a nurse; or between a group of nurses with a similar grievance; or between the Union and the Employer regarding the application, interpretation or alleged violation of this Agreement.

A definition of a grievance is established in this clause. A grievance is any difference which arises between the nurse, nurses or the Union and the Employer. The differences are restricted, however, to the application, interpretation or violation of the Collective Agreement. To determine if a grievance exists, one has to determine if the complaint arises as a result of incorrect or unfair application of the Collective Agreement.

Not all problems that arise are clear cut in terms of whether or not they constitute a grievance, some are questionable. If you are approached to initiate a grievance, an investigation of the complaint must be done.

1202 Unless dismissed or suspended by the Employer a nurse shall continue to work in accordance with this Agreement until such time as the dispute has been resolved.

*The nurse has an obligation to obey the Employer's direction and then initiate a grievance. The only exceptions to this are if the nurse is concerned about **their personal safety** (WS and H Act) or the nurse is being asked to do something illegal. With respect to the right to refuse dangerous work, the nurse must **first** report their concerns to the immediate supervisor to allow the supervisor to rectify the situation. For further information, refer to Attachment #2- **Workplace Safety and Health Act**.*

1203 A nurse may be accompanied by, or represented by, a Union representative at any stage of the grievance procedure.

The nurse is entitled to have a Union representative assist them in presenting their case to the Employer at any or each step of the grievance procedure.

A Union representative is a duly elected or appointed representative of the Local/Worksite or a Labour Relations Officer. If the Employer approaches the Union representative to be present at the meeting, it is imperative that the Union representative ask the nurse if they wish them to attend.

1204 A nurse or Union representative shall request permission from their immediate supervisor to leave their duties in order to process grievances; they shall report to their immediate supervisor upon their return; they shall be granted this permission when, in the opinion of their immediate supervisor, it will not prejudice care or student education or require any staff replacement in either area. They shall not suffer loss of salary when engaged in such activities during regular working hours.

*Under this clause a nurse or Union representative is allowed time to process a grievance, during working hours **without loss of pay**. The Employer shall not unreasonably deny the representative such time off.*

1205 Discussion Stage:
A nurse shall, within fifteen (15) days of the occurrence of the grievance, attempt to resolve the grievance through discussion with their immediate supervisor outside the bargaining unit, and if the matter is not settled to their satisfaction the nurse may proceed with the grievance themselves or elect to be represented by a Union representative.

The 15 days starts the day after the grievance occurs and excludes Saturdays, Sundays and Recognized Holidays.

The Discussion Stage of the grievance may be initiated verbally or in writing. If the matter is submitted on a grievance form, it will require the signature of the grievor.

1206 Step One:
If the grievance is not resolved within the time period specified in Article 1205 above, the grievor and/or Union representative may, within a further ten (10) days submit the grievance in writing to the Human Resources Consultant or equivalent. The Human Resources Consultant or equivalent shall reply in writing within ten (10) days of receipt of the written grievance.

A grievance concerning general application or interpretation of the Agreement, including the question of whether the matter falls within the scope of this Agreement, or which affects a group of nurses in more than one (1) department, may be submitted as Step 1.

The Employer agrees to notify the Union in writing when there are changes in personnel in these positions.

If the dispute is not resolved within the 15 day period of the Discussion Stage the grievor and/or a Union representative may immediately present the grievance, in writing, on the prescribed MNU grievance form to the Human Resources Consultant or equivalent. The Union has 10 days, excluding Saturdays, Sundays and Recognized Holidays, following

the discussion stage to submit the grievance at Step One (total 25 days). The Human Resources Consultant or equivalent has 10 days, excluding Saturdays, Sundays and Recognized Holidays, from the date following receipt of the written grievance from the Union to respond to the grievance in writing.

In the event the Human Resources Consultant or equivalent fails to respond within the specified time limits, the Union should file the next step of the grievance immediately.

1207 Step Two:
If the grievance remains unresolved, the Union may, within a further ten (10) days, submit the grievance in writing to the appropriate Human Resources Director or designate, who shall reply in writing within ten (10) days of receipt of the written grievance.

The Employer agrees to notify the Union in writing when there are changes in personnel in these positions.

MNU takes control of the grievance at Step Two. In the event the Human Resources Director or equivalent fails to respond within the specified time limits, the MNU may refer the grievance to arbitration or to the Grievance Investigation Process – See Memorandum #16.

1208 For purposes of determining the lengths of time in the foregoing procedure, Saturdays, Sundays and Recognized Holidays are excluded.

1209 The time limits fixed in the grievance procedure may be extended by mutual agreement between the Employer and the aggrieved nurse and/or Union, and shall be confirmed in writing. The parties agree that "in writing" includes electronic communications such as email. Confirmation includes indication of receipt of such communication.

Either party may request an extension to the time limits specified in the grievance procedure. Any agreement shall be confirmed in writing. Generally, extensions are granted if they will not prejudice the parties, i.e. locating witnesses or documents to be used in evidence.

1210 Subject to the provision of Article 1209 above, and subject to Section 121(2) of the Labour Relations Act of Manitoba, failure of the nurse/Union to comply with any of the time limits specified in this Article shall result in the grievance being deemed abandoned, without prejudice.

If an extension is granted then the limits are revised to the date agreed upon by the parties.

Section 121.2 of the Labour Relations Act of Manitoba allows for a grievance to be processed even when time limits have been exceeded. The process can continue as though the time limits weren't breached and the Arbitrator can decide on whether or not

such a breach prejudices the case of either party. If it determines not, then they can set out an award binding both parties.

ARTICLE 13 -- ARBITRATION PROCEDURE

1301 In the event of the failure of the parties to settle a grievance by means of the grievance procedure stated in Article 12, within ten (10) days of the date upon which the written reply referred to in Article 12 is received from the appropriate Human Resources Director, or designate, the matter may then be referred to arbitration as hereinafter set forth.

Only the MNU Provincial Office can refer a matter to arbitration. The MNU Board of Directors must approve funds before a matter can proceed to an arbitration hearing.

1302 A referral for arbitration shall be made in writing by either party, addressed to the other party to this Agreement, within the time defined in Article 1301. The referral for arbitration shall contain the names of three (3) proposed sole arbitrators. The other party shall, within ten (10) days of the receipt of such notice, notify the party who referred the matter to arbitration of the acceptance of one of the arbitrators named or propose others. Where the parties are unable to agree on the choice of a single arbitrator, the party who referred the matter to arbitration may make application to the Manitoba Labour Board to select an arbitrator, or proceed as outlined in Article 1303.

1303 If mutual agreement is not reached by both parties to choose a sole arbitrator, in accordance with the process in Article 1302, then the party who referred the matter to arbitration shall submit the matter in dispute to a Board of Arbitration by giving notice to the other party within seven (7) days and such notice shall contain the party's one (1) nominee of the intended Board of Arbitration. The other party to the dispute shall, within seven (7) days after the receipt of such notice, also appoint a nominee and the two (2) nominees thus appointed shall, within ten (10) days thereafter, select a third member who shall be the Chairperson of the Board of Arbitration.

1304 Should either party fail to appoint an Arbitrator as herein provided, or if any Arbitrator thus appointed should fail or be unable to serve and another Arbitrator not be appointed in their place by the party who made the original appointment, then the other party to the dispute may request the Manitoba Labour Board to select a substitute.

LROs forward the request to the Manitoba Labour Board.

1305 Should the two (2) appointed nominees fail within ten (10) days to agree upon a Chairperson, the two (2) nominees shall forward a request to the Manitoba Labour Board to select a Chairperson.

LROs forward the request to the Manitoba Labour Board.

1306 It is mutually agreed by both parties to this Collective Agreement that the decision of the Arbitrator, or the decision of the Chairperson in the absence of the majority decision of the Arbitration Board shall be final and binding upon the Employer, the Union and the nurse(s) concerned; however, the Arbitrator or the Arbitration Board shall not be authorized to make any decisions inconsistent with the provisions in this Collective Agreement.

The decision of a sole arbitrator or Arbitration Board is final and binding upon both parties and the award must be implemented.

1307 The Arbitrator or Board of Arbitration shall determine its own procedure but shall give full opportunity to all parties to present evidence and make representations.

The arbitration hearing is more informal than the court of law.

1308 In the event of a grievance alleging unjust layoff, suspension or discharge being referred to arbitration, the Arbitrator or Board of Arbitration shall be authorized to rule whether or not the nurse(s) concerned shall be reinstated and, in the event of reinstatement, shall also be authorized to make an award in terms of compensation for regular salary lost or a reasonable alternate award, however, any monetary award shall not exceed the difference between salary lost and any wages that may have been earned from employment with another employer during the period of the layoff, suspension or discharge.

The onus of proof lies with the Employer on all disciplinary matters. In grievances involving application of the Collective Agreement and non-disciplinary issues, the onus of proof lies with the grievor.

There is an obligation on the nurse who is terminated/suspended to mitigate losses of salary. This will include applying for alternate positions and/or EI during the period that the nurse is waiting for their grievance to be arbitrated.

We recommend that nurses who are applying for EI consult with the Community Unemployed Help Centre (204-942-6556), before their application is submitted.

1309 Any costs incurred by either of the parties hereto, preceding or during arbitration proceedings, shall be borne by the respective parties incurring such costs, but the costs of the Arbitrator or of the Chairperson of the Arbitration Board shall be borne by the parties hereto in equal shares.

A formula is provided for covering the costs of arbitration as follows:

(a) Cost of the Chairperson: Is split on a 50-50 basis by both the Employer and the Union. This usually includes the cost of the meeting room, preparation of the award, meetings with the board members, phoning to arrange the arbitration, etc.

(b) Cost of nominee: Each party pays the cost of their own nominee to the board. This is basically a cost for the nominee's time with the other members of the board, either in caucus or sitting at the hearing. It may also include preparation of a dissenting award if that is provided.

(c) Cost of counsel: Each party pays for the cost of the lawyer, etc. representing them. This cost generally includes all preparation, investigation, research and presentation of the material at the hearing.

1310 For the purposes of determining lengths of time in the foregoing procedure, Saturdays, Sundays and Recognized Holidays are excluded.

1311 Nothing in this Collective Agreement shall preclude a nurse or the Union committee and the Employer from mutually agreeing to settle a dispute by means other than those described in the grievance and arbitration procedures or to extend any of the stipulated time limits.

1312 Nurses whose attendance is required at arbitration hearings related to the Agreement shall be given permission to be absent from work and shall not suffer any loss of salary as a result.

If a nurse is required or subpoenaed to be a witness at an arbitration hearing then the Employer must pay their wages for any hours lost as a result of the nurses absence from work. This provision applies regardless for whom they are a witness. If you receive a subpoena please call your Labour Relations Officer.

MNU Handbook Policy Re: Grievance Arbitration and Labour Board Hearings:

16. **POLICIES APPLICABLE TO GRIEVANCE AND ARBITRATION**

(a) Locals/Worksites must consult with a Labour Relations Officer (LRO) prior to filing grievances.

(b) Grievances cannot proceed to arbitration unless approved by the Board of Directors.

(c) Expenses paid by MNU include:
   i. Costs associated with travel, research, and preparation of materials and briefs;
   ii. Cost of legal counsel if necessary and approved by the Director of Labour Relations;
   iii. Cost of hearings;
   iv. Any additional or unusual expenses will be considered as necessary;
   v. Other involved members (i.e., other than the grievor) in any grievance have the right to have legal counsel of their own choice present at arbitration hearings and further, such legal counsel will be at that member's own expense.

Grievance Arbitration, Labour Board Hearings, Inquests and/or Inquiries (re witnesses, including grievors at Arbitration and Labour Board Hearings):

i. The MNU shall not pay the salary of any nurse who is eligible to be reimbursed for loss of salary under Article 13 of the Collective Agreement (or applicable clause in each Collective Agreement).

ii. Subject to paragraph (i) above, if the MNU requires and/or subpoenas a witness for a hearing or the witness needs to prepare with MNU legal counsel, the MNU will pay expenses, salary replacement for salary lost and if on a day off, salary replacement for the hours spent at the hearing up to a maximum of seven and three-quarter (7 ¾) hours.

If the President of a Local/Worksite or a Grievance Representative **is *required*** by the MNU to be present at the hearing(s), the MNU will reimburse for salary lost. There must be notice of requirement to attend by the Director of Labour Relations.

If observers (i.e., those not required) attend, it is at their own or Local/Worksite's expense.

(Also, note: Central Collective Agreement – Article 1204 (or applicable clause in other Collective Agreements, deals with grievance – mediation cases.)

1313 The Arbitrator shall be requested to provide both parties with a hard (paper) copy as well as an electronic version of the arbitration award.

ARTICLE 14 -- HOURS OF WORK

1401 Regular daily, biweekly, and annual hours of work for full-time nurses, excluding meal periods, shall consist of seven and three-quarter (7.75) hours per day, seventy-seven and one-half (77.50) hours biweekly when averaged over the rotation period and two thousand and fifteen (2015) hours per year.

This clause ensures annual full-time hours equal 2015 hours. The average weekly hours may be greater and/or lesser hours than this amount, i.e. a full-time nurse may not actually work 10 shifts in 2 weeks (bi-weekly period). Meal periods are not included in this total and are unpaid. Rest periods of 15 minutes are included in the 77.50 hours and must be paid.

@WCHREO
Applicable for WRHA - Public Health Program, WRHA - Clinical Nurse Specialists, WRHA - Primary Care Program, WRHA - Nurse Practitioners, WRHA - Regional Programs, Women's Health Clinic, Mount Carmel Clinic, Nine Circles Community Health Centre, Klinic Community Health, and Nor'West Co-op Community Health Centre sites only:

(a) Upon mutual agreement between a nurse and their supervisor, a nurse may work alternate hours during the day or in a bi-weekly period in order to facilitate the provision of services and/or to accommodate the nurse's personal schedule. Such alteration of hours, although subject to Employer approval, is voluntary and at the discretion of the nurse. In instances where working alternate hours under these circumstances results in additional hours being worked in a day or bi-weekly pay period, the nurse shall take the equivalent time off at a time mutually agreeable to the nurse and their supervisor. To the extent practicable, this time off shall occur within four (4) weeks of the nurse having worked the additional hours.
(b) In instances where additional hours are being scheduled in a day or bi-weekly pay period as a result of direction from the supervisor, compensation for the additional hours worked will be in accordance with Article 16 - Overtime.
(c) The provisions of Article 1404, Article 16 and Article 17 shall not apply to a nurse working alternate hours in (a) above.

Additional for WRHA - Public Health Program site only:
(d) In order to facilitate the provision of Public Health nursing services, a nurse may periodically elect to work; or upon a minimum of two (2) weeks notice may be scheduled to work during the evening in accordance with Article 1505.

Provides flex time provision language for Public Health, Community & Primary Care. Flex time is entirely voluntary.

1402 The meal period will be scheduled by the Employer and will be one-half (.50) of an hour in duration, unless otherwise mutually agreed between the nurse(s) concerned and the Employer.

Applicable for Home Care Nurses (n/a @ WCHREO, NHREO, SHEO):
Where a nurse works for five (5) or more consecutive hours, an unpaid meal period of one half (.50) hour will be provided.

1403 A rest period of fifteen (15) minutes will be allocated by the Employer during each continuous three (3) hour period of work.

Every nurse must receive a 15 minute paid break scheduled by the Employer, for every 3 hours of work and if missed shall be paid at overtime rates (i.e. an additional 15 minutes).

@WCHREO

1403 A rest period of fifteen (15) minutes will be allocated by the Employer during each continuous three (3) hour period of work.

Rest periods shall be taken away from the work area unless otherwise mutually agreed.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:
A rest period of twenty (20) minutes will be allocated by the Employer during each continuous three (3) hour period of work.

1404 A shift shall be seven and three-quarter (7.75) consecutive hours of work exclusive of meal times and inclusive of two (2) fifteen (15) minute rest periods. This clause shall not, however, prevent trial and implementation of changes in shift length if mutually agreed between a majority of nurses whose schedule is affected, the Union representing those nurses whose schedule is affected, and the Employer. Any change in shift length agreements shall take the form of an addendum attached to and forming part of this Agreement.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:
A shift shall be seven and three-quarter (7.75) consecutive hours of work exclusive of meal times and inclusive of two (2) twenty (20) minute rest periods. This clause shall not, however, prevent trial and implementation of changes in shift length if mutually agreed between a majority of nurses whose schedule is affected, the Union representing those nurses whose schedule is affected, and the Employer. Any change in shift length agreements shall take the form of an addendum attached to and forming part of this Agreement.

Shift lengths may be altered by agreement of the Union, acting on behalf of the nurses, by agreement of the majority of nurses whose schedule is affected, and the Employer. The Worksite must be involved in this discussion since any change will require an amendment to the Collective Agreement. Amendments of this nature altering shift lengths must be included in a memorandum and approved by a simple majority vote of the membership at a general meeting of the Worksite. The memorandum may be generic in nature or specific to a small group of nurses on a unit or ward. A procedure for implementation and discontinuance should be included in the memorandum. Unless otherwise specified in an existing memo which alters the shift length, the percentage recommended for implementation and/or discontinuance is 50% plus 1 (unless otherwise specified in the Collective Agreement i.e. 12 hour memo). If there is discontinuance hours of work revert back to the 7.75 hour shift.

If the agreement contains the standard memorandum on shifts of less than 7 3/4 hours, that memo sets out the process to follow for shifts of less than 7 3/4 hours. If the agreement does not contain that memo, 1404 applies.
Nurses eligible to vote with respect to altering shift length include:

- *permanent and term nurses on the unit for the trial period.*

- *permanent nurses including the nurses on leave who hold a permanent position vote for permanent implementation of the altered shift length.*
- *casual nurses are not eligible to vote in either case.*

"Nurses whose schedule is affected" mean those nurses who will actually work the altered shift.
Employment Security notice/deletions are not required for trial and/or permanent implementation of changes in shift length unless the EFT's change.

The Employer may post new and/or vacant positions with altered shift lengths i.e. 10 hours and 12 hours if in accordance with the 10 and 12 hour memo.

1405 A full-time or part-time nurse who is advised not to report for their scheduled shift, or who is sent home because of lack of work, shall receive pay for the scheduled hours not worked.

Applicable for Home Care Nurses:
Where a Home Care nurse is unable to complete their scheduled shift due to client circumstances, the nurse may be reassigned to other clients, or may be reassigned to other work for which the nurse is qualified within any of the sites comprising the Employer. It is understood that such reassignment will only occur within a sixty (60) km. radius ***[fifty (50) km radius applicable @ Brandon Regional Health Centre site, WCHREO]*** *of the originating site, unless a greater distance is mutually agreed between the Employer and the nurse. Travel time and Transportation Allowance as outlined in Article 20 shall be paid to the nurse to travel to the reassigned site.*

Should reassignment as contemplated above not be possible, the Home Care nurse shall receive pay for the scheduled hours not worked.

This guarantees payment for all scheduled shifts for full and part-time nurses. This clause applies to the changeover from Central Standard Time to Daylight Saving Time (as per Article 1606).

1406 Where a nurse cannot arrive as scheduled at the Worksite due to whiteout/blizzard conditions as declared by Environment Canada or the Employer, or due to road closures as declared by police agencies or The Department of Transportation and Infrastructure, the nurse shall be rescheduled at a mutually agreeable time if possible during the following two (2) consecutive bi-weekly pay periods to work any hours missed. Where the scheduling of such shift cannot be accommodated or the nurse chooses not to be rescheduled, the nurse may take the time from banked time which includes banked overtime, Recognized Holidays or vacation.

Additional for Churchill Health Centre site only:
In the event that Polar Bears constitute an immediate danger to nurses travelling to and from the Worksite, the Employer shall ensure that nurses are reimbursed for, or provided with transportation.

The nurse has the choice to either have their shift rescheduled as above, take banked time as per above (vacation refers to 3 saved vacation days as per 2101) or take an unpaid leave of absence as a last resort only.

If the nurse chooses to work, it must be an additional available shift not already assigned to another nurse.

1407 Whenever a nurse is called in to work within one (1) hour of the start of the shift and reports for duty within one (1) hour of the start of the shift, they shall be entitled to pay for the full shift. In such circumstances the scheduled shift hours shall not be extended to equal a full shift.

This guarantees that a nurse will not be penalized when called in to work on short notice. This is for both a regular shift or an overtime shift.

Applicable for Public Health Program and Primary Care Program (n/a @ WCHREO & SHEO)

1408

(a) Upon mutual agreement between a nurse and their supervisor, a nurse may work alternate hours during the day or in a bi-weekly period in order to facilitate the provision of services and/or to accommodate the nurse's personal schedule. Such alteration of hours, although subject to Employer approval, is voluntary and at the discretion of the nurse. In instances where working alternate hours under these circumstances results in additional hours being worked in a day or bi-weekly pay period, the nurse shall take the equivalent time off at a time mutually agreeable to the nurse and their supervisor. To the extent practicable, this time off shall occur within four (4) weeks of the nurse having worked the additional hours. It is clearly understood that there is no requirement for the nurse to agree to flex their hours other than on a voluntary basis.

(b) In instances where additional hours are being scheduled in a day or bi-weekly pay period as a result of direction from the supervisor, compensation for the additional hours worked will be in accordance with Article 16 - Overtime.

(c) The provisions of Article 1404, Article 16 and Article 17 shall not apply to a nurse working alternate hours in (a) above.

Provides flex time provision language for rural EOs. Reinforce flex time is entirely voluntary.

Note: Failure to agree to flex shall in no way result in any detrimental or disciplinary consequence to the nurse or elimination from the position.

Applicable for WRHA - Public Health Program site only:

1408 A maximum of thirty (30) nurses, excluding nurses in the Antenatal Home Care and Travel Health programs, will be assigned to work in any office on weekends, on an equitable, rotational basis. With mutual agreement between the Employer and the nurse, the nurse's scheduled days off may be altered to be taken during the one (1) week prior to and/or the two weeks following the assignment. The number of nurses assigned to work weekends may be increased by mutual agreement between the parties, such agreement shall not be unreasonably denied.

Master rotations must include no more than 30 Public Health nurses scheduled to work on a weekend with the exception of Antenatal Home Care and Travel Health programs.

ARTICLE 15 -- SHIFT SCHEDULES

*"Shift pattern" refers to a master rotation. A master rotation is a template. Posted shift schedules may vary from the master rotation due to the requirements of scheduling Christmas, other recognized holidays and/or an individual nurse's vacation. A nurse's shift schedule should not change to accommodate another nurse's vacation. (See Attachment #4 - **Vacation Scheduling Procedure**)*

1501 Shift schedules for a minimum of a four (4) week period shall be posted at least two (2) weeks in advance of the beginning of the scheduled period. Shifts within the minimum four (4) week period shall not be altered after posting except by mutual agreement between the nurse(s) concerned and the Employer. Requests for specific days off duty shall be submitted in writing at least two (2) weeks prior to posting and granted, if possible in the judgment of the Employer.

Only 4 weeks of hours is confirmed even though an Employer may post a longer period of time. There must be a mechanism to identify the confirmed 4 week period if more than 4 weeks of hours are posted at the same time.

If a 4 week schedule commences on March 1st, the Employer must have the schedule posted at least 14 days in advance of that schedule (February 14th). If the nurse is requesting a specific day off within the period to be posted (March 1st – March 28th) the nurse must submit their request, in writing, at least 14 days in advance of February 14th (January 31st). A reason for the request is not required. The Employer is obligated to give consideration to that request and incorporate it, if possible, into the nurse's 28 day schedule (March 1st – March 28th). Alterations of hours within the confirmed 4 week portion of the posted hours shall not occur unless agreed to by the nurse.

Applicable @ Churchill Health Centre site only:

Due to the remoteness of the Churchill site and the difficulty of booking travel from there, the Employer shall have the Christmas schedule (the period between December 15th-January 15th) completed and posted by October 15th of each year.

Allows Churchill to post shift schedules beyond the minimum 4 weeks to permit travel plans over Christmas.

1502 Requests for interchanges in posted shifts or a portion thereof shall also be submitted in writing, co-signed by the nurse willing to exchange shifts with the applicant. Where reasonably possible, interchanges in posted shifts are to be completed within the posted shift schedule. It is understood that any change in shifts or days off initiated by the nurses and approved by the Employer shall not result in overtime costs to the Employer. Requests for interchanges shall be granted if reasonably possible, including considering the length of notice provided by the nurse and shall receive a prompt reply.

A nurse who participates in an interchange which results in them working in excess of a shift in any 24 hour period shall not be entitled to overtime pay as a result of the interchange.

*Requests for interchanges in full or portion of shifts can be made at any time. The intent is that interchanges are to be done within the confirmed 4 week portion of the posted hours but it may not always be possible. If it is not possible, then it must be done in the next posted 4 week period. There is no notice period required nor limit to the number of interchanges a nurse may request. All requests for interchanges must be in writing and approved by the Employer. The Employer **may** delegate this to an in-scope charge nurse, CRN, etc. A nurse who has an interchange approved, is not obligated to work the shift if the nurse they interchanged with is unable to work the shift. Once an interchange is approved, it becomes part of the nurse's scheduled hours of work and as such, cannot be altered.*

Interchanges with casuals are not permitted.

1503 Night shift shall be considered as the first shift of each calendar day.

This applies to a 7.75 hour shift. For a 12-hour shift, night shift shall be considered as the last shift of each calendar day.

1504 Master rotations for each nursing unit shall be planned by the Employer in meaningful consultation with the nurse(s) concerned.
The process for meaningful consultation shall include:

- Employer proposes a master rotation including the Employer established criteria and provides to nurses concerned
- Nurses are provided reasonable time to submit feedback and/or an alternate master rotation for consideration.
- The amended or new master rotation is provided to nurses for review. Nurses are provided with a reasonable time to submit feedback.
- At each step of the consultation process the Union will be provided with the new or revised master rotation to ensure contract compliance.
- Employer has the sole discretion to select the new master rotation and provides rationale for the selection.

This defines and describes what would be considered meaningful consultation. It states the requirement for the Employer to establish and communicate basic staffing criteria and places the onus on the Employer to provide rationale and communicate with the Union at every step of the process. It states the fact that the Employer has the sole discretion in implementing the master rotation but strengthens the requirement for them to consult with members when doing so.

Although it is discouraged, nurses may mutually agree to variations of (b) through (g). However, when a master rotation is planned, if any one or more of the shift patterns/lines in that master rotation ***violates*** *(b) through (g), 100% of the nurses* ***on the unit*** *must agree with the violations. This ensures that no nurse will be forced to accept a rotation pattern which violates their rights. When a nurse who has agreed to work a non-conforming shift pattern vacates their position, the master rotation shall be reviewed as outlined above before the vacancy is filled. When 100% approval is not achieved, and a nurse(s) still wishes to work a non-conforming shift pattern, they may achieve this through the interchange process - see 1501.*

A Float Pool Nurse has a master rotation. The Regional Float Nurse and a Relief Nurse do not have a master rotation but they do have a posted shift schedule in accordance with 1501. There may be exceptions provided for with respect to the Provincial Float Pool exclusively.

In a situation where a nurse holds more than one part-time position in the bargaining unit, each position is treated separately with respect to the scheduling provisions. However, the sum of those positions is not required to comply with the provisions, i.e. nurse may work all three shifts or every weekend. (Also see MOU #12 re Provisions for Part-time Nurses Occupying More Than One Position).

Master Rotations shall, unless otherwise mutually agreed between the nurse(s) concerned and the Employer, observe the conditions listed hereinafter:

(a) a minimum of fifteen hours (15) off between assigned shifts.

The nurse must have a minimum of 15 hours off between shifts. This does not apply to 12 hour shifts. Nurses cannot mutually agree to work more than 1 shift in a calendar day at straight time rates unless it is an approved interchange initiated by the nurses as described in 1502.

(b) (i) a minimum of forty-seven (47) hours off at one time, or

When full-time nurses' days off are scheduled, a minimum of 47 hours off must be provided. When going from Day shift to Evening shift, a single day off is satisfactory. This still equates to 47 hours off.

Part-time nurses do not have designated days off.

(ii) where only "8" hour shifts are worked, a single weekday off may be permitted on a changeover from Day shift to Evening shift or in a staffing pattern that provides alternate weekends off. This is subject to meaningful consultation between the nurses affected and the Union.

This allows more flexibility in scheduling for nurses who work 8 hour shifts and do not wish to work 7 shifts in a row. Nurses must have meaningful input when new rotations are created.

Applicable for Victoria General Hospital site only:
Each nurse shall receive a minimum of forty-seven (47) hours off except that a single day may be assigned:

(i) on a changeover from Day shift to Night shift provided that three (3) days are given on completion of the Night shift, or
(ii) on a changeover from Day shift to Evening shift, and
(iii) not more than twice in each rotation pattern when the single day off results in less than forty-seven (47) continuous hours off between shifts.

(c) a minimum of eight (8) days off within each period of four (4) consecutive weeks.

(d) alternate weekends off shall be granted as often as reasonably possible, with each nurse receiving a minimum of every third weekend off.

Weekends are defined in Article 303.

@WCHREO
(d) a minimum of fifty percent (50%) of weekends off in each master rotation period with a maximum of two (2) weekends worked between weekends off.

(d) ***Applicable for Health Sciences Centre and CancerCare Manitoba sites only:***
Alternate weekends off shall be granted as often as reasonably possible with each nurse receiving a minimum of every third (3rd) weekend off, however, overtime rates of pay shall apply to weekend hours worked on the third (3rd) and any subsequent consecutive weekends unless otherwise mutually agreed between the nurse concerned and the Employer.

Applicable for Eden Mental Health Centre (Winkler), Breast Health Centre, Diagnostic Services, Provincial Float Pool and MAID Services sites only:
Alternate weekends off shall be granted as often as reasonably possible, with each nurse receiving a minimum of every third weekend off.

Applicable for Rehabilitation Centre for Children site only:
Alternate weekends off shall be granted.

Applicable for Manitoba Adolescent Treatment Centre site only:
Full-time employees hired after January 1, 1994 shall have a minimum of every second weekend off. Weekends being defined as Saturday and Sunday. Should such full-time employees be required to work weekends as defined, consideration shall be given to classification and gender balance, then employees shall be assigned such weekends in reverse order of seniority.

Applicable for Crisis Response Services site only:
See MOU re: Weekend Work former MGEU Local 220 (to be referred to Standardization Committee)

(e) a maximum of seven (7) consecutive days of work and preferably less between days off. It is understood that eight (8) consecutive days of work may be assigned for the purpose of meeting the requirements of Articles 2204 and 2209 **(2208 @SHEO) (and 2210 @WCHREO)** inclusive herein.

Applicable at Health Sciences Centre site only:
Not more than seven (7) consecutive working days.

Maximum number of consecutive days of work varies between Worksites as indicated in the Collective Agreement.

(f) nurses who are required to rotate shifts being assigned to work either Day shift and Evening shift, or Day shift and Night shift. There shall be at least as great a number of Day shifts assigned as there are Night (or Evening) shifts within each standard rotation pattern, whenever reasonably possible. This provision is not applicable to a nurse who agrees to work permanently on Evenings or Nights, or a nurse who accepts a position which has been posted as a permanent Night or Evening position.

Applicable at Health Sciences Centre and CancerCare Manitoba sites only:
The Employer will make every effort to ensure that no nurse will be required to work more than fifty percent (50%) of their shift on Evenings or Nights, calculated three (3) times per year. The Union acknowledges that the Employer may not in all instances be able to comply with this provision and agrees that when compliance is not possible, the number of shifts may be increased, subject to a double payment of the shift premium being applicable to the shifts worked in excess of fifty-two percent (52%). This provision does not apply to nurses who have agreed to work permanent Evenings and/or Nights or who have accepted a position which has been bulletined as having a non-conforming shift pattern.

Nurses who are required to rotate shifts shall be assigned to work either Day shift and Evening shift, or Day shift and Night shift, unless otherwise agreed.

Shifts for nurses shall be days and evenings or days and nights - not all three shifts. A nurse working either of these shifts shall have at least as many days as evening or nights in their schedule, whenever reasonable possible. When it isn't reasonably possible, then the ratio of Evening or Night shifts relative to Day shifts must be distributed equitably amongst the nurses affected.

(g) A nurse will receive consideration in scheduling to allow the nurse to pursue academic course(s) to further their education. Whenever reasonably possible, subject to patient/resident/client care requirements, the granting shall be based on the following:

(i) the nurse submits their written request at least eight (8) weeks prior to commencing the academic course(s), and

(ii) another nurse(s) on the unit is (are) prepared to interchange their 'normally' scheduled shifts for the 'normally' scheduled shifts of the nurse attending the academic course(s), as agreed in writing,

(iii) upon completion of the academic course(s) each nurse shall revert to their former rotation pattern.

Proof of registration in such course(s) shall be submitted by the nurse upon request.

The language provides for discretion in the granting of such schedule change for the purpose indicated, however, it directs the Employer to consider each request.

The nurse must make the necessary arrangements with the other nurses who are going to be affected and obtain an agreement with them, in writing, before they would be considered for such a leave. In granting such a leave, the Employer may consider the scheduling of all nurses who may be affected by the granting of the changes.

Applicable for Community Health Nurses:

It is understood that should the Employer implement a seven (7) day work schedule, the parties will meet to negotiate appropriate provisions to cover same.

Applicable for Victoria General Hospital site only:

(i) Violation of any provision of Article 1504 during the minimum four (4) week period outlined in Article 1501 shall result in payment to each affected nurse at overtime rates for all hours worked during the specific violation of the provision.

1505 Group Self-Scheduling

A. The following conditions and understandings apply to Group Self-Scheduling:

1. The procedure to be followed for Group Self-Scheduling shall be as follows:
   (a) A meeting of all nurses on the unit/worksite/program who wish to participate in Group Self-Scheduling and the Employer (as designated) will be held to discuss the Group Self-Scheduling Guidelines, the Master Rotation, and the proposed date of commencement of the initial trial period. A letter will be forwarded to the Worksite President to inform them of the commencement of the trial period.
   (b) The length of the initial trial period for Group Self-Scheduling shall be six (6) months in length or for a shorter period as mutually agreed between the Union and the Employer.
   (c) Six (6) weeks prior to the completion of the initial trial period, a meeting of all participating nurses on the unit/worksite/program and the Employer will be held to evaluate Group Self-Scheduling.

2. Upon mutual agreement between the Employer and the Union the Group Self Schedule shall continue for a minimum duration of an additional six months. The Employer shall not unreasonably withhold its agreement. In the event the parties are not able to agree the Collective Agreement provision on Hours of Work, Article 14 shall apply.

   The Group Self-Schedule may be cancelled at the end of any six (6) month period by either the Employer or the Union by giving written notice of at least six (6) weeks to the other party of its desire to terminate the agreement. The notice shall coincide with the effective date of the implementation of the existing/new master rotation for the unit/worksite/program. This date must commence with the beginning of a new pay period.

3. Group Self-Scheduling shall not result in any additional costs to the Employer

4. All full-time and part-time nurses on a unit/worksite/program may participate in Group Self- Scheduling.

5. Terms and conditions of the Collective Agreement, Appendices and Supplementary Memorandums of Understanding shall remain in full force and effect, except as outlined in 6. below.

6. All self-scheduling groups shall follow the attached Self-Scheduling Guidelines. The scheduling provisions of Article 1504 (a) to (f) inclusive do not apply to the Group Self-Schedule.

7. The Master Rotation must be in place for each unit/worksite/program in accordance with the provisions of Article 1504 of the MNU Collective

Agreement. It is understood that any nurse(s) who requests to be scheduled in accordance with their line on the Master Rotation shall be permitted to do so. All nurses hired into a position(s) on the unit/worksite/program shall be provided with the option of following the Master Rotation or Group Self-Schedule, however, the nurse(s) shall complete the Group Self-Schedule for the remainder of the posted shift schedule.

8. A nurse who is participating in Group Self-Scheduling has the option of reverting to being assigned their shift schedule in accordance with their line on the Master Rotation and a nurse who has a Master Rotation has the option of participating in a self–scheduling group. The nurse must advise their out-of-scope manager/designate in writing of this request two (2) weeks prior to the next round of shift selection. This scheduling preference, Master Rotation or Group Self-Scheduling, must be worked for a minimum of six (6) months before making another change.

9. It is understood that this Article shall apply to any nurse or group of nurses whether or not they have a master rotation.

B. GROUP SELF-SCHEDULING GUIDELINES

Group Self-Scheduling is intended to promote, recruit, retain, engage and offer nurses the opportunity to have flexibility in their work schedules. This is balanced with the unit/worksite/program being staffed properly to ensure patient/resident/client care requirements are met.

1. The Employer established Master Rotation will be used as the basis for each nurse within the Group Self-Scheduling unit/worksite/program. Only occupied Master Rotation lines can be used for Self-Scheduling.

2. A Self-Scheduling Group can consist of two (2) or more nurses on the same unit/worksite/program who agree to work together and take responsibility for coordinating and selecting their scheduled shifts within the combined Master Rotation schedules of the group over the scheduling period. Each nurse must meet their current EFT requirement within the posted shift schedule and the additional requirements contained herein.

3. The out-of-scope Manager/designate has the responsibility of overseeing the process and has final authority in resolving issues. However, such authority is to be exercised reasonably and in accordance with the principles described herein.

4. To form a self-scheduling group, nurses must be of equal competency and skill sets. Where necessary, consideration must also be given to ensuring that there are nurses who are able to take charge/special skill assignments

(e.g. triage, LDRP, OR, clinic, etc.) based on the Employer Master Rotation requirements.

5. Nurses within the self-scheduling group are not allowed to schedule themselves in a way that would incur any overtime costs.

6. Each nurse must have a minimum of one (1) paid shift within each pay period. The Employer will establish a process to allow for the elimination of this requirement no later than twenty-four (24) months after the date of ratification (May 17, 2024) of this Agreement. The parties agree this requirement will be invalidated upon establishment of such process but in any case no later than twenty-four (24) months after date of ratification (May 17, 2024).

7. Shifts can be interchanged once selections are completed, however all nurses may be recommended to work a minimum of four (4) week day shifts in a six (6) week period in order to maintain adequate experience and for evaluation purposes.

8. The self-scheduling group must comply with the provisions of the Collective Agreement and meet the deadlines of these guidelines and the current posting practices, except as identified in #6. above.

9. The out of scope Manager/designate will receive the proposed schedule of the self-scheduling group no later than two (2) weeks prior to the required posting date for the schedule period. The out of scope Manager/designate must approve the proposed schedule prior to it being posted as part of the unit/worksite/program posted schedule. Such approval is not to be unreasonably denied. If approval is denied, the Employer will notify the Union in writing as soon as practicable, such notification to include the reasons for denial.

10. Vacation scheduling will be done in accordance with Article 21.

11. All changes to the self-scheduling group schedule must be confirmed with the out of scope Manager/designate.

12. Group Self-Scheduling meetings shall be held at least once a year so that there is a forum for all participating nurses to voice concerns or make suggestions for change. Attendance is voluntary and all nurses on the unit/worksite/program shall be invited.

This provision will allow for groups of nurses (two or more nurses) to voluntarily opt into a group self-scheduling process. The purpose of self-scheduling allows nurses to take more control over their work life balance. Nurses who are currently using multiple interchanges to manage their schedule, can use this memo to gain greater predictability

and stability. This provision allows the worksite president to be involved and monitor the process. Please note that the new scheduling process allows for nurses to opt in or out after satisfying a six month commitment to a self- scheduling arrangement.

There is an onus on the Employer to seriously consider Group Self-Scheduling requests. The Employer cannot arbitrarily dismiss Self-Scheduling requests and must provide reasonable consideration to such.

Please be sure to consult with the LRO before initiating a Group Self Scheduling Plan.

ARTICLE 16 -- OVERTIME

The Employer can only mandate overtime as a last resort. They must have exhausted all avenues prior to mandating overtime. For example:

- ***qualified nurses on standby – Cross-reference 1801.***
- ***part-time nurses – additional shifts***
- ***casuals***
- ***voluntary overtime regardless of occupational class***
- ***close beds temporarily/shift in services***
- ***It is our expectation that the Employer canvas the out-of-scope managers and agency nurses to work prior to mandating a bargaining unit member to work overtime.***

In the event the Employer mandates a nurse to work overtime and the nurse believes they are unable to work the overtime, it is essential that the nurse clearly state the reason they are unable to perform the overtime assignment. *The most important factor affecting nurses with respect to being required to perform overtime is whether the work assigned is of such a nature that it could result in patient abandonment or significant risk to patients health. Reasonable justification for refusing the overtime will vary according to factors such as:*

- *The nurse is near exhaustion and could injure themselves or the patient;*
- *The nurse believes their continued attendance would compromise patient care;*
- *The nurse has a health condition the restrictions of which prevent overtime assignments (duty to accommodate- health of the nurse potentially harmed);*
- *Whether the nurse is, in some sense, involuntarily prevented from working e.g. child care arrangements (because of lack of appropriate notice), medical appointments that cannot be changed;*
- *The availability of others to work the overtime;*
- *The amount of overtime and regular hours worked by the nurse in the recent past;*
- *The expected duration of the overtime assignment, i.e. working 2 hours vs. 8 hours;*
- *The amount of notice given by the employer to the nurse prior to the commencement of the overtime shift (unreasonable inconvenience);*

- *Whether the assignment is in an area of the health care facility which more regularly and usually demands overtime.*

Part-time nurses cannot be mandated from home unless they qualify for overtime pay, for example an extension (before or after) of a scheduled shift in the same calendar day and/or already in excess of full-time hours in 2 consecutive bi-weekly periods. A nurse working an 8 hour night shift cannot be mandated to work the preceding evening shift because this is not the same calendar day. The nurse can query their manager as to whether agency should be considered for mandating as well.

Casual nurses on shift can be mandated if they are in an overtime position.
For example:

- *Casual nurse working a day shift can be mandated to work an evening shift.*

Casual nurses cannot be mandated from home.
Overtime can only be mandated by out-of-scope management and this function cannot be delegated to in-scope nurses who are designated "in charge".

As per 1611:
"No nurse shall work more than a total of sixteen (16) consecutive hours (inclusive of regular and overtime hours) in a twenty-four (24) hour period, unless otherwise mutually agreed between the nurse and Employer."

In the final analysis, if a nurse elects to refuse to work overtime when the Employer mandates them, they may be at risk of being disciplined or reported to the College.

In all instances where mandatory overtime is worked, report to worksite president and complete a Workload Staffing Report if applicable.

1601 Overtime shall be authorized time worked which exceeds the normal daily shift as defined in Article 14 herein or the normal full-time hours in the rotation pattern in effect on each nursing unit for full-time nurses or the normal full-time hours in two (2) consecutive bi-weekly periods for part-time nurses. Overtime hours extending beyond the normal daily shift into the next calendar day shall continue to be paid at the overtime rates in accordance with Article 1602.

Applicable for Churchill Health Centre site only:
Overtime shall be authorized time worked which exceeds the normal daily shift as defined in Article 14 herein or the normal full-time hours in the rotation pattern in effect on each nursing unit for both full-time and part-time nurses. Overtime hours extending beyond the normal daily shift into the next calendar day shall continue to be paid at the overtime rates in accordance with Article 1602.

@NHREO

1601 Overtime shall be authorized time worked which exceeds the normal daily shift as defined in Article 14 herein or the normal full-time hours in the rotation pattern in effect on each nursing unit for both full-time and part-time nurses. Overtime hours extending beyond the normal daily shift into the next calendar day shall continue to be paid at the overtime rates in accordance with Article 1602.

@SHEO *for Provincial Travel Nurse Team-overtime is determined as per MOU #24. per language below:*

20. Overtime

(i) Overtime shall be time worked which exceeds the normal daily shift as defined in Article 14 of the Collective Agreement, or

(ii) Due to the nature of the compressed work schedule associated with a Team position an annual paid hours reconciliation will be conducted for the period of April 1 to March 31 each year. Hours paid over 2015 annual hours will be paid at the applicable overtime rate as outlined in the Collective Agreement.

Part-time nurses are eligible for overtime once they exceed the normal full-time hours (paid at regular rate) in any two consecutive bi-weekly pay periods. The "normal full-time hours" in the rotation pattern include worked time, income protection, bereavement leave, vacation, etc. The two consecutive bi-weekly periods are fixed bi-weekly periods.

Casuals are treated the same way as part-time nurses for the purposes of this clause.

The overtime calculation will be based on a calendar day not the 24-hour clock basis.

Authorization must be obtained prior to the start of any overtime work except in emergency situations. The Employer agrees the authorization in these emergency situations will not be unreasonably withheld. Payment for overtime worked when emergency circumstances prevent prior authorization shall be subject to a claim accompanied by a special written report prepared by the nurse before leaving the facility/site substantiating the reason for the overtime work.

It is important that authorization for the overtime be obtained prior to working, with the exception of emergencies. It may be that a nurse is prevented from obtaining prior authorization due to unexpected patient care needs on the unit, or the inability to access an individual who has authority to approve the overtime. An "emergency" in this clause is not an emergency as detailed in Article 10. If the Employer says "go home" - go home.

If authorization cannot be obtained in an emergency, the nurse must complete a written claim prior to leaving the facility in order to receive the overtime pay.

Overtime can only be cancelled if the work that gave rise to the overtime no longer exists i.e. patient dies, census down. If the reason for the work continues to exist and the nurse is cancelled, all we can expect to get in a grievance is for the nurse to be offered another comparable shift (at overtime rates) as a supernumerary nurse.

1602 Each nurse shall be paid at the rate of two (2) times their basic salary for all hours of authorized overtime in any one (1) day. A full-time nurse shall receive two (2) times their basic salary for all overtime worked on a scheduled day off. However, notwithstanding Article 1601 above, all overtime worked on a Recognized Holiday shall be paid at two and one-half (2.50) times their basic salary.

All overtime is paid at double time except overtime worked on a Recognized Holiday which is paid at 2.5 times.

1603 Notwithstanding Articles 1601 and 1602 above, where a nurse works two consecutive shifts, the nurse shall be paid the full hours for both shifts and shall not be required to work an additional fifteen (15) minutes. They shall receive pay at the rate of double their basic salary for the additional shift, except when the additional shift is worked on a Recognized Holiday, they shall receive pay at the rate of two and one-half (2.50) times their basic salary for the additional shift.

This clarifies the nurse will be paid for 2 complete shifts and will not be deducted for the overlap.

1604 At the nurse's request, overtime shall be banked and shall be compensated by time off at overtime rates to be taken at a time mutually agreed. At the nurse's request, any banked overtime, or portion thereof, shall be paid out on a separate cheque without a surcharge on the dates designated by the Employer. At the nurse's request, any banked overtime or portion thereof shall be paid out at any time on a regular pay cheque. Overtime may be accumulated to a maximum of seventy-seven and one-half (77.50) hours at any one time. Any overtime in excess of seventy-seven and one-half (77.50) hours shall be paid as earned. All accumulated overtime must be taken as time off or paid out by March thirty-first (31st) of each fiscal year. Accumulated overtime not taken as time off or paid out by this date shall be paid to the nurse in the last pay period of the fiscal year on a separate cheque without a surcharge.

This allows full-time and part-time nurses the opportunity to bank overtime. Any overtime in excess of the "cap" will be paid as earned. Payout of overtime on a separate cheque will only be done on dates designated by the Employer. There is no minimum amount of hours to be paid on a separate cheque. However, payout of overtime may be requested on a regular pay cheque at any time.

Applicable for Churchill Health Centre and Holy Family Home sites only:
At the nurse's request, overtime shall be banked and shall be compensated by time off at overtime rates to be taken at a time mutually agreed. At the nurse's request, any banked overtime, or portion thereof, shall be paid out on a separate cheque without a surcharge

on the dates designated by the Employer. At the nurse's request, any banked overtime or portion thereof shall be paid out at any time on a regular pay cheque. All accumulated overtime must be taken as time off or paid out by March thirty-first (31st) of each fiscal year. Accumulated overtime not taken as time off or paid out by this date shall be paid to the nurse in the last pay period of the fiscal year on a separate cheque without a surcharge.

Applicable in the North

1604 At the nurse's request, overtime shall be banked and shall be compensated by time off at overtime rates to be taken at a time mutually agreed. At the nurse's request, any banked overtime, or portion thereof, shall be paid out on a separate cheque without a surcharge on the dates designated by the Employer. At the nurse's request, any banked overtime or portion thereof shall be paid out at any time on a regular pay cheque. All accumulated overtime must be taken as time off or paid out by March thirty-first (31st) of each fiscal year. Accumulated overtime not taken as time off or paid out by this date shall be paid to the nurse in the last pay period of the fiscal year on a separate cheque without a surcharge.

NOTE: Part–time nurses who hold more than one position and earn overtime in either position are not limited to utilization of banked over time only in the department/unit where it was earned. It can be requested as time off in either department/unit.

1605 A full-time nurse reporting back to work upon request after leaving the site following completion of a shift but before commencement of their next scheduled shift shall be paid at overtime rates of pay with a guaranteed minimum of three (3) hours at overtime rates. If the extra time worked under this subsection commences within less than three (3) hours before the start of a shift, the guaranteed minimum of overtime pay will not apply. In such cases, the nurse will be paid at overtime rates from the time the nurse starts to work to the beginning of their shift.

*This clause applies only to full-time nurses who **physically** return to the workplace.*

(If referring to Standby, see Article 18. If referring to part-time nurses see Article 3403.)

Applicable for Home Care Nurses:

A full-time nurse reporting back to work upon request after completing the daily client assignment and following completion of a seven and three-quarter (7.75) hour shift but before commencement of their next scheduled shift shall be paid at overtime rates of pay with a guaranteed minimum of three (3) hours at overtime rates. If the extra time worked under this subsection commences within less than three (3) hours before the start of a shift, the guaranteed minimum of overtime pay will not apply. In such cases, the nurse will be paid at overtime rates from the time the nurse starts to work to the beginning of their shift.

1606 Overtime worked as a result of the changeover from Daylight Savings Time to Central Standard Time shall be deemed to be authorized overtime.

The changeover from Central Standard Time to Daylight Savings Time will be considered as full hours worked for that shift.

1607
Applicable for IEHREO, NHREO, PMHREO, SHREO, WCHREO, SHEO (direct operations)
Overtime shall be distributed as equitably as possible, within the posted shift schedule, amongst those nurses qualified for the work in accordance with Article 1601. Preference for such overtime shall be awarded in order by unit, site and then Employer (***unit, program and then site @ non-transferred sites***).

(i) "Home Unit" – full-time nurses or part-time nurses who are at full-time hours and/or eligible for overtime (equitable distribution) – once offered to full-time and part-time nurses, shifts can be offered to casual nurses who are at full-time hours and/or eligible for overtime;

(ii) "Home Program" – full-time nurses or part-time nurses who are at full-time hours and/or eligible for overtime – once offered to full-time and part-time nurses, shifts can be offered to casual nurses who are at full-time hours and/or eligible for overtime;

(iii) "External to Program" – full-time nurses or part-time nurses who are at full-time hours and/or eligible for overtime – once offered to full-time and part-time nurses, shifts can be offered to casual nurses who are at full-time hours and/or eligible for overtime.

Overtime shall be offered and shared as fairly as possible amongst full-time and part-time nurses within the classification required by the Employer, provided the nurses are all qualified and are available for the overtime assignment. If there is no one available in the required classification, then overtime can be offered to any other classification.

Equitable does not necessarily mean equal. In order to be equitable, a record must be kept of overtime offered and worked within the posted shift schedule.

**MNU takes the position that bargaining unit members are offered overtime on a voluntary basis before agency nurses are utilized.*

Applicable for Home Care Nurses:
Overtime shall be distributed as equitably as possible amongst those nurses qualified for the work, and giving consideration to client needs and continuity of care.

No nurse shall be required to work overtime against their wishes when other qualified nurses within the same site are able and willing to perform the required work. The Employer may maintain a sign-up sheet (or in electronic format) for nurses to indicate advanced availability for work in such case. The sign-up sheet may include eligible nurses from the Employer, as well as the site.

1608 In every period of overtime, a paid rest period of twenty (20) minutes shall occur during each continuous three (3) hours, unless the overtime worked is a full shift in which case regular meal/rest periods shall occur.

Nurses should take the 20 minute rest period during the 3 hour period even if they take it after working 2 hours and 40 minutes. If it's not possible to take the break, the only way the nurse will be paid for the break is if they remain on the premises for an additional 20 minutes or if the Employer authorizes them to leave the premises for that paid 20 minute break.

1609 A nurse required to work overtime without advance notice for a period in excess of two (2) hours immediately following their regular shift shall receive a meal voucher for the facility cafeteria to cover the cost of a meal of up to ten dollars ($10.00) [twelve dollars ($12.00) effective May 17, 2024], or if this is not possible, a meal allowance of ten dollars ($10.00) [twelve dollars ($12.00) effective May 17, 2024], shall be provided.

The intent is for unforeseen overtime and does not apply when nurses have pre-booked overtime.

Applicable for Home Care Nurses (n/a @ SHEO):

A nurse required to work overtime without advance notice for a period in excess of two (2) hours immediately following their regular hours of work shall be provided with a meal allowance of ten dollars ($10.00) [twelve dollars ($12.00) effective May 17, 2024].

***Applicable @ former Brandon RHA and Dinsdale*:**

When a nurse is required to work overtime without advance notice for a period in excess of two (2) hours immediately following their scheduled shift, the Employer shall provide a meal at no cost to the nurse.

Applicable for Grace Hospital site only:

When a nurse is required to work overtime without advance notice for a period in excess of two (2) hours following their assigned shift, the Employer shall provide a meal at no cost to the nurse.

Applicable in the North:

1609 *When a nurse is required to work overtime without advance notice for a period in excess of two (2) hours immediately following their scheduled shift, the Employer shall provide a meal at no cost to the nurse.*

Applicable @ SHEO

1609 A nurse required to work overtime without advance notice for a period in excess of two (2) hours immediately following their regular shift shall receive a meal voucher for the facility cafeteria to cover the cost of a meal of up to ten dollars ($10.00) [twelve dollars ($12.00) effective July 8, 2024], or if this is not possible, a meal allowance of ten dollars ($10.00) [twelve dollars ($12.00) effective July 8, 2024], shall be provided.

1610 A nurse who is required to remain on the nursing unit during a meal period or who is required to return to their unit during a meal period, and the missed portion of the meal period is not rescheduled during their shift, shall receive pay at overtime rates for the missed meal period or portion thereof.

1611 No nurse shall work more than a total of sixteen (16) consecutive hours (inclusive of regular and overtime hours) in a twenty-four (24) hour period, unless otherwise mutually agreed between the nurse and Employer.

ARTICLE 17 -- SHIFT PREMIUM AND WEEKEND PREMIUM

There is no prohibition against pyramiding of premiums in this Collective Agreement, i.e. you are eligible for more than one premium at any one time, e.g. shift premium plus weekend premium plus standby.

1701

(a) An evening shift premium of two dollars ($2.00) [two dollars and twenty-five cents ($2.25) effective May 17, 2024, July 8, 2024 @ SHEO] per hour shall be paid to a nurse for all hours actually worked on any shift when the majority of the hours on that shift fall between 1800 hours and the next succeeding 2400 hours.

(b) A night shift premium of three dollars and fifty cents ($3.50) [three dollars and seventy-five cents ($3.75) effective May 17, 2024, July 8, 2024 @ SHEO] per hour shall be paid to a nurse for all hours actually worked on any shift when the majority of hours on that shift falls between 2400 hours and 0600 hours.

Applicable for St. Boniface Hospital site only:
A premium of two dollars ($2.00) [two dollars and twenty-five cents ($2.25) effective May 17, 2024] per hour shall be paid to nurses for all hours worked on the Evening shift between 1530 and 2345 hours, except for the periods from 1530 hours to 1545 hours on the Day shift. A premium of three dollars and fifty cents ($3.50) [three dollars and seventy-five cents ($3.75) effective May 17, 2024] per hour shall be paid to all nurses for all hours worked on the eight (8) hour night shift between 2330 and 0745 hours and between 1930 and 0755 hours for the twelve (12) hour night shift. The Night shift premium shall not be applicable from 0730 to 0745 hours on the Day shift.

The above premiums are applicable to any overtime hours worked between 1530 hours and 0730 hours whether paid in money or time off.

In order to be paid the premiums on overtime hours, the nurse has to work the majority (more than half) of the hours on the shift (Evening or Night shift) drawing the premiums. As a result of an Arbitration Award, the nurse will continue to draw whatever premium is applicable to their originating shift for up to one-half of the overtime shift.

*See Attachment #7– **Premiums on Overtime***

*Unless a nurse works a permanent evening or night shift as per Article 1705 they do not receive any premium for vacation hours, sick time hours, hours spent on WCB, any period of paid leave, etc., by virtue of their schedule falling during the 1800-0600 period. Unless eligible under Article 1705 the nurse must **work** to be eligible for the premium.*

The night shift premium applies to all hours worked on a 12-hour Night shift.

1702 (n/a @ St. Boniface Hospital) The Evening shift premium shall also be applicable to each hour worked after 1600 hours on a "modified" Day or Evening shift during which at least two (2) hours are worked between 1600 hours and the termination of the shift.

For purposes of application of this provision, a "modified" Day shift shall mean one that commences at a different time than the majority of Day shifts worked by nurses, and a "modified" Evening shift shall mean one that commences at a different time than the majority of Evening shifts worked by nurses. This provision shall be applicable from 1600 hours to the termination of the Day shift on a twelve (12) hour shift pattern.

The evening shift premium is payable on a 12-hour Day shift for all hours worked after 1600 hours.

Sent: Wednesday, April 30, 2025 3:51 PM
To: Leona Barrett <lbarrett@manitobanurses.ca>; Wanda Reader <wreader@sharedhealthmb.ca>
Subject: RE: [EXTERNAL] Clarification on applicability of weekend premium

Hi Leona,

Yes, a Friday 12 hour day shift would receive the weekend premiums for any hours after 1600.

Sarah Rosnes
Labour Relations Consultant – Scheduling Project
Provincial Health Labour Relations Services | Shared Health
Pronouns: She/Her/Hers (Why do I share my pronouns? Read why **here.**)
srosnes@sharedhealthmb.ca | 431-336-1098

1703 When a nurse is on standby, shift premium and weekend premium are payable only for hours actually worked on a callback.

*A nurse shall only receive the premiums for hours **worked** while on standby.*

1704 A weekend premium of two ($2.00) dollars per hour shall be paid to a nurse for all hours actually worked on any shift where the majority of the hours on that shift fall between 0001 hours on the Saturday and 2400 hours on the following Sunday.

Effective two (2) full pay periods post ratification (May 17, 2024, July 8, 2024 @ SHEO), a weekend premium of five dollars and seventy-five cents ($5.75) per hour shall be paid to a nurse for a Friday evening shift where the nurse receives the evening shift premium, all shifts worked on Saturday and Sunday, and including any night shift considered to be the first shift of a Monday. This applies to the payment of weekend premium only and shall not change the definition of a weekend under Article 303.

Expansion of weekend premium to Friday evening & Sunday night shift.

1705 Shift premium shall not be payable when a nurse is on standby, leave of absence, sick time, Recognized Holiday, paid vacation and Workers' Compensation unless the nurse works a permanent evening or night shift.

1706 Where the Employer chooses to implement a Full-Time Weekend Worker position or where the Employer experiences a chronic staffing challenge on weekends and there are sufficient vacancies, the Employer will consider the creation and posting of a Full-Time Weekend Worker position. Where there is an operational need and where a nurse discloses their desire for a Full-Time Weekend Worker position, the Employer shall not unreasonably deny the creation and subsequent posting of said position.

Where a Full-Time Weekend Worker position has been created the following conditions shall apply:

(i) Based on a 12 hour rotation consisting of three (3) shifts which will include at least two (2) of the three (3) shifts being worked on Friday, Saturday or Sunday. The shifts may consist of straight days, straight nights or 50% days and 50% nights.

(ii) Based on an eight (8) hour rotation consisting of nine (9) eight (8) hour shifts in a biweekly period, four (4) of which shall be worked on Friday, Saturday or Sunday within the biweekly period. The shifts may consist of straight days, straight evenings, straight nights, 50% days/evenings or 50% days/nights.

(iii) The annual hours base shall be 1872 hours. The annual salary provided for this position is the standard 2015 annual salary scale, but shall be 10% higher than the prevailing rate for that occupational classification.

(iv) A nurse replacing a Full-Time Weekend Worker shall not be entitled to the rate of pay applicable to the Full-Time Weekend Worker. However, the Full-Time Weekend Worker who interchanges a shift with a non Full-Time Weekend Worker shall be paid at their Full-Time Weekend Worker rate of pay for the interchanged shift.

(v) A Full-Time Weekend Worker who picks up additional available shifts shall not receive the Full-Time Weekend Worker rate of pay for such shifts.

(vi) Shift premiums and weekend premiums as outlined in the Collective Agreement shall apply.

(vii) Articles 1504 (d) and 3404 shall not apply to Full-Time Weekend Workers.

(viii) The Employer maintains the right to discontinue a Full-Time Weekend Worker position with a minimum of ninety (90) days written notice to the affected nurse(s) and the Union. The position may be converted to one with normal scheduling requirements pursuant to the Collective Agreement and the rate of pay shall revert to the prevailing rate of pay for that occupational classification. Deletion of the Full-Time Weekend Worker incumbents is required for schedule conversions where there are conversions from a Full-Time Weekend Worker rotation to a regular rotation. In such case the provisions of Article 27 of the Collective Agreement shall apply.

Nurses occupying a 1.0 EFT Full-Time Weekend Worker will be considered as full time and eligible for any full time incentives.

Enshrines Full Time Weekend Worker into the CA from the former recruitment and retention incentive MOU. Expands to include 8 hour shifts as well as 12 hour shifts. Equates 1872 to 2015 hours for the purposes of annual pay. Also provides for the Employer to implement Weekend Worker where need is obvious.

Seniority provisions/protections for deletion of positions now applies to weekend worker positions.

1707 Where the Employer chooses to implement a Weekend Worker position(s) the Employer and the Union mutually agree that the following shall apply:

(a) All provisions of the Collective Agreement shall apply except as noted herein.

(b) Occupied positions will not be deleted in order to create a Weekend Worker position(s).

(c) A full-time nurse working a weekend schedule will be scheduled to work on every weekend. If in a part-time position it is understood that a nurse may be required to work exclusively on weekends, when scheduled to work. Whether full or part time this may include working one or all days on the weekend as well as shifts during the week. Article 1504(d) and 3404 shall not apply to Weekend Workers.

(d) Weekend Worker positions in accordance with this Article shall be posted in accordance with the provisions of the Collective Agreement and will have an annual hours base of 2015.

(e) A nurse replacing a Weekend Worker shall not be entitled to the rate of pay applicable to the Weekend Worker. However, the Weekend Worker who interchanges a shift with a non Weekend Worker shall be paid at their Weekend Worker rate of pay for the interchanged shift.

(f) A Weekend Worker who picks up additional available shifts shall not receive the Weekend Worker rate of pay for such shifts.

(g) The establishment and/or existence of a Weekend Worker shall not form the basis for reclassification and/or pay adjustments of any classification under the Collective Agreement.

(h) The Employer maintains the right to discontinue a Weekend Worker schedule with a minimum of ninety (90) days written notice, to the affected nurse(s) and the Union. The position may be converted to one with normal scheduling requirements pursuant to the Collective Agreement and the rate of pay shall revert to the prevailing rate of pay for that occupational classification. Deletion of the Weekend Worker incumbents is required for schedule conversions where there are conversions from a Weekend Worker rotation to a regular rotation. In such case the provisions of Article 27 of the Collective Agreement shall apply.

(i) Appendix "A" – Salaries for Weekend Worker positions shall be fifteen percent (15%) higher than the prevailing rate for that occupational classification.

Seniority provisions/protections for deletion of positions now applies to weekend worker positions.

1708 A nurse employed in a Weekend Worker position who is the successful applicant to a position of the same classification not designated as a Weekend Worker shall be placed at the same salary step as the nurse held while employed in the Weekend Worker position.

1709 ICU Premium

A premium of three dollars ($3.00) per hour effective thirty (30) days post ratification (June 17, 2024, **August 8, 2024 @ SHEO**) will be provided to nurses for all paid hours worked in an Intensive Care Unit. (HSC, St. Boniface, Grace and Brandon, or anywhere else a new ICU is introduced).

For facilities where above premiums apply.

1710 ED (with ICU) Premium

A premium of four dollars ($4.00) per hour effective thirty (30) days post ratification (June 17, 2024, **August 8, 2024 @ SHEO**) will be provided to nurses for all paid hours worked in an Emergency Department where an ICU exists in the same facility. (HSC, St. Boniface, Grace and Brandon, and any other hospital where an ED (with an ICU) is introduced in the future).

For facilities where above premiums apply.

1711 ED/Urgent Care Premium (without ICU)

A premium of two dollars ($2.00) per hour effective thirty (30) days post ratification (June 17, 2024, **August 8, 2024 @ SHEO**) will be provided to nurses for all paid hours worked in an Emergency Department/Urgent Care. (Concordia, Seven Oaks, Victoria, Dauphin, Swan River, The Pas, Flin Flon, Thompson, Selkirk, Portage La Prairie,

Neepawa, Boundary Trails, Bethesda and any other facility in future where nurses are exclusively dedicated to staffing an ED/Urgent Care).

For facilities where above premiums apply.

1712 Triage Premium (for facilities where above premiums apply)
A premium of two dollars ($2.00) per hour for all hours where a nurse is assigned to triage duties effective thirty (30) days post ratification (June 17, 2024, **August 8, 2024 @ SHEO**). In all facilities as per Article 1711).

Employer to assign triage duties. Employer failure to reasonably provide adequate resources assigned to triage may be subject to the grievance procedure. For facilities where above premiums apply.

ARTICLE 18 -- STANDBY

There is no prohibition against pyramiding of premiums in this Collective Agreement.

1801 "Standby" shall refer to any period of time duly authorized by the Employer during which a nurse is required to be available to return to work without undue delay. Callback shall be limited to the unit(s) for which the nurse is on standby. Standby shall be assigned and scheduled in accordance with the provisions of Article 1501 whenever reasonably possible.

Nurses can be required to take standby and shall be assigned in advance. Standby shall be scheduled and posted in accordance with the posting provisions of Article 15, i.e. 4 weeks of hours posted 2 weeks in advance.

When the standby is assigned, it must include the unit or units that the nurse is on standby for. The assignment of the unit(s) must be fair and reasonable and, in accordance with Article 1805, the nurse must be qualified for the assignment.

Nurses may request to interchange their standby assignment with another qualified nurse.

There should be a meeting between the Union and the Employer if standby is going to be introduced to a new unit(s) in accordance with 1103(1)(c).

Standby assignment can be cancelled at any time by the Employer if the need for standby no longer exists.

A nurse designated for standby duty must be available during the period of standby at a known telephone number or by another method of communication as mutually agreed between the supervisor and the nurse and must be available to return for duty as quickly as possible if called. A nurse does not have to leave the facility in order to be qualified for standby premium.

Standby is not to be used for baseline staffing. Standby must not be used by the Employer as a substitute for posting and filling vacancies and/or filling additional available shifts. According to an arbitration award involving MNU received in 2003, an Employer may use a previously assigned standby nurse as a last resort to address a staffing need as an alternative to mandating overtime. It has never been the intent to have standby assigned as an alternative to filling additional available shifts. This has previously been determined to be an unfair labour practice as it provides premium pay for what should otherwise be regular pay.

Applicable for Community Health Nurses and Home Care Nurses:
"Standby" shall refer to any period of time duly authorized by the Employer during which a nurse is required to be available to return to work without undue delay. Callback shall be limited to the program(s) for which the nurse is on standby. Standby shall be assigned and scheduled in accordance with the provisions of Article 1501 whenever reasonably possible.

1802 Nurses required to be on standby shall receive two (2) hours basic pay per eight (8) hour shift or portion thereof.

A nurse receives 2 hours pay for every 8 hour period or portion of an 8 hour period that they are on standby, i.e. the nurse on standby for 9 hours receives 4 hours pay, a nurse on standby for 12 hours receives 4 hours pay, the nurse on standby for 16 hours receives 4 hours pay, the nurse on standby for 18 hours receives 6 hours pay, and so on.

1803 A nurse actually called back to work when they are on standby shall be paid for hours worked at the overtime rates, or may, at the nurse's request, be granted time off which is the equivalent of overtime rates. The nurse will be guaranteed a minimum of three (3) hours at the overtime rate except when called in within three (3) hours of the commencement of their next shift. In such cases the nurse shall be paid at the overtime rate from the time the nurse started work to the beginning of their shift.

When the nurse works during a period of standby, they shall receive three hours pay at double time, even if they work for less than 3 hours for each time they are called back to work. However, a nurse on standby after their regular scheduled shift who does not leave the facility, will continue to receive standby premium and will be paid for all hours worked at overtime rates. The 3 hour minimum does not apply.

Nurses who are called at home must return to the facility in order to receive the 3 hour minimum overtime pay.

If the nurse is called in within three hours of the commencement of their shift, they should be paid only for actual hours worked (i.e. if a nurse is scheduled to work at 0800 hours and is called in at 0600 – they are only entitled to 2 hours at overtime rates. The overtime rate is modified according to Article 16, e.g. Recognized Holidays.

1804 Standby allowance shall be paid for any time during which a nurse is actually called back to work.

1805 Assignment of standby shall be distributed as equitably as possible amongst those nurses qualified for the assignment.

Standby shall be assigned/scheduled and shared as fairly as possible amongst all full-time and part-time, providing the nurses are all qualified for the standby assignment.

Equitable does not necessarily mean equal. In order to be equitable, a record must be kept of standby assigned. The Worksite must be involved in establishing this equitable process.

1806 The Employer will provide parking space in near proximity to the site for the use of nurses on standby who are called back.

Concerns had been expressed by nurses responding to callback about their safety and security at night when responding to callback. The intent of this clause is to make sure that every consideration is extended to the nurse to be as close to the facility as possible for their personal safety, when returning to the hospital at night on a callback.

1807 Whenever reasonably possible, a pager (or alternate) shall be provided by the Employer to nurses during any period of assigned standby.

1808 Telephone Consultation(s):
When a nurse is consulted by telephone outside of their regular working hours and is authorized to handle bona fide work-related matters without returning to the workplace, the following shall apply:

(a) A nurse who is placed on standby shall, in addition to standby premium, be paid at the applicable overtime rates for all time spent on any telephone calls received. In any event the nurse shall be guaranteed a minimum of fifteen (15) minutes compensation at the aforementioned rate per call. Accumulated time spent on telephone consultations extending beyond fifteen (15) minutes shall be compensated at the next higher fifteen (15)-minute interval.

(b) A nurse designated by the Employer but not on standby shall be paid at the applicable overtime rates for all time spent on any telephone calls received. In any event the nurse shall be guaranteed a minimum of fifteen (15) minutes compensation at the aforementioned rate per call. Accepting any such calls and/or processing such electronic communications when not receiving the standby premium shall be at the discretion of the nurse. Accumulated time spent on telephone consultations extending beyond fifteen (15) minutes shall be compensated at the next higher fifteen (15)-minute interval.

(c) Nurses consulted by telephone outside of their regular working hours shall document all calls received and shall submit a log of all such calls to their supervisor for processing.

(d) Where the nurse is authorized to handle bona fide work-related matters through electronic means, including email, without returning to the workplace, the nurse shall be compensated in the same manner as a telephone consultation.

Telephone consultations are paid in 15 minute intervals at double time, whether the nurse is assigned standby or authorized to take telephone calls during their time off.

Applicable for Brandon Regional Health Centre site only:
1809
When a nurse is called in and works more than four (4) hours of the eight (8) hours immediately preceding their next assigned shift, that shift shall be rescheduled, unless otherwise mutually agreed between the nurse and the Employer.

@SHEO
1809 If there is a sufficient number of nurses qualified for assignment to standby, a nurse shall not be assigned to standby on the day immediately preceding or during their days off, unless otherwise mutually agreed.

1809
Applicable for St. Boniface Hospital site (Cardiac Operating Room and Cardiac Catheterization Laboratory nurses excluded), Misericordia Health Centre site (Operating Room nurses excluded), and Victoria General Hospital site (Operating Room and PACU nurses excluded) only:
A nurse may be required by the Employer to be available for duty for a period of not more than sixteen (16) hours consecutively unless otherwise agreed to between the nurse and the Employer.

NOTE: Please reference MOU Re: Article 18 Exclusions Waiver.

Applicable to Health Sciences Centre site only:
1810
A nurse may be required by the Employer to be available for duty for a period of not more than sixteen (16) hours consecutively unless otherwise agreed to between the nurse and the Employer.

1810
Applicable for St. Boniface Hospital site (Cardiac Operating Room and Cardiac Catheterization Laboratory nurses excluded), Misericordia Health Centre site (Operating Room nurses excluded), and Victoria General Hospital site (Operating Room and PACU nurses excluded) only:

A nurse shall not be required to be on standby during the evening prior to or on their scheduled days off, or on a change over from Day Shift to Evening Shift unless otherwise mutually agreed between the nurse and the Employer.

NOTE: Please reference MOU Re: Article 18 Exclusions Waiver.

Applicable for Brandon Regional Health Centre site only:
1810
A nurse may be required by the Employer to be available for duty for a period of not more than sixteen (16) hours consecutively unless otherwise agreed to between the nurse and the Employer.

Applicable for Brandon Regional Health Centre site only:
1811
A nurse shall not be required to be on standby during the evening prior to or on their scheduled days off, unless otherwise agreed upon between the nurse and the Employer.

1811
Applicable for St. Boniface Hospital site only:
When a nurse is called in and works more than four (4) hours of the eight (8) hours immediately preceding their next assigned shift, the time worked shall be payable at regular pay (straight time) and the next assigned shift shall be deemed to be a rest period at regular pay in lieu of overtime rates.

When a nurse is called in and works any time of the four (4) hours immediately preceding their next assigned shift, the time worked shall be payable at overtime rates with a minimum of three (3) hours pay at overtime rates.

ARTICLE 19 – RESPONSIBILITY PAY

There is no prohibition against pyramiding of premiums in this Collective Agreement.

1901 A nurse assigned to perform all or substantially all the responsibilities of a more senior classification for at least two (2) consecutive hours or for the entirety of their shift, or a nurse designated as being "in charge" shall be compensated by an allowance of one dollar ($1.00) [two dollars ($2.00) effective May 17, 2024 (July 8, 2024 @ SHEO)] for each hour worked, except for a Nurse III temporarily replacing a Nurse IV.

A Licensed Practical Nurse will receive responsibility pay when they are assigned charge nurse responsibilities by the Employer.

For temporary assignments of promotion of more than four (4) weeks in length, the terms of Article 2801 herein shall be applicable to salary rates.

This premium is applicable to full-time, part-time and casual nurses. The Employer determines when assignment of charge is required and which classification will be assigned charge responsibility.

This language ensures a LPN will receive responsibility pay when they are designated as the Charge Nurse.

There are two situations where the allowance is paid:

1. *When a nurse is temporarily assigned to perform the majority of a higher classification's duties;*

2. *When a nurse is placed "in charge" by the Employer* ***or circumstances require*** *that a nurse assumes a charge role even though the Employer has not formally designated them as the "charge" nurse.*

Nurses who are red-circled are entitled to be paid Responsibility Pay when assigned charge duties.

1902 Assignment of "charge" responsibility shall be equitably distributed amongst those nurses available and qualified for the assignment.

Charge responsibility shall be divided as equitably as possible so that one nurse does not obtain all of the "charge" assignments.

When assigning a nurse "in charge", the Employer should be rotating this assignment amongst all nurses involved in any area. This will ensure that all nurses have an opportunity to develop their overall skills and will ensure that arrangement will always have staff with "charge" experience during staff shortfalls (i.e. vacation, illness, leaves of absence).

1903 Clinical Mentorship

The parties recognize that quality nursing practice is essential to the provision of safe patient care. Practical nursing skills are largely learned on the unit, whether through the consolidation of skills as new nurses, or through continuous learning as nurses progress through their careers.

The parties agree that nurses benefit from consistent, experienced mentorship and support at the unit level. Increasing clinical mentorship also aids with skill development, retention and recruitment and the promotion of safe patient care.

The primary function of the Clinical Mentor will be to act as a guide, role model, and advisor who facilitates debriefings, and shares practical, day to day, applied knowledge with other nurses. Clinical Mentors will primarily be responsible for providing rapid, just in time clinical mentorship on the unit, department, or program. They will also work in conjunction with Nurse Educators to provide on-going guidance to ensure competence in

the area of practice. Any education by the Clinical Mentor to the mentee will not replace that of the Nurse Educator nor will a Clinical Mentor's duties replace, or act in substitution of, the tasks, duties and responsibilities of the Nurse Educator.

The Employer reserves the right to ensure the appropriate skillset, training and knowledge is matched with the expectations of the role. The parties mutually agree that the awarding of a Mentorship Designation position shall be excluded from the application of Article 2502.

The Employer, balancing the operational needs of the unit, shall determine the number of designated mentors under A and/or B below, if any, are required on the unit. However, nothing herein precludes the Union from raising the issue of need for additional clinical mentorship or mentorship generally at Union/Management meetings or NAC.

Where the Employer determines that creation of a clinical mentor role is required, they may elect to establish a function in one of the following ways:

A. Clinical Mentor Positions

(i) Where the Employer identifies the need for a mentorship position, the Employer shall post such position clearly identifying the area(s) of the clinical mentorship assignment.

(ii) Clinical Mentors will be included on the master rotation and be scheduled in accordance with Article 15 to work on day, evening, night and weekend shifts. Clinical Mentors will be paid at a Nurse III rate of pay and will not carry a caseload. Where the Employer creates a position, a job description will be developed and shared with the Union in accordance with the provisions of the Collective Agreement.

When establishing a Clinical Mentor position the qualifications established by the Employer shall include at minimum three (3) years of recent nursing experience (non-specialized area), and recent, relevant experience in the respective practice area in which they will provide mentorship. For specialty areas, five (5) years of recent experience in the specialty area is required. The Employer shall provide to the Union a list of specialty areas no later than sixty (60) days after ratification of this Agreement July 17, 2024 (September 6, 2024 @ SHEO).

B. Clinical Mentorship- Designation Program

A nurse may request consideration to participate in the Clinical Mentorship Designation Program in accordance with the following:

(a) (i) A nurse who is eligible to retire within four (4) years as at date of written request to the Employer without early retirement penalty or, is in receipt of pension, shall be eligible for consideration to participate in the Clinical Mentorship Designation Program (Program).

(ii) This Program is applicable to nurses who hold a 0.7 EFT or higher.

(iii) A nurse participating in the Program shall continue to earn salary at the nurse's current EFT and classification. Subject to mutual agreement the nurse's schedule can be changed to accommodate the needs of the mentees or the mentee's schedule. For the hours assigned to mentorship duties, the nurse shall be paid a premium of two dollars ($2.00) per hour.

(b) Where the Employer approves a nurse to be enrolled in the Clinical Mentorship Designation Program, the nurse shall:

(i) officially notify the Employer of their intended retirement date, such retirement date being up to four (4) years from the commencement date of the Program as agreed by the nurse and the Employer; and

(ii) after a period of up to four (4) years participating in the Program, commence retirement, unless otherwise agreed between the nurse and the Employer. The Employer shall inform the Union of all such agreements.

(c) After a period of four (4) years, if retirement is not commenced, then the Employer reserves the right to determine if continuance of the role is required.

(d) Vacation planning will be selected as per the MNU Vacation Scheduling Guidelines.

(e) The Program shall be reviewed by the Employer and the nurse on at least an annual basis.

(f) Where the Employer no longer has a need for the Clinical Mentor Designation, the nurse shall maintain their EFT and classification.

New Mentorship Classification created (Nurse III) as well as Mentorship designation for senior nurses including Mentorship premium of $2.00/hr.

ARTICLE 20 – TRANSPORTATION ALLOWANCE/ESCORT DUTY

2001 A nurse who is required to terminate or commence work between the hours of 0001 and 0600 hours and who does not have their own transportation, will have transportation provided by the Employer at no cost to the nurse.

There is no longer a limitation on whether or not transportation is available. Under the new language it is a clear obligation of the Employer to provide the transportation in the circumstances described in the above provision.

2002 A nurse required to return to the site/worksite/facility on a callback as referenced in Article 1803 shall receive:

(a) return transportation provided by the Employer, or

(b) if the nurse elects to use their own vehicle, they shall be reimbursed for all travel in accordance with the prevailing Province of Manitoba mileage rates, subject to a minimum guarantee of $4.00 [five dollars ($5.00) effective May 17, 2024] and a maximum payment of thirty ($30.00) dollars.

@SHEO, WCHREO

(b) if the nurse elects to use their own vehicle, they shall be reimbursed for all travel in accordance with the prevailing Province of Manitoba mileage rates, subject to a minimum guarantee of $4.00 [five dollars ($5.00) effective July 8, 2024, @WCHREO effective May 17, 2024].

It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

Adjustments mean the rates may increase or decrease.

MILEAGE RATES:

	South of 53°	***North of 53°***
April 1, 2024	*46.0¢/km*	*50.4¢/km*

The following formula shall be utilized to calculate the value of the allowances:

Base Rate = 46.0¢/km based on a price of $1.00/litre of regular gasoline, (south of the 53rd) and 50.4¢/km (north of the 53rd parallel).

The kilometer rates shall be adjusted based on the following ratio:

- for every full 10.0¢ increase/decrease in the price per litre of regular gasoline from the base rate of $1.00/litre, there shall be a 1.0¢/km increase/decrease in the private vehicle kilometer reimbursement rates from the base rate of 46.0¢/km and 50.4¢/km respectively.

The private vehicle kilometer rates shall be determined based on the previous six (6) months average of regular gasoline prices in Winnipeg. A semi-annual review, for April 1 to September 30, and October 1 to March 31, will be conducted. Any increase or decrease resulting from a review shall be effective October 1 and April 1 respectively. The first potential adjustment would be scheduled to occur October 1st or April 1st, whichever occurs first, following the date of signing.

2003 Where a nurse is required and authorized to use their privately owned vehicle on the Employer's business:

(a) the nurse shall be reimbursed by the Employer for all travel from the site/worksite and between work locations in accordance with the prevailing Province of Manitoba mileage rates.

It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

There is no cap on the number of km driven at the agreed upon km rate.

(b) The nurse shall be reimbursed for parking expenses incurred away from the site/worksite during the course of the authorized business.

2004 **Escort Duty**:

(a) (i) A nurse called in to escort a patient when they are not on standby or provided they do not qualify for pay at overtime rates in accordance with Article 16, shall be paid for all time involved with the patient assignment including travel time required to return to the site, subject to a minimum guarantee of four (4) hours ***[three (3) hours for WCHREO/SHEO, seven and three-quarter (7.75) hours for NHREO]*** at regular rates of pay. All hours worked in excess of seven and three-quarter (7.75) hours shall be paid in accordance with Article 16.

@WCHREO, SHEO

For facilities/sites/programs outside of Winnipeg, the minimum guarantee of hours shall correspond to the geographic region in which the facilities/sites/programs are located.

Because WCHREO and SHEO have facilities outside of the greater Winnipeg region the escort duty amounts correspond to the location of those sites and not to the normal amounts prescribed in the WCHREO and SHEO Agreements.

(ii) When a nurse is required to escort a patient while on a scheduled shift, overtime rates of pay will apply in accordance with Article 16 for all hours worked in excess of the scheduled shift length (i.e. 7.75 hours, 11.625 hours).

(iii) A full-time or part-time nurse scheduled or called in for escort duty when the nurse is not on standby whose escort duty is cancelled, shall be paid or assigned work for a period of four (4) hours **[three (3) hours for WCHREO/SHEO, seven and three-quarter (7.75) hours for NHREO]**.

(iv) When a nurse on escort duty is no longer involved with the patient assignment, time and return travel time will be paid as follows:

- For each subsequent twenty-four (24) hour period that the nurse is awaiting return travel the nurse shall be paid wages for one regular shift (or overtime in accordance with Article 16)
- For each portion of a twenty-four (24) hour period that the nurse is awaiting return travel or travelling to return to the facility, the nurse will be paid the greater of hours worked plus actual hours in travel status (or overtime in accordance with Article 16) or a prorated shift based on the portion of the twenty-four (24) hour period away.

(v) Where a nurse is responsible for the care and control of equipment and/or drugs, and such equipment and/or drugs is not readily portable and requires the nurses' full attention, then the nurse shall be considered as being still on duty as if the nurse was still involved with the patient and shall be paid accordingly.

The intent of this provision is to ensure that nurses on transport duty are fairly compensated when they are required to stay with equipment that is not readily portable such as incubators. This clarifies that the nurse receives escort duty pay even when there is no patient.

A casual nurse whose Escort Duty is cancelled prior to their arrival at the site**.** shall not be entitled to the payment or work noted above. If their Escort Duty is cancelled after the nurse has reported for duty, they shall be paid or assigned work for a period of four (4) hours **[three (3) hours for WCHREO/SHEO, seven and three-quarter (7.75) hours for NHREO]**.

It is understood that the full-time, part-time or casual nurse shall have the right to refuse the assigned work and as such they shall not be entitled to the minimum payment noted above.

This provides payment to nurses who are providing escort duty which includes payment for travel time involved with the patient assignment, travel time and compensation for the wait time to return home/to the facility.

(b) A nurse going out on escort duty will not suffer any loss in basic salary as a result of missing any portion of a scheduled shift. Therefore, a nurse who is unable to return from escort duty in time to work a scheduled shift or portion thereof shall be paid for the missed hours at their basic salary. Where a nurse misses only a portion of their scheduled shift while on escort duty, they will be expected to work the remainder of their shift.

(c) A nurse required for escort duty on a Recognized Holiday shall be paid in accordance with Article 22, and Article 16 if applicable, for all time involved with the patient assignment including travel time required to return to the site.

(d) (i) A nurse on escort duty out of province/country shall be provided with a travel advance for all anticipated travel expenses (transportation, meals, accommodation) before commencing escort duty, unless the nurse chooses to make alternate arrangements.

(ii) A nurse on escort duty within the province shall be provided with meal allowance/advance of ten dollars ($10.00) [twelve dollars ($12.00) effective May 17, 2024/July 8, 2024 @ SHEO], once per shift. If the escort duty extends over another meal period, meal expenses shall be claimed in accordance with Employer policy. If required, a subsequent travel/expense claim will be submitted in accordance with the Employers travel policy.

The $12.00 meal advance applies to escort duty within the province regardless of the time involved. Dependent on Travel Policy, the advance may need to be substantiated by an expense claim and any unused portion may have to be returned. Meals of greater than $12.00 may be reimbursed dependent on Employer policy. This further clarifies that the $12.00 advance is paid only once per shift

***Additional for Home Care**:*
2005 *Where a nurse is authorized to use their privately owned vehicle on the Employer's business, the nurse shall be reimbursed in accordance with 2003 above for all travel between work locations and any distances greater than eight (8) kilometers when traveling to the first work assignment of the day or traveling home from the last work assignment of the day.*

Where the nurse travels greater than 8 kilometers from their home to the first client assignment of the day or greater than 8 kilometers from the last client assignment of the day to their home, they cannot claim transportation allowance for the first 8 kilometers in either direction. Where the first client assignment of the day is less than 8 kilometers from the nurse's home, they can claim transportation allowance after completing their first client assignment. If the nurse must report to the designated Community Health Services site before beginning their client assignment, all mileage is claimable after leaving the office. They are not entitled to transportation allowance to travel to the office prior to beginning their client assignment.

Where nurses are required to work split shifts, mileage is only paid for the distance between clients, not from Client A to home and home to Client B.

Additional for Home Care and Public Health:
2005
Applicable to nurses who live within the City of Winnipeg:
Where a nurse is authorized to use their privately owned vehicle on the Employer's business, the nurse shall be reimbursed in accordance with Article 2003 above for all travel between work locations and any distance greater than eight (8) kilometres when

traveling from home to the first work assignment of the day or traveling home from the last work assignment of the day. Where the nurse is required to report to the designated Community Health Services site at the beginning of the day or at the end of the day, the nurse will be reimbursed in accordance with Article 2003 for all travel between the designated Community Health Services site and all client visits.

Applicable to nurses who live outside the City of Winnipeg:
Where a nurse is authorized to use their privately owned vehicle on the Employer's business, the nurse shall be reimbursed in accordance with Article 2003 above for all travel between work locations and any distance greater than eight (8) kilometres from their closest point of entry to the Perimeter Hwy. (from the nurse's home) when the nurse is directed to report to a client's home as the first work assignment of the day or traveling home from a client's home after the last work assignment of the day. Where the nurse is required to report to the designated Community Health Services site at the beginning of the day or at the end of the day, the nurse will be reimbursed in accordance with Article 2003 for all travel between the designated Community Health Services site and all client visits.

Additional for Home Care:
2006 *Travel time between work locations shall be considered time worked. Travel time from the nurse's home to the first work assignment of the day shall also be considered time worked but only where:*

(a) the first assignment is to report to a client's residence, rather than to the Community Health Services site to which the nurse normally reports, and
(b) the client's residence is more than twenty-four (24) kilometers away from the office and from the nurse's home.

Home Care nurses are paid for all time required to travel between client assignments. Travel time is also paid when the nurse's first assignment is to report to a client's residence rather than the designated Community Health Services site and the client's residence is more than 24 kilometers away from the office and the nurse's home. If this distance is shorter, travel time cannot be claimed to travel to the first assignment.

Travel time from the last work assignment of the day to the nurse's home shall also be considered time worked but only where:
(a) the last assignment is at a client's residence, rather than at the Community Health Services site to which the nurse normally reports, and
(b) the client's residence is more than twenty-four (24) kilometers away from the office and the nurse's home.

Travel time from the last work assignment of the day shall be considered time worked only when the last assignment is at a client's residence and only if the client's residence is greater than 24 kilometers away from the designated

Community Health Services site and the nurse's home. If the distance is shorter, travel time cannot be claimed.

ARTICLE 21 -- VACATIONS

*Also See Attachment #4 - **Vacation Scheduling Procedure.***

2101 Unless otherwise agreed between the nurse and the Employer, the Employer will provide for vacation days to be taken on a consecutive basis, recognizing that five (5) vacation days [thirty-eight point seven five (38.75) hours] equals one (1) calendar week. The vacation year shall be from May 1st to April 30th ***(April 1st to March 31st @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre, Crisis Response Services, MAID Services, Breast Health Centre, Manitoba Adolescent Treatment Centre, and Selkirk Mental Health Centre)***. The dates used to calculate vacation earned shall be from the end of the last full pay period of April ***(March @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre, Crisis Response Services, MAID Services, Breast Health Centre, Manitoba Adolescent Treatment Centre and Selkirk Mental Health Centre)*** in one vacation accrual year to the end of the last full pay period of the following April ***(March @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre, Crisis Response Services, MAID Services, Breast Health Centre, Manitoba Adolescent Treatment Centre and Selkirk Mental Health Centre)*** Vacation earned in any vacation year is taken in the following vacation year.

This clarifies the dates used for calculating vacation earned that the Employers have been using (26 pay periods which do not necessarily fall within May 1st to April 30th – or dates as applicable)

The nurse shall have the right to request which day of the week their vacation begins. Upon request, a nurse may be permitted to retain up to three (3) days [five (5) effective the 2025/2026 vacation year) of their regular vacation for the purpose of taking such time off for personal reasons such as religious observance or special occasion. Any such days not scheduled at the commencement of the vacation year shall be requested and duly considered in accordance with Article 1501.

@WCHREO

2101 Unless otherwise agreed between the nurse and the Employer, the Employer will provide for vacation days to be taken on a consecutive basis, recognizing that five (5) vacation days [thirty-eight point seven five (38.75) hours] equals one (1) calendar week. The vacation year shall be from May 1st to April 30th*.

****April 1st to March 31st @***

Actionmarguerite (Saint-Boniface)	Actionmarguerite (Saint-Vital)	Actionmarguerite (St. Joseph)
Centre de santé Saint-Boniface	Deer Lodge	Fred Douglas Lodge Society

Golden Links Lodge	Klinic Community Health	Middlechurch Home of Winnipeg
Mount Carmel Clinic	Nine Circles Community Health Centre	Nor'West Co-op Community Health Centre
Pan Am Clinic	River Park Gardens	Seven Oaks General Hospital
The Convalescent Home of Winnipeg	The Salvation Army Golden West Centennial Lodge	The Simkin Centre
Victoria Hospital	Women's Health Clinic	WRHA - Clinical Nurse Specialists
WRHA - Home Care Program	WRHA - Nurse Practitioners	WRHA - Primary Care Program
WRHA - Public Health Program	WRHA - Regional Programs	

June 1st to May 31st @ Holy Family Home and LHC Personal Care Home

The dates used to calculate vacation earned shall be from the end of the last full pay period of April* in one vacation accrual year to the end of the last full pay period of the following April*. Vacation earned in any vacation year is taken in the following vacation year.

***March @**

Actionmarguerite (Saint-Boniface)	Actionmarguerite (Saint-Vital)	Actionmarguerite (St. Joseph)
Centre de santé Saint-Boniface	Deer Lodge	Fred Douglas Lodge Society
Golden Links Lodge	Klinic Community Health	Middlechurch Home of Winnipeg
Mount Carmel Clinic	Nine Circles Community Health Centre	Nor'West Co-op Community Health Centre
Pan Am Clinic	River Park Gardens	Seven Oaks General Hospital
The Convalescent Home of Winnipeg	The Salvation Army Golden West Centennial Lodge	The Simkin Centre
Victoria Hospital	Women's Health Clinic	WRHA - Clinical Nurse Specialists
WRHA - Home Care Program	WRHA - Nurse Practitioners	WRHA - Primary Care Program
WRHA - Public Health Program	WRHA - Regional Programs	

***May @ Holy Family Home and LHC Personal Care Home.**

The nurse shall have the right to request which day of the week their vacation begins. Upon request, a nurse may be permitted to retain up to three (3) days [five (5) effective the 2025/2026 vacation year) of their regular vacation for the purpose of taking such time off for personal reasons such as religious observance or special occasion. Any such days not scheduled at the commencement of the vacation year shall be requested and duly considered in accordance with Article 1501.

The Employer is to schedule vacations as requested. Nurses are entitled to take all of their vacation entitlement earned in the previous year at once without having to return to work until the vacation is exhausted, unless otherwise requested and approved.

Vacation is earned in one vacation year and taken in the next vacation year.

*Vacation is to be requested in **weeks**, indicating the day of the week vacation is requested to begin, and then the amount of weeks taken will be counted from the day vacation begins.*

Part-time nurses who request one week of vacation which includes their entire EFT shall be advised that this is 2 weeks of vacation. One week vacation is equivalent to half of the nurse's EFT. Two weeks vacation is equivalent to the entire EFT.

Nurses who request to retain up to 3 vacation days (5 vacation days effective 2025/2026 vacation year) for personal use must realize these days are included in their total vacation entitlement. Three (3) days (5 vacation days effective 2025/2026 vacation year) is not prorated for part-time nurses, however in saving those 3 days (5 vacation days effective 2025/2026 vacation year), it reduces the nurse's vacation entitlement on a prorated basis.

This ensures that 3 personal days (5 vacation days effective 2025/2026 vacation year) retained and not selected during the vacation selection period, can be requested in accordance with 1501 and will be considered regardless of the allotted number of nurses who may be off on vacation at that time. While this does not guarantee that the request will be granted, the request must be considered by the Employer in accordance with the expectations outlined in 1501.

2102 A nurse who has completed less than one (1) year of employment as at the cut-off date shall be entitled to a paid vacation at the rate of one and one-quarter (1.25) days *[one and two-thirds (1.66) days @ NHREO]* per month worked, however, unless otherwise mutually agreed, the Employer is not obliged to permit earned vacation to be taken until a nurse has completed six (6) months of employment.

Applicable for Churchill Health Centre site only:
A nurse who has completed less than one (1) year of employment as at the cut-off date shall be entitled to a paid vacation at the rate of one and two-thirds (1.66) days per month worked, however, unless otherwise mutually agreed, the Employer is not obliged to permit earned vacation to be taken until a nurse has completed six (6) months of employment.

Applicable for St Boniface Hospital site only:
Unless mutually agreed between the nurse and the Employer, the Employer is not obliged to permit earned vacation to be taken until a nurse has completed six (6) months of employment. For the purpose of the calculation of vacation entitlement, a nurse employed between the first (1st) and fifteenth (15th) of the month inclusive, or terminating between the sixteenth (16th) and thirty-first (31st) of the month inclusive shall be deemed to have a full month of service.

2103

(a) Except as provided in subsection (b) hereinafter, nurses shall be entitled to paid vacation calculated on the basis of vacation earned at the following rates:

Length of Employment	Rate at Which Vacation Earned
In the first three (3) years	Fifteen (15) days/three (3) weeks [116.25 hours] per year

In the fourth (4th) to ninth (9th) year inclusive	Twenty (20) days/four (4) weeks [155 hours] per year
In the tenth (10th) to nineteenth (19th) year inclusive	Twenty-five (25) days/five (5) weeks [193.75 hours] per year
In the twentieth (20th) and subsequent years	Thirty (30) days/six (6) weeks [232.50 hours] per year

(b) For the remainder of the 2024/2025 vacation year: In addition to (a) above, nurses employed in the classification of Nurse IV or higher on April 1, 1998 shall be entitled to paid vacation calculated on the basis of vacation earned at a rate which is five (5) days more than the rates at which vacation is earned in (a).

Effective vacation year 2025/2026: in addition to (a) above, all nurses employed in the Nurse IV or Nurse V occupational classifications shall be entitled to paid vacation calculated on the basis of vacation earned at a rate which is five (5) days more than the rates at which vacation is earned in (a).

(c) Vacation entitlement for the vacation year following completion of the 3rd, 9th and 19th years of continuous employment shall be determined by a pro-rata calculation based upon the two (2) rates of earned vacation.

Applicable to Nurse Practitioners only

(a) **For the remainder of the 2024/2025 vacation year:** A nurse occupying a Nurse Practitioner position shall be entitled to paid vacation calculated on the basis of vacation earned at the following rates:

Length of Employment	Rates at Which Vacation Earned
In the first ten (10) years	Twenty (20) days/four (4) weeks (155 hours) per year
In the eleventh (11th) to twentieth (20th) year inclusive	Twenty-five (25) days/five (5) weeks (193.75 hours) per year
In the twenty-first (21st) and subsequent years	Thirty (30) days/six (6) weeks (232.50 hours) per year

(b) For the remainder of the 2024/2025 vacation year: In addition to (a) above, nurses employed in the classification of Nurse IV or higher on April 1, 1998 shall be entitled to paid vacation calculated on the basis of vacation earned at a rate which is five (5) days more than the rates at which vacation is earned in (a).

(c) Vacation entitlement for the vacation year following completion of the 10th, 20th and 21st years of continuous employment shall be determined by a pro-rata calculation based upon the two (2) rates of earned vacation.

Effective vacation year 2025/2026:
Applicable for Nurse Practitioners and Clinical Nurse Specialists (CNS)

(a) A nurse occupying a Nurse Practitioner or Clinical Nurse Specialist (CNS) position shall be entitled to paid vacation calculated on the basis of vacation earned at the following rates:

Length of Employment	Rates at Which Vacation Earned
In the first nine (9) years	Twenty-five (25) days/five (5) weeks (193.75 hours) per year
In the tenth (10th) to nineteenth (19th) year inclusive	Thirty (30) days/six (6) weeks (232.50 hours) per year
In the twentieth (20th) and subsequent years	Thirty (35) days/seven (7) weeks (271.25 hours) per year

(b) Vacation entitlement for the vacation year following completion of the 9th, 19th and 20th years of continuous employment shall be determined by a pro-rata calculation based upon the two (2) rates of earned vacation.

The nurse earns paid vacation at the rate of:

- *15 days per year: (year 1-3) - from the date of hire until the end of the 3rd year of employment;*
- *20 days per year: (year 4-9) - from the date of the 4th anniversary until the end of the 9th;*
- *25 days per year: (year 10-19) - from the date of the 10th anniversary until the end of the 19th;*
- *30 days per year: (year 20 onward) - from the date of the 20th anniversary.*

Note: length of service for the purposes of vacation entitlement this may include time spent as a HCA or out of scope manager position. However there may be exceptions where nurses seek to mobilize entitlements accrued from a management position. Consult your LRO for advice.

In the case of a Nurse IV or V apply the appropriate vacation as addressed in 2103(b).

The provisions of 2105 should be considered when determining the rate at which vacation is earned, i.e. 15 days per year, 20 days per year, etc. The full-time nurses who agree to work during their week of vacation shall be compensated at overtime rates of pay. Part-time nurses who agree to work during their week of vacation shall be paid at straight time unless they qualify for overtime as per 1601.

It is recommended that nurses on vacation should only be called in as a last resort.

Applicable to Nurse Practitioners only

(a) **For the remainder of the 2024/2025 vacation year:** A nurse occupying a Nurse Practitioner position shall be entitled to paid vacation calculated on the basis of vacation earned at the following rates:

Length of Employment	Rates at Which Vacation Earned
In the first ten (10) years	Twenty-five (25) days/five (5) weeks [193.75 hours (181.25 hours for Community Health)] per year
In the eleventh (11th) to twentieth (20th) year inclusive	Thirty (30) days/six (6) weeks [232.50 hours (217.5 for Community Health)] per year
In the twenty-first (21st) and subsequent years	Thirty-five (35) days/seven (7) weeks [271.25 hours (253.75 hours for Community Health)] per year

Two (2) additional paid days travel time will be granted each year.

(b) For the remainder of the 2024/2025 vacation year: In addition to (a) above, nurses employed in the classification of Nurse IV or higher on April 1, 1998 shall be entitled to paid vacation calculated on the basis of vacation earned at a rate which is five (5) days more than the rates at which vacation is earned in (a).

(c) Vacation entitlement for the vacation year following completion of the 10th, 20th and 21st years of continuous employment shall be determined by a pro-rata calculation based upon the two (2) rates of earned vacation.

Effective vacation year 2025/2026:
Applicable for Nurse Practitioners and Clinical Nurse Specialists (CNS)

(b) A nurse occupying a Nurse Practitioner or Clinical Nurse Specialist (CNS) position shall be entitled to paid vacation calculated on the basis of vacation earned at the following rates:

Length of Employment	Rates at Which Vacation Earned
In the first nine (9) years	Thirty (30) days/five (6) weeks (232.50 hours) per year
In the tenth (10th) to nineteenth (19th) year inclusive	Thirty (35) days/six (7) weeks (271.25 hours) per year
In the twentieth (20th) and subsequent years	Forty (40) days/ eight (8) weeks (310 hours) per year

(b) Vacation entitlement for the vacation year following completion of the 9th, 19th and 20th years of continuous employment shall be determined by a pro-rata calculation based upon the two (2) rates of earned vacation.

These are seven and three-quarter hour (7.75) days – the pay is prorated for part-timers, but not the time. These days are to be taken on either the last scheduled shift(s) prior to vacation or the first scheduled shift(s) back.

In a changeover year - when a nurse is going from their 3rd to their 4th (or 9th to 10th) year of service and earning vacation at two different rates during the same vacation year, they will have an entitlement in the following year which is somewhere between 15 and 20 days (or 20 and 25 days).

Additional for Thompson, Gillam, Leaf Rapids, Lynn Lake, and Bay Line communities:

(d) NOTE: When a nurse takes their earned vacation between November 1st and March 1st, the nurse shall receive an additional one (1) day's paid vacation.

Additional for Churchill Health Centre site only:

(d) Vacation travel assistance shall be paid once annually commencing with the nurse's second (2nd) year of employment, and shall consist of economy return airfare, or its equivalent from Churchill to Winnipeg. Commencing in the nurse's sixth (6th) year of employment and each year thereafter, the amount of vacation travel assistance shall consist of two (2) times economy return airfare, or its equivalent from Churchill to Winnipeg.

Travel assistance shall be provided for nurses only and shall be issued not later than the nurse's last day of work prior to taking vacation. Unused travel assistance shall not be paid on termination of employment.

In the event of the discontinuation of scheduled commercial flights between Churchill and Winnipeg, the amounts referred to above shall be equal to the rates in effect prior to such discontinuation.

It is understood that Vacation Travel Assistance shall be used solely for the purpose of aiding a nurse leaving the Churchill area utilizing commercial transportation when on vacation, banked time off, and/or any combination of the two, and such assistance shall not be paid for any other purpose.

Applicable for Klinic Community Health and Nine Circles Community Health Centre sites only:

See attached MOU's Re: Vacation Accrual per MNU Article 2103.

2104 In recognition of length of service, each nurse shall receive an additional five (5) days of vacation on completion of twenty (20) years of continuous service, and on each subsequent fifth (5th) anniversary of employment (i.e. 25th, 30th, 35th, 40th, etcetera). Such days shall be taken during the vacation year in which the 20th or subsequent 5th anniversary occurs.

The nurse is provided an extra vacation bonus in recognition of long service as a nurse. Five extra days are granted in the vacation year in which the full-time nurse completes 20 years of continuous service. "Continuous service" is clarified in Article 310 and 2105. Part-time nurses' entitlement is prorated based on regular paid hours in the preceding vacation year. The 5 days are granted for that vacation year and in each vacation year that a subsequent 5th anniversary occurs. The 5 days are taken at any time during the vacation year in which these anniversaries occur. The 5 days can be taken prior to the anniversary date if the nurse so requests in accordance with 2109, however if the nurse terminates employment prior to the actual anniversary date, any of the bonus week vacation taken must be repaid.

If the nurse is on an unpaid leave of absence for the entire vacation year that they would otherwise qualify for this bonus week, they are not entitled to this bonus week. It does not carry over.

This applies to nurses who exercise their rights under the mobility provisions of Article 30A and 42.

2105 For the purposes of determining the rate at which vacation is earned, the term of continuous service of a nurse will be deemed to include:

(a) any periods when a nurse is receiving income protection benefits, is on paid vacation, is on paid leave of absence, is on unpaid leave of absence related to illness or disability of up to two (2) years
(b) any period of Workers' Compensation up to two (2) years
(c) any period of unpaid leave of absence of up to four (4) weeks
(d) any period of layoff of less than eighteen (18) weeks
(e) educational leave of up to two (2) years
(f) any period of Parenting Leave.

Continuous service commences from the date of last hire and continues to the current date. The exceptions are:

(a) When a nurse has been on Workers Compensation for more than 2 years. That time in excess of 2 years interrupts their continuous service and is subtracted from the time frame which extends from the date of last hire to the current date.

(b) An unpaid leave of absence which is more than four consecutive weeks. That period in excess of 4 consecutive weeks interrupts their continuous service and is subtracted from the time frame which extends from the date of last hire to the current date. Two leaves of absence, 3 weeks each, would not be considered a six week leave of absence and thus would not interrupt the nurse's period of continuous service.

(c) Leaves of absence for educational purposes which exceed 2 years. That period in excess of 2 years interrupts their continuous service and is subtracted from the time frame which extends from the date of last hire to the current date.

There is no interruption in continuous service when a nurse is on periods of paid vacation, paid leave of absence, receiving income protection, on educational leaves of absence of up to two years, on unpaid leave of absence related to illness or disability of up to 2 years, parenting leave and layoffs of less than 18 weeks. These periods are calculated as a part of their continuous service.

For example: a nurse who is on educational leave for 2 years would not earn vacation or be paid vacation, however, their length of employment as set out in 2103 (a) would continue uninterrupted for purposes of determining their ***rate*** *at which vacation is earned.*

2106 Nurses on Workers Compensation or MPI (as a result of a motor vehicle accident while on duty) will continue to accrue paid vacation for a period of one (1) year from the date of the first absence from work, related to the occurrence of the compensable injury or illness.

The nurse earns vacation credit for the first year they are on WCB. They are treated as if they had worked for that year and they earn vacation days at their appropriate rate and are able to take the vacation earned in the next year. This provision is applied separately for each absence on Workers Compensation.

2107 Terminal vacation pay shall be calculated in accordance with Articles 2103 and 2105 and based on the nurse's rate of pay on the date of termination.

A nurse who leaves the employ of the Employer is to receive vacation pay earned up to the last day of employment. Last day of employment does not necessarily mean last day of work. It may include pre-retirement leave which is taken as a continuation of salary, banked time, recognized holidays and any vacation credits taken as continuation of salary. Nurses will not earn vacation on lump sum payments at termination.

2108 The Employer shall notify each nurse, prior to their vacation, of the date and time upon which they are to report back to work following their vacation, but this will not preclude the making of a change during the nurse's vacation period if mutual agreement is reached between the Employer and the nurse.

2109 The Employer shall be responsible for posting the vacation entitlement lists, along with a list of the number of nurses in each occupational classification per unit/site that may be scheduled for vacation at one time, in an accessible location, by March 1st ***(February 1st @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre)*** of each year. The vacation entitlement lists shall reflect each nurse's projected vacation entitlement as at April 30th ***(March 31st @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre)*** of that year.

Beginning March 15th ***(February 15th @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre)*** of each year, the Employer shall arrange an appointment with each nurse, in order of seniority, so that the nurse may indicate their choice of vacation dates, in writing. All of the nurse's earned vacation must be chosen at this time

except for the three (3) days (5 vacation days effective 2025/2026 vacation year) as per Article 2101. These appointments shall take place in person, unless otherwise mutually agreed, and shall include reviewing the vacation selected/approved to date.

The selected/approved vacation schedule shall be updated on an ongoing basis and shall be posted daily in an accessible location. Once a nurse's vacation selection has been approved, it shall not be changed unless by mutual agreement and without displacing the request of another nurse.

Except in extenuating circumstances, a nurse who fails to indicate their choice of vacation dates in accordance with the above, shall have their vacation scheduled by the Employer.

To the extent that it finds possible, the Employer shall give priority to those nurses in each occupational classification within each nursing unit/site having the most seniority within the unit/site.

The approved vacation schedule will be posted no later than May 1st ***(April 1st @ Betel Home Foundation, Villa Youville, and Winnipegosis Health Centre)***. Approved vacation schedules within each nursing unit/site shall not be changed unless mutually agreed upon by the nurse and the Employer.

A nurse who transfers to another unit/site after their vacation request has been approved, shall have their vacation scheduled by the Manager of the new unit/site in consultation with the nurse within the time periods remaining during that vacation year.

Notwithstanding the above, as much as reasonably possible, the approved vacation of deleted and bumped nurses shall continue to be approved regardless of the unit/site they are displaced to. This shall not impact previously approved vacation of nurses in the new unit/site If the displaced nurse prefers to reschedule the vacation at a time that is mutually agreeable to both the Employer and the nurse, that shall occur.

This wording improves opportunities for deleted/bumped nurses to retain previously approved vacation when they are displaced to a new unit.

A nurse must use current annual vacation, (which was earned during the previous vacation year), during the current vacation year. If the current annual vacation is not used or scheduled by January 15th, the Employer has the right to schedule the vacation prior to the end of the current vacation year. Vacation may be paid out only in extenuating circumstances.

This provision ensures that all vacation is either scheduled or used before the start of the next vacation year.

For former Civil Service nurses who have maintained their pension with the Civil Service Superannuation Plan, vacation days may be reserved in accordance with the Memorandum of Understanding Supplementary to the Collective Agreement.

See MOU #15 Re: Former Civil Service Nurses Who Have Maintained Their Pension With the Civil Service Superannuation Plan.

See Attachment #4 ***Vacation Scheduling Procedure.***

@SHEO
2109 The Employer shall be responsible for posting the vacation entitlement lists, along with a list of the number of nurses in each occupational classification per unit/site that may be scheduled for vacation at one time, in an accessible location, by February 1st ***(March 1st @ Diagnostic Services, CancerCare Manitoba, Eden Mental Health Centre, and Rehabilitation Centre for Children)*** of each year. The vacation entitlement lists shall reflect each nurse's projected vacation entitlement as at April 30th ***(March 31st @ Crisis Response Services, MAID Services, Breast Health Centre. Manitoba Adolescent Treatment Centre and Selkirk Mental Health Centre)*** of that year.

Beginning February 15th ***(March 15th @ Diagnostic Services, CancerCare Manitoba, Eden Mental Health Centre, and Rehabilitation Centre for Children)*** of each year, the Employer shall arrange an appointment with each nurse, in order of seniority, so that the nurse may indicate their choice of vacation dates, in writing. All of the nurse's earned vacation must be chosen at this time except for the three (3) days (5 vacation days effective 2025/2026 vacation year) as per Article 2101. These appointments shall take place in person, unless otherwise mutually agreed, and shall include reviewing the vacation selected/approved to date.

The selected/approved vacation schedule shall be updated on an ongoing basis and shall be posted daily in an accessible location. Once a nurse's vacation selection has been approved, it shall not be changed unless by mutual agreement and without displacing the request of another nurse.

Except in extenuating circumstances, a nurse who fails to indicate their choice of vacation dates in accordance with the above, shall have their vacation scheduled by the Employer.

To the extent that it finds possible, the Employer shall give priority to those nurses in each occupational classification within each nursing unit having the most seniority within the site.

The approved vacation schedule will be posted no later than April 1st ***(March 31st @ Manitoba Adolescent Treatment Centre; May 1st @ Diagnostic Services, CancerCare Manitoba, Eden Mental Health Centre, and Rehabilitation Centre for Children).*** Approved vacation schedules within each nursing unit/site shall not be changed unless mutually agreed upon by the nurse and the Employer.

A nurse who transfers to another unit/site after their vacation request has been approved, shall have their vacation scheduled by the Manager of the new unit/site in consultation with the nurse within the time periods remaining during that vacation year.

Notwithstanding the above, as much as reasonably possible, the approved vacation of deleted and bumped nurses shall continue to be approved regardless of the unit/site they are displaced to. This shall not impact previously approved vacation of nurses in the new unit/site. If the displaced nurse prefers to reschedule the vacation at a time that is mutually agreeable to both the Employer and the nurse, that shall occur.

A nurse must use current annual vacation, (which was earned during the previous vacation year), during the current vacation year. If the current annual vacation is not used or scheduled by January 15th, the Employer has the right to schedule the vacation prior to the end of the current vacation year. Vacation may be paid out only in extenuating circumstances.

For former Civil Service nurses who have maintained their pension with the Civil Service Superannuation Plan, vacation days may be reserved in accordance with the Memorandum of Understanding Supplementary to the Collective Agreement.

@WCHREO

2109 The Employer shall be responsible for posting the vacation entitlement lists, along with a list of the number of nurses in each occupational classification per unit/site that may be scheduled for vacation at one time, in an accessible location, by March 1st* of each year. The vacation entitlement lists shall reflect each nurse's projected vacation entitlement as at April 30th** of that year.

****February 1st @ St. Boniface Hospital***
*****March 31st @***

Actionmarguerite (Saint-Boniface)	Actionmarguerite (Saint-Vital)	Actionmarguerite (St. Joseph)
Centre de santé Saint-Boniface	Deer Lodge	Fred Douglas Lodge Society
Golden Links Lodge	Klinic Community Health	Middlechurch Home of Winnipeg
Mount Carmel Clinic	Nine Circles Community Health Centre	Nor'West Co-op Community Health Centre
Pan Am Clinic	River Park Gardens	Seven Oaks General Hospital
The Convalescent Home of Winnipeg	The Salvation Army Golden West Centennial Lodge	The Simkin Centre
Victoria Hospital	Women's Health Clinic	WRHA - Clinical Nurse Specialists
WRHA - Home Care Program	WRHA - Nurse Practitioners	WRHA - Primary Care Program
WRHA - Public Health Program	WRHA - Regional Programs	

****April 1st @ LHC Personal Care Home***
*****May 31st @ Holy Family Home and LHC Personal Care Home***

Beginning March 15th* of each year, the Employer shall arrange an appointment with each nurse, in order of seniority, so that the nurse may indicate their choice of vacation dates, in writing. All of the nurse's earned vacation must be chosen at this time except for the five (5) days as per Article 2101. These appointments shall take place in person, unless

otherwise mutually agreed, and shall include reviewing the vacation selected/approved to date.

February 15th @

Actionmarguerite (Saint-Boniface)	Actionmarguerite (Saint-Vital)	Actionmarguerite (St. Joseph)
Centre de santé Saint-Boniface	Deer Lodge	Fred Douglas Lodge Society
Golden Links Lodge	Klinic Community Health	Middlechurch Home of Winnipeg
Mount Carmel Clinic	Nine Circles Community Health Centre	Nor'West Co-op Community Health Centre
Pan Am Clinic	River Park Gardens	Seven Oaks General Hospital
St. Boniface Hospital	The Convalescent Home of Winnipeg	The Salvation Army Golden West Centennial Lodge
The Simkin Centre	Victoria Hospital	Women's Health Clinic
WRHA - Clinical Nurse Specialists	WRHA - Home Care Program	WRHA - Nurse Practitioners
WRHA - Primary Care Program	WRHA - Public Health Program	WRHA - Regional Programs

April 15 @ LHC Personal Care Home

The selected/approved vacation schedule shall be updated on an ongoing basis and shall be posted daily in an accessible location. Once a nurse's vacation selection has been approved, it shall not be changed unless by mutual agreement and without displacing the request of another nurse.

Except in extenuating circumstances, a nurse who fails to indicate their choice of vacation dates in accordance with the above, shall have their vacation scheduled by the Employer.

To the extent that it finds possible, the Employer shall give priority to those nurses in each occupational classification within each nursing unit/site having the most seniority within the site.

The approved vacation schedule will be posted no later than May 1st *. Approved vacation schedules within each nursing unit/site shall not be changed unless mutually agreed upon by the nurse and the Employer.

April 1st @

Actionmarguerite (Saint-Boniface)	Actionmarguerite (Saint-Vital)	Actionmarguerite (St. Joseph)
Centre de santé Saint-Boniface	Deer Lodge	Fred Douglas Lodge Society
Golden Links Lodge	Klinic Community Health	Middlechurch Home of Winnipeg
Mount Carmel Clinic	Nine Circles Community Health Centre	Nor'West Co-op Community Health Centre
Pan Am Clinic	River Park Gardens	Seven Oaks General Hospital
St. Boniface Hospital	The Convalescent Home of Winnipeg	The Salvation Army Golden West Centennial Lodge
The Simkin Centre	Victoria Hospital	Women's Health Clinic
WRHA - Clinical Nurse Specialists	WRHA - Home Care Program	WRHA - Nurse Practitioners
WRHA - Primary Care Program	WRHA - Public Health Program	WRHA - Regional Programs

June 1st @ Holy Family Home and LHC Personal Care Home

A nurse who transfers to another unit/site after their vacation request has been approved, shall have their vacation scheduled by the Manager of the new unit/site in consultation with the nurse within the time periods remaining during that vacation year.

Notwithstanding the above, as much as reasonably possible, the approved vacation of deleted and bumped nurses shall continue to be approved regardless of the unit/site they are displaced to. This shall not impact previously approved vacation of nurses in the new unit/site. If the displaced nurse prefers to reschedule the vacation at a time that is mutually agreeable to both the Employer and the nurse, that shall occur.

A nurse must use current annual vacation, (which was earned during the previous vacation year), during the current vacation year. If the current annual vacation is not used or scheduled by January 15th, the Employer has the right to schedule the vacation prior to the end of the current vacation year. Vacation may be paid out only in extenuating circumstances.

Applicable for Public Health only: *For former Civil Service nurses who have maintained their pension with the Civil Service Superannuation Plan, vacation days may be reserved in accordance with the Memorandum of Understanding Supplementary to the Collective Agreement.*

ARTICLE 22 -- RECOGNIZED HOLIDAYS

2201 For purposes of this Agreement, Recognized (paid) Holidays shall be New Year's Day (January 1st), Louis Riel Day (la journée Louis Riel), Good Friday, Easter Monday, Victoria Day, Canada Day (July 1st), Terry Fox Day (la journée Terry Fox), Labour Day, National Day for Truth and Reconciliation (September 30th), Thanksgiving Day, Remembrance Day (November 11th), Christmas Day (December 25th), and Boxing Day (December 26th); and any other statutory holidays declared by federal or provincial authority.

Alternate days cannot be substituted for the Recognized Holidays listed above. Part-time nurses are compensated for Recognized Holidays in accordance with Article 3407.

2202 Whenever a Recognized Holiday falls on their scheduled days off, it is understood that this day off in lieu shall be banked in accordance with Article 2206, or the nurse may request that a day in lieu of the Recognized Holiday be scheduled on a date mutually agreed between the Employer and the nurse, or the nurse may request that they receive an extra day's pay at their basic rate of pay.

2203 A nurse required to work on a Recognized Holiday shall be paid at the rate of one and one-half (1.50) times their basic pay and in addition it is understood that one (1) day off shall be banked in accordance with Article 2206, or the nurse may request that a day in lieu of the Recognized Holiday be scheduled on a date mutually agreed between the Employer and the nurse, or the nurse may request that they receive an extra day's pay at the nurse's basic rate of pay.

Both in Articles 2202 and 2203, the Recognized Holiday/lieu day will be banked up to the maximum allowed under Article 2206, unless the nurse requests that the day be scheduled or paid out.

If a part-time nurse works a Recognized Holiday, they are entitled to pay at time and one-half but does not receive an additional paid day off. They are paid a percentage on each pay cheque in lieu of time off in Recognized Holidays. Refer to Article 3407.

2204 A day off given in lieu of a Recognized Holiday shall be added to a weekend off or to scheduled days off unless otherwise mutually agreed.

If the nurse is requesting to have the lieu day scheduled, it will be scheduled as stated above unless the nurse requests to have the lieu days scheduled in accordance with Article 1501.

2205 The Employer agrees to assign time off as equitably as possible over Christmas and New Year's, endeavouring to grant each nurse as many consecutive days off as reasonably possible over either Christmas Day or New Year's Day ***with a minimum of five (5) consecutive days off if at all possible @ NHREO.***

As much as reasonably possible, Christmas Eve and Boxing Day shall be assigned with Christmas Day; New Year's Eve shall be assigned with New Year's Day, unless otherwise mutually agreed.

Nurses shall be assigned time off over Christmas or New Years in alternate years unless otherwise mutually agreed.

We recognize that in order to comply with Article 2205, the Employer may need to deviate from the master rotation for the weeks around Christmas and New Year's. Nurses are entitled to be off either Christmas or New Year's each year. Nurses are not entitled to be off both, however, where this can be accommodated, this should be applied equitably. Some Employer's may canvas in early Fall to ascertain nurse preferences.

If a nurse is granted vacation over the Christmas period, in accordance with Article 2109, they are not entitled to be off New Year's in accordance with Article 2205 because the Christmas period would not be considered time worked. This means that if a nurse wanted to have both Christmas and New Year's off, they must request a period of vacation covering both holidays.

Over the Christmas/New Year's schedule, if an interchange is approved in the previous year, i.e. a nurse scheduled to work New Year's Day but interchanges to work Christmas Day and be off New Year's Day, for the purpose of the Christmas and New Year's schedule, the Employer should follow the "original" holiday schedule i.e. the nurse would be off New Year's Day in the following year and work Christmas Day.

2206 A nurse may accumulate up to a maximum of four (4) days off in lieu of Recognized Holidays to be taken with scheduled days off or to complete a partial week of vacation or at such other time as is requested and granted in accordance with Article 1501. Unless otherwise agreed between the nurse concerned and the Employer, accumulated lieu days must be taken within the fiscal year in which they were earned. If the accumulated lieu days are not taken within the fiscal year earned the accumulated days will be paid out at one and one half (1.5) times their basic rate of pay.

Upon written request, a nurse may carryover up to four (4) days in lieu to the next fiscal year. During the fiscal year that Good Friday and Easter Monday statutory holidays occur in March, the nurse may exceed four (4) days in lieu by the two (2) Easter statutory holidays.

A nurse having accumulated more than 4 lieu days (7.75 hours) will either have any subsequent Recognized Holiday scheduled off or if paid out by the Employer at time and one half until such time as their accumulated lieu days fall to 4. However, where the Employer refuses the request of the nurse to take a banked paid lieu day the MNU takes the position that unilateral payout by the Employer may only be conducted if paid out at time and one-half.

All banked lieu days must be taken within the fiscal year unless the nurse requests in writing to carry over 4 days into the next fiscal year. During the fiscal year that Good Friday and Easter Monday statutory holidays occur in March, the nurse may exceed four (4) days in lieu by the two (2) Easter statutory holidays.

2207 For the purpose of this Article, a day is equivalent to seven and three-quarter (7.75) hours.

Applicable for Community Health Nurses:

2208 *Where the Employer requires a nurse to work a regular work day on December 24th when that day falls on Monday through Friday inclusive, such nurse shall be entitled to one-half (½) day of compensatory leave with pay to a maximum of four (4) hours.*

The above referenced clause ceases to apply to any nurses hired into a Rural Community Health Nurse position April 30, 2014.

This applies to both full-time and part-time CHNs who are required to work and is not prorated.

@SHEO

2208 The Employer will ensure that all nurses receive at least two (2) other Recognized Holidays besides Christmas or New Year's on the day on which they occur, if reasonably possible.

Applicable for Health Sciences Centre site only:

The Employer will ensure that all nurses receive at least two (2) other Recognized Holidays besides Christmas or New Year's on the day on which they occur.

Additional for Home Care Nurses & Primary Care and Nurse Practitioners:

2209 *Assignment of Recognized Holidays on the actual day of their occurrence shall be made as equitably as reasonably possible.*

@WCHREO

2210 A nurse who is assigned to work a weekend shall be assigned and will work on a Recognized Holiday that falls on the Friday or Monday consecutive with that weekend, whenever reasonably possible.

ARTICLE 23 -- INCOME PROTECTION AND WORKERS COMPENSATION

2301 A nurse having accumulated income protection may claim basic pay for such income protection against such accumulation with respect to periods during which:

(i) The nurse was unable to work because of an incapacitation due to accident or illness, however, a nurse cannot receive income protection benefits for any period of time during which the nurse is eligible for wage loss benefits from either the Workers Compensation Board or the Manitoba Public Insurance as a result of a motor vehicle accident [subject to Article 2303], or

Recent case law supports that a woman may be entitled to use income protection for pregnancy related causes during the ante-partum (and post-partum) period.

(ii) In the opinion of the Employer, the nurse's presence constituted a health hazard for patient and/or other employees and the nurse was instructed by the Employer to leave the nurse's place of duty; or

There must be reasonable grounds for the Employer to place the nurse on medical leave.

(iii) The nurse attends an appointment related to a medical/dental examination and/or treatment, subject to Article 3704.

Such paid time would include travel to and from the appointment (see further explanation under Article 3704).

Additional for Breast Health Centre, WRHA- Public Health Program site only:

(iv) A deduction shall be made from accumulated sick leave of all normal working days absent for sick leave. No deductions for absences on account of illness will be made for periods of two (2) hours or less, to a maximum of six (6) such absences per year.

A nurse who has had accumulated sick credits and subsequently used all their credits will be entitled to the benefit of this Article regarding absence for two (2) hours or less.

2302 Each nurse shall accumulate income protection at the rate of one and one-quarter (1.25) days for each full month of employment.

This calculation is based on a daily shift length as defined in 1404. "Full month of employment" includes all Employer paid hours and unpaid leave of absences of up to 4 weeks. See 3406 for part-time nurse entitlement.

NOTE: *For each one and one-quarter (1.25) days of income protection accumulated, one day* (80%) shall be reserved exclusively for the nurse's personal use as outlined in Article 2301. The remaining one-quarter (.25) of a day* (20%) shall be reserved for either the nurse's personal use as outlined in Article 2301, or for use in the event of family illness as specified in Article 2312. The Employer shall maintain an up to date record of the balance of income protection credits reserved for each of these purposes.*
*(*In the nurse's first year of employment, amend "one day" to read "three-quarters of a day" and amend "one-quarter of a day" to read "one-half of a day".)*

This note is required due to Employment Insurance regulations governing reduced EI premiums. These regulations specify that in an employee's first year of employment, only 9 days income protection must be designated for "personal use" and in subsequent years, 12 days per year must be designated for personal use.

Any days designated for family illness can be accessed for personal illness once the personal illness bank is exhausted. However, the reverse is not the case.

Effective April 1, 2027: Each nurse shall accumulate income protection at the rate of one and one half (1.5) days for each full month of employment.

NOTE: For each one and one-half (1.5) days of income protection accumulated, one point two(1.2) days* (80%) shall be reserved exclusively for the nurse's personal use as outlined in Article 2301. The remaining point three (0.3) of a day* (20%) shall be reserved for either the nurse's personal use as outlined in Article 2301, or for use in the event of family illness as specified in Article 2312. The Employer shall maintain an up to date record of the balance of income protection credits reserved for each of these purposes.

(*In the nurse's first year of employment, amend "one day" to read "three-quarters of a day" and amend "one-quarter of a day" to read "one-half of a day".)

2303

(a) (i) A nurse who becomes injured or ill in the course of performing their duties must report such injury or illness as soon as possible to their immediate supervisor.

(ii) A nurse unable to work because of a work related injury or illness will inform the Employer immediately, in accordance with established procedures, so that a claim for compensation benefits can be forwarded to the Workers Compensation Board (WCB). Workers Compensation payment will be paid directly to the nurse by WCB.

Where a nurse is unable to work because of injuries sustained in a motor vehicle accident they must advise their supervisor as soon as possible and they must submit a claim for benefits to the Manitoba Public Insurance (MPI). The nurse shall be entitled to receive full income protection benefits for any period of time deemed to be a “waiting period” by MPI.

(iii) Where a nurse has applied for WCB or MPI benefits and where a loss of normal salary would result while awaiting a WCB/MPI decision, the nurse may elect to submit an application to the Employer requesting an advance subject to the following conditions:

(iv) Advance payment(s) shall not exceed the nurse's basic salary as defined in Article 3802 (exclusive of overtime), less the nurse's usual income tax deductions, Canada Pension Plan contributions, and EI contributions.

(v) The advance(s) will cover the period of time from the date of injury until the date the final WCB/MPI decision is received, however in no case shall the total amount of the advance exceed seventy percent (70%) of the value of the nurse's accumulated income protection credits.

(vi) The nurse shall reimburse the Employer by assigning sufficient WCB/MPI payments to be paid directly to the Employer to offset the total amount of the advance or by repayment to the Employer immediately upon receipt of payment made by WCB/MPI directly to the nurse.

(vii) In the event that the WCB/MPI disallows the claim, including any appeal, the nurse shall be paid for the absence in accordance with

the income protection provisions of this Agreement and the Employer shall recover the total amount of the advance by payroll deduction.

(viii) Upon request, the Employer will provide a statement to the nurse indicating the amount of advance payment(s) made and repayment(s) received by the Employer.

(b) (i) Where a nurse who has accumulated sufficient income protection credits and after giving notification of a WCB/MPI claim with the potential for related income replacement payments to the Employer, the Employer shall as soon as reasonably possible notify the nurse that they can elect to submit an application to the Employer directing that the Employer supplement the WCB/MPI payments. Such notification shall include clear instructions on obtaining, completing and submitting the application for the supplement. The amount of such supplement will equal ten percent (10%) of the nurse's regular net salary not earned due to the time loss. Regular net salary will be based on the nurse's basic salary as defined in Article 3802 of the Collective Agreement (exclusive of overtime), less the nurse's usual income tax deduction, Canada Pension Plan contributions and Employment Insurance contributions.

Obligates Employer to clarify process and provide timely opportunity for nurses to access income protection for the purposes of top up while on WCB or MPI claim.

The Employer's supplement shall be charged to the nurse's accumulated income protection credits and such supplement shall be paid until the nurse's accumulated income protection credits are exhausted, or until 119 calendar days have elapsed since the first day of supplement is due, whichever comes first.

If the nurse wishes to receive the supplement they must apply for it. The Employer cannot pay it out automatically.

If they don't pre-pay their Health Benefits as provided under HEB the Employer won't pay their portion. If the nurse doesn't apply for the supplement, they will have to pay both the Employer and the employee portion of the contributions to benefits. Even if the nurse doesn't have a sufficient balance, if they apply, the Employer will still have to make their contributions.

(ii) Subject to the provisions of each plan, the nurse may request the Employer to reimburse the nurse from the supplement, if

sufficient, the contributions which would have been paid by the nurse to the Employer's pension plan, dental care plan, Disability & Rehabilitation plan, extended benefit plan and group life insurance plan as if the nurse was not disabled. If the supplement is not sufficient, or where the nurse elects to receive an advance, the nurse may, subject to the provisions of each plan, forward self-payments to the Employer to ensure the continuation of these benefit plans. The Employer will contribute its usual contributions to these benefit plans while the nurse contributes.

It is imperative that nurses continue to pay their D&R premiums while they are on an unpaid leave of absence or they will not qualify for benefits after the 119 day waiting period.

(iii) Further to this, the Employer shall notify Workers Compensation/ Manitoba Public Insurance of salary adjustments at the time they occur.

(iv) In accordance with Section 41(6)(b) of the Workers Compensation Act of Manitoba, the Employer shall make application to the WCB by January 1, 1994 so that the WCB may determine whether or not the supplements referenced in 2303(b)(i) shall continue in effect after January 1, 1995.

(v) If at any time it is decided by the WCB/MPI that any payment to be made to the nurse by the Employer must be offset against benefits otherwise payable by the WCB/MPI, then such payment shall not be payable.

(c) Where the WCB/MPI recommends a work assessment period or a modified return to work period, the provisions of Article 7A06 shall apply.

(d) A nurse who is on D&R/WCB/MPI prior to the commencement of their vacation shall, upon their request, have their vacation displaced and such vacation shall be re-scheduled at a time mutually agreed between the nurse and the Employer within the available time periods remaining during that vacation year. If the nurse's current annual vacation cannot be reasonably scheduled by the end of the current vacation year the nurse may elect to carry over to the next vacation year up to five (5) days of current annual vacation (pro-rated for part-time).

This provides for carryover of 1 week (38.75 hours) of vacation (prorated for part-time nurses based on their EFT). This vacation is scheduled at the same time as the nurses vacation provided for under Article 2103 is scheduled. Nurses who are applying for WCB/MPI benefits should also apply for D & R benefits.

2304 The Employer shall be entitled to recover any income protection paid to a nurse if their employment is not continued beyond their probationary period, from the nurse's final termination cheque.

Additional for Thompson General Hospital site only:
Weekly Income Benefit: Employees will receive a weekly income of fifty dollars ($50.00) per week for fifty-two (52) weeks if they become wholly and continuously disabled as a result of a non-occupational accident or sickness not covered by Workers Compensation and provided they are under regular treatment by a licensed physician. Such payment shall be made in accordance with the Thompson General Hospital's agreement with London Life (London Life Group Insurance Plan). The Thompson General Hospital agrees to further this program by applying the portion of the eligible nurse's earned sick time to bring this up to an amount equaling seventy-five percent (75%) of the nurse's gross income per week, for the paid fifty-two (52) weeks, or until such time as the nurse's earned sick time is completely used up.

This Article will only be applicable to nurses within the bargaining unit as of April 30, 2014 for the duration of their employment. This Article will not apply to any nurses who are hired after April 30, 2014. Any nurses who are covered on April 30, 2014 who leave their employment and subsequently return, will not be eligible for the weekly income benefit when they return.

2305 A nurse who is unable to report for work due to illness shall inform the Employer prior to the commencement of their next scheduled shift(s). A nurse who fails, without valid reason, to give notice as specified below will not be entitled to receive income protection benefits for the shift(s) in question.

Prior to Day shift	--	One (1) hour
Prior to Evening shift	--	Three (3) hours
Prior to Night shift	--	Three (3) hours

A nurse returning to work following an absence of one (1) week or more shall inform the Employer by 1200 hours the day prior to returning to work.

When a nurse is unable to provide the above notice due to a valid reason, the Employer cannot unreasonably deny the income protection.

2306 The Employer, either at the time of notification by the nurse of claiming income protection, or by advance notice prior to future income protection claims, may require a medical certificate or report as proof of the validity of any claim for income protection and as proof of the nurse's ability to perform their regular duties.

Failure to provide such a certificate when requested will disqualify a nurse from receiving paid income protection and may result in a refusal of permission for the nurse to resume their duties.

The Employer may request a medical certificate to validate a personal illness or illness of a spouse, parent or child. The cost of providing a basic medical certificate is the nurse's expense. Any special reports that the Employer requires are at the Employer's expense (see Article 37).

See Attachment #6 - ***Employer's Right to Medical Information***

Employers' requests for certificates for all future income protection claims must be applied fairly, reasonably and without discrimination. This clause should not be used to harass individual nurses who utilize their income protection.

Attendance Management Programs instituted by the Employer must be fair, reasonable, non-discriminatory and consistently applied. Union representatives should not participate in the development of such programs given that they are, at times, subject to grievance.

2307 Days off and Recognized Holidays or days given in lieu of Recognized Holidays which fall within a period of sick leave shall not be considered a part of, or charged to, the nurse's accumulated income protection.

This is in reference to extended periods of sick leave. Where a nurses master rotation has stat holidays or lieu days scheduled, they cannot be substituted with income protection.

2308 At the effective date of this Agreement, each nurse will retain income protection benefits accumulated and not used to that date.

2309 As soon as a nurse is aware of a date upon which surgery and/or date of a specialist medical appointment will occur, they shall notify the Employer, in writing, of this date and any change thereto so that staff coverage for their intended absence may be arranged.

Where a nurse has been provided necessary time off due to scheduled surgery and/or date of a specialist medical appointment and where the surgery and/or date of a specialist medical appointment is subsequently cancelled, and where the Employer has made arrangements for alternate staffing to cover the anticipated absence, the Employer shall have the right to cancel the relief shifts.

These relief shifts shall be clearly identified as being subject to forty-eight (48) hours notice of cancellation.

Expands the ability of nurses to access time away from work to include specialist medical appointments.

As soon as a nurse knows that they are going to require surgery or a specialist medical appt, the Employer must be informed ***in writing (in writing includes e-mail notification)****. Such notification does not require the reason for the surgery or specialist*

medical appt. In that notice, the nurse should indicate they will update the Employer as to the tentative surgery date or specialist medical appt. This will allow the Employer the ability to find a replacement for the nurse.

This allows the nurse to cancel their request for a leave when surgery or specialist medical appt is cancelled therefore saving their income protection for when the surgery or specialist medical appt does occur. These are the only approved additional available shifts other than those identified in Compassionate Care Leave that can be cancelled after being approved. The nurse whose surgery or specialist medical appt has been cancelled may need to utilize income protection to cover any shift within the 48 hour period.

2310 If hospitalized due to accident or illness while on scheduled vacation, a nurse may utilize income protection to cover the hospitalization and/or post-hospitalization period, and the displaced vacation shall be re-scheduled at a time mutually agreed between the nurse and the Employer within the available time periods remaining during that vacation year. Proof of such hospitalization and/or post-hospitalization period shall be provided if requested.

***While on vacation**, a nurse who is treated in a health care facility as a result of an accident or illness can use their income protection to cover the period of their hospitalization and the recovery period after they are discharged. When this occurs, the vacation entitlement which was replaced by income protection is put back into the nurse's vacation bank to be rescheduled at a future date as mutually agreed.*

2311 Upon written request, the nurse may obtain information concerning their accumulated sick leave credits up to four (4) times per fiscal year and shall be provided with the information within thirty (30) days of the receipt of this request.

2312 Subject to the provisions of Article 2302, a nurse may use income protection for the purpose of providing care in the event of an illness of a spouse, common law spouse including same sex partner and fiancé, dependent child, dependent step-child, parent, step-parent or parent-in-law.

2313 A nurse who has completed the probationary period who is unable to perform their work by reason of an accident or illness not fully covered by income protection, upon providing an acceptable medical certificate, shall be granted unpaid leave of absence as required for recovery; subject to review at three (3) months, or lesser intervals, at the discretion of the Employer.

There is no maximum length of time for the leave, but it can be periodically reviewed by the Employer. Such review shall not automatically result in discontinuing the leave.

2314 Accumulation of income protection will continue during any unpaid leave of absence or layoff of four (4) weeks or less.

2315 The Employer when reviewing a nurse's absences under an Attendance Management Program will consider and take into account individual circumstances and absences arising out of a medically-established serious or chronic condition.

Obligates the Employer to conduct a reasonable review of a serious or chronic condition and the absences counting towards attendance management.

2316 Personal Wellness Leave (PWL)

Personal Wellness Leave (PWL) is designated time off that a nurse can use to support their physical and mental wellness.

Up to two (2) days in each fiscal year may be deducted from a nurse's accumulated income protection credits to be used for PWL. The use of PWL cannot reduce the number of income protection credits to less than twelve (12) days.

The utilization of PWL is subject to the following:

(a) the leave shall be for physical or mental wellness,
(b) the two (2) days of leave can be used consecutively, but shall not be used contiguous with a vacation leave, and
(c) these two (2) days are not carried forward from fiscal year to fiscal year.

The nurse shall request PWL at minimum twenty-four (24) hours in advance and no more than seventy-two (72) hours in advance. Subject to operational requirements the request for PWL shall not be unreasonably denied.

PWLs are intended to support physical and mental wellness and these days will not be used by the Employer with respect to any Attendance Management Program that may relate to the nurse.

Provides for 2 personal wellness days from income protection bank. It does not count against ASAP. The days cannot be carried over from year to year.

12 days maintained in the income protection bank in accordance with the provisions of Employment Insurance to allow continuation of EI rebate.

In discussion with PHLRS it has been agreed that regardless of shift duration, that as long as a nurse does not go below 93 hours in their income protection bank, they can utilize the 2 PWL days.

ARTICLE 24 -- LEAVE OF ABSENCE

2401 The nurse will be required to submit a written request for any leave of absence unless otherwise herein stipulated. These requests will specify the reason for the leave and will be considered on an individual basis and may be allowed at the discretion of the Employer unless otherwise indicated in the agreement; however, requests for education leave will be given special consideration. Except in emergencies, such requests must be made at least four (4) weeks in advance. The Employer shall notify the nurse of its decision in writing, within two (2) weeks of receipt of the request. Requests for extension of educational leave, maternity leave, parenting leave, adoption leave and bereavement leave will be granted if reasonably possible.

Where a nurse requests to return to work prior to the expiry of the leave of absence as set out in the approved request, the Employer shall have no obligation to return the nurse to work until such time that the leave of absence would have expired, except as per Article 2408 C.6.

Where a nurse has been granted a leave of absence from their entire EFT, the nurse shall be eligible to work additional available shifts. However, the nurse shall not have preference over part-time nurses who offer to work these shifts. When the nurse is awarded additional available shifts, they are compensated in accordance with Article 2704 (a) – (f).

Where a nurse has requested and been granted a partial leave of absence, they will be entitled to accrual of vacation, income protection credits, pre-retirement leave and Recognized Holiday pay on a pro-rata basis.

The Employer must apply fair and reasonable discretion in applying this clause. Some of the factors that may be considered include staffing situations, vacation schedules, reason for the leave, etc.

*The Employer cannot cancel term positions **[exception see 3006]** or scheduled additional available shifts **[exception see 2309 & 2416(f)]** in order to accommodate a nurse's early return to work from an approved leave of absence.*

The Employer is required to respond in writing within two weeks. If the Employer has not responded, nurses are advised to follow-up with the person they sent the request to. The absence of written approval should not be deemed to be a denial of the leave of absence.

2402 Overstaying of leave of absence without valid reason may be deemed as a resignation.

2403
Applicable for IEHREO, PMHREO, SHREO, NHREO, WCHREO, SHEO (direct operations):
The Employer shall make every reasonable effort to assure that a nurse granted leave of absence for any reason shall return to the same position. For leaves of absence of sixty (60) weeks or less, or eighty (8) weeks or less in the case of Parenting Leave or Parental Leave, the nurse is assured of being placed in the same occupational classification **within the site** and at the same step on their salary scale on their return, but the nurse cannot be assured of being placed in the same nursing unit, position or shift. In the case of longer leaves of absence, a nurse may be placed in any position covered by this agreement **within a fifty (50) kilometre radius of the originating site, unless a greater distance is mutually agreed between the Employer and the nurse,** and shall be reinstated at their previous salary, provided that such salary shall not exceed the maximum for the position in which the nurse is placed. Notwithstanding Article 3001, a nurse not placed in their former position will be given consideration over other nurses for the first vacancy made available to the nurse in a similar position **within the sites comprising the Employer.**

Applicable for non-transferred sites:
The Employer shall make every reasonable effort to assure that a nurse granted leave of absence for any reason shall return to the same position. For leaves of absence of sixty (60) weeks or less, or eighty (80) weeks or less in the case of parenting leave or parental leave, the nurse is assured of being placed in the same occupational classification within the site and at the same step on their salary scale on their return, but the nurse cannot be assured of being placed in the same nursing unit, position or shift. In the case of longer leaves of absence, a nurse may be placed in any position within the site and shall be reinstated at their previous salary, provided that such salary shall not exceed the maximum for the position in which the nurse is placed. Notwithstanding Article 3001, a nurse not placed in their former position will be given consideration over other nurses for the first vacancy made available to the nurse in a similar position.

*The Employer is to make every **reasonable** effort to ensure a nurse is returned to their **same position** upon returning from a leave of absence [position is occupational classification, (Appendix "C"), salary step (Appendix "A"), status (clause 302), shift/ward/department]. This may include the posting of a term position for the duration of the leave of absence.*

"Notwithstanding 3001" - this allows for the waiving of postings to facilitate the return to work of a nurse from an extended leave of absence.

2404 There shall be no loss of income protection accumulations or vacation accumulations up to the date of any leave of absence whether granted with or without pay.

2405 Income protection and vacation benefits will continue to accrue during any period of an unpaid leave of absence, approved by the Employer of four (4) weeks or less.

"Four weeks" means 4 consecutive weeks.

2406 Professional Leave: If, in the opinion of the Employer it is in the best interests of patient/resident/client care, nurses may, whenever practicable, be granted time off with pay in order to attend professional or educational meetings, conventions, workshops and institutes.

2407 Education Leave:

(a) Where the Employer requires a nurse to attend educational conferences, workshops, programs or seminars during working hours, the Employer shall pay registration or tuition fees, and approved expenses and shall ensure that the nurse suffers no loss of salary.

*Before you attend any of the above sessions, it is important to clarify whether the Employer is **requiring** vs. **requesting** you to attend. Only **required** sessions are covered by this provision. Expenses include travel, accommodation and meals.*

(b) Where the Employer requires a nurse to attend educational conferences, workshops, programs or seminars during non-working time, the Employer shall pay registration or tuition fees, and approved expenses and shall pay for the time of such attendance at straight time rates.

The Employer shall make all reasonable efforts to allow the nurse to attend the required education during the nurse's scheduled working hours.

A part-time or casual nurse shall be paid for the time of such attendance at straight time rates. A full-time nurse shall bank the education hours at straight time rates to be utilized as paid leave during the fiscal year. Where the Employer and the nurse are unable to mutually agree on the date(s) to be taken as paid time off, the Employer has the right to schedule the time off and wherever reasonably possible the day(s) off will be in conjunction with and contiguous to the nurses scheduled days off or vacation.

*Before you attend any of the above sessions, it is important to clarify whether the Employer is **requiring** vs. **requesting** you to attend. Only **required** sessions are covered by this provision. Expenses include travel, accommodation and meals.*

Mandates the Employer to provide paid leave for attendance at required education. Eliminates payout at straight time. Requires such education to be booked on work time if possible.

Where the nurse incurs additional travel to other than their normal work location, as a result of Employer required education, the nurse ought be provided overtime pay for all hours in excess of the duration of their regular shift.

(c) Employer Sponsored Educational Development:

A nurse shall be granted, upon written request, funding up to a maximum of $200 per fiscal year, to attend approved workshops, courses, and other programs that are relevant to nursing practice. Such requests must be submitted to the senior nursing manager or designate prior to attendance at such program. The $200 allowance referenced herein shall be for reimbursement of tuition or registration and recommended/required books and shall occur upon satisfactory completion of the workshop, course, or educational program.

Nurses must submit their request to the senior nursing manager or designate prior to attending any workshop/course or program. This provision is applicable to all nurses covered by this agreement including nurses on lay-off, leave of absence, full-time, part-time or casual (see 3504) and is not pro-rated. This money is not to be used to fund Employer-required sessions [see (a) and (b) above]. It is neither taxable nor is it a taxable benefit. It is negotiated by the Union but not paid by the Union.

2408 Parenting Leave

Parenting Leave consists of Maternity and Parental Leave. Parental Leave includes Paternity and Adoption Leave. A nurse shall be granted leave of absence for up to eighty (80) weeks where they qualify for Parenting Leave.

A nurse who qualifies for Maternity Leave may apply for such leave in accordance with either Maternity Leave Plan "A" or Maternity Leave Plan "B" but not both.

A. Maternity Leave Plan "A"

1. Up to seventeen (17) weeks of Maternity Leave without pay will be granted subject to the following conditions:
   (a) a written request must be submitted no later than the end of the fifth (5^{th}) month of pregnancy and not less than one (1) month before the intended date of the leave.
   (b) if requested by the nurse, unpaid Maternity Leave of shorter duration may be granted at the discretion of the Employer.
   (c) the Employer is entitled to require a nurse to stop work in the case of unsatisfactory job performance or if the state of the nurse's health as verified by a qualified medical practitioner becomes incompatible with the requirements of their job.

B. Maternity Leave Plan "B"

1. In order to qualify for Plan B, a pregnant nurse must:

(a) submit to the Employer an application in writing, for leave under Plan B not less than one (1) month before the intended date of the leave.

(b) provide the Employer with a certificate of a duly qualified medical practitioner certifying that they are pregnant and specifying the estimated date of their delivery.

(c) provide the Employer with proof that they have applied for Employment Insurance benefits and that the Employment and Social Development Canada (ESDC) has agreed that the nurse has qualified for and is entitled to such Employment Insurance benefits pursuant to the Employment Insurance Act.

(d) the Employer is entitled to require a nurse to stop work in the case of unsatisfactory job performance or if the state of the nurse's health as verified by a qualified medical practitioner becomes incompatible with the requirements of their job.

2. An applicant for Maternity Leave under Plan B must sign an agreement with the Employer providing that:

(a) the nurse will return to work and remain in the employ of the Employer for at least six (6) months following their return to work, except that where a nurse is the successful applicant for a part-time position which commences on the date of their return from Maternity Leave or at any time during the six (6) months following their return from Maternity Leave, the nurse must remain in the employ of the Employer and work the working hours remaining in the balance of the six (6) months of the full-time employment; and

Return of service in exchange for the paid top-up means the nurse has to work whatever their EFT was prior to the leave. Return of service for repayment of mat leave top up can be mobilized to any Employer where the Employers Organization Collective Agreement applies.

(b) the nurse will return to work on the date of the expiry of their Maternity Leave and where applicable, their Parental Leave, unless this date is modified as per C.6 below.

(c) should the nurse fail to return to work as provided under (a) and/or (b) above, they are indebted to the Employer for the full amount of pay received from the Employer as a maternity allowance during the entire period of maternity leave.

(d) In the event the nurse does not complete the full period of service as required under (a) and (b) above, the nurse shall repay a portion of the "top up" as follows:

Monetary value of top up provided

(value is based on hours paid at regular rate of pay in 6 months prior to leave / Hours of service required to be worked (based on monetary value)) X number of hours not worked

This provides a formula for repayment of top-up when a nurse does not complete her return for service.
Repayment of return for service can be mobilized to other Employers Organizations.

3. A nurse who qualifies is entitled to a maternity leave consisting of:
   (a) a period not exceeding seventeen (17) weeks if delivery occurs on or before the date of delivery specified in the certificate, as in (1) (b).
   (b) a period of seventeen (17) weeks plus an additional period equal to the period between the date of delivery specified in the certificate and the actual date of delivery, if delivery occurs after the date mentioned in that certificate, as in (1) (b).
   (c) the Employer may, notwithstanding the above, vary the length of maternity leave upon proper certification by the attending physician.

4. Within twelve (12) weeks of receiving the Employment and Social Development Canada (ESDC) approval for Employment Insurance benefits pursuant to the Employment Insurance Act, the nurse must provide proof to the Employer. Reasonable consideration will be given to extending the above period of time for the nurse in exceptional circumstances.

   Following receipt of the above proof, the Employer shall provide the nurse a Maternity Leave allowance with the SUB Plan as follows:
   (a) for the first week a nurse shall receive ninety-three percent (93%) of their weekly rate of pay;
   (b) for up to a maximum of sixteen (16) additional weeks, payments equivalent to the difference between the EI benefits the nurse is eligible to receive and ninety-three percent (93%) of their normal weekly earnings.
   (c) All other time as may be provided under this Article, shall be on a leave without pay basis.

5. Plan B does not apply to a newly hired nurse occupying a term position.

   The nurse has no position to provide the return of service.

6. A leave of absence under Plan B shall be considered to be an unpaid leave of absence. Income protection credits and vacation entitlement shall not accrue.

C. 1. Parental Leave

(i) In order to qualify for Parental Leave a nurse must be the natural mother of a child; or be the natural father of a child or must assume actual care and custody of their newborn child (Paternity Leave) or adopt a child under the law of the province (Adoption Leave), or be a partner in a same sex relationship who assumes care and custody of a child.

(ii) A nurse who qualifies for Parental Leave, except in the case of Adoption Leave as specified below, must submit to the Employer an application in writing for Parental Leave at least four (4) weeks before the intended date of the commencement of the leave.

(iii) In the case of Adoption Leave, the nurse must submit a written request for such leave. The nurse may commence Adoption Leave upon one (1) days' notice provided that application for such leave is made when the adoption has been approved and the Employer is kept informed of the progress of the adoption proceedings.

(iv) A nurse who qualifies in accordance with (i), (ii) and (iii) will be granted Parental Leave without pay for a continuous period of up to sixty-three (63) weeks inclusive of vacation as specified in (C.2.) below. If requested by the nurse, extensions to leaves under this clause will be granted in accordance with Article 2401.

2. Except as outlined below, any nurse must use current annual vacation, (which was earned during the previous vacation year), during the current vacation year. If the current annual vacation is not used, then the Employer has the right to schedule the vacation prior to the end of the current vacation year or pay out any monies owing.

Where Parenting Leave is forty-eight (48) weeks or less, vacation shall be scheduled and taken in accordance with the provisions of the Collective Agreement. No carry-over of vacation is permitted.

Where Maternity and/or Parental Leave exceeds forty-eight (48) weeks, the nurse may elect to carry over to the next vacation year, up to five (5) days of current annual vacation. The balance of the current annual vacation will be paid out at a time immediately following the

period during which EI benefits were payable (even if this period extends into the following vacation year).
Any vacation earned up to the time of the commencement of leave will be retained and will be available to be taken in the following vacation year.

3. Subject to 4. below, Parental Leave must commence no later than eighteen (18) months following the birth or adoption of the child or of the date on which the child comes into actual care and custody of the nurse.

4. Where a nurse takes Parental Leave in addition to Maternity Leave, the nurse must commence the Parental Leave immediately on the expiry of the Maternity Leave without a return to work unless otherwise approved by the Employer.

5. Three (3) days of paid leave of absence (23.25 hours) shall be granted to a full-time nurse prior to the commencement of Maternity, Paternity, or Adoption Leave or at the time of the birth or adoption of a child. If the nurse is taking a Maternity, Paternity, or Adoption Leave, the nurse will use this three (3) days of paid leave to replace scheduled hours of work immediately prior to the Sunday of the week the Maternity, Paternity, or Adoption Leave commences.

   Part-time nurses shall be entitled to a pro rata amount of this leave based on their hours paid at regular rate of pay in the previous six (6) months.

   This ensures that any nurse can take the 3 days of paid leave without taking any unpaid leave. If the nurse is taking a Maternity, Paternity or Adoption Leave, the 3 days of paid leave should be taken as the last 3 scheduled days of the pay week, i.e. prior to Sunday because Sunday is the first day of the EI week. This allows the nurse to maximize EI benefits.

6. A nurse may end Maternity or Parental Leave earlier than the expiry date of the leave by giving the Employer written notice at least two (2) weeks or one pay period, whichever is longer, before the day the nurse wants to end the leave. This provision includes the cancellation of any term position. Where the Employer has made arrangements for alternate staffing to cover the nurse's absence, the Employer shall have the right to cancel shifts. A minimum of two (2) weeks notice shall be provided for any such cancelled shift.

2409 Union Leave:

(a) Subject to at least two (2) or more weeks written notice of request, and no additional costs to the Employer, leave of absence without loss of salary or benefits shall be granted to Union representatives for the purpose of attendance at Manitoba Nurses' Union/Canadian Federation of Nurses' Unions/Canadian Labour Congress meetings or seminars. It is understood that the Manitoba Nurses' Union will reimburse the Employer for salary, benefits and related payroll costs.

Union Leave is considered a mandatory leave. MNU will challenge employers if they try to assess replacement or overtime costs for union leave. "No additional costs" relates to the nurse on Leave e.g. payroll costs which MNU is billed for with salary replacement. It is not related to replacement/overtime costs.

(b) Subject to six (6) weeks' notice, a nurse elected or selected to a full-time or part-time position with the Manitoba Nurses' Union or the Canadian Federation of Nurses' Unions/Canadian Labour Congress shall be granted leave of absence without loss of seniority, salary or benefits for a period of up to two (2) years. Such leave shall be renewed each year, on request, during the nurse's term of office. It is understood that the Manitoba Nurses' Union will reimburse the Employer for the total recovery of payroll and related costs. Notwithstanding Article 3006, the Employer may elect to post these terms as either fixed terms up to two (2) years or indefinite terms.

Ensures nurses elected/selected to a position with any of these organizations will be granted a leave of absence for up to 2 years.

This allows for posting of term positions for up to 2 years or as indefinite terms in order to backfill the positions vacated.

2410 Legal and Investigative Proceedings:

1.

a) A nurse required to attend a court proceeding, other than a court proceeding occasioned by the nurse's private affairs where they are a party to that proceeding, shall receive leave of absence at their regular basic rate of pay, and remit to the Employer any jury or witness fees received, only for those days they were normally scheduled to work. The nurse shall not request reimbursement for, or be required to remit any reimbursement of expenses for such duty.

Paid jury and witness duty is only for public duty (i.e. jury duty, witness to a motor vehicle collision or a crime, etc.)

If a nurse us subpoenaed as a witness in a work related matter on their scheduled day off, the Employer and the nurse will mutually agree on alternate

time off in lieu.

As per PHLRS: Our interpretation is that where a nurse is required to attend a court proceeding as a witness, and is not a party to the proceeding, the nurse would generally qualify for leave of absence without loss of pay pursuant to Article 2410(1)(a).

We note that the collective agreement excludes court proceedings occasioned by a nurse's private affairs where the nurse is a party to the proceeding. The language does not extend that exclusion to individuals attending solely in the capacity of a witness. As such, a nurse who is subpoenaed or otherwise required to attend court as a witness in a criminal matter, including a prosecution undertaken by the Crown, would not generally be considered a party to the proceeding for the purposes of the article.

Where paid leave is provided under the article, any jury or witness fees received for scheduled work time would be remitted to the employer in accordance with the collective agreement.

As always, the specific facts of an individual situation may affect the application of the provision, but based on the circumstances described in your email, our view is that Article 2410(1)(a) would apply.

b) A nurse required to attend a court proceeding/inquest to provide medical/clinical evidence shall receive a leave of absence at their regular basic rate of pay, and shall remit to the employer any witness fees received. The nurse shall not be required to remit any reimbursement of expenses for such duty.

c) Where a nurse is required to prepare for a court proceeding/inquest where they will provide medical/clinical evidence, during time that the nurse is not scheduled to work, the Employer and the nurse will mutually agree on alternate time off in lieu or compensate for time at regular rates of pay, subject to the Employer's prior approval of the required preparation time.

d) Where the Employer requires the nurse to participate in a workplace investigation that is required by legislation or Employer policy, and where such investigation meetings cannot be scheduled on the nurse's regular day of work, the Employer will compensate the nurse for the investigation meeting time at regular rates of pay.

These Articles (c) & (d) ensure that all nurses shall be compensated for time spent at Legal and Investigative proceedings and includes time to prepare for required court proceedings where the nurse will provide evidence. Possible proceedings that would now fall under this provision are:

- *Investigations under the provisions of the Protection for Persons in Care Act*
- *Respectful Workplace Investigations*
- *Inquiries and inquests*

- *Work related court proceedings (eg Sexual Assault Nurse Examiner)*
- *Workplace Investigations such as Ombudsman reviews.*

The above list is not exhaustive, please consult with your LRO. Please note that this language also applies to casual nurses. See Article 3504.

e) A nurse required to attend a court proceeding as a party to that proceeding, occasioned by the nurse's private affairs shall receive a leave of absence without pay for the required absence.

Nurses will be granted an unpaid leave of absence for attendance at court proceedings for private affairs (i.e. divorce, criminal matters, etc.)

2. If an action or any form of legal proceeding (referred to below as a "claim"), other than a complaint or report made to a nurse's regulatory body, is brought against any nurse who is, or any former nurse who was, covered by this Agreement, which claim arises out of the nurse's actions while in the good faith performance of their duties, and provided such actions do not constitute gross negligence, then:

a) The nurse shall notify the Employer as soon as possible;

b) Upon notification, the Employer and the nurse shall meet as soon as possible, and appoint counsel who is mutually agreeable to both the Employer and the nurse;

c) Should the Employer and the nurse not be able to agree on counsel satisfactory to both, then the nurse may unilaterally appoint legal counsel subject to the following conditions:

i. the legal counsel must be entitled to practice law in the Province of Manitoba and be in good standing with the Law Society of Manitoba;
ii. the legal counsel must be qualified and competent to practice in the area of law at issue in the claim;
iii. reasonable legal fees shall be paid by the Employer and, only if prior approval is sought, which approval shall not be unreasonably withheld, disbursements including but not limited to fees for transcripts, travel expenses for counsel and/or witnesses, or the services of experts;

d) The nurse shall have the sole right to instruct private legal counsel;

e) If a settlement of any claim is reached, and if the settlement is approved by the Employer before the settlement is finalized, the Employer shall pay any amount the nurse is liable for in connection with settlement of the claim; and

f) The Employer shall pay any monetary amounts, damages, and/or costs awarded against the nurse in any claim, and all reasonable legal fees and related expenses (e.g. disbursements, travel, etc.).

3. All reasonable legal fees and related expenses (e.g. disbursements, travel, etc.) incurred by nurses or former nurses who are reasonably required to retain their own counsel in relation to attendance at or an appearance before any Commission of Inquiry, or fatality inquest, shall be paid by the Employer.

Enshrines indemnification for nurses subject to criminal or civil action as a result of performing duties in good faith in conjunction with their work for the Employer.

2411 Bereavement Leave:

(a) Bereavement leave of up to four (4) (five (5) @ NHREO) working days without loss of pay shall be granted in the event of death of a spouse, common-law spouse, fiancé, same-sex partner, child, stepchild, parent, step-parent, sibling, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparent, grandparent-in-law, grandchild, former legal guardian, and any other relative who had recently been residing in the same household. Such days may be taken only in the period which extends from the date of death up to and including the day following interment, funeral or initial memorial service or four (4) calendar days following the death, whichever is the greater. For nurses residing above the 53rd parallel, leave will be extended one (1) additional working day.

Bereavement leave may be extended by up to two (2) additional working days as may be necessitated by reason of travel to attend the internment, funeral or initial memorial service.

One (1) bereavement leave day may be retained at the nurse's request for use in the case where actual internment, funeral or initial memorial service is at a later date.

The intent of this clause is to protect the nurse's salary at a time of loss. This means that the nurse would have to be scheduled to work on the days for which they claim compensation. If they are on vacation, holidays or leave of any type, they do not qualify. Further time beyond the 4 paid days may be compensated under income protection provisions or as a request for personal leave.

These 4 days do not need to be consecutive.

Attendance at the funeral is not required to qualify for this provision unless the travel time is requested.
The one day that may be retained for use at a later date is not extended to include travel days.
This allows attendance at an internment or memorial service in cases where there is no funeral.

(b) Provided the nurse has not received bereavement leave in accordance with (a) above, necessary time off up to one (1) day at basic pay will be granted to a nurse to attend an internment, funeral or initial memorial service as a pallbearer.

The Employer must grant paid leave under this clause to a pallbearer.

Provided the nurse has not received bereavement leave in accordance with (a) above, necessary time off up to one (1) day at basic pay may be granted a nurse to attend either an internment, funeral or initial memorial service as a mourner. Special consideration will be given to requests for leave related to the death of significant other persons under this provision.

The Employer may grant paid leave under this clause to a mourner. If the nurse is travelling to attend as a mourner, paid travel time (up to two days) is included.

When the Employer grants leave under this clause to a mourner, it must be paid time in accordance with this clause. An Employer cannot arbitrarily deny mourner leave.

It is possible that a nurse will only be granted a portion of their shift to attend an internment, funeral or memorial service.

(c) For the purpose of this Article, a day is defined as a calendar day irrespective of the number of hours per day scheduled for the affected nurse.

@NHREO
(d) When a family member of a nurse's immediate family becomes ill, the Employer agrees to allow compassionate leave to such a nurse. The leave shall be of such duration to allow for care and comfort of the nurse's ill relative. It is understood that a request for such a leave be considered on an individual basis by the Employer and it is understood that this leave is without pay.

2412 Leave re Public Office: A nurse will be granted unpaid leave of absence to enable them, if nominated, to campaign for public office and, if elected, to serve their term(s) of office.

Applicable for Health Sciences Centre site only:
Election Leave:
Upon written request, the Employer shall allow leave of absence of up to two (2) months without pay and without loss of seniority so that a nurse may be a candidate in federal, provincial, or municipal elections. A nurse who is elected to public office shall be granted leave of absence without pay for the term(s) of their office.

2413 Pre-retirement Leave:
(a) Full-time nurses who:
(i) retire at age sixty-five (65) years; or
(ii) retire after age sixty-five (65) years; or

(iii) have completed at least ten (10) years continuous employment and retire after age fifty-five (55) years but before age sixty-five (65) years; or

(iv) have completed at least ten (10) years of continuous employment and who meet the "Rule of 80" provisions of the HEPP Retirement Pension Plan; or

(v) terminate employment at any time due to permanent disability

Note: Nurses with permanent disability should apply for pre-retirement leave as a lump sum payment or to be rolled over into a RRSP. Call your Labour Relations Officer for further information.

shall be granted paid pre-retirement leave on the basis of four (4) days per year of employment.

Subject to the above, pre-retirement leave for any period of layoff up to a maximum of five (5) years will be calculated on a pro rata basis, based on the following formula:

$$\frac{\text{Hours Worked During Layoff}}{\text{Annual Full-time Hours}} \times \text{Entitlement of a Full-Time Nurse}$$

A nurse who has worked a combination full-time/part-time will be pro-rated based on the formula below in (b). Note that "average annual hours actually worked" is applied as "average annual regular hours paid". A nurse's pre-retirement leave is calculated on each year of employment, the sum total is based on the nurse's years of service, i.e. for the years the nurse worked full-time, they receive 4 days per year, for the years they worked part-time, the number of days they received will be pro-rated based on the average annual regular hours paid.

(b) Part-time nurses who:

(i) retire at age sixty-five (65) years; or

(ii) retire after age sixty-five (65) years; or

(iii) have completed at least ten (10) years continuous employment and retire after age fifty-five (55) years but before age sixty-five (65) years; or

(iv) have completed at least ten (10) years of continuous employment and who meet the "Rule of 80" provisions of the HEPP Retirement Pension Plan; or

(v) terminate employment at any time due to permanent disability

Note: Nurses with permanent disability should apply for pre-retirement leave as a lump sum payment at current rates or to be rolled over into a RRSP. Call your Labour Relations Officer for further information.

shall be granted paid pre-retirement leave as specified above on a pro rata basis. Calculation will be based on the following formula:

$$\frac{\text{Average Annual Hours Actually Worked From Last Date of Employment}}{\text{Annual Full-time Hours}} \times \text{Entitlement of a Full-time Nurse}$$

Subject to the above, pre-retirement leave for any period of layoff up to a maximum of five (5) years will be calculated on a pro rata basis, based on the following formula:

$$\frac{\text{Hours Worked During Layoff}}{\text{Annual Full-time Hours}} \times \text{Entitlement of a Full-Time Nurse}$$

(c) Calculation of pre-retirement leave entitlement shall begin from the date of the nurse's last commencing employment with the Employer and shall be based on the nurse's total length of continuous employment on the date of retirement.

Not applicable for non-transferred Employers:

Note: It is understood that for the purposes of calculation of pre-retirement leave entitlement, for nurses employed within two (2) or more sites that now comprising the same Employer, the earliest of their employment dates will apply.

(d) Payment shall, at the option of the nurse, be made in a lump sum or as a continuation of salary until scheduled retirement date, or as a combination of continuation of salary followed by a lump sum payment.

NOTE: *Where a nurse chooses to take a lump sum payment, the retirement date shall be their last day worked. The lump sum shall be payable as soon as reasonably possible after the last day paid.*

(e) Where a nurse is entitled to pre-retirement leave in accordance with the conditions listed above, and the nurse dies prior to receiving this benefit, it is understood that the pre-retirement leave benefit shall be paid to their estate.

The lump sum payment shall be at the current basic salary which includes Academic Allowance.

The nurse may make a choice as to how they wish to receive their pre-retirement leave. It is strongly suggested that a nurse seek financial advice prior to choosing continuation of salary, a lump sum payment or a combination of continuation of salary and lump sum payment.

1. As a continuation of salary to the scheduled retirement date.

If they nurse chooses this option, they have to commence their leave prior to their retirement date so that the leave expires on the date they are to retire. *Then they will be paid during the leave period at the rate they would have earned had they continued to work in the facility receiving all salary adjustments made to their scale during that period. They would also accumulate vacation days, be paid for recognized holidays and earn sick leave credits. (As their pre-retirement leave is calculated up to the date they retire, they would not earn additional leave as it is already calculated in their entitlement). During this period of leave, they receive their normal pay and have the normal deductions taken from their cheque, which includes contributions to all benefit plans.*

2. As a lump sum payment.

If this option is chosen then the nurse will have retired on the day they receive the payment for their leave. This happens when the nurse:

elects to take a lump sum payment and leaving work prior to their intended retirement date, OR

works right up to their intended retirement date.

3. If a nurse elects a combination of continuance of salary and lump sum payment, the provisions of each shall apply.

When they receive the lump sum payment, it will include only the dollar amount of the leave payment accumulated, less income tax, EI and CPP deductions. They will not have pension or other monies deducted from this amount. To calculate the gross dollar amount, use the wage rate applicable to the nurse on their retirement date or termination date (the date the lump sum is paid) and multiply it by the benefit accrued.

When a lump sum is paid out for this benefit, there is no accrual of any additional vacation time, income protection or recognized holiday pay past the date the lump sum was paid.

Note: *Payment of the lump sum terminates employment and the retirement day is the last day the nurse works.*

<u>Example</u>:

Nurse works: 2 years at 2015 hours (FT)
3 years at 1000 hours (PT)
5 years at 1500 hours (PT)
2 years at 500 hours (PT)
1 year at 2015 hours (FT)

With an average of 4030
3000
7500

1000
2015
17545

divided by 13 (years) = 1350 hours per year
Therefore:
(Average FT/PT hours) 1350 hours
---------- X 4 days X 13 years
(Full-time) 2015 hours
1350
---------- x 52 days = 34.8 paid pre-retirement days.
2015

Rate of Pay for Pre-Retirement Leave Benefits:
Payment of Pre-Retirement Benefits for those nurses who are on leave of absence or Disability & Rehabilitation just prior to retirement or termination for permanent disability, will be paid at the current MNU rate of pay as per Appendix "A" not the rate of pay applicable on the last day that the nurse actually worked.

Applicable for Riverview Health Centre site only:
2413 *Pre-Retirement Leave:*
(a) Full time nurses who retire in accordance with the Winnipeg Civic Employee's Pension Plan shall be granted paid pre-retirement leave on the basis of four (4) days per year of employment.

The retirement eligibility provisions of The Winnipeg Civic Employee's Pension Plan are as follows:

Normal Retirement Date
Each Member's normal retirement date is the last day of the pay period in which the member attains age 65.

Alternative Retirement Date
A contributing Member may elect to retire from employment on the last day of any pay period in which the member:
a. is age 55 or older,
b. has completed at least 30 years of Eligibility Service,
c. has completed a number of years of Eligibility Service that when added to their age totals at least 80, or
d. is Totally and Permanently Disabled.

Subject to the above, pre-retirement leave for any period of layoff up to a maximum of five (5) years will be calculated on a pro rata basis, based on the following formula:

Hours Worked Entitlement
During Layoff X of a Full-Time
Annual Full-time Hours Nurse

(b) Part-time nurses who retire in accordance with the Winnipeg Civic Employee's Pension Plan shall be granted paid pre-retirement leave as specified above on a pro rata basis. Calculation will be based on the following principle:

The retirement eligibility provisions of The Winnipeg Civic Employee's Pension Plan are as follows:

Normal Retirement Date

Each Member's normal retirement date is the last day of the pay period in which the member attains age 65.

Alternative Retirement Date

A contributing Member may elect to retire from employment on the last day of any pay period in which the member:

a. is age 55 or older,
b. has completed at least 30 years of Eligibility Service,
c. has completed a number of years of Eligibility Service that when added to their age totals at least 80, or
d. is Totally and Permanently Disabled.

$$\frac{\text{Average Annual Hours Actually Worked From Last Date of Employment}}{\text{Annual Full-time Hours}} \times \text{Entitlement of a Full-time Nurse}$$

Subject to the above, pre-retirement leave for any period of layoff up to a maximum of five (5) years will be calculated on a pro rata basis, based on the following formula:

$$\frac{\text{Hours Worked During Layoff}}{\text{Annual Full-time Hours}} \times \text{Entitlement of a Full-Time Nurse}$$

(c) Calculation of pre-retirement leave entitlement shall begin from the date of the nurse's last commencing employment with the Employer and shall be based on the nurse's total length of continuous employment on the date of retirement.

(d) Payment shall, at the option of the nurse, be made in a lump sum or as a continuation of salary until scheduled retirement date, or as a combination of continuation of salary followed by a lump sum payment.

***NOTE:** Where a nurse chooses to take a lump sum payment, the retirement date shall be their last day worked. The lump sum shall be payable as soon as reasonably possible after the last day paid.*

(e) Where a nurse is entitled to pre-retirement leave in accordance with the conditions listed above, and the nurse dies prior to receiving this benefit, it is understood that the pre-retirement leave benefit shall be paid to their estate.

2414 Citizenship Leave: Nurses shall be allowed the necessary time off with pay to attend a citizenship ceremony to receive a certificate of citizenship to become a Canadian citizen. The nurse shall notify the Employer a minimum of seven (7) days prior to the date this leave is required.

This leave cannot be used as time off to write the citizenship exam. This provision only applies to the nurse and not other family members.

2415 Subject to the provisions of each plan, a nurse granted leave of absence without pay for a period exceeding four (4) weeks may prepay all monthly payroll deductions which will become due during such absence, with the exception of Union dues.

2416 Compassionate Care Leave:

A nurse shall receive Compassionate Care Leave without pay to provide care or support to a seriously ill family member, subject to the following conditions:

(a) A nurse must have completed at least thirty (30) days of employment as of the intended date of leave.

(b) A nurse who wishes to take a leave under this Article must give the Employer notice of at least one (1) pay period, unless circumstances necessitate a shorter period.

(c) A nurse may take no more than two (2) periods of leave, totaling no more than twenty-eight (28) weeks, which must end no later than fifty-two (52) weeks after the day the first period of leave began. No period of leave may be less than one (1) week's duration.

(d) For a nurse to be eligible for leave, a physician or nurse practitioner who provides care to the family member must issue a certificate stating that:

  (1) a family member of the nurse has a serious medical condition with a significant risk of death within twenty-six (26) weeks from

    (i) the day the certificate is issued, or

    (ii) if the leave was begun before the certificate was issued, the day the leave began; and

  (2) the family member requires the care or support of one (1) or more family members.

  The nurse must give the Employer a copy of the physician's or nurse practitioner's certificate as soon as possible.

(e) A family member for the purpose of this Article shall be defined as:

  (i) a spouse or common-law partner of the nurse;

  (ii) a child of the nurse or a child of the nurse's spouse or common-law partner;

  (iii) a parent of the nurse or a parent of the nurse's spouse or common-law partner;

(iv) a brother, sister, step-brother, step-sister, uncle, aunt, nephew, niece, grandchild or grandparent of the nurse or of the nurse's spouse or common-law partner;
(v) a current or former foster parent of the nurse or of the nurse's spouse or common-law partner;
(vi) a current or former foster child, ward or guardian of the nurse, or of the nurse's spouse or common-law partner;
(vii) the spouse or common-law partner of a person mentioned in any of the clauses (iii), (iv) (v) and (vi);
(viii) any other person whom the nurse considers to be like a close relative, whether or not they are related by blood, adoption, marriage or common-law relationship.

(f) Unless otherwise mutually agreed, a nurse may end their Compassionate Care Leave earlier than twenty-eight (28) weeks by giving the Employer at least forty-eight (48) hours notice. Any additional available shifts resulting from Compassionate Care Leave being granted shall be clearly indicated as "Compassionate Care Leave shifts – subject to forty-eight (48) hours notice of cancellation".

(g) Seniority shall be retained/accrued as per Article 25.

(h) Subject to the provisions of Article 2302, a nurse may apply to utilize income protection to cover part or all of the two (2) week Employment Insurance waiting period.

(i) In the event that the death of a family member occurs during this period of leave, the nurse shall be eligible for Bereavement Leave as outlined in Article 2411.

2417 Secondment to Educational Institutions

The Parties understand and agree that there may be occasions where it is beneficial to allow a current nurse to move, without loss of employment status, seniority or benefit accruals, to work temporarily for nursing educational institutions.

These individuals will be placed on a paid leave of absence for the duration of the educational institution secondment.

This provision permits nurses to take a paid leave of absence to be part of nurse education programs. This is seen to be a benefit to the health care system as positions with educational institutions are sometimes not competitive and therefore difficult to fill. The nurse retains all salary and benefits during the time with the educational institution.

2418 Leave for Organ Donation

Upon providing as much written notice as possible, a nurse shall be eligible to utilize accumulated personal income protection credits for the purpose of organ donation.

ARTICLE 25 -- SENIORITY

2501 "Seniority" shall be defined as the length of the nurse's continuous employment from the last date on which the nurse commenced work with the Employer, subject to Article 34 herein.

Seniority is the time that a nurse has been employed on a full-time or part-time basis, without interruption, in a position(s) which falls within the scope of the MNU bargaining unit, except as modified in Articles 2503 and 2504.

Example #1: *Hired - November 5, 1985*
Quit - August 17, 1997
Rehired - January 21, 1998
Their seniority is calculated from January 21, 1998 and all of their benefits are calculated from January 21, 1998. When they quit they lose their seniority and they do not get it back when they are rehired. Accumulation of seniority starts over.

Example #2: *Nurses, who previously occupied positions which traditionally fall within the scope of this agreement, who enter the bargaining unit by reason of certification of their worksite, shall be granted seniority as if they had always been within the bargaining unit.*

Example #3: *A bargaining unit member awarded a permanent out-of-scope position and vacating their bargaining unit position, loses their seniority and cannot recover same by re-entering the bargaining unit at a later date.*

Example #4: *A full-time or part-time nurse who changes employment status to casual, loses their seniority, and cannot recover same at a later date. See also Article 302(c).*

Example #5: *Nurses who work in more than one worksite with the same Employer, or hold more than one position in the same worksite, shall accumulate seniority on all regular paid hours provided they hold at least one position with the Employer that is either full-time, part-time. This means they have one seniority listing with that Employer.*

Note: *See Article 34 for seniority of a part-time nurse.*
See Article 35 for seniority related to a casual nurse.

Note: ***See Attachment #5.***

2502 Seniority shall be considered as a factor in vacancy selection (including promotion and transfer), demotion, and if all other posted selection criteria are equal, it shall be considered as the governing factor. Seniority of a nurse relates to the seniority of other nurses in the same occupational classification and shall transfer with the nurse when moving from one classification to another.

1. The Employer and the Union mutually agree that the following understandings apply to Article 30 Vacancies, Term Positions, and New Positions with respect to nurses transferring to posted vacancies, term positions, and new positions for the duration of the Collective Agreement. The following criteria will be utilized to determine if the nurse(s) is eligible for transfer;

    i. meet the qualifications of the posted position including the relevant experience required for that specific position;
    ii. Nurse III, IV and V positions in Acute Care/Long Term Care and all Clinical Nurse Specialists and Nurse Practitioners are excluded

2. If more than one candidate meets the transfer criteria, the most senior nurse will be awarded the position.

3. If no candidates meet the transfer criteria, the successful candidate will be determined through a competitive process as per Article 2502.

Seniority must be considered as one of the factors when making selections for posted vacancies, promotions and transfers and, when candidates are equal, ***seniority rules****. A nurse's seniority is carried with them when moving between occupational classifications, i.e. LPN, Nurse II, Nurse III, Nurse IV, Nurse V.*

For the initial competition of a former LPN (now an RN) moving into a RN position from a LPN position, the former LPN seniority cannot be considered for the purposes of competing against other RNs. However once a former LPN has secured a RN position, all seniority accrued (whether LPN or RN hours) can be used for subsequent position competitions.

A LPN who has obtained their RN license would have site preference for the RN position.

Applicable for St. Boniface Hospital site only:
Seniority shall be used as a factor in cases of promotion, demotion, vacancy selection, lay-off and recall of a nurse subject to the provision of this Agreement.

(a) General Duty Nurses – where required qualifications are met, preference will be given to the nurse with the most seniority.

(b) All Nurse III positions and higher – if all other selection criteria are relatively equal, seniority shall be considered as the governing factor.

Seniority of a Registered Nurse relates only to that of other Registered Nurses; seniority of a Registered Psychiatric Nurse relates only to that of other Registered Psychiatric Nurses and seniority of a Licensed Practical Nurse relates only to that of other Licensed Practical Nurses.

2503 The seniority of a nurse will be retained but will not accrue if:

(i) the nurse is on any unpaid leave of absence in excess of four (4) consecutive weeks except those referenced in (ii) below, and those referenced in Article 2504;
(ii) the nurse is on an unpaid leave of absence due to injury or illness which may be compensable by Workers Compensation, MPI or D & R, for a period of more than two (2) years from the date of the first absence from work related to the injury or illness;
(iii) the nurse is on an educational leave of absence in excess of two (2) years;
(iv) the nurse is laid off for more than twenty-six (26) weeks and less than five (5) years;
(v) the nurse obtains a term position of sixty (60) weeks or less, or up to a maximum of eighty (80) weeks to replace an employee who is on Parenting Leave or Parental Leave, outside the bargaining unit with the same Employer.

A bargaining unit member cannot work concurrently in a managerial-excluded position (out-of-scope) with the same Employer for reasons of conflict of interest (see 2505). A nurse must take a leave of absence from their bargaining unit position in order to occupy an out-of-scope position with the same Employer for 60 weeks or less, or 80 weeks in the case of Parenting Leave. They cannot work in the bargaining unit during this time.

2504 The seniority of a nurse will be retained and will accrue if:
(i) the nurse is on any period of paid leave of absence;
(ii) the nurse is on any period of Employer paid income protection;
(iii) the nurse is on an educational leave of absence up to two (2) years;
(iv) the nurse is on an unpaid leave of absence due to injury or illness which may be compensable by Workers Compensation, MPI or D & R/LTD for a period of up to two (2) years from the date of the first absence from work related to the injury or illness;
(v) the nurse is on any period of unpaid leave of absence of less than four (4) weeks, except those referenced in (iv) above;
(vi) the nurse is laid off for less than twenty-six (26) weeks;
(vii) the nurse is on Parenting Leave;
(viii) the nurse is on Compassionate Care Leave, Leave Related to Critical Illness, or Interpersonal Violence Leave, as provided for in the Employment Standards Code.

NOTE: *Accrual under these provisions is based on the nurse's regular EFT.*

2505 The seniority of a nurse will terminate if:
(i) the nurse resigns;
(ii) the nurse is discharged, and not reinstated under the grievance procedure;
(iii) the nurse is laid off for more than five (5) years;
(iv) the nurse fails to report for duty within seven (7) days after notification to do so, subject to Article 2707;
(v) the nurse fails to report for work as scheduled at the end of a leave of absence, vacation, or suspension without valid reason;

(vi) the nurse obtains a permanent position outside the bargaining unit; or a term position which is greater than sixty (60) weeks, or up to a maximum of eighty (80) weeks to replace an employee who is on Parenting Leave or Parental Leave.

A bargaining unit member vacating their bargaining unit position, and obtaining a permanent out-of-scope position or a term out-of-scope position greater than 60 weeks or 80 weeks in the case of Parenting Leave with the same Employer is deemed to have resigned, loses their seniority and cannot recover same by re-entering the bargaining unit at a later date. The nurse also forfeits their rights under the Collective Agreement. They cannot work in the bargaining unit. Please also see Article 310.

2506 The Employer shall once annually, by January 31st, provide the Union with a seniority listing of names of nurses within the scope of this Agreement, together with the length of each nurse's continuous employment with the Employer. Any alleged errors in the list will be reviewed by the Employer and corrected as soon as possible.

The Worksite should ensure that they receive this list annually and that the members review the list to verify its accuracy. An inaccurate seniority listing should be challenged by the Union and/or the nurse(s) affected immediately. If the seniority list is not corrected, the nurse and/or the Union can file a grievance.

ARTICLE 26 -- NOTICE OF TERMINATION OF EMPLOYMENT

2601 Employment may be terminated voluntarily by a nurse or for just cause by the Employer subject to the following periods of written notice, exclusive of any vacation due:

(a) for classifications other than Nurse IV or Nurse V -- four (4) weeks, and

(b) for Nurse IV and Nurse V classifications, Clinical Nurse Specialist and RNEP -- six (6) weeks.

Vacation may not be used as part of the period of termination notice.

2602 Employment may be terminated with less notice or without notice:

(a) by mutual agreement between the nurse and the Employer for special circumstances [It is agreed that transfer of a spouse of less than four (4) weeks notice shall constitute reasonable cause for lesser notice to be given @ NHREO.], or

(b) during the probationary period of a newly hired nurse subject to Article 31 herein, or

(c) in the event a nurse is dismissed for sufficient cause to justify lesser or no notice.

2603 The Employer may give equivalent basic pay in lieu of notice.

2604 Subject to other provisions contained in this Agreement relative to termination of employment, each nurse shall, unless otherwise mutually agreed, upon termination of their employment receive pay in lieu of unused vacation, and all salary earned to date of termination on the pay date applicable to the pay period in which the termination date occurred.

2605 Upon termination of employment an exit appraisal shall be forwarded to the nurse to voluntarily complete. Included on the form will be an option for the nurse to request a personal meeting with an Employer designate who is other than the nurse's direct manager.

ARTICLE 27 -- LAYOFF AND RECALL

Employment Security notice is required for the following:

- *If bed closures/interruption of services impact on occupied positions (either increase or decrease) or by deletions;*
- *If care or delivery is being altered even if no positions are affected (it may be an Employment Security or Change of Function);*
- *If temporary bed closures/interruption of services occur, where it is in the control of the Employer, for a defined period of time, (for example a summer closure), and nursing staff are affected i.e. no work is available on the affected unit/facility.*

  When the 90 day notice has been given and there is no work available on the unit during that period, nurses may be transferred to other areas but their EFT and shift cannot be altered. If the closure is permanent, or if it is a temporary closure for a defined period of time, the process to establish the nurses' new positions is ongoing and the new positions become effective at the end of the notice period.

  There is a distinction between temporary closures that are beyond the Employer's control i.e. a lack of doctors, and situations where the closures are within the Employer's control. Each situation is unique and must be investigated and evaluated on its own merit.

  This is not a secondment issue. Secondment is "my unit is business as usual and I am seconded to another unit".

  "Transfer" occurs when a unit or beds on a unit are closed and there is no work and it is necessary to re-assign nurses in order to maintain their employment status during the 90 day period.

Employment Security notice is not required for the following:

- *when temporary closures or reduction in beds occur and there is no change to nursing positions*

- *when the circumstances leading to the temporary closures of beds and/or units is beyond the Employer's control and does negatively impact the nurses' positions. In these cases, nurses may be transferred to other areas but their EFT and shift cannot be altered.*

Each situation is unique and must be investigated and evaluated on its own merit.

"At least 90 days" may mean the Employer can give more notice which is beneficial. Only if there is an inordinate (excessive) delay, we may require a new notice.

A rotation change in itself does not require 90 days notice if all positions, (i.e. EFT, shift) stay the same. A rotation change does require notice in accordance with 1501.

Employment Security notice is not required for the trial and/or implementation of a "12" hour shift unless EFT's are changing.

2701 Employment Security:
It is understood that the terms of Article 2701 shall not be applicable to Home Care Nurses for circumstances arising out of short-term fluctuations in client need or service.

(a) It will be incumbent upon the Employer to notify the Union, in writing, at least ninety (90) days prior to any alteration in the delivery of health care and/or in the current complement of nursing staff.

Note: The Employer is obligated to provide full particulars regarding any alteration in the delivery of health care. If there is inordinate delay in the Employer providing the necessary particulars to the Union, a further 90 day notice period is required.

If the alteration in the delivery of health care results in any deletions or layoffs, appropriate notice must be given to the individuals involved in accordance with Article 27.

(b) If it becomes necessary to reduce the staffing complement, all avenues relevant to the issue of employment security for the nurses will be examined and discussed between the Employer and the Union, no later than twenty (20) days after the notification in (a) above.

(c) The Employer and the Union agree to meet to develop the process for the planned reductions within five (5) days after (b) above.

(d) The Employer will, wherever reasonably possible, carry out these reductions by way of attrition.

(e) In keeping with the Employer's commitment to ensure that any affected nurse shall retain employment with the Employer, and where reductions cannot be dealt with through attrition, Article 27 shall apply. Should the nurse choose to not exercise seniority rights under Article 27, then layoff in accordance with Article 27 shall apply.

(f) In the event of (e) above occurring or in the event of the closure of a facility/site/program and in conjunction with (g) below, the Employer will make every reasonable effort to achieve necessary funding for retraining to assist with retention of employment for nurses.

(g) The Employer will also cooperate with other Employers, the Provincial Health Labour Relations Services, and/or the Government of Manitoba, to participate in the establishment of a broader redeployment and retraining effort.

See Attachment #13 re: Employment Security Process Template

2702
Applicable for IEHREO, PMHREO, SHREO, NHREO, WCHREO, SHEO (direct operations):
When a reduction in the working force becomes necessary, nurses will be laid off in reverse order of seniority within their occupational classification within the site, subject only to more senior nurses being qualified, competent and willing to perform the required work.

Applicable for non-transferred sites:
When a reduction in the working force becomes necessary, nurses will be laid off in reverse order of seniority within their occupational classification, subject only to more senior nurses being qualified, competent and willing to perform the required work.

2703 Notice of intention of layoff or equivalent pay thereof shall be given to the nurse(s) concerned in writing and a copy of the notice forwarded to the Union. The parties agree that "in writing" includes electronic communications such as email.
-- Layoffs of six (6) weeks or less - two (2) weeks notice;
-- Layoffs of longer than six (6) weeks - four (4) weeks notice.
A nurse who is on layoff shall not be entitled to notice of layoff when the nurse comes back to work on an incidental basis.

2704 No layoff of full-time or part-time nurses shall occur within a site when casual nurses are being employed within that site, unless no full-time or part-time nurse on staff within that site is qualified, competent and willing to fill the position(s) in question.

Notwithstanding Article 3402, additional available shifts shall be offered to a nurse on layoff, before part-time and casual nurses, provided the nurse is qualified, competent and willing to perform the required work. During the first three (3) years of a layoff, the nurse on layoff will receive preferential consideration for the assignment of such shifts at the site of layoff, provided that this will not result in the nurse working in excess of their regular EFT commitment.

In addition, during the first three (3) years of layoff, if a laid off nurse indicates their availability for additional available shifts at any of the other sites comprising the Employer, the nurse will receive preferential consideration over part-time nurses for the assignment of such shifts, provided that this will not result in the nurse working in excess of their regular EFT commitment. During the period between three (3) to five (5) years, a laid off nurse may indicate availability for additional available shifts within any of the sites comprising the Employer but will not receive preferential consideration over part-time nurses.

Notwithstanding Article 1405, during the period between three (3) to five (5) years where a nurse does not work all or part of said additional available shift(s), for any reason, payment shall be made only in respect of hours actually worked; this is not applicable to the base EFT of a term position occupied by a laid off nurse.

In the event the nurse accepts additional available shifts, the provisions of the Collective Agreement shall be applicable except as modified hereinafter:

(a) vacation pay shall be calculated in accordance with Article 2103 and shall be paid at the prevailing rate for the nurse on each pay cheque, and shall be prorated on the basis of hours paid at regular rate of pay,

(b) income protection accumulation shall be calculated as follows:

$$\frac{\text{Additional available hours worked by the laid-off nurse}}{\text{Full-time hours}} \times \text{Entitlement of Full-time Nurse}$$

(c) in the event the layoff is longer than twenty-six (26) weeks, seniority shall be calculated in accordance with regular hours worked,

(d) the nurse shall be paid five percent (5.0%) of the basic rate of pay in lieu of time off on Recognized Holidays. Such holiday pay shall be calculated on all paid hours and shall be included in each pay cheque.

(e) participation in benefit plans is subject to the provisions of each plan.

(f) increments (calculated from the date of the nurse's last increment, or their starting date as the case may be) shall be provided on the basis of one (1) increment for each 1343 hours worked or one (1) calendar year from the date of their last increment, whichever occurs later. In the case of the increment being given on the basis of 1343 hours worked, it shall be applied to the pay period next following completion of 1343 hours worked.

Any period of time during the layoff when the nurse works additional available shifts or works in a term position shall not extend the five (5) year period referenced in Article 25.

However, a nurse on layoff who agrees to work in a term position shall retain their right to be recalled into a permanent position while working in the term position.

Laid off nurses who have been awarded additional available shifts, cannot be cancelled nor can the nurse cancel their shift. Additional available shifts will be awarded in seniority order amongst laid off nurses (provided they are qualified, competent and willing to perform the required work) up to their regular EFT, i.e. the most senior nurse on layoff is offered shifts up to their EFT first, unless there is a shift they cannot work then on to the next nurse in order of seniority.

2705 No new nurses will be hired at a site when other nurses are on layoff from that site, except for reasons of a special skill requirement.

2706 All nursing job vacancies, permanent and term, shall be posted in accordance with the terms of this Agreement. Nurses on layoff shall be entitled to apply for these vacancies.

Nurses cannot bump into vacancies because all jobs must be posted. Nurses on layoff do not have preference for vacancies by virtue of the fact that they are laid off.

2707
Applicable for IEHREO, SHREO, NHREO, PMHREO, WCHREO, SHEO (direct operations):
Nurses shall be recalled in seniority order to available positions in equal or lower paid occupational classifications at the originating site or at other sites within a fifty (50) kilometre radius of the originating site provided they are qualified to perform the required work. In addition, at the time of layoff, nurses may request recall to sites outside the fifty (50) kilometre radius. Such recall shall be made in writing either by personal service, registered mail, or confirmed electronic mail and shall provide for at least one (1) weeks' notice to report back to work. Confirmation includes indication of receipt of such communication.

The nurses affected will contact the Employer by telephone not later than four (4) days, excluding Saturdays, Sundays and Recognized Holidays following the notice of recall being delivered. Failure to notify as above shall result in the nurse being placed last on the recall list.

A nurse being placed last on the recall list who is subsequently recalled to work and who fails to report for duty as scheduled without valid reason shall have their employment terminated.

The only time that recall is used is when the posting process results in the position not being filled by a nurse occupying a position within the site (see Article 2705). Nurses must be recalled before the Employer considers any applications from outside the site.

When a nurse declines their first recall and is subsequently recalled to a different position they must report for duty as scheduled or have their employment terminated should they fail to do so without valid reason. The Employer cannot offer the nurse the same position twice.

2708
Applicable for IEHREO, SHREO, PMHREO, NHREO, WCHREO, SHEO (direct operations):
In the event of a deletion of an occupied position, as much notice as possible shall be given to the incumbent who will be entitled to exercise their seniority rights, subject to the nurse's ability, performance and qualifications, to displace a nurse in a position of equal or lower classification within the site. Where it is not possible due to seniority level or where there are no positions available of equal occupational classification or within point two (0.2) of the EFT of the position occupied by the nurse at the time of the deletion, the

nurse shall be entitled to exercise their seniority rights, subject to their ability, performance and qualifications, to displace a nurse in a position of equal or lower classification within any of the other sites comprising the Employer. Any nurse thus displaced shall also be entitled to a like exercise of seniority rights.

Applicable for non-transferred sites:
In the event of a deletion of an occupied position, as much notice as possible shall be given to the incumbent who will be entitled to exercise their seniority rights, subject to the nurse's ability, performance and qualifications, to displace a nurse in a position of equal or lower classification. Any nurse thus displaced shall also be entitled to a like exercise of seniority rights.

This clause identifies the rights of a nurse who is displaced by the deletion of their position, e.g. a Nurse III position might be deleted by an Employer. The nurse in that position would have the right to "bump" into another Nurse III position providing they have seniority and the ability to do the job. As well, the same Nurse III could bump into a Nurse II position (lower classification) again providing they have the seniority and the ability to do the job. Any nurse "bumped" out of their position in this example would as well be able to exercise their seniority to "bump" into the same or lower classification. This procedure causes a chain reaction, and can result in several "bumps" until the most junior person is laid off. (See also 2904 re: red circling)

MNU's definition of position allows the nurse to bump outside of the Worksite if necessary to maintain their occupational classification, shift description and EFT. If Employer disagrees, bump without prejudice and file a grievance.

There is no restriction on EFT that a nurse can bump into.

A deletion process may be cancelled.

See Employment Security Process for Implementation of New Rotation/Positions Attachment #14

2709 Laid off nurses shall be entitled to apply for nursing job vacancies in any of the sites comprising the Employer Organization other than those to which they have recall rights. Copies of job postings will be sent to the President of the Worksite during the period when any nurses are on layoff.

Nurses who are on layoff from a site have to be recalled before any applications from nurses who work in other sites can be considered.

2710 Accumulated vacation entitlement shall be paid out at time of layoff except where, prior to the date of layoff, a nurse has been awarded a term or permanent position which commences within four (4) weeks of date of layoff.

Nurses who are laid off should contact their Employer to arrange for continuation of benefit plans, e.g. dental, group health, etc.

2711 Nurses who are absent from work due to a leave of absence for any reason shall be advised of layoff or deletion of their position in accordance with this Agreement and shall be required to comply with all provisions of this Agreement except that they shall not be expected to return to work prior to the expiry of their leave of absence.

The nurse who "owns" the position is the person who exercises their bumping rights even if the nurse is on a leave of absence.

ARTICLE 28 -- PROMOTION AND REASSIGNMENT

2801 Upon promotion, a nurse shall receive a salary applicable to their new classification which provides an increase of at least one increment above their former salary. A promotion shall mean an increase in classification from one occupational classification to another.

Nurses who are currently at a twenty year step who secure a promotion are placed on the twenty year scale of the higher classification.

See formula under 3803(b).

2802 The nurse's anniversary date of employment prior to promotion shall continue to govern with respect to increments.

2803 The first three (3) calendar months following a nurse's promotion shall be considered to be a trial period, and the Union shall be notified by the Employer. During the first six (6) weeks of this trial period, the nurse may return to their former position at their request or be returned to their former position by the Employer. During the last six (6) weeks of this trial period, the nurse may return to their former classification at their request or be returned to their former classification by the Employer.

Applicable for Community Health Nurses (IEHREO, SHREO, NHREO, PMHREO):
All promotions and voluntary transfers into a Community Health Nurse position are subject to a six (6) month trial period. During this trial period, the promoted (or transferred) nurse may revert to their former position, or may be returned (or transferred) by the Employer.

The "trial period" is not a probationary period.

"promotion" means inscope.

This clause does not apply to lateral transfers, i.e. Nurse II to Nurse II.

Applicable for Health Sciences Centre site only:
All promotions and voluntary transfers are subject to a three (3) month trial period, which may be extended up to an additional three (3) months at the Employer's discretion, and the Union shall be notified by the Employer. During this trial period, the promoted (or transferred) nurse may revert to their former position, or may be returned (or transferred) by the Employer.

Applicable for St. Boniface Hospital site only:
Promotions will be on a six (6) month trial period.

During the first twelve (12) weeks of this trial period, the nurse may return to their former position at the nurse's request or be returned to their former position by the Employer. During the last twelve (12) weeks of this trial period, the nurse may return to their former classification at the nurse's request or be returned to their former classification by the Employer. A nurse who is unsuccessful in a position to which they were promoted will be guaranteed the same salary that the nurse received prior to the promotion. Notwithstanding Article 2802 above, the anniversary date of such nurse for receipt of next annual increment shall be the anniversary date on record prior to the promotion.

2804
Applicable for direct operations and non-transferred multi-site Employers:

A. Voluntary Reassignments in the Event of Staffing Shortages

1. In the event of a temporary lateral work reassignment being necessitated by a staffing shortage on a nursing unit in any site within the Employer, a nurse may be reassigned to meet patient care needs subject to the following conditions:

   (a) No nurse shall be compelled to accept reassignment for a staffing shortage except as provided for under Involuntary Reassignment in Article 2805 below.

   (b) Where the reassigned nurse does not have the specific current competency for that similar patient/resident/client base, they would only be assigned functional tasks or would work directly with a nurse on that unit when providing patient/resident/client care.

   (c) Before reassigning a nurse for a staffing shortage, the Employer shall take the reasonable steps available to management to fill the vacant shift, based on relevant factors/circumstances including, but not limited to:

   - timing and circumstances of the vacant shift;
   - maintenance of patient care;
   - wellbeing of nursing staff.

(d) In the event of a long term or repetitive vacancy which the Employer has not been able to fill in accordance with the Collective Agreement, either party may refer the issue to the NAC and the Patient Care Optimization Committee provided for in Article 11 for consultation.

(e) Where the Employer is unable to fill vacant shifts through other means, in accordance with the Collective Agreement, the Employer shall then seek volunteers for reassignment, to be applied equitably (on a quarterly basis), with the following compensation: nurses shall be paid the greater of six dollars ($6.00) per hour or fifteen percent (15%) above their normal rate of pay for all hours worked at the reassigned facility/program/site/unit. (for clarity this premium is over and above overtime rates, where overtime is earned during reassignment).

(f) Where a nurse is reassigned to a facility/site other than their regular facility/site within the Employer they shall also be compensated as follows:

i. Provided with a daily “work disruption” allowance, for each day actually worked as follows:

- Over 1 and up to – 49 km between sending and receiving site - $40
- Between 50 – 99 km between sending and receiving site - $80
- Between 100 – 149 km between sending and receiving site - $130
- 150 or more between sending and receiving site - $180

(g) Where a change in work schedule is required by the Employer (receiving unit/facility/program/site) as a result of a reassignment, the nurse(s) shall be compensated with a Shift Disruption Allowance as described below for each shift that has been changed and worked by the nurse. The following rules shall apply:

i. Compensation of one of the following amounts as applicable per shift, whichever is greatest:

- $25 Impact Shift Changes: an adjustment is made to the start and end times of a shift that is greater than 1 hour and up to 4 hours; or

- $35 Impact Shift Changes: a change is made to the calendar day that a nurse was scheduled to work (no change to shift length or shift description); or

- $50 Impact Shift Changes: an adjustment is made to the start and end times of a shift that is greater than 4 hours; a change is made to the shift length (eg: 8 to 12 hours); a change is made to the shift description (eg: from straight Days to Days/Nights, or from straight Days to Days/Evenings);

ii. Shift disruption allowance will not be paid on days during which the nurse does not work or for shifts that have not been changed;

iii. Nurses shall not be eligible to receive overtime as a result of changes to their shift length (i.e. changing from 8 to 12 hour shifts), unless they are in an overtime situation as identified in the nurse(s) respective Collective Agreement and are now required to work additional hours. For clarity, adding hours to shift duration when a nurse has been reassigned during the course of their shift, shall result in daily overtime compensation.

iv. Changes to shift length must not cause a decrease to the nurses' EFT; and

v. Shift disruption allowance will cease to be paid, upon the effective date of the subsequent shift schedule which shall be posted in accordance with the Collective Agreement, and the nurse is scheduled as posted. If this posted schedule is disrupted the nurse shall be paid in accordance with a. above. When the reassigned nurse is returned to their regular assignment, the Shift Disruption Allowance is not applicable.

B. This lateral work reassignment will be made by the out of scope manager with as much notice as possible, whether within one (1) site, or from one (1) site to another within the Employer. Selection of the nurse to be reassigned shall be based on ability and experience and shared as equally as possible amongst the nurses in each site. It is understood that lateral work reassignments will only occur within a fifty (50) kilometre radius of the originating site, unless a greater distance is mutually agreed between the Employer and the nurse.

C. Orientation will be provided of sufficient duration to assist the nurse in becoming acquainted with essential information such as policies and procedures, routines, location of supplies and equipment, and fire and disaster plans.

D. Nurses who are reassigned from one site to another within the Employer shall be eligible for transportation reimbursement in accordance with the prevailing Province of Manitoba mileage rates subject to a minimum guarantee of four dollars ($4.00) [five dollars ($5.00) effective May 17, 2024 (July 8, 2024 @ SHEO)] and in accordance with the following formula:

- Distance (in kms) from the nurse's home to the new worksite minus the distance (in kms) from the nurse's home to the nurse's originating worksite.

It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

Parking in close proximity to the "receiving facility/site" will be made available. Parking expenses shall be reimbursed to the nurse by the Employer.

A lateral reassignment is within the same occupational classification. If there should be a temporary shortage of nursing staff in one nursing unit, a nurse from another unit may be sent to cover the shift. This clause is intended to apply on a shift to shift basis regardless of the start time of the shift.

When nurses are re-assigned and they do not have specific competency in that re-assignment, the expectation is that they perform functional tasks (such as taking vital signs, performing treatments and administering medications) or work with another nurse.

Reassignment for any circumstances attract premiums as outlined in this Article.

Applicable for single site non-transferred Employers:

A. Reassignments in the Event of Staffing Shortages

1. In the event of a temporary lateral work reassignment being necessitated by a staffing shortage on a nursing unit, a nurse from within the same site/facility/program may be reassigned to meet patient care needs subject to the following conditions:

(a) No nurse shall be compelled to accept reassignment for a staffing shortage except as provided for under Involuntary Reassignment in Article 2805 below.

(b) Where the reassigned nurse does not have the specific current competency for that similar patient/resident/client base, they would only be assigned functional tasks or would work directly with a nurse on that unit when providing patient/resident/client care.

(c) Before reassigning a nurse for a staffing shortage, the Employer shall take the reasonable steps available to management to fill the vacant shift, based on relevant factors/circumstances including, but not limited to:

- timing and circumstances of the vacant shift;
- maintenance of patient care;
- wellbeing of nursing staff.

(d) In the event of a long term or repetitive vacancy which the Employer has not been able to fill in accordance with the Collective Agreement, either party may refer the issue to the NAC and the Patient Care Optimization Committee provided for in Article 11 for consultation.

(e) Where the Employer is unable to fill vacant shifts through other means, in accordance with the Collective Agreement, the Employer shall then seek volunteers for reassignment, to be applied equitably (on a quarterly

basis), with the following compensation; nurses shall be paid the greater of six dollars ($6.00) per hour or fifteen percent (15%) above their normal rate of pay for all hours worked at the reassigned facility/program/site/unit. (for clarity this premium is over and above overtime rates, where overtime is earned during reassignment).

(f) Where a change in work schedule is required by the Employer (receiving unit/) as a result of a reassignment, the nurse(s) shall be compensated with a Shift Disruption Allowance as described below for each shift that has been changed and worked by the nurse. The following rules shall apply:

i. Compensation of one of the following amounts as applicable per shift, whichever is greatest:

- $25 Impact Shift Changes: an adjustment is made to the start and end times of a shift that is greater than 1 hour and up to 4 hours; or

- $35 Impact Shift Changes: a change is made to the calendar day that a nurse was scheduled to work (no change to shift length or shift description); or

- $50 Impact Shift Changes: an adjustment is made to the start and end times of a shift that is greater than 4 hours; a change is made to the shift length (eg: 8 to 12 hours); a change is made to the shift description (eg: from straight Days to Days/Nights, or from straight Days to Days/Evenings);

ii. Shift disruption allowance will not be paid on days during which the nurse does not work or for shifts that have not been changed;

iii. Nurses shall not be eligible to receive overtime as a result of changes to their shift length (i.e. changing from 8 to 12 hour shifts), unless they are in an overtime situation as identified in the nurse(s) respective Collective Agreement and are now required to work additional hours. For clarity, adding hours to shift duration when a nurse has been reassigned during the course of their shift, shall result in daily overtime compensation.

iv. Changes to shift length must not cause a decrease to the nurses' EFT; and

v. Shift disruption allowance will cease to be paid, upon the effective date of the subsequent shift schedule which shall be posted in accordance with the Collective Agreement, and the nurse is

scheduled as posted. If this posted schedule is disrupted the nurse shall be paid in accordance with a. above. When the reassigned nurse is returned to their regular assignment, the Shift Disruption Allowance is not applicable.

B. This lateral work reassignment will be made by the out of scope manager with as much notice as possible. Selection of the nurse to be reassigned shall be based on ability and experience and shared as equally as possible amongst the nurses in the site.

C. Orientation will be provided of sufficient duration to assist the nurse in becoming acquainted with essential information such as policies and procedures, routines, location of supplies and equipment, and fire and disaster plans.

When a nurse is reassigned they maintain their current salary.

A lateral reassignment is within the same occupational classification. If there should be a temporary shortage of nursing staff in one nursing unit, a nurse from another unit may be sent to cover the shift. This clause is intended to apply on a shift to shift basis regardless of the start time of the shift.

When nurses are re-assigned and they do not have specific competency in that re-assignment, the expectation is that they perform functional tasks (such as taking vital signs, performing treatments and administering medications) or work with another nurse.

Reassignment for any circumstances attract premiums as outlined in this Article.

2805 Involuntary Reassignments in Event of Staffing Shortages

Where no nurse has accepted the reassignment on a voluntary basis as per 2804 B., in addition to previously indicated conditions/compensation for voluntary reassignment, in 2804 A, B., C., and D. (D. not applicable to single site Employers) the following conditions will also apply:

1. Before compulsory reassignment of nurses, the Employer shall first seek volunteers to work the necessary shift(s) on the basis of voluntary eligible overtime amongst nurses who have documented their availability per the site process to work in the receiving unit for the shift(s).

   Where the Employer contemplates compulsory reassignment from a separate sending site, the Employer shall first offer overtime to nurses (of the same qualifications as potentially reassigned nurses) before compelling reassignment from the same sending site. (Not applicable to single site Employers).

   No nurse shall be compelled to accept reassignment where nurses volunteer to work those shifts on the basis of overtime compensation.

2. The assignment will enhance the well-being of other nurses working on the unit and will not adversely impact the well-being of the nurse who is reassigned.

3. No nurse will be compelled to accept a reassignment greater than 50 kms from their regular facility/program/site/unit. (Not applicable to single site Employers).

4. Where a nurse is involuntarily reassigned to an alternate facility/program/site/unit, and the nurse's travel time is greater than the distance to their regularly assigned facility/program/site/unit, the additional travel time will be considered time worked and eligible for overtime compensation as per the conditions of the Collective Agreement. (Not applicable to single site Employers).

5. Where a nurse is involuntarily reassigned for more than three (3) shifts or twenty-three point two five (23.25) hours (whichever is less), in a four (4) week period (commencing the date of the first reassignment), all subsequent involuntarily reassigned regular (non-overtime rate) hours shall be paid at double (2x) the reassignment compensation, as provided in paragraph A.1. (e) of Article 2804 ($6/hour or 15% x 2 = $12/hour or 30%, whichever is greater).

6. Where involuntary reassignment is necessitated on a constant and recurring basis due to an unfilled vacancy, the Employer and Union shall meet to determine measures to address the vacancy. Such measures may include consideration of additional incentives to attract applicants to the position. Where the parties are unable to agree on the terms to fill the vacancy the matter may be referred to a Troubleshooter for a final determination on appropriate measures/incentives to fill the vacancy.

7. Involuntary reassignment of nurses, regardless of classification, shall be assigned equitably, on a quarterly basis.

When a nurse is reassigned they maintain their current salary.

Double premium now applies for involuntary reassignment in excess of 3 shifts (in a 4 week period in accordance with the note below).

Note: with respect to the four week (4) period as specified for the involuntary reassignment premium; after the 3rd shift is reached, and the nurse then qualifies for the double premium, the nurse continues to receive the double premium for all involuntary reassignment, unless there is a clear period of four (4) weeks, where the nurse is not involuntarily reassigned. If there is a clear period of four (4) weeks without involuntary reassignment, the count of involuntary shifts towards the double premium resets to zero (0).

ARTICLE 29 -- DISCIPLINE, DEMOTION AND ACCESS TO PERSONNEL FILE

2901 In all instances where the Employer considers that a nurse warrants disciplinary action, the Employer shall make every effort to take such action at a meeting with the nurse and shall give the nurse advance notice of the nature of the complaint. The nurse may be accompanied at the meeting by a Union representative. The Employer shall inform the nurse of their right to have a Union representative present and advise the Union that this has been done.

Nurses should always ask the reason for the meeting and shall be advised of their right to have a Union representative present. It is strongly recommended that nurses should not attend meetings alone if there is any indication that the meeting is disciplinary in nature. The nurse who is unaccompanied by a Union rep, may request that the meeting cease and be rescheduled until they are able to have a Union rep present.

2902 If the action referred to in the above clause results in a written warning, suspension, demotion or dismissal of a nurse, the Employer shall notify the nurse in writing of the action taken and the reasons either by personal service, registered mail, or confirmed electronic mail. Confirmation includes indication of receipt of such communication.

2903 A nurse who is demoted due to inadequate performance shall be paid at the step of the lower scale that corresponds to their level of experience.

When a nurse is demoted and there is no vacant position, the Employer would lay off the least senior nurse and the demoted nurse would assume that position.

2904 If a nurse is reclassified to a lower paid position because of changing conditions within the Employer, the nurse will retain their current salary level until the salary scale of the lower position reaches their level of salary.

The application of this provision as it relates to the deletion, layoff/recall procedure shall be limited to a three (3) year period from the date the nurse assumes a position in the lower paid classification or until the salary scale of the lower position reaches their level of salary whichever occurs first.

This provision is known as "red-circling". When the nurse is red circled, their salary does not change each time there is a salary increase to their classification. They stay at the red circled salary until the salary scales of the lower position reaches their current salary. At that time, they will be placed on the appropriate salary scale which corresponds with their current classification.

2905 A nurse shall be given the opportunity to examine any document which is placed in their personnel file, including, but not limited to, those documents which may be utilized to substantiate a disciplinary action against them, and their reply to any such document shall also be placed in their personnel file. Upon written request the nurse shall also receive an exact copy of such document.

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2905 A nurse shall be given the opportunity to examine any document expressing dissatisfaction with their performance or conduct which is in their file and their reply to any such document shall also be placed in their file. Upon written request, the nurse shall also receive a copy of such a document.

The nurse has the right to examine their personnel file and to have a copy of it without charge or other conditions.

2906 A nurse accompanied by a Union representative if they so elect shall be given every reasonable opportunity to examine any document which is placed in their personnel file including, but not limited to, those documents which may be utilized to substantiate a disciplinary action against them, and their reply to any such document shall also be placed in their personnel file. Upon written request, the nurse shall also receive an exact copy of such document. The Employer agrees not to introduce as evidence any such derogatory entry at any hearing unless the nurse has been made aware of its contents at the time of filing or a reasonable time thereafter. The Employer agrees to remove and destroy any non-disciplinary and disciplinary documentation, from the personnel file of a nurse, upon written request from the nurse, after five (5) years, providing no similar incidents occur within that period. In the event a nurse is laid off or on a leave of absence of one (1) calendar month or more during the five (5) years immediately following the discipline, the discipline record will extend the five (5) year calendar month period by the length of the actual lay off or leave of absence.

Any nurse who has been terminated may consult their file and upon written request shall receive copies of specified documents so long as the written request is made within sixty (60) days of the nurse's termination.

The nurse cannot be charged for the cost of a copy of their personnel file.

Expunging of disciplinary or negative entries in the personnel file after 5 years upon nurse written request. Also obligates Employer to allow a nurse to review their file.

Any entry on their file that they have not been made aware of cannot be used against them in an arbitration hearing. This holds with the principle that if one is not told they are being reprimanded, then the reprimand never took place. Thus, at any time the Employer makes a derogatory entry into a nurse's file, the nurse shall be advised that it has been made.

Anecdotal notes are not part of the personnel file. They should not be kept in HR files, however, the Manager may keep them for purposes of substantiating performance issues.

Documentation regarding the circumstances of a verbal reprimand may be included in a personnel file. Letters of Direction are not disciplinary in nature and can be included in a personnel file.

Nurses who are terminated are encouraged to request and obtain copies of their personnel file as this information will be required in preparation for an arbitration hearing.

2907 There shall be one (1) personnel file maintained by the Employer for each nurse.

ARTICLE 30 -- VACANCIES, TERM POSITIONS AND NEW POSITIONS

3001 Subject to Article 3002 herein, the Employer agrees to post notices of vacant, term or new positions covered under this Agreement in paper form at the site the vacancy occurs, and on the Employer website on the same date for at least seven (7) days to enable nurses presently in the employ of the Employer to apply for same. In addition, a copy of each posting will be emailed to the MNU Worksite President or designate. Such posting shall not preclude the Employer from advertising outside the Employer. All postings shall state minimum qualifications required, the equivalent to full-time (E.F.T.) site(s) of the position and date of closing of the competition. Job descriptions shall be available to applicants on request.

Where a site/facility does not have reliable internet connectivity, the Employer will ensure a paper copy of all postings will be posted.

When the Employer creates a new position which requires any applicant to be a nurse registered or eligible for registration with a Manitoba nursing college including, but not limited to, classifications in Appendix C of this Collective Agreement, or the Employer intends that the new position will be out of scope, the Employer shall provide the Union with a copy of any posting(s) or the job description(s) for the position(s) in advance of the position(s) being posted. The Union may file a grievance challenging the designation in accordance with the procedure set out in Article 12.

Rural Regional Worksite Presidents need to ensure they receive copies of all job postings and review them to ensure they are consistent.

Employer must provide notification to the Union for any new out of scope nursing positions.

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3001 Subject to Article 3002 herein, the Employer agrees to post notices of vacant, term or new positions covered under this Agreement for at least seven (7) days to enable nurses presently in the employ of the Employer to apply for same. In addition, a copy of each posting will be provided to the MNU Worksite President or designate. Such posting shall not preclude the Employer from advertising outside the site premises. All postings shall state minimum qualifications required, the equivalent to full-time (E.F.T.) and date of closing of the competition. Job descriptions shall be available to applicants on request.

Worksite Presidents need to ensure they receive copies of all job postings and review them to ensure they are consistent. The Employer providing the Worksite President a link on Success Factors to receive an e-mail notification of a job posting for a nurse in the bargaining unit is considered to satisfy this requirement.

"Minimum qualifications required" means the posting shall contain all criteria against which the nurse is being measured. Arbitrators have gone further and said all selection criteria must be identified for the applicants, i.e. on the posting.

See Attachment # 11 - ***What Should Appear on a Standard Job Posting.***

The posting must state the specific classification required.

3002 The Employer will be required to post a notice of vacancy for only five (5) days for a vacancy that is created by:

(a) a nurse terminating employment and not giving the full period of notice as specified in Article 26 herein, or

(b) a transfer occasioned by posting.

(c) Where a term position has been created due to a leave of absence where less than four (4) weeks notice has been given.

3003 Provided that equivalent qualifications are met, preference shall be given to the nurses presently in the bargaining unit who have submitted a written application for the vacant, term or new positions in the following order:

(a) applicants from the site where the vacancy occurs;

This includes casual nurses. Therefore casual nurses at the site will receive preference over other nurses not holding a position at the site. See Article 3509.

(b) applicants from the Employer where the vacancy occurs;

(c) applicants from the other Employers within the Employers Organization;

(d) applicants from other Employers Organizations.

NOTE: *Refer to Appendix "D" for Site and Employer list.*

Notwithstanding the above, a nurse will have unit or site preference when new positions are posted as a result of an Employment Security Notice.

Preference must be given to nurses presently in the bargaining unit (including nurses in term positions subject to 3006) and not to out-of-scope nurses who are presently in the employ of the Regional Health Authority. Part-time nurses only get preference at the site where they have a designated EFT, they do not get preference at the site(s) where they pick up additional shifts.

Nurses in term positions have site preference where they currently occupy a term.

As a result of employment security notices, nurses will have unit preference for newly posted positions.

Where appropriate, by agreement between the Employer and the Union, job postings may be waived.

3004 The name of the successful applicant and the position awarded will be posted on the bulletin board or per electronic format accessible to all nurses for a period of seven (7) calendar days with a copy of this information forwarded to the Worksite President.

Any nurse who was interviewed but was not the successful applicant shall be entitled to consult with the hiring Manager. Such consultation will take place within two (2) weeks of the request. The purpose of the consultation shall be to provide the nurse with constructive feedback regarding their application.

An unsuccessful applicant may inquire of the hiring Manager or the Human Resources Consultant or designate to why they were not selected for an interview.

This will ensure that nurses will have a clear and defined process when inquiring about the disposition of their application. If the nurse is not successful after an interview, they may request a meeting with the hiring manager for constructive feedback within two weeks of request.

Nurses not selected for an interview may request the reason from the hiring manager or human resources personnel.

In the case of a nurse from the bargaining unit being awarded a position within the Employer, the transfer shall be carried out within the time frame of the period of notice of termination for the position from which the nurse is transferring, unless otherwise mutually agreed between the nurse and the Employer.

3005 The applicant selected for any position shall receive, within two (2) weeks of the selection being made, written confirmation of the salary scale, the nurse's placement on such scale, and any special conditions that may be applicable to their appointment.

See Article 2801, 3803 and 3804 re placement on salary scale.

3006 "Term Position":
A position occupied by a full-time or part-time nurse for a specified period of time, up to a maximum of sixty (60) weeks, or up to a maximum of eighty (80) weeks to replace a nurse(s) who is/are on Parenting Leave or Parental Leave, where patient/client/resident census or workload necessitates a temporary increase in staffing, if mutually agreed, to replace a nurse(s) who is/are on vacation or leave of absence, or to carry out a special short term project or where the Employer has provided notice of permanent deletion of position(s) under Employment Security provisions in Article 27, or as otherwise mutually agreed between the Union and the Employer. If the Employer determines there is a term position to be filled by a nurse, the term position shall be posted in accordance with Article 30. This shall not preclude the Employer from utilizing part-time nurses and/or casual nurses to work available shifts as specified in Articles 34 and 35 when the Employer decides that a term position is not required.

Term positions can be utilized for vacation relief. Nurses taking term positions for vacation relief may have to forfeit their previously approved vacation during the term.

The Employer shall provide written confirmation of the start and expiry dates of the term position prior to the nurse's commencement in the position. This period may be extended if the Employer so requests and the Union agrees.

The maximum duration specified in paragraph 1 above for term positions shall not apply in situations where a nurse is absent indefinitely due to Workers Compensation and/or illness and/or accident or where there is a temporary vacancy due to leave for Public Office. In these cases, the Employer shall state on the job posting that the said term position is an "Indefinite Term" which will expire subject to a minimum of twenty-four (24) hours notice. The "Indefinite Term" will expire upon either the return to work or termination of employment of the nurse on leave. Any term positions directly resulting from the above procedure will be posted in the same manner.

There is no cut-off for "indefinite terms". Indefinite terms can only be posted to replace a nurse who is absent indefinitely due to illness, accident or Workers Compensation, leave for Public Office.

In case a nurse on Maternity or Parental Leave wants to exercise their right to return from such leave earlier than anticipated, having given appropriate notice as per Article 2408 C.6, the Employer shall state on the job posting that the said term position is a "Maternity or Parental Leave of absence term" which may expire sooner than indicated, subject to minimum notice of two (2) weeks or one pay period, whichever is longer. Any

term positions directly resulting from the filling of such a term position will be posted in the same manner.

The terms of this Collective Agreement shall be applicable to the nurse in the term position, except that a nurse occupying a term position may be required to complete the term before being considered for other term positions within the bargaining unit.

On expiry of the term position the nurse:

(a) newly hired from outside the Employer, or a casual nurse from within the Employer, shall be entitled to exercise their seniority rights to obtain any vacant position within the site(s) comprising the Employer for which the nurse is qualified, without interruption of seniority or benefits if the position commences within six (6) weeks of the expiry of the term position. During this six (6) week period if a nurse secures casual employment, they may work available casual shifts.

Casual status during the bridging period shall not be considered a break in service. A nurse who applies for and is awarded a position that would be starting within 6 weeks of the expiry of the term, is deemed to still be employed and considered an internal applicant at the site during the 6 week bridging period.

The bridging provision applies to casual nurses who have been in term positions with the Employer.

(b) who was employed by the Employer immediately prior to accepting the term position shall return to their former position if reasonably possible. A nurse not returned to their former position shall be returned to their former occupational classification and employment status within the site.

The Employer has an obligation to provide the nurse with a position that matches their former EFT.

(c) In accordance with the provisions of Article 21, if a nurse's term position ends prior to the start of the vacation year, the nurse shall schedule the next year's vacation on the unit they are returning/going to.

This is intended to provide predictability and consistency in vacation selection for nurses occupying term positions. This provision applies only when the nurse is returning to their former position or going to another position.

3007 Notwithstanding the provisions of Articles 3001 through 3005 above the parties agree that it may be of mutual benefit to the nurses and the Employer to allow part-time nurses, who request to do so, to increase their EFT and/or allow casual nurses to obtain a part-time or full-time position.

(a) Where the Employer has demonstrated significant reliance upon casual nurses and/or agency nurses to maintain adequate staffing/patient/resident care in a particular site/program/unit, and where part-time nurses at the same site/program/unit have expressed a desire to increase their EFT the Employer shall take all reasonable measures to accommodate such requests. The EFT of a part-time nurse may be increased in accordance with the following process:

(i) The process will commence at a date determined by the parties at the Site Nursing Advisory Committee. The Employer shall inform the Site Nursing Advisory Committee of the total EFT and shift patterns available per nursing unit.

(ii) The Employer shall communicate to all part time nurses on a nursing unit the pre-determined EFT and shift pattern(s) available for the increase of EFT process. Requests to permanently increase EFTs shall be made in writing by part-time nurses. The nurses shall indicate the maximum EFT to which they wish to increase. A nurse may increase their EFT up to a 1.0 EFT.

(iii) In considering requests, the Employer shall consider such factors as current EFTs, shift assignments, shift schedules, the unit(s) needs and the requirements of Article 15. If the request by nurses within a unit exceed the availability within that unit as determined by the Employer, the Employer shall offer in order of seniority.

(iv) A part-time nurse shall not be permitted to increase their EFT while other nurses are on layoff from that unit unless such laid off nurses have been recalled or have declined recall.

(v) Where any request to change EFT has been approved, the Employer shall issue a letter to the nurse confirming the nurse's new EFT in accordance with this Collective Agreement along with an effective date.

(vi) Copies of all requests and responses to requests to adjust EFT shall be provided to the Union.

(vii) Any changes to a master rotation as a result of changing EFTs shall be done in accordance with the provisions of Article 1504.

(viii) The Employer is not prevented from exercising any of its normal management rights as a result of this Article including, without limitation, the right to post vacant positions.

(ix) The Site Nursing Advisory Committee shall be advised of the outcome in the Increase of EFT Process of each nursing unit.

(b) Where all EFT increase requests have been considered and implemented and/or the Employer has offered EFT increases for part-time nurses, and where casual nurses at the same site/program/unit have expressed a desire to obtain a full or part time position, the Employer shall take all reasonable measures to transition those casual nurses to a part-time or full-time position in accordance with the following process:

(i) The process will commence at a date determined by the parties at the Site Nursing Advisory Committee. The Employer shall inform the Site Nursing Advisory Committee of the total EFT and shift patterns available per nursing unit.

(ii) The Employer shall communicate to all casual nurses at the site/facility/program the pre-determined EFT and shift pattern(s) available for the increase of EFT process. Requests to obtain an EFT shall be made in writing by casual nurses. The nurses shall indicate the maximum EFT to which they wish to increase. A nurse may increase their EFT up to a 1.0 EFT.

(iii) In considering requests, the Employer shall consider such factors as current EFTs, shift assignments, shift schedules, the unit(s) needs and the requirements of Article 15. If the request by nurses within a unit exceed the availability within that unit as determined by the Employer, the Employer shall offer in order of casual seniority.

(iv) A casual nurse shall not be awarded an EFT while other nurses are on layoff from that unit unless such laid off nurses have been recalled or have declined recall.

(v) Where any request to obtain an EFT has been approved, the Employer shall issue a letter to the nurse confirming the nurse's EFT in accordance with this Collective Agreement along with an effective date.

(vi) Copies of all requests and responses to requests to obtain an EFT shall be provided to the Union.

(vii) Any changes to a master rotation as a result of changing EFTs shall be done in accordance with the provisions of Article 1504.

(viii) The Employer is not prevented from exercising any of its normal management rights as a result of this Article including, without limitation, the right to post vacant positions.

(ix) The Site Nursing Advisory Committee shall be advised of the outcome in the Increase of EFT Process of each nursing unit.

Allows for casual nurses to seek permanent employment and part-time nurses to increase EFT.

ARTICLE 30A -- NURSE-INITIATED MOBILITY

30A01 As vacancies arise that any of the Sites/Employers intend to fill, the following procedures will apply:

The nurse must advise their new Employer that they have benefits/seniority to transfer. It will not be automatically done.

(a) Vacancies will be filled in accordance with the provisions of the Collective Agreement.
(b) An internal and external posting may occur simultaneously. Nurses from other Sites/Employers will have the right to apply for said vacancy.
If the selected nurse is a current employee of one of the sites/Employers of an Employers Organization, that nurse will be entitled to transfer all seniority, service and other benefits herein and will be treated in all respects as if they had always been a nurse of the receiving Employer. In addition, hours worked since the last increment shall be credited towards the next increment level.
(c) Where there are no qualified applicants, as per the order established in Article 3003, positions will be awarded to qualified nurses in the following order:
- Recall of laid off workers from the site/Employer posting the vacancy (unless otherwise stipulated in the applicable collective agreement);
- Applicants from the Redeployment List;
- Applicants external to (a) above.

Mobility applies in all transfers between Employers Organizations.

30A02 A nurse who is employed by an Employer in an Employers Organization, who is awarded a position with another Employer with the same or in another Employers Organization, and who commences employment with this Employer within six (6) weeks of termination of employment from their former Employer, will be entitled to mobility of benefits as specified hereinafter:

(a) continuous service date
(b) accumulated income protection benefits;
(c) length of employment applicable to rate at which vacation is earned;
(d) length of employment applicable to pre-retirement leave;
(e) length of employment applicable for qualification for the Rule of 80 (as per the terms and conditions of the applicable pension plan) pension provisions;

(f) length of employment applicable to next increment date;
(g) the terms and conditions of the benefit plan(s) for the new Employer apply; however, normal waiting periods would be waived, subject to the applicable benefit plans' terms and conditions;

For details with respect to HEB waiting periods see Attachment #15.

(h) seniority credits (in accordance with receiving Collective Agreement).
(i) transfer of current vacation hours unless the nurse elects to have their current vacation hours paid out by the previous Employer at the time of the transfer;
(j) placement at the greater of the nurse's salary level at the sending facility/program/site, or in accordance with the recognition of previous experience clause(s) in Article 38, including placement at the fifteen (15), twenty (20) and twenty-five (25) year rate;
(k) Academic Allowance;
(l) where a nurse transfers prior to the completion of maternity leave return of service requirements, the nurse shall be allowed to complete the return of service requirements at the receiving site/Employer.

Now includes the ability to mobilize the 15 & 25 year long service steps, adds academic allowance and return of service for mat leave top up to reflect current practice.

30A03 For clarity the following guidelines shall govern with respect to the application of this Article:
(a) The provisions of this Article shall be effective October 14, 2021.
(b) Where nurse-initiated mobility is implemented retroactively, the items transferred shall be on a "go forward" basis from October 14, 2021. No processes [e.g. vacation selection, vacancy selection] or access to benefits [e.g. income protection] shall be adjusted retroactively.
(c) The onus is on the nurse to advise their new Employer that there are benefits/seniority to transfer.

The nurse must advise their new Employer that they have benefits/seniority to transfer. It will not be automatically done.

(d) The provisions of this Article only apply where a nurse terminates from one Employer and commences employment with another Employer. It does not apply to "merge" employment/benefits etc. from two or more Employers to one of those Employers.

In normal circumstances usually there is only one sending and one receiving Employer. However as a result of HSBURA there were individual circumstances where nurses were able to merge employment/benefits from two previous Employers.

(e) Once notified of nurse-initiated mobility of benefits/seniority, the receiving Employer shall notify the sending Employer by forwarding a "Mobility Form" to the sending

site/Employer. That site/Employer will complete the form as soon as possible and forward to the receiving site/Employer. The Mobility Benefits Transfer Form shall be provided in its entirety to the receiving MNU Worksite.

Worksite Presidents need to ensure they are receiving mobility benefits transfer forms.

(f) Nurse-initiated mobility applies for employment into either a permanent or term position. In the case of a term position, all benefits/seniority, etc. are transferred at the time of employment. Should the nurse not obtain a permanent position in accordance with the new Employer's collective agreement, all seniority and benefits shall terminate, unless the nurse obtains employment with another MNU Employer where nurse--initiated mobility applies, and within the timelines specified.

The nurse has 6 weeks to reconnect seniority and benefits at the conclusion of a term or permanent position.

(g) Employment terminates with the sending Employer and commences with the receiving Employer, in order for nurse-initiated mobility to apply. However, a nurse may accept a casual position with the sending Employer. Such shall not affect the nurse's ability to mobilize seniority, service and benefits accrued while employed in a permanent or term position at the sending Employer to the receiving Employer as long as the nurse secures a permanent or term position within six (6) weeks of terminating regular (non-casual) employment.

The nurse may secure a casual position at the sending Employer while seeking/commencing employment with a new Employer. This will not result in the nurse losing seniority and benefits as long as they secure a new position with a receiving Employer within 6 weeks of terminating their employment at the sending facility.

For permanent or part time positions employment ought terminate with the sending Employer before commencing with the receiving Employer, in order for nurse-initiated mobility to apply. The nurses should be aware of their formal termination date with the sending Employer and ensure the position with the receiving Employer commences after the actual termination date. The termination date is not necessarily the same as the date of the last shift worked.

(h) Any banked Recognized Holidays and/or overtime will be paid out by the sending Employer at the time of transfer.

Nurses are not able to transfer their recognized holidays and overtime banks to the new Employer.

(i) A nurse who occupies a casual position at a receiving Employer AND a permanent or term position at a sending Employer, AND who subsequently obtains a permanent or term position at a receiving Employer, will be allowed to transfer seniority and benefits accrued in the permanent or term position at the sending Employer, to the newly acquired permanent or term position in the receiving Employer. The seniority accrued as a casual at a receiving Employer cannot be added to the seniority being transferred with the permanent/term position.

There is no ability to combine seniority from the sending facility with the seniority accrued as a casual at the receiving facility.

30A04

(a) Increments: Nurses having a permanent or term position in a sending Employer, will be allowed to transfer their "hours worked" for purposes of determining when they are entitled to their next increment, when they secure a permanent or term position at a receiving Employer. Casual nurses are NOT allowed to transfer such hours.

(b) Vacation: Vacation earned at the sending Employer shall not be paid out upon transfer unless the nurse requests. In the event a nurse elects to have their vacation transferred, it does not mean that the previously approved vacation dates will be honored at the receiving site. The receiving Employer will schedule the remaining vacation in consultation with the nurse, based on operational requirements and in accordance with Article 21.

(c) Probationary Period: As with any other voluntary transfer to a permanent position in an Employer other than one in which a nurse is currently working, the nurse is subject to a probationary period.

(d) Pre-Retirement Credits: To be calculated in days at the sending Employer.

(e) Term Positions: Nurse-initiated mobility applies for voluntary transfers into either a permanent or term position. In the case of a term position, all benefits/seniority, etc. are transferred at the time of employment. Should the nurse not obtain a permanent position in accordance with the new Employer's collective agreement, all seniority and benefits shall terminate, unless the nurse in turn obtains employment with another MNU Employer in the same or in another Employers Organization where nurse-initiated mobility applies, and within six (6) weeks.

(f) More Than One Position at Same Employer:
There can only be one sending and one receiving Employer. If a nurse has two (2) or more permanent positions with the same Employer, the nurse must resign from both positions with the sending Employer in order to transfer the seniority and benefits from the sending Employer to a receiving Employer.

(g) Positions at More Than One Employer:
There can only be one sending and one receiving Employer. Even if a nurse has two (2) or more permanent positions, (at more than one Employer) the nurse will only be able to transfer the seniority and benefits from one of the Employers when they voluntarily transfer to a receiving Employer.
Transfer of seniority and benefits shall be applicable to all nurses, including those who are on lay off, currently employed in a permanent or term position who secure

a permanent or term position in a receiving Employer in which they don't currently hold a permanent position.

(h) The Local/Worksite President at a receiving site/Employer will be provided with written notification regarding each nurse's mobility seniority at the time of their transfer. The Mobility Benefits Transfer Form shall be provided to the receiving Worksite in its entirety. At minimum, the following specific data shall be provided:

- Start date at sending Employer
- Seniority (hours)
- Seniority date at sending Employer
- Termination date at sending Employer
- Start date at receiving Employer.

The Worksite President must ensure they are receiving the Mobility Benefits Transfer Form.

(i) Bridging Time for the Purposes of Mobility: A nurse who commences employment with the receiving Employer within six (6) weeks of termination of employment with the sending Employer will be entitled to mobility of seniority, service and benefits as above.

(j) The parties agree that seniority shall not transfer across sectors.

For example, a health care aide covered under a CUPE agreement who subsequently becomes a nurse cannot transfer their CUPE seniority to a MNU position. However, they are able to transfer their length of continuous service for the purposes of vacation entitlement, pension accrual and pre-retirement leave to a new Employer.

ARTICLE 31 – PROBATIONARY PERIOD

3101 The period from the date of last employment with the Employer to the completion of six (6) months will be recognized as a probationary period. During such period the nurse shall not have recourse to the grievance procedure for reasons of termination of employment for unsuitability or unsatisfactory performance. This clause shall not preclude the Employer from extending the probationary period of a full-time or part-time nurse up to an additional three (3) calendar months providing that the Employer gives written notification to the Union specifying the reason(s) for the extension.

Applicable for Community Health Nurses and Home Care Nurses (applicable @ IEHREO, PMHREO, NHREO, SHREO):

The period from the date of employment to the completion of six (6) calendar months of employment will be recognized as a probationary period. During such period the nurse shall not have recourse to the grievance procedure for reasons of termination of employment for unsuitability or unsatisfactory performance.

@ WCHREO

3101 The period from the date of last employment to the completion of six (6) calendar months of employment for full-time and part-time nurses. During such period the nurse shall not have recourse to the grievance procedure for reasons of termination of employment for unsuitability or unsatisfactory performance. This clause shall not preclude the Employer from extending the probationary period of a full-time or part-time nurse up to an additional three (3) calendar months providing that the Employer gives written notification to the Union specifying the reason(s) for the extension.

Standardizes the normal probationary period to 6 months for all nurses. The extension of 3 months does not apply to Community Health & Home Care in NHREO, PMHREO, SHREO & IEHREO. The probationary period applies only to newly hired nurses, and excludes nurses transferring within the Facility/site or who have been redeployed or where there is a program transfer.

During a probationary period nurses are free to make application to other positions.

Under the Labour Relations Act a probationary nurse who is terminated may initiate a grievance under the grievance processes outlined in the Act.

ARTICLE 32 -- PERFORMANCE APPRAISALS

3201 The Employer shall complete a written appraisal of a nurse's performance at least once every two (2) years. Upon request, the nurse shall be given an exact copy of the appraisal.

The Employer may require nurses to participate in peer appraisals however the peer review of a nurse's performance should not constitute the primary focus or underpinning of an Employer's performance evaluation process.

Please contact your LRO if you are requested to do a peer appraisal.

3202 The nurse shall have an opportunity to read such document.

3203 The nurse's signature on such document merely signifies that the contents of the document have been read.

3204 If the nurse disputes the appraisal, the nurse may file a reply to the document in accordance with Article 29, and/or the nurse may file a grievance under Article 12 of this Agreement.

Any nurse who files a reply/rebuttal to their performance appraisal must ensure they include the following statement: "This document shall be attached to the performance appraisal and shall be referred to concurrently with all references to the performance appraisal dated _____ and provided by _____."

The nurse may file a grievance in conjunction with any rebuttal.

ARTICLE 33 -- DAMAGE TO PERSONAL PROPERTY

3301 Nurses are responsible for any personal effects that are brought to their place of work and are not required in the course of their employment and no claim for compensation will be considered for loss or theft of or damage to such personal effects.

In recognition of the fact that as a direct result of performance of their duties nurses may have their clothing or other personal property damaged, or stolen, the Employer agrees to make reasonable compensation following receipt of the nurse's documentation of the incident. Such claim shall not unreasonably be denied. .

Compensation cannot be unreasonably denied, however nurses are discouraged from bringing personal effects that are not required in the course of their duties as those items would not be eligible for compensation. In situations where personal property is damaged (e.g. eye glasses broken) as a result of an assault/accident at work and the nurse is eligible for WCB benefits, WCB or the Employer could reimburse the nurse for replacing the glasses.

ARTICLE 34 -- SPECIAL UNDERSTANDINGS RE PART-TIME NURSES

3401 A part-time nurse shall be assigned and committed to work their EFT as agreed to in writing at the time of commencing employment. This written agreement shall only be revised when the nurse secures an alternate position in accordance with the provisions of the Collective Agreement.

When posting part-time positions the EFT must be stated. Once the commitment is made by the Employer and nurse, the part-time employment status can only be changed through a posting and selection process and/or by way of a layoff/deletion notice or by way of "Duty to Accommodate", or through an Increase of EFT process (MOU #16).

There is no obligation for part-time nurses to agree to work additional available shifts over and above their EFT. Further, part-time nurses cannot be required or forced to come to work on any day they are not scheduled to work.

3402 Part-time nurses who make known to the Employer that they wish to work occasional additional available shifts shall be given preference for such shifts unless the part-time nurse has already worked in that day with such preference being given on the following basis within the sites comprising the Employer.

(i) First, among nurses on each unit/ward where the shift is available who meet the provisions above, and who have requested additional shifts, if mutually agreed between the Employer and the Union;
(ii) Second, among those nurses within that site, who meet the provisions above, and who have requested additional shifts;
(iii) Third, among those nurses from other sites comprising the Employer who meet the provisions above and who have requested additional shifts.

There shall be a process mutually agreed to between the Employer and the Union in regards to the offering of additional available shifts.

Applicable for non-transferred sites:
Part-time nurses who make known to the Employer that they wish to work occasional additional available shifts shall be given preference for such shifts unless the part-time nurse has been scheduled to work in that day.

***Applicable for WRHA - Home Care Program, WRHA - Primary Care Program, and WRHA - Public Health Program sites only*:**
(i) First, among nurses in each community paired area (Home Care), where the shift is available who meet the provisions above, and who have requested additional shifts or; among nurses in each work location including specific centralized program teams, where the shift is available who meet the provisions above, and who have requested additional shifts or;
(ii) Second, among those nurses within the same site from other WRHA community paired areas, work locations, or specific centralized program teams who meet the provisions above, and who have requested additional shifts;
(iii) Third, among those other WRHA Community Health Services in other sites who meet the provisions above and who have requested additional shifts

Once a shift has been awarded to a part-time nurse it becomes part of their scheduled hours for that period and the nurse is entitled to all terms and conditions of the Collective Agreement with respect to that shift. Exception: when there has been an error made with respect to awarding additional available shifts every effort should be made to correct the error prior to the date of the scheduled shift(s). This means that the shift may be taken away from the part-time nurse who was awarded the shift in error.

The Employer does not have to call a part-time nurse if the nurse has already worked in that calendar day. A nurse cannot work more than their scheduled shift in a calendar day (i.e. midnight to midnight) without being compensated at overtime rates of pay.

There should be a protocol which sets out how additional available shifts will be distributed amongst part-time nurses. If there is no established protocol please contact your Labour Relations Officer.

Principles to include when developing a protocol:

- *The Employer determines the classification of nurse that is required, i.e. LPN, Nurse II, Nurse III.*
- *A nurse who owns a position in a classification higher than the classification identified by the Employer, does not get preference over a nurse in the classification needed, i.e. all Nurse II's are considered before a Nurse III classification and higher, or all LPNs are considered before Nurse II.*

Regarding pay for a Nurse III classification and higher:

- *When volunteering to work a Nurse II shift, in accordance with the established protocol regarding the awarding of additional available shifts, the nurse will be paid at the Nurse II rate for any additional available shift(s) that are awarded.*
- *When the request to work an additional available shift is initiated by the Employer the nurse will be paid at their normal rate of pay.*

These principles would also apply when a nurse works overtime.
There is no ability to bank hours worked/additional shifts paid at regular rates of pay.

Nurses who are on scheduled vacation or scheduled paid leaves are not considered to be available to work additional available shifts. Nurses have used their seniority to schedule vacation, which means another nurse was not granted their request for vacation. These nurses will only be offered additional available shifts as a last resort prior to mandating overtime.

3403 A part-time nurse called back to work hours in excess of a shift (as defined in Article 1404) in any one (1) day shall be paid at overtime rates of pay with a guaranteed minimum of three (3) hours at overtime rates. If the extra time worked under this subsection commences within less than three (3) hours before the start of a shift, the guaranteed minimum of overtime pay will not apply. In such cases, the nurse will be paid at overtime rates from the time the nurse starts to work to the beginning of their shift.

When a part-time nurse is required to return to work in the same calendar day, they must be paid at appropriate overtime rates.

Applicable for Home Care Nurses:
3403 *A part-time nurse called back to work hours in excess of a seven and three-quarter (7.75) hour shift in any one (1) day shall be paid at overtime rates of pay with a guaranteed minimum of one (1) hour at overtime rates. If the extra time worked under this subsection commences within less than one (1) hour before the start of a shift, the guaranteed minimum of overtime pay will not apply. In such cases, the nurse will be paid at overtime rates from the time the nurse starts to work to the beginning of their shift.*

3404 Except for part-time nurses who agree to work on a greater number of weekends, it is understood that a part-time nurse may be required to work on alternate weekends.

Applicable for Victoria General Hospital site only:
Except for part-time nurses who agree to work on a greater number of weekends, it is understood that a part-time nurse may be required to work on every third weekend and may be assigned to work either over Christmas or New Year's.

3405

(a) Vacation pay shall be calculated as follows:

$$\frac{\text{Hours Paid at Regular Rate of Pay (during vacation year)}}{\text{Full-time Hours}} \times \text{Entitlement of a Full-time Nurse}$$

(b) Part-time nurses shall receive their entitled vacation over a period of time equivalent to the vacation period of a full-time nurse ***(includes travel time as per 2103 @ NHREO)*** and shall be paid their earned vacation pay proportionately during each week of scheduled vacation.

See Article 21. This is in keeping with the vacation scheduling procedure (Attachment #4) and ensures that both full-time and part-time nurses are treated equally.

3406 Income protection accumulation for part-time nurses shall be calculated as follows:

$$\frac{\text{Hours Paid at Regular Rate of Pay}}{\text{Full-time Hours}} \times \text{Entitlement of Full-time Nurses}$$

See Article 2302.

3407 Part-time nurses will be paid five percent (5%) of their basic pay in lieu of time off on Recognized Holidays. Such holiday pay shall be calculated on all paid hours (excluding overtime hours as defined in Article 16) and shall be included in each regular pay cheque.

Part-time nurses are not guaranteed their EFT during any pay period in which a Recognized Holiday falls. 5% is equivalent to the 13 Recognized Holidays that the full-time nurse receives.

See Article 3412.

----- Original Message -----
From: Doug Spilchuk [mailto:DSpilchuk@wrha.mb.ca]
Sent: Wednesday, December 05, 2012 08:23 AM
To: Leona Barrett
Subject: RE: Stat Pay for Part-Time Nurses

Hi Leona,

I have responded to each question below regarding how part time stat pay is accumulating.

1) Calculation of Seniority hours earned - Included
2) Calculation of Income Protection earned - Included
3) Calculation of Vacation hours earned - Included
4) Calculation of insurable earnings - Included
5) Calculation of pensionable income - Included
6) Calculation of D&R premiums paid by the Employer - Included
7) Calculation of hours when determining a nurse's entitlement to D & R benefits - It better be included, I will confirm with HEB.

There is no automatic stop in place for as part time entitlement is based on hours (as defined). I will look at the data and see if we have any situations where part time employees are receiving an entitlement greater than what a full time employee would receive.

I will also find some time to test some part time employees to ensure the system is behaving in this manner, but our configuration documentation has been defined as stated above.

Thanks,
Doug

-----Original Message-----
From: Leona Barrett [mailto:lbarrett@manitobanurses.ca]
Sent: Wednesday, December 05, 2012 7:06 AM
To: Doug Spilchuk
Cc: Leona Barrett
Subject: Stat Pay for Part-Time Nurses

Doug

In reference to Article 3407 below can you please confirm what accumulators/benefits are attached to these hours paid at regular rates of pay and specifically

1) Calculation of Seniority hours earned 2)Calculation of Income Protection earned
3) Calculation of Vacation hours earned
4) Calculation of insurable earnings
5) Calculation of pensionable income
6) Calculation of D&R premiums paid by the Employer
7) Calculation of hours when determining a nurse's entitlement to D & R benefits.

If any of these hours are included, is there a cap in the system that stops calculating once a part-time nurse reaches the equivalent of 2015 (1885) annual hours by working additional available shifts as well as receiving the 4.62% payment. For example, can a part-time nurse who works additional available shifts up to a 1.0 EFT receive additional seniority hours, income protection credits, vacation hours based on the additional 4.62 % paid.

3407 Part-time nurses will be paid four point six two percent (4.62%) of their basic pay in lieu of time off on Recognized Holidays. Such holiday pay shall be calculated on all paid hours (excluding overtime hours as defined in Article 16) and shall be included in each regular pay cheque.

These questions have arisen during my many discussions with nurses regarding the SAP payroll system and if there are issues related to this we will need to discuss further at our next SAP meeting.

Thank you

Leona Barrett
Labour Relations Officer
Manitoba Nurses' Union

301-275 Broadway Ave.
Winnipeg, Manitoba
R3C 4M6

Phone: 1-204-942-1320 ext 211
Cell: 1-204-792-0205
Fax: 1-204-942-0958

website: manitobanurses.ca
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3408 A part-time nurse shall receive increments (calculated from the date of their last increment, or their starting date as the case may be) on the basis of one (1) increment for each 1343 hours worked or one (1) years' service, whichever occurs later. In the case of the increment being given on the basis of 1343 hours worked, it shall be applied to the pay period next following completion of 1343 hours worked.

Increments will not be delayed due to an unpaid leave of absence of four (4) weeks or less or a paid leave of absence, or an educational leave of absence of up to two (2) years.

A nurse's anniversary date for incremental purposes shall be delayed by one (1) day for each day of unpaid leave of absence in excess of four (4) weeks.

It must be noted that the nurse receives the increment on the later of one year or 1343 hours of work.

3409 ***(n/a @ St. Boniface Hospital and Misericordia Health Centre)*** Seniority accumulated by a part-time nurse up to May 17, 2024 (July 8, 2024 @ SHEO) shall be retained. Seniority hours calculated after May 17, 2024 (July 8, 2024 @ SHEO) shall be in accordance with hours paid at the regular rate of pay.

Seniority accrual as per Article 2504 applies. For St. Boniface and Misericordia see memos re: Part Time Nurse Accrual of Seniority and Increments.

3410 Subject to Article 3806, a nurse whose employment status changes from part-time to full-time shall be entitled to receive an increment on the later of:

(a) one (1) calendar year from the date of their last increment, or date of employment as the case may be;

(b) on completion of 2015 hours calculated under the formula:

B = 2015 - (A x 3/2)

A = number of hours during which seniority was accrued under part-time status since the date of their last increment, or starting date as the case may be.

B = number of hours remaining to be worked as full-time to earn an increment.

3411 Subject to Article 3806, a nurse whose employment status changes from full-time to part-time shall be entitled to receive an increment on the later of:

(a) one (1) calendar year from the date of their last increment, or date of employment as the case may be;

(b) on completion of 1343 hours calculated under the formula:

B = 1343 - (A x 2/3)

A = number of hours during which seniority was accrued under full-time status since the date of their last increment, or starting date as the case may be.

B = number of hours remaining to be worked as part-time to earn an increment.

3412 ***(3411 @ WCHREO)*** Where a Recognized Holiday (or the Employer's designated lieu day) falls on a part-time nurse's normally scheduled day of work but the nurse's department/unit/program is closed, it is recognized that the nurse shall receive an unpaid leave of absence unless they request one of the following options:

- The nurse(s) may request to use one (1) of their retained vacation days or banked overtime in accordance with Article 1501; or
- Notwithstanding Article 3402 the nurse may request to be scheduled for an alternate shift, subject to the availability of work and provided the nurse is qualified to perform the required work. This alternate shift must be requested a minimum of two (2) weeks in advance of, and scheduled within, the posted shift schedule in which the Recognized Holiday falls. It is understood that this rescheduled shift will be payable at the nurse's basic rate of pay.

This ensures that part-time nurses working in units that normally close on Recognized Holidays can maintain their EFT if they wish to do so. It is important for the nurse to request a leave of absence if they do not wish to make up the shift because the leave of absence accrues seniority. The 5% pay in lieu of time off of Recognized Holidays is used to maintain the nurses EFT.

@SHEO
3413 All part-time nurses shall receive the wage rates and applicable benefits on a pro rata basis according to their paid hours of work, except as otherwise specified herein.

Applicable for Health Sciences Centre site only:
3414 No part-time nurses presently in the employ of the Employer may be laid off or discharged to allow for hiring of full-time staff.

ARTICLE 35 -- SPECIAL UNDERSTANDINGS RE CASUAL NURSES

3501 Casual nurses will receive vacation pay at the rate of six percent (6%) of all hours paid at basic salary including hours worked on Recognized Holidays in a bi-weekly pay period.

3502 Casual nurses are paid in accordance with the salaries specified in Appendices "A" and "B" and receive a starting salary as described in Article 38.
A casual nurse shall receive increments on the basis of one (1) increment for each 2015 regular hours worked. Such increment shall be applied on the first day of the first pay period following completion of 2015 hours.
When a nurse elects to terminate their full-time or part-time position and makes application to be hired as a casual nurse, the following conditions will apply:

(a) Such casual nurse will be paid in accordance with the salary specified in Appendices "A" and "B";

(b) The nurse will receive the salary of the occupational classification into which they are assigned and at the same increment level that had been attained while working as a full-time or part-time nurse.

3503 Should the Employer make an error in a nurse's pay which results in a loss of seven and three-quarter (7.75) hours or more of regular pay, the Employer agrees to issue a manual cheque or direct deposit as soon as possible after becoming aware of the error. If the error results in a loss of less than seven and three-quarter (7.75) hours of regular pay, the correction will be made on the next scheduled pay day.

3504 Casual nurses will be entitled to:

- compensation for overtime worked in accordance with Article 16;
- shift premium and weekend premium outlined in Article 17;
- the allowance as outlined in Article 18;
- Responsibility Pay premium outlined in Article 19;
- transportation allowance/escort duty outlined in Article 20;
- the rights outlined in Articles 2905, 2906, 2907;
- the Employer Sponsored Educational Development allowance in Article 2407 (a) (b) (c);
- the Legal and Investigative Proceedings in Article 2410;
- continuation of placement at the fifteen (15), twenty (20) and twenty-five (25) year rate if rehired after a period of no longer than six (6) months. For clarity a period of pre-retirement leave does not count towards the six (6) month qualification time limit;
- continuation in HEPP pension plan as per plan text.

Casuals cannot be compelled to reassignment unless with mutual agreement.

3505 Casual nurses required to work on a Recognized Holiday, excluding Remembrance Day, shall be paid at the rate of time and one-half (1.50) their basic rate of pay. Casual nurses required to work on Remembrance Day shall be paid at the rate of double their basic rate of pay.

If there is a change in Manitoba legislation that extends Recognized Holidays to all employees, the parties agree that casual nurses as defined in Article 35 shall receive this benefit.

This provision is designed to ensure that casuals are not excluded if legislation changes in the future.

3506 The Employer agrees to deduct union dues in an amount specified by the Union in any pay period for which the casual nurse receives any payment, and such dues shall be forwarded to the Manitoba Nurses' Union monthly in accordance with Article 501.

In the event that no payment is made during the pay period, the Employer shall have no responsibility to deduct and submit dues for that period.

3507 A casual nurse reporting for work and finding no work available will be guaranteed three (3) hours pay at their basic rate of pay.

A casual who is called in for work and reports for duty is guaranteed 3 hours pay at basic rates, if there is no work available and their work is cancelled. In the event that a casual is called and "cancelled" before they arrive at work they do not receive the 3 hours pay. See Article 2004 for exception related to Escort Duty.

The casual nurse can cancel their agreement to work a shift/hours at any time. If the nurse is disciplined as a result of cancelling a shift the Union retains the right to file a grievance on behalf of that nurse.
The Union's position is that casuals have the right to cancel a previously accepted shift, however, as a professional courtesy to colleagues and the employer, as much notice as possible should be given.

Applicable for Home Care Nurses:
Where a Home Care nurse is unable to complete their scheduled shift due to client circumstances, the nurse may be reassigned to other clients, or may be reassigned to other work for which they are qualified within any of the sites comprising the Employer. It is understood that such reassignment will only occur within a sixty (60) km. radius of the originating site, unless a greater distance is mutually agreed between the Employer and the nurse. Travel time and Transportation Allowance as outlined in Article 20 shall be paid to the nurse to travel to the reassigned site.
Should reassignment as contemplated above not be possible, the Home Care nurse shall receive pay for the scheduled hours not worked.

3508 Articles 12 and 13 herein apply only with respect to the terms of this Article.

Casuals can only grieve if their rights under Article 35 are violated.

3509 Previous nursing experience of casuals will be considered in terms of applicability to the position applied for and, provided that equivalent qualifications are met, preference shall be given to the casual nurses over applicants from outside the site.

3510 Casual nurses shall accrue seniority for hours worked only for the purposes of Article 30 and only in situations where there are no qualified full-time or part-time applicants currently in the bargaining unit. On expiry of a term position, if a casual nurse is not successful in obtaining another term or permanent position in accordance with Article 3006 (a), the nurse shall retain any previous casual seniority and seniority accrued while in the term position shall be converted to casual seniority.

If a full-time or part-time nurse converts to casual status, they lose all previous seniority and begins to accrue casual seniority and this seniority can only be used to compete vs.

other casuals for positions. However the casual has no seniority in relation to competing against P/T or F/T nurses within the same site.

Any casual nurse who obtains a part-time or full-time EFT does not take their casual seniority to the new position.

A casual nurse who secures a term position will retain casual seniority and accrue seniority which will be converted to casual seniority upon expiry of the term position.

ARTICLE 36 -- SPECIAL UNDERSTANDINGS RE GRADUATE NURSES, GRADUATE PRACTICAL NURSES AND GRADUATE PSYCHIATRIC NURSES

The terms of this Agreement shall be applicable to the graduate nurse, graduate practical nurse and graduate psychiatric nurse except as follows:

3601 Salaries and Increments of the Graduate Nurse, Graduate Practical Nurse and Graduate Psychiatric Nurse:

(a) Starting salary of the newly graduated graduate nurse, graduate practical nurse or graduate psychiatric nurse awaiting initial registration as a Registered Nurse, Licensed Practical Nurse or Registered Psychiatric Nurse shall be discounted by eight percent (8%) until such time as registration/license is achieved.

(b) The anniversary date of a newly graduated graduate nurse or graduate psychiatric nurse who obtains registration within one (1) year of commencing employment shall be the date of their commencement of employment.

(c) The anniversary date of a newly graduated graduate practical nurse who obtains their license within an eighteen (18) month period of commencing employment (or within the time period as amended in the regulations of the LPN Act) shall be the date of their commencement of employment.

3602 Out of Province Nurses

(a) A person in good standing as a Registered Nurse or a Registered Psychiatric Nurse in another province, country or territory whose name appears on the graduate nurse or graduate psychiatric nurse register may commence employment at the Nurse II Start rate and upon providing proof of registration in Manitoba not later than eight (8) months following commencement of their employment, shall receive recognition of previous experience as specified in Article 3803, retroactive to the date of their employment.

(b) When registration of a nurse in good standing as a Registered Nurse or a Registered Psychiatric Nurse in another province, country or territory is obtained later than eight (8) months but before one (1) year the anniversary date shall be the date on which registration is obtained.

(c) A person in good standing as a Licensed Practical Nurse in another province, country or territory whose name appears on the graduate practical nurse register may commence employment at the LPN start rate and upon providing proof of registration in Manitoba not later than eight (8) months following commencement of their employment, shall receive recognition of previous experience as specified in Article 3804, retroactive to the date of their employment.

(d) When registration of a nurse in good standing as a Licensed Practical Nurse in another province, country or territory is obtained later than eight (8) months but before one (1) year the anniversary date shall be the date on which registration is obtained.

3603 Termination

(a) In accordance with the Regulated Health Professions Act or the relevant regulations to this Act, failure of the graduate nurse to successfully complete the examination required for registration within a time period prescribed by the CRNM will be deemed to be just cause for termination.

(b) Failure of the graduate practical nurse to successfully in accordance with the Regulated Health Professions Act or the relevant regulations to this Act, failure of the graduate psychiatric nurse to successfully complete the examination required for registration within a time period prescribed by the CRPNM will be deemed to be just cause for termination.

(c) In accordance with the Licensed Practical Nurses Act or the relevant regulations to this Act, failure of the graduate practical nurse to successfully complete the examination required for licensure within a time period prescribed by the CLPNM will be deemed to be just cause for termination.

This Article ensures that provisions related to graduate nurses are in accordance with the Regulated Health Professions Act and Licensed Practical Nurses Act.

ARTICLE 37 -- HEALTH PROGRAM

3701 Health examinations required by the Employer shall be provided by the Employer and shall be at the expense of the Employer.

3702 Time off without loss of regular pay shall be allowed at a time determined by the Employer for such medical examinations and laboratory tests, provided that these are performed on the Employer's premises or at a facility designated by the Employer.

3703 With the approval of the Employer, a nurse may choose to be examined by a physician, nurse practitioner, or physician/clinical assistant of their own choice, and will

be reimbursed at a reasonable cost, as long as the Employer receives a statement as to the fitness of the nurse from the physician, nurse practitioner, or physician/clinical assistant.

A physician, nurse practitioner or physician/clinical assistant can issue a medical note. The Employer will reimburse, at reasonable cost, a medical note issued by virtue of an Employer request.

3704 Time off for medical and dental examinations and/or treatments, may be granted and such time off including necessary travel time, shall be chargeable against accumulated income protection benefits.

If the Employer grants time off for the purpose of medical or dental examinations, etc., then the Employer must pay income protection. The request must be reasonably considered by the Employer.

Additional @SHEO
It is understood that nurses should attempt to schedule these appointments on time off.

ARTICLE 38 -- SALARIES AND INCREMENTS

3801 Nurses shall be paid in accordance with the salary schedule as outlined in Appendix "A", forming part of the Agreement.

3802 "Basic or Regular Salary or Pay" shall mean the rates of pay shown in Appendix "A" (Salaries) and Appendix "B" (Academic Allowances).

The academic allowance - once awarded to a nurse - becomes a part of their hourly or monthly rate. Academic Allowance is paid on overtime.

3803 ***Placement of a Registered Nurse or Registered Psychiatric Nurse on the Nurse II scale:***

(a) The starting salary of a Registered Nurse or Registered Psychiatric Nurse newly employed as a Nurse II shall recognize previous experience applicable to the position applied for on the basis of equivalent full-time experience as specified hereinafter:

@SHEO
3803 The minimum salary of a newly hired nurse will be determined by nursing experience:
(a) on an equivalent full-time basis, and
(b) considered by the Employer to be related to the position applied for and held, and
(c) in accordance with the following table:

Length of Experience	Starting Rate

Less than 2015 hours	Start Rate
2015 hours within past 6 years	1 Year Rate
4030 hours within past 8 years	2 Year Rate
6045 hours within past 9 years	3 Year Rate
8060 hours within past 12 years	4 Year Rate
10075 hours within past 13 years	5 Year Rate
12090 hours within past 14 years	6 Year Rate
14105 hours within past 15 years	7 Year Rate

For all Nurse Practitioners:

Length of Experience	Starting Rate
2015 hours within past 6 years	1 Year Rate
4030 hours within past 8 years	2 Year Rate
6045 hours within past 9 years	3 Year Rate
8060 hours within past 12 years	4 Year Rate
10075 hours within past 13 years	5 Year Rate

Any RN classification that moves into a NP position is not considered a promotion and therefore all previous RN hours are applicable to placement on the NP salary scale.

For all CNS:

Length of Experience	Starting Rate
2015 hours within past 6 years	1 Year Rate
4030 hours within past 8 years	2 Year Rate
6045 hours within past 9 years	3 Year Rate
8060 hours within past 12 years	4 Year Rate

(d) & (e) @ SHEO

(b) A nurse employed at a Nurse III, IV, V classification shall be granted a starting salary that is not less than one (1) increment step above what their starting salary would be if they were employed as a Nurse II.

(c) The starting salary of a Registered Nurse or Registered Psychiatric Nurse who has had previous experience as a Licensed Practical Nurse, shall commence at the Nurse II 1 Year rate as specified in Appendix "A", and after not more than three (3) months from the date of commencement of their employment as a Registered Nurse or Registered Psychiatric Nurse, the Employer shall, on the basis of written performance appraisal discussed with the nurse, grant such additional increments as performance warrants, with a minimum of one (1) increment for each two (2) years worked as a Licensed Practical Nurse within the previous five (5) year period.

@WCHREO

(c) A nurse in good standing as a Registered Nurse or Registered Psychiatric Nurse in another country, province, or territory will commence employment at the "R.N/R.P.N." start rate presently in effect at the facility/site and, upon providing proof of Manitoba registration not later than six (6) calendar months following commencement of their employment, shall receive recognition of previous experience as specified in sub-clauses (a) and (b) above, retroactively to the date of commencing employment.

(d) Applicable for Graduate Nurse Practitioners

The starting salary of the newly graduated Nurse Practitioner who is employed as a Registered Nurse (Graduate Nurse Extended Practice) [RN(GNEP)] or as a Registered Nurse Graduate Nurse Practitioner [RN(GNP)], shall be at the start rate and, once licensure is obtained as a Nurse Practitioner (Registered Nurse, Extended Practice) [NP(RNEP)], probation, if applicable, shall begin and the Nurse Practitioner will be granted increments in accordance with Article 3803(a) retroactive to start date.

@WCHREO

(d) The starting salary of a Registered Nurse or Registered Psychiatric Nurse who has had previous experience as a Licensed Practical Nurse shall commence at the R.N./R.P.N. 1 Year rate as specified in Appendix "A", and after not more than three (3) months from the date of commencement of their employment as a Registered Nurse or Registered Psychiatric Nurse, the Employer shall, on the basis of written performance appraisal discussed with the nurse, grant such additional increments as performance warrants, with a minimum of one (1) increment for each two (2) years worked as a Licensed Practical Nurse within the previous five (5) year period.

Allows for greater consideration of previous experience to improve placement on salary scale for new hires & placement in new occupational classifications which is not a promotion

The nurse must ensure that their hours are accurate for starting salary calculations. The nurse should request and obtain the calculation of hours from their previous Employer and provide same to the new Employer to ensure the correct placement on the salary scale.

Except in cases related to 2904 (demotions), where a higher classification, e.g. Nurse IV, voluntarily applies for a Nurse II position, they will be placed on the Nurse II salary scale in accordance with the above formula.

Examples based on salaries in effect April 1, 2022.

Example #1: Nurse II Year 4 gets promoted to Nurse IV and must be paid at least equivalent to Nurse II Year 5 salary when placed on the Nurse IV salary scale.

Example #2: Nurse II Year 7 gets promoted to Nurse IV and their increase must be at least the equivalent of one increment above their Nurse II Year 7 salary.

(Year 7 monthly salary) 7923.148 – (Year 6 monthly salary) 7767.825 = (X) 155.323
Add X to Year 7 monthly salary = 155.323 + 7923.148 = 8078.471 = minimum increase when placed on Nurse IV scale. This is Nurse IV Year 5.

Example #3: Nurse II Year 7 gets promoted to Nurse III and their increase must be at least the equivalent of one increment above their Nurse II Year 7 salary
(Year 7 monthly salary) 7923.148 – (Year 6 monthly salary) 7767.825 = (X) 155.323
Add X to Year 7 monthly salary = 155.323 + 7923.148 = 8078.471 = minimum increase when placed on Nurse III scale. This is Nurse III Year 6.

There may be exceptions that apply under the Mobility Memorandum

@ NHREO

(e) Notwithstanding Article 3803(c), a nurse returning from a leave of absence who has completed the Registered Nurse program having had previous experience as a Registered Psychiatric Nurse, and who returns to work in the psychiatric area shall receive full recognition for previous experience when placed on the salary schedule. ***Not applicable at the Snow Lake site.***

@WCHREO

(e) Notwithstanding Article 3803 (d), a nurse returning from a leave of absence who has completed the Registered Nurse program having had previous experience as a Registered Psychiatric Nurse, and who returns to work in the psychiatric area, or who obtains a position that requires psychiatric nursing experience, shall receive full recognition for previous experience when placed on the salary schedule, and in addition, would receive the applicable academic allowance.

3804 ***Applicable to Licensed Practical Nurses and ORTs***

(a) The starting salary of a newly employed Licensed Practical Nurse or Operating Room Technician shall recognize previous experience applicable to the position held on the basis of equivalent full-time experience as specified hereinafter:

Placement of an LPN or ORT on scale:

Length of Experience	Starting Rate
Less than 2015 hours	Start Rate
2015 hours within past 6 years	1 Year Rate
4030 hours within past 8 years	2 Year Rate

6045 hours within past 9 years	3 Year Rate
8060 hours within past 12 years	4 Year Rate
10075 hours within past 13 years	5 Year Rate
12090 hours within past 14 years	6 Year Rate
14105 hours within past 15 years	7 Year Rate

The nurse must ensure that their hours are accurate for starting salary calculations. The nurse should request and obtain the calculation of hours from their previous Employer and provide same to the new Employer to ensure the correct placement on the salary scale.

@WCHREO
Starting salary of a nurse who has completed the Licensed Practical Nurse Program, having had previous experience as a Certified Nursing Assistant or as a Registered Nursing Assistant shall commence at the L.P.N. Start Rate as specified in Appendix "A", and after not more than three (3) months in said position, the Employer shall, on the basis of written performance appraisal discussed with the nurse, grant such additional increments as performance warrants.

3805 (3804 @ SHEO) Starting salaries, as specified above, are to be regarded as minimum and shall not prevent the Employer from granting a higher starting salary to any nurse, when, in the judgment of the Employer, additional experience or other qualifications so warrant it.

Nurses should not hesitate to request a higher starting salary than what 3803 or 3804 formulas provide as this clause gives the Employer the ability to honour such a request. However the nurse cannot grieve if the Employer refuses. The nurse cannot be granted a salary higher than those listed in Appendix "A", i.e. it has to be within the salary scales we've negotiated for a particular classification.

3806 ***(3805 @ SHEO)*** Increments:

(a) Increments as specified in salary schedule Appendix "A" shall be granted annually on the anniversary date of the nurse's employment, or as altered by the terms of this Agreement, the latter of which shall take precedence, however, the Employer may, with reasonable cause and on the basis of a written performance appraisal previously discussed with the nurse, withhold an annual increment, subject to review within and not later than three (3) months of the date such increment was withheld.

The nurse is granted an increment annually (on their anniversary date) according to the schedule of wages set out in Appendix "A". Other clauses of the Collective Agreement may affect the anniversary date and delay the implementation of the increment [see 3806(b)]. The nurses anniversary date transfers to any new position a nurse is awarded.

Any withholding of an increment would have to be justifiable and defendable through the grievance procedure. It must be noted that the appraisal must be objective and the results are to be discussed with the nurse. Also, the nurse must know what standards they are to meet to bring their performance in line with what is expected.

Regarding nurses occupying more than one part-time position within the sites comprising the RHA – the nurse's earliest date of hire within any of the sites comprising the RHA is to be considered as the anniversary date of hire. Nurses holding more than one position will be at the same increment step (highest year) on the salary scale for all positions in the same occupational classification in a RHA.

(b) Increments will not be delayed due to an unpaid leave of absence of four (4) weeks or less, or a paid leave of absence, or an educational leave of absence of up to two (2) years.

A nurse's anniversary date for incremental purposes shall be delayed by one (1) day for each day of unpaid leave of absence in excess of four (4) weeks.

When a nurse takes an unpaid leave of absence in excess of 4 weeks their anniversary date is adjusted forward by one month for each full month of leaves which exceed 4 weeks.

The date that a new increment is applied may not necessarily coincide with the anniversary date. The increment date can be adjusted based upon the following:

- *Unpaid leaves (LOA) in excess of 4 weeks (except Education Leave up to 2 years)*
- *Breaks in service*
- *Working less than full time hours (see 3408 & 3502)*

Unpaid leaves include periods on Workers Compensation, D&R, MPI, etc.

3807 ***(3806 @SHEO)*** If new classifications which come under the scope of this Agreement are created during the term of this Agreement, or if there is a substantial change in the job content of an existing classification falling within the bargaining unit, the Employer will inform the Union of the proposed rates of pay for such positions. If the Union wishes to enter into negotiations on these rates of pay it will so inform the Employer within seven (7) days and negotiations will commence within an additional ten (10) days, which time may be extended by mutual agreement between the Employer and the Union. If the parties are unable to reach agreement concerning the rates of pay the dispute shall, at the request of either or both parties, be dealt with in accordance with the provisions as set forth in Article 13 Arbitration Procedure herein, commencing at Article 1302.

3808 ***(3807 @SHEO)*** **Retroactivity:**
Should there be retroactive wage and benefit adjustments, such shall be made payable within ninety (90) days of the date of ratification of the Collective Agreement or within ninety (90) days from the date the parties sign the Memorandum of Settlement, whichever is later.

This will ensure retroactive salary adjustments are completed within a reasonable time frame.

Upon written application to the Employer within one hundred and eighty (180) days of ratification of the Collective Agreement, or within one hundred and eighty (180) days from the date the parties sign the Memorandum of Settlement, whichever is later, nurses who have terminated employment with the Employer shall be entitled to retroactive pay.

Allows for retired or resigned nurses a greater period of time to apply for retroactive wage increases. It is incumbent upon the nurse to submit a written application for retroactive salary.

3809 ***(3808 @SHEO)*** Should an error be made in a nurse's pay which results in a loss of seven and three-quarter (7.75) hours or more of regular pay, the Employer agrees to issue a manual cheque or direct deposit as soon as possible after becoming aware of the error. If the error results in a loss of less than seven and three-quarter (7.75) hours of regular pay, the correction will be made on the next scheduled pay day.

This is a new provision which ensures that nurses who have had a payroll error made will have it corrected in a timely manner.

3810 Eligibility for the fifteen (15), twenty (20) and twenty-five (25) year salary step will include:

(a) any periods when a nurse is receiving income protection benefits, is on paid vacation, is on paid leave of absence, is on unpaid leave of absence related to illness or disability of up to two (2) years
(b) any period of Workers' Compensation up to two (2) years
(c) any period of unpaid leave of absence of up to four (4) weeks
(d) any period of layoff of less than eighteen (18) weeks
(e) educational leave of up to two (2) years
(f) any period of Parenting Leave.

Clarifies nurses eligibility for the 15, 20 & 25 year salary steps.

ARTICLE 39 – EMPLOYEE BENEFIT PROGRAM

Nurses having questions/concerns about any benefit plans should contact HEB/HEPP Office at 204-942-6591 or 1-888-842-4233.

3901 Dental Plan:

The parties agree that the Health Care Employees Benefit Plan sponsored dental plan will be on a 50-50 cost shared basis. ***Not applicable at the Thompson General Hospital site.***

Premiums may be adjusted by the HEB Board from time to time as costs or utilization changes.

The Employer pays 50% of the monthly dental premiums for all full/part-time nurses on the dental plan. See the Dental Plan booklet for further information regarding the plan.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:

Dental Plan:

The current dental plan will pay a percentage of basic and major dental expenses in accordance with the current Manitoba Dental Association Fee Schedule.

For CCMB and HSC, check with Worksite President for details of dental plan.

Applicable for WRHA - Public Health Program site only:

Dental Plan:

Commencing January 1, 1981, the Employer shall pay one hundred percent (100%) of the premium cost of a Dental Plan, the terms of which will be supplied by the Employer to Winnipeg Public Health Nurses Worksite 1. Pursuant to the terms of the Dental Plan, coverage will be provided to eligible employees and eligible dependents.

Effective December 27, 1992, the current year Manitoba Dental Association fee guide will be implemented as a basis for payment.

The Employer will provide the Union with a summary of the Dental benefit in effect on January 1, 1991 as well as the contract number.

3902 Disability & Rehabilitation:

The Employer agrees to participate in the Disability and Rehabilitation Plan. The Employer will pay the entire premium to a maximum of 2.3%.

The parties agree that income protection credits and Workers Compensation benefits will be used where applicable, to offset the elimination period. Once the elimination period has been exhausted, the nurse will commence drawing disability benefits. It is understood that the elimination period for the Disability and Rehabilitation Plan (D & R) is one hundred and nineteen (119) calendar days. A nurse may claim income protection benefits for the period of time not to exceed this elimination period.

Notwithstanding the above, where a nurse is not eligible for D&R coverage due to age (on the date which is four (4) months prior to the date of attaining age 65), the nurse may utilize accrued income protection credits up to one hundred and eighty (180) calendar days.

The provisions of the D & R Plan may be found in the D & R Booklet. A nurse will normally be paid from accumulated sick time (if sufficient accumulation exists) to cover the elimination period. Nurses may also be eligible for sick benefits under the Employment Insurance Act. In normal circumstances when 119 calendar days has elapsed, no more income protection is payable. The onus is on the nurse to have applied for D & R coverage beyond that time. In the case of a WCB claim, it is up to the D & R carrier and the WCB to determine their respective obligations to the nurse (see Income Protection Article 23).

However where a nurse is no longer eligible for D&R due to age, income protection credits may be used up to 180 calendar days.

Nurses applying for WCB or MPI who may be off for extended periods and who are covered by the D & R plan, should be simultaneously applying for D & R benefits. Nurses should ensure premiums for other benefit plans are paid when income protection is exhausted and prior to D&R commencing.

It is imperative that nurses continue to pay their D&R while they are on an unpaid leave of absence or they will not qualify for benefits after the 119 day waiting period.

Any unused Income Protection credits remain in the income protection bank for use by the nurse on their return from D & R or WCB.

The HEB Board have approved that Appendix "A" and "B" are recognized as base salary for D&R.

Note: There is no cap on how much income protection a nurse can accumulate.

Subject to any other relevant provisions in the collective agreement, there is no limitation to how many times a nurse can utilize the relevant maximum of income protection credits identified in the collective agreement (i.e. 119 or 180 calendar days as noted above) based on their circumstances.

For more information click here.

3903 Health Spending Account

A Health Spending Account (HSA) shall be made available for eligible nurses. The HSA shall only apply and be made available to top up the existing benefits provided in the HEBP "Enhanced" Extended Health Benefit Plan and the HEBP Dental Plan.

The annual HSA benefit amounts shall be:

April 1, 2022	- $700.00 for full-time nurses
	- $350.00 for part-time nurses
January 1, 2025	- $1250.00 for full-time nurses
	- $1000.00 for part-time nurses

For the purpose of the HSA, a nurse is deemed to qualify for the full-time benefit if the nurse has been paid for a minimum of 1,500 hours in the previous calendar year. Hours paid at overtime rates do not count in the annual determination of whether a nurse qualifies for the full-time benefit.

1500 hours works out to be 0.75 EFT.

A "year" or "the annual HSA benefit" is defined as the calendar year – January 1st to December 31st.

In order to be eligible for the HSA, a nurse must be enrolled in the "Enhanced" Extended Health Care Plan.

Nurses who become enrolled in the "Enhanced" Extended Health Care Plan will commence HSA coverage following one (1) year participation in the "Enhanced" Extended Health Care Plan.

Unutilized HSA monies are not carried over to the subsequent year.

3904 ***Applicable for Community Health Nurses & WRHA- Public Health Nurses:***
All Manitoba Nurses' Union members transitioned to the Employer Organizations from the Civil Service will remain in the Government of Manitoba benefit plans consistent with those in place in the Civil Service at the time of the nurse's transition to the EO. These Benefits programs include the Ambulance & Hospital Semi-Private (AHSP), Dental, Vision, Prescription Drugs, Extended Health, Travel Health, Long-Term Disability (LTD) plans and Health Spending Account and nurses will be "grandparented" to those plans for the duration of their employment.

All future changes to Benefit Plans negotiated in the Civil Service shall be applicable to the MNU members who are "grandparented" to these plans.

Current plan details and claim forms can be reviewed and downloaded at:
http://www.gov.mb.ca/finance/labour/blue.html

NOTE: *Those Community Health Nurses that were already MNU members and those who are newly organized into the MNU, will be covered by the Health Care Employees' Benefit Plans (HEBP) and the Health Care Employees' Pension Plan (HEPP).*

Any former Civil Service nurse who takes a new position with a different Central Table Employer, should contact the new Employer to discuss implications and options respecting their pension transfer.

Example: A Community Health Nurse who takes a position in a facility within the same RHA will continue to be covered as above. If that Community Health Nurse

should take a position in a facility that is outside that RHA, they will be enrolled in HEBP and HEPP as a result of the new position.

"Civil Service nurses" means all former nurses who were previously employed by the Province of Manitoba and covered by MGEU Collective Agreement. Nurses transitioning to MNU in their current position will be grandfathered. There will be no new entrants to the Civil Service Benefit Plans unless otherwise negotiated as a result of a change of Employer under a Transition Agreement. In all other cases new hires go into the HEBP and HEPP plans.

3905 (3908 @ WCHREO) Where a nurse is on an Employer paid return to work plan or Employer paid accommodation the Employer shall continue to pay the Employer premiums to maintain coverage under the Group Dental Plan, Group Extended Health Plan, D&R and Employee Assistance Plan, while the nurse continues to pay the Employee premiums associated to the plan(s).

Obligates Employer to pay their share of premiums while the nurse pays theirs while the nurse is on an Employer paid accommodation or RTW.

Applicable for WRHA - Public Health Nurses:
3905 *In the event a reduction in the permanent working force becomes necessary, permanent nurses that are unable to maintain positions in accordance with the bumping provisions of the Collective Agreement and who are severed, will receive dental care and vision care benefits in accordance with this Article for a period of three (3) years from the actual date of termination.*

Applicable for Riverview Health Centre site only:
3906 *It is understood and agreed that this Agreement incorporates the terms and conditions of By-Law No. 5300/89 that merges the Pension Plan and Pension Funds No. 0397877 established and maintained under the Employee Benefits Program inclusive of D & R Program, being City of Winnipeg By-Law No. 1125/75 and Prior Pension Plan By-Law No. 2819/80 only insofar as Employee Benefits Program By-Law No. 1125/75 and Prior Pension Plan By-Law 2819/80 are applicable to each individual member of the Manitoba Nurses' Union Local 1a.*

The parties agree to endorse the contribution rates and benefit levels as provided by the Winnipeg Civic Benefits Program and any changes that may be agreed to between the City of Winnipeg and the Civic Unions from time to time.

Applicable for Riverview Health Centre site only:
3907 ***Group Insurance:***
Employees presently enrolled in Group Life Insurance Plan – City of Winnipeg By-Law No. 5644/91 shall continue to receive such coverage as provided. Before any changes are made by the City to any benefit plan, as it now exists, the Union will be notified and given the opportunity to make known its view on the proposed change.

ARTICLE 40 – OVERPAYMENTS

4001 The Employer may not make deductions from wages unless authorized by statute, by Court Order, by Arbitration Award, by this Agreement, by the Union or to correct an overpayment error made in good faith. Where an error has been made in good faith, the Employer shall be entitled to recover any overpayment made, for a period of time that does not extend further back than twelve (12) months from date of discovery, provided:

The Employer is entitled to repayment of overpayments just as a nurse is entitled to recover underpayment.

Conditions and limitations in regards to recovery of overpayment by the Employer as outlined in this Article.

Employer cannot recover overpayments that extend beyond 12 months prior to the date of discovery.

(a) Once the error is discovered, notice and a detailed breakdown of the error is given by the Employer to the affected nurse and the Union within twenty (20) business days of discovery;

(b) The proposed recovery is made in as fair and reasonable a manner as possible; and,

(c) The proposed recovery is made over a period of time which is no less than the period during which the overpayment was made unless otherwise agreed between the Employer and the nurse.

This outlines the process for recovery of overpayments in a fair and reasonable time frame and allows the nurse input.

In the event the nurse retires from, or leaves the employ of the Employer before the Employer is able to fully recover an overpayment as contemplated in this Article, the Employer shall be entitled to make a full recovery at the time of retirement or termination of employment of that nurse and reduce accordingly any payments that might be owing to that nurse to recover the overpayment.

When a repayment agreement has been made and the nurse terminates their employment with the Employer, the Employer is entitled to deduct any money owing from the nurse's last pay cheque.

4002 "Under deduction" shall include, but is not limited to, any statutory deduction, or any other amount for which the nurse has provided their consent to be deducted from their wages, that has not been deducted by the Employer as a result of a good faith error on the part of the Employer.

It is understood that where the Employer is required, or has received consent, to remit a deduction from the wages of a nurse, that the Employer is responsible to ensure those deductions are remitted appropriately and in compliance with the necessary conditions of such remittance. Where the Employer has failed to remit as required and as a result of that failure the nurse has been denied access to a benefit which they would otherwise have received but for the failure to remit, the Union on behalf of the nurse is able to seek, through the grievance process, appropriate redress for any and all incurred losses. All appeal processes under the applicable plan must be exhausted prior to any grievance being initiated through the grievance process. The jurisdiction of an arbitrator appointed pursuant to the grievance process to interpret and apply any applicable benefit plan shall be limited to the application of this provision.

The Employer can recover under deductions of premium payments for health benefits, pension premiums, etc. However, where the Employer fails to submit a required premium to maintain coverage, the Union may grieve any loss of entitlement suffered by the nurse as a result.

4003 All under deductions are considered to be an accounts receivable and will be deducted from a nurse's wages when discovered by the Employer.

The deduction will be made in a fair and reasonable manner after notification to the nurse and taking into consideration the amount of the account receivable and the purpose of the amount under deducted.

Where an error has been made in good faith, the Employer shall be entitled to recover any under deduction made, for a period of time that does not extend further back than twelve (12) months from date of discovery.

12 month limit same as overpayment.

ARTICLE 41 – STAFF ORIENTATION

4101 The Employer shall provide an appropriate orientation program for nurses newly employed. The orientation program shall include such essential information as policies, nursing procedures, the location of supplies and equipment, fire, safety and disaster plans. Further, an orientation program shall be provided upon request for nurses returning from an extended leave of absence or moving to a new area of practice. Notwithstanding the above, specialty areas may require extended orientation programs.

4102 The Employer shall provide a program of inservice education for nurses pertinent to patient/resident/client care. Such program of inservice shall be of sufficient nature to properly familiarize the nurse with all relevant aspects of duties and responsibilities.

4103 The Employer shall provide access to reference materials as is required in relation to maintaining current knowledge of general nursing care.

This Article establishes a minimum requirement for orientation. Please note the reference to nurses moving to a new area of practice or returning from an extended leave.

ARTICLE 42 -- EMPLOYER-INITIATED MOBILITY

These provisions are similar to those of nurse initiated mobility as outlined in Article 30A and preserve nurse service and seniority and allow for the transferability of those on a provincial scale for all Central Table Employers.

4201 It is the desire of, and in the best interest of, the parties to work toward the avoidance of job loss by providing for the mobility of nurses within and between Employers Organizations.

The parties recognize that it is in the best interest of patient/resident /client care to retain the knowledge and expertise of health care providers within the programs and the parties wish to promote career opportunities by removing systemic barriers.

The parties agree to work towards a systemic labour adjustment plan utilizing a provincial attrition model where reasonable, and utilizing any other programs as agreed to by the parties.

Commitment by Employer to utilize a provincial approach to attrition and labour adjustment.

4202 In the event that this Article conflicts with the terms of any other existing Article within the Collective Agreement, the terms of this Article shall prevail (unless otherwise specified).

4203

(a) In the event of a transfer/closure/consolidation/merger of one or more of the programs and/or facilities and/or sites, the Employer(s) will notify the Union, where possible*, at least ninety (90) days prior to the implementation date unless otherwise provided for in the applicable Collective Agreement. The Employer(s) will determine the estimated number and types of positions available, and update such data as the reconfiguration/implementation plans are defined.
*lesser notice may be given only in exceptional circumstances.

(b) The Employer(s) and Union shall meet within thirty (30) days of notice provided for in Article 4203 (a) to discuss issues arising out of the transfer of nurses.

(c) The Employer(s) shall prepare and provide the following data relative to the transfer/closure/consolidation/merger to the Union:
- any positions affected
- where applicable, number of vacancies and/or new positions created at the receiving facility/program/site

- up to date seniority lists
- pertinent classification information
- relevant time frames

4204 Staff Mobility

A. Transfers with Programs

1. When programs are transferred, consolidated, or merged from one or more facilities/programs/sites to another, the Employer(s) will determine the number of nurses required by classification.

   Where, in the event of a transfer/closure/consolidation/merger of one or more of the programs and/or facilities and/or sites, an affected nurse's worksite/originating site is moved from one (1) city or town to another city or town potentially requiring a change of residence by the nurse, the Union and the nurse shall be given notice of the move three (3) months in advance of the date upon which the move of the nurse is to be effected. Such notice shall be provided in writing to the Union and the affected nurse by the Employer.

   Should the nurse accept the position requiring relocation they may request that the effective date of the relocation be deferred by up to one (1) month for personal reasons such as the impact on school-age children.

   Where a nurse has accepted relocation involving a change in residence, they shall be reimbursed as per the MOU #22 re: Relocation Expenses for Program Transfers.

   Qualified nurses affected will first be given the opportunity to move with the facility(ies)/program(s)/site(s), before other nurses. Where excess numbers of nurses wish to move, nurses will be selected in descending order of seniority. Where an insufficient number of nurses by classification volunteer to move, the remaining vacancies shall be filled by utilizing the job posting/recall procedures in the applicable Collective Agreement. Where a nurse is not able or elects not to move, the provisions of Article 27 will apply.

2. If vacancies continue to exist after the job competition, the Employer(s) reserves the right to transfer affected nurses from the sending facility(ies)/program(s)/site(s) to fill the vacancies commencing with the most junior qualified nurse. A nurse shall not be compelled to accept a transfer where the receiving facility/program/site is greater than fifty (50) kilometres from the sending facility/program/site. In such case, where a nurse declines to accept a position at the receiving facility(ies)/program(s)/site(s), and no similar position is available at the sending facility(ies)/program(s)/site(s) for which the nurse is qualified, the nurse may exercise their seniority rights (deletion/bumping) or be placed on layoff in accordance with Article 27. Where it is not possible due to seniority level or where there are no positions available within .2 of the EFT of the position occupied by the nurse at the time of the deletion, the nurse shall be entitled to exercise their

seniority rights, subject to their ability, performance and qualifications, to displace a nurse in a position of equal or lower classification within any of the other sites comprising the Employer. Any nurse thus displaced shall also be entitled to a like exercise of seniority rights.

3. Nurses who are transferred in accordance with this Article shall retain seniority, service, and all other benefits as specified hereinafter:
   (a) continuous service date
   (b) accumulated income protection benefits;
   (c) length of employment applicable to rate at which vacation is earned;
   (d) length of employment applicable to pre-retirement leave;
   (e) length of employment applicable for qualification for the Magic 80 (as per the terms and conditions of the applicable pension plan) pension provisions;
   (f) length of employment applicable to next increment date;
   (g) the terms and conditions of the benefit plan(s) for the new Employer apply; however, normal waiting periods would be waived, subject to the applicable benefit plans' terms and condition;
   (h) seniority credits (in accordance with receiving Collective Agreement).
   (i) transfer of current vacation hours unless the nurse elects to have their current vacation hours paid out by the previous Employer at the time of the transfer;
   (j) placement at the greater of the nurse's salary level at the sending facility/program/site, or in accordance with the recognition of previous experience clause(s) in Article 38 including placement at the fifteen (15), twenty (20) and twenty-five (25) year rate;
   (k) Academic Allowance;
   (l) where a nurse transfers prior to the completion of maternity leave return of service requirements, the nurse shall be allowed to complete the return of service requirements at the receiving facilty(ies)/program(s)/site(s).

4. Nurses who are transferred in accordance with this Article will be treated in all respects as if they had always been nurses of the receiving. facility(ies)/program(s)/site(s).

   To ensure the accuracy of the calculation of seniority and service of transferred nurses, the Employer(s) will provide sufficient information to verify an accurate calculation has been made.

5. The receiving facility(ies)/program(s)/site(s) will provide an orientation period to nurses transferring to new facility(ies)/program(s)/site(s) and shall take into consideration the individual needs of the transferring nurse(s). The orientation period shall be of sufficient duration to assist the nurse in becoming familiarized with essential information such as policies and procedures, routines, location of supplies and equipment, and fire and disaster plans.

   It is further agreed that periods of orientation shall be considered time worked.

Issues related to orientation will be referred immediately to the Employers Organizationl Nursing Advisory Committee, in order to ensure a standardized, effective orientation structure, duration and content across the Employers Organizations.

6. No new probationary/trial period will be served by transferring nurses. Any transferring nurse who had not yet completed their probationary/trial period at the sending facility/program/site will complete the balance of the period required at the receiving facility/program/site.
7. Should the transferred nurse decide not to remain at the receiving facility/program/site, such nurse shall provide written notice to the receiving facility/program/site no later than sixty (60) days following the date of transfer. The nurse shall be entitled to be placed on the Central Redeployment list and the recall list of the sending facility(ies)/program(s)/site(s).

8. It is agreed that vacation earned at the sending facility/program/site shall not be paid out upon transfer unless the nurse requests.

   In the event a nurse elects to have their accrued vacation transferred, it does not mean that the previously approved vacation dates will be honored at the receiving facility/program/site. The receiving Employer will schedule the remaining vacation in consultation with the nurse, based on operational requirements and in accordance with Article 21.

   In the event a Transfer of Program as per Article 4204 (A), the parties agree that where affected nurses hold accrued seniority and service at multiple Employers/facilities/programs/sites, the parties will review the effect of the restructuring on such nurses to ensure fairness and equity in the recognition of seniority and service.

B. <u>Temporary Transfer of Nurses</u>

1. To facilitate temporary transfers within and between Employers Organizations to facilities/programs/sites experiencing a need for additional nurses on a sporadic or episodic basis, nurses qualified to perform the work from other facilities/programs/sites, as determined by the Employer(s), shall be offered the opportunity to work in the facility(ies)/program(s)/site(s) experiencing the need for additional nurses.

Allows for temporary transfer of nurses on a voluntary basis between Central Table Employers and Employer Organizations. Involuntary temporary transfer can be conducted within the limitations as described in this Article (see #4. & #9. below).

Temporarily transferred nurses shall be paid the greater of six dollars ($6.00) per hour or fifteen percent (15%) (effective October 14, 2021) above their normal rate of pay for all hours worked at the receiving facility/program/site.

2. Temporary transfers shall not be implemented until the applicable provisions of the Collective Agreement of the receiving facility/program/site relating to the assigning of occasional additional shifts are fulfilled. Before transferring nurses, the Employer shall first seek to prebook remaining available shifts on the basis of voluntary eligible overtime.

3. The temporarily transferred nurses will continue to be covered by the terms of the sending facility's/program's/site's Collective Agreement.

4. Where an insufficient number of qualified nurses volunteer to be temporarily transferred, the Employer reserves the right to transfer nurses (based on operational requirements at affected facilities/programs/sites) from such facility(ies)/program(s)/site(s) as determined by the Employer, commencing with the most junior qualified nurse (regardless of classification) at the sending facility(ies)/program(s)/site(s) for a maximum of six (6) weeks duration, unless otherwise mutually agreed between the nurse and the Employer.

   A nurse shall not be compelled to transfer to a facility/program/site greater than fifty (50) kilometres from their home facility/program/site.

   The Employer agrees that this provision (#4) shall be utilized only under extenuating and emergency circumstances, and further, shall be implemented only in accordance with the provisions of Article 1001 of the Collective Agreement.

5. Temporarily transferred nurses will be provided with a daily "work disruption" allowance, for each day actually worked as follows:

   (a)
   Between 1 – 49 km between sending and receiving site - $40
   Between 50 – 99 km between sending and receiving site - $80
   Between 100 – 149 km between sending and receiving site - $130
   150 km or more between sending and receiving site - $180
   and

   (b) Where a nurse is temporarily transferred and due to the distance involved requires accommodations, the Employer shall pay actual travel time at the nurse's regular rate of pay for one-time return travel between the sending and receiving locations. All travel expenses, accommodations, as well as a daily per diem of sixty dollars ($60.00) will be paid for the duration of the transfer, including days in which the nurse has not worked.

6. The receiving facility/program/site will provide an orientation period to the temporarily transferred nurse. The orientation shall be of sufficient duration to assist the nurse in becoming familiarized with essential information such as policies, procedures, routines, location of supplies and equipment, and fire and disaster plans. The orientation shall take into consideration the individual needs of the transferring nurse(s).

It is further agreed that periods of orientation shall be considered time worked. Issues related to orientation will be referred immediately to the Employers Organization I Nursing Advisory Committee, in order to ensure a standardized, effective orientation structure, duration and content across the Employers Organizations.

7. It is further agreed that should it be necessary to temporarily transfer nurses from one facility/program/site to another, in accordance with this Article as much notice as possible shall be provided to such nurse. Should the temporary transfer be required during the course of a scheduled shift, travel time from the sending to the receiving facility/program/site shall be considered time worked. If personal transportation is not available, transportation will be provided. Where a change in work schedule is required by the Employer (receiving facility/program/site) as a result of a transfer, the nurse(s) shall be compensated as per #10 below.

8. "Personal transportation" will be expanded to include the following:

   Return transportation will be provided by the Employer, if the nurse requests transportation or if personal transportation is not available. If personal transportation is utilized, the following shall apply:

   (a) Parking in close proximity to the "receiving facility/site" will be made available.

   (b) Parking expenses shall be reimbursed to the nurse by the Employer.

   (c) The nurse shall be eligible for transportation reimbursement in accordance with the prevailing Province of Manitoba mileage rates in accordance with the following formula, subject to a minimum guarantee of four dollars ($4.00):

   Distance (in kms) from the nurse's home to the "receiving facility/site" minus the distance (in kms) from the nurse's home to the "sending facility/site".
   It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

9. In the event of a temporary transfer which exceeds six (6) weeks in duration, and where a nurse has requested to discontinue their transfer and return to the sending facility/program/site, the Employer shall conduct a recanvass for volunteers amongst qualified nurses. Where there are insufficient volunteers to replace the temporarily transferred nurse, as per #4 above, the sending facility shall send the next most qualified junior nurse in order of ascending seniority to replace the temporarily transferred nurse requesting return.

10. Where a change in work schedule is required by the Employer (receiving facility/program/site) as a result of a temporary transfer, the nurse(s) shall be compensated with a Shift Disruption Allowance as described below for each shift that has been changed and worked by the nurse. The following rules shall apply:

    (a) Compensation of one of the following amounts as applicable per shift, whichever is greatest:
        i. $25 Impact Shift Changes: an adjustment is made to the start and end times of a shift that is greater than 1 hour and up to 4 hours; or
        ii. $35 Impact Shift Changes: a change is made to the calendar day that a nurse was scheduled to work (no change to shift length or shift description); or
        iii. $50 Impact Shift Changes: an adjustment is made to the start and end times of a shift that is greater than 4 hours; a change is made to the shift length (eg: 8 to 12 hours); a change is made to the shift description (eg: from straight Days to Days/Nights, or from straight Days to Days/Evenings);

    (b) Shift disruption allowance will not be paid on days during which the nurse does not work or for shifts that have not been changed;

    (c) Nurses shall not be eligible to receive overtime as a result of changes to their shift length (i.e. changing from 8 to 12 hour shifts), unless they are in an overtime situation as identified in the nurse(s) respective Collective Agreement and are now required to work additional hours.

    (d) Changes to shift length must not cause a decrease to the nurses' EFT; and

    (e) Shift disruption allowance will cease to be paid, upon the effective date of the subsequent shift schedule which shall be posted in accordance with the Collective Agreement, and the nurse is scheduled as posted. If this posted schedule is disrupted the nurse shall be paid in accordance with 10. (a) above. When the transferred nurse is returned to their owned position, the Shift Disruption Allowance is not applicable.

11. The parties agree that the provisions of this Article are intended to satisfy the requirements of Article 1001 (b) except where unusual working conditions related to such emergency are not specifically contemplated herein.

12. Where distance is indicated herein, it is understood to be the distance measured in kilometres by the most direct route by serviceable public roadway between applicable locations.

Includes 15, 20 and 25 year long service steps. Adds academic allowance to reflect current practice.

APPENDIX "A" -- SALARIES

Note: All salary increases will be applied to the first full shift occurring on the date the wage increase comes into effect.

A1. Effective April 1, 2024

Hourly Rates include a 1% Market Adjustment and a 2.5% General Wage Increase, compounded. Other Market Adjustments as Noted
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

ow	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN	1	**Licensed Practical Nurse**	1	2015	Hourly	32.024	33.074	34.108	35.366	36.516	37.806	39.149	40.325	41.132	41.955	43.214
						Monthly	5,377.363	5,553.676	5,727.302	5,938.541	6,131.645	6,348.258	6,573.770	6,771.240	6,906.748	7,044.944	7,256.351
						Annual	64,528.360	66,644.110	68,727.620	71,262.490	73,579.740	76,179.090	78,885.235	81,254.875	82,880.980	84,539.325	87,076.210
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	31.092										
						Monthly	5,220.865										
						Annual	62,650.380										
3	SIEN		**SIEN**		2015	Hourly	31.092										
						Monthly	5,220.865										
						Annual	62,650.380										
4	N2		**Nurse II**		2015	Hourly	40.616	42.035	43.457	44.937	46.389	47.891	48.848	49.826	50.823	51.839	53.394
						Monthly	6,820.103	7,058.377	7,297.155	7,545.671	7,789.486	8,041.697	8,202.393	8,366.616	8,534.029	8,704.632	8,965.743
						Annual	81,841.240	84,700.525	87,565.855	90,548.055	93,473.835	96,500.365	98,428.720	100,399.390	102,408.345	104,455.585	107,588.910
5	N2	***	**Nurse II (15-Year Scale)**		2015	Hourly	41.428	42.876	44.326	45.836	47.317	48.849	49.825	50.823			
						Monthly	6,956.452	7,199.595	7,443.074	7,696.628	7,945.313	8,202.561	8,366.448	8,534.029			
						Annual	83,477.420	86,395.140	89,316.890	92,359.540	95,343.755	98,430.735	100,397.375	102,408.345			
6	N2	***	**Nurse II (20-Year Scale)**		2015	Hourly	42.257	43.734	45.213	46.753	48.263	49.826	50.822	51.839			
						Monthly	7,095.655	7,343.668	7,592.016	7,850.608	8,104.162	8,366.616	8,533.861	8,704.632			
						Annual	85,147.855	88,124.010	91,104.195	94,207.295	97,249.945	100,399.390	102,406.330	104,455.585			
7	N2	***	**Nurse II (25-Year Scale)**		2015	Hourly	43.525	45.046	46.569	48.156	49.711	51.321	52.347	53.394			
						Monthly	7,308.573	7,563.974	7,819.711	8,086.195	8,347.305	8,617.651	8,789.934	8,965.743			
						Annual	87,702.875	90,767.690	93,836.535	97,034.340	100,167.665	103,411.815	105,479.205	107,588.910			
8	CRN	1,6	**CRN/Charge Nurse**	1	2015	Hourly	42.631	44.094	45.590	47.099	48.538	50.067	51.341	52.366	53.413	54.481	56.115
						Monthly	7,158.455	7,404.118	7,655.321	7,908.707	8,150.339	8,407.084	8,621.010	8,793.124	8,968.933	9,148.268	9,422.644
						Annual	85,901.465	88,849.410	91,863.850	94,904.485	97,804.070	100,885.005	103,452.115	105,517.490	107,627.195	109,779.215	113,071.725
9	CRN	***	**CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	43.484	44.976	46.502	48.041	49.509	51.068	52.368	53.413			
						Monthly	7,301.688	7,552.220	7,808.461	8,066.885	8,313.386	8,575.168	8,793.460	8,968.933			
						Annual	87,620.260	90,626.640	93,701.530	96,802.615	99,760.635	102,902.020	105,521.520	107,627.195			
10	CRN	***	**CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	44.354	45.876	47.432	49.002	50.499	52.089	53.415	54.481			
						Monthly	7,447.776	7,703.345	7,964.623	8,228.253	8,479.624	8,746.611	8,969.269	9,148.268			
						Annual	89,373.310	92,440.140	95,575.480	98,739.030	101,755.485	104,959.335	107,631.225	109,779.215			
11	CRN	***	**CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	45.685	47.252	48.855	50.472	52.014	53.652	55.017	56.115			
						Monthly	7,671.273	7,934.398	8,203.569	8,475.090	8,734.018	9,009.065	9,238.271	9,422.644			
						Annual	92,055.275	95,212.780	98,442.825	101,701.080	104,808.210	108,108.780	110,859.255	113,071.725			
12	N3		**Nurse III**		2015	Hourly	42.162	43.582	45.069	46.516	47.860	49.326	50.840	51.857	52.894	53.952	55.571
						Monthly	7,079.703	7,318.144	7,567.836	7,810.812	8,036.492	8,282.658	8,536.883	8,707.655	8,881.784	9,059.440	9,331.297
						Annual	84,956.430	87,817.730	90,814.035	93,729.740	96,437.900	99,391.890	102,442.600	104,491.855	106,581.410	108,713.280	111,975.565
13	N3	***	**Nurse III (15-Year Scale)**		2015	Hourly	43.005	44.454	45.970	47.446	48.817	50.313	51.857	52.894			
						Monthly	7,221.256	7,464.568	7,719.129	7,966.974	8,197.188	8,448.391	8,707.655	8,881.784			
						Annual	86,655.075	89,574.810	92,629.550	95,603.690	98,366.255	101,380.695	104,491.855	106,581.410			
14	N3	***	**Nurse III (20-Year Scale)**		2015	Hourly	43.865	45.343	46.889	48.395	49.793	51.319	52.894	53.952			
						Monthly	7,365.665	7,613.845	7,873.445	8,126.327	8,361.075	8,617.315	8,881.784	9,059.440			
						Annual	88,387.975	91,366.145	94,481.335	97,515.925	100,332.895	103,407.785	106,581.410	108,713.280			
15	N3	***	**Nurse III (25-Year Scale)**		2015	Hourly	45.181	46.703	48.296	49.847	51.287	52.859	54.481	55.571			
						Monthly	7,586.643	7,842.212	8,109.703	8,370.142	8,611.942	8,875.907	9,148.268	9,331.297			
						Annual	91,039.715	94,106.545	97,316.440	100,441.705	103,343.305	106,510.885	109,779.215	111,975.565			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
16	N4	1	**Nurse IV**	1	2015	Hourly	**44.917**	**46.580**	**48.245**	**50.060**	**52.140**	**54.157**	**56.360**	**58.654**	**59.827**	**61.024**	**62.855**
						Monthly	7,542.313	7,821.558	8,101.140	8,405.908	8,755.175	9,093.863	9,463.783	9,848.984	10,045.950	10,246.947	10,554.402
						Annual	90,507.755	93,858.700	97,213.675	100,870.900	105,062.100	109,126.355	113,565.400	118,187.810	120,551.405	122,963.360	126,652.825
17	N4	***	**Nurse IV (15-Year Scale)**		2015	Hourly	**45.815**	**47.512**	**49.210**	**51.061**	**53.183**	**55.240**	**57.487**	**59.827**			
						Monthly	7,693.102	7,978.057	8,263.179	8,573.993	8,930.312	9,275.717	9,653.025	10,045.950			
						Annual	92,317.225	95,736.680	99,158.150	102,887.915	107,163.745	111,308.600	115,836.305	120,551.405			
18	N4	***	**Nurse IV (20-Year Scale)**		2015	Hourly	**46.731**	**48.462**	**50.194**	**52.082**	**54.247**	**56.345**	**58.637**	**61.024**			
						Monthly	7,846.914	8,137.578	8,428.409	8,745.436	9,108.975	9,461.265	9,846.130	10,246.947			
						Annual	94,162.965	97,650.930	101,140.910	104,945.230	109,307.705	113,535.175	118,153.555	122,963.360			
19	N4	***	**Nurse IV (25-Year Scale)**		2015	Hourly	**48.133**	**49.916**	**51.700**	**53.644**	**55.874**	**58.035**	**60.396**	**62.855**			
						Monthly	8,082.333	8,381.728	8,681.292	9,007.722	9,382.176	9,745.044	10,141.495	10,554.402			
						Annual	96,987.995	100,580.740	104,175.500	108,092.660	112,586.110	116,940.525	121,697.940	126,652.825			
20	N5	4	**Nurse V**		2015	Hourly	**46.032**	**47.793**	**49.813**	**51.772**	**53.911**	**56.007**	**58.190**	**60.518**	**61.728**	**62.963**	**64.852**
						Monthly	7,729.540	8,025.241	8,364.433	8,693.382	9,052.555	9,404.509	9,771.071	10,161.981	10,365.160	10,572.537	10,889.732
						Annual	92,754.480	96,302.895	100,373.195	104,320.580	108,630.665	112,854.105	117,252.850	121,943.770	124,381.920	126,870.445	130,676.780
21	N5	***	**Nurse V (15-Year Scale)**		2015	Hourly	**46.953**	**48.749**	**50.809**	**52.807**	**54.989**	**57.127**	**59.354**	**61.728**			
						Monthly	7,884.191	8,185.770	8,531.678	8,867.175	9,233.570	9,592.575	9,966.526	10,365.160			
						Annual	94,610.295	98,229.235	102,380.135	106,406.105	110,802.835	115,110.905	119,598.310	124,381.920			
22	N5	***	**Nurse V (20-Year Scale)**		2015	Hourly	**47.892**	**49.724**	**51.825**	**53.863**	**56.089**	**58.270**	**60.541**	**62.963**			
						Monthly	8,041.865	8,349.488	8,702.281	9,044.495	9,418.278	9,784.504	10,165.843	10,572.537			
						Annual	96,502.380	100,193.860	104,427.375	108,533.945	113,019.335	117,414.050	121,990.115	126,870.445			
23	N5	***	**Nurse V (25-Year Scale)**		2015	Hourly	**49.329**	**51.216**	**53.380**	**55.479**	**57.772**	**60.018**	**62.357**	**64.852**			
						Monthly	8,283.161	8,600.020	8,963.392	9,315.849	9,700.882	10,078.023	10,470.780	10,889.732			
						Annual	99,397.935	103,200.240	107,560.700	111,790.185	116,410.580	120,936.270	125,649.355	130,676.780			
24	NP	2,3	**Nurse Practitioner**	1	2015	Hourly	**61.943**	**64.490**	**67.033**	**69.778**	**71.872**	**74.028**			**75.509**	**77.019**	**79.330**
						Monthly	10,401.262	10,828.946	11,255.958	11,716.889	12,068.507	12,430.535			12,679.220	12,932.774	13,320.829
						Annual	124,815.145	129,947.350	135,071.495	140,602.670	144,822.080	149,166.420			152,150.635	155,193.285	159,849.950
25	NP	***	**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**63.182**	**65.780**	**68.374**	**71.174**	**73.309**	**75.509**					
						Monthly	10,609.311	11,045.558	11,481.134	11,951.301	12,309.803	12,679.220					
						Annual	127,311.730	132,546.700	137,773.610	143,415.610	147,717.635	152,150.635					
26	NP	***	**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**64.446**	**67.096**	**69.741**	**72.597**	**74.775**	**77.019**					
						Monthly	10,821.558	11,266.537	11,710.676	12,190.246	12,555.969	12,932.774					
						Annual	129,858.690	135,198.440	140,528.115	146,282.955	150,671.625	155,193.285					
27	NP	***	**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**66.379**	**69.109**	**71.833**	**74.775**	**77.018**	**79.330**					
						Monthly	11,146.140	11,604.553	12,061.958	12,555.969	12,932.606	13,320.829					
						Annual	133,753.685	139,254.635	144,743.495	150,671.625	155,191.270	159,849.950					
28	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	2015	Hourly	**36.829**	**38.034**	**39.223**	**40.669**	**41.995**	**43.474**	**45.024**	**46.373**	**47.300**	**48.246**	**49.693**
						Monthly	6,184.203	6,386.543	6,586.195	6,829.003	7,051.660	7,300.009	7,560.280	7,786.800	7,942.458	8,101.308	8,344.283
						Annual	74,210.435	76,638.510	79,034.345	81,948.035	84,619.925	87,600.110	90,723.360	93,441.595	95,309.500	97,215.690	100,131.395
29	LPN	1,5	**Weekend Worker - Licensed Practical Nurse (PIO)**	1	1872	Hourly	**39.642**	**40.940**	**42.219**	**43.775**	**45.204**	**46.795**	**48.463**	**49.915**	**50.913**	**51.931**	**53.489**
						Monthly	6,184.152	6,386.640	6,586.164	6,828.900	7,051.824	7,300.020	7,560.228	7,786.740	7,942.428	8,101.236	8,344.284
						Annual	74,209.824	76,639.680	79,033.968	81,946.800	84,621.888	87,600.240	90,722.736	93,440.880	95,309.136	97,214.832	100,131.408
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**46.710**	**48.341**	**49.976**	**51.680**	**53.345**	**55.074**	**56.176**	**57.299**	**58.445**	**59.614**	**61.402**
						Monthly	7,843.388	8,117.260	8,391.803	8,677.933	8,957.515	9,247.843	9,432.887	9,621.457	9,813.890	10,010.184	10,310.419
						Annual	94,120.650	97,407.115	100,701.640	104,135.200	107,490.175	110,974.110	113,194.640	115,457.485	117,766.675	120,122.210	123,725.030

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31	N2	***	**Weekend Worker - Nurse II (15 Year Scale)**		2015	Hourly	**47.644**	**49.308**	**50.976**	**52.714**	**54.412**	**56.175**	**57.300**	**58.445**			
						Monthly	8,000.222	8,279.635	8,559.720	8,851.559	9,136.682	9,432.719	9,621.625	9,813.890			
						Annual	96,002.660	99,355.620	102,716.640	106,218.710	109,640.180	113,192.625	115,459.500	117,766.675			
32	N2	***	**Weekend Worker - Nurse II (20 Year Scale)**		2015	Hourly	**48.597**	**50.294**	**51.996**	**53.768**	**55.500**	**57.299**	**58.446**	**59.614**			
						Monthly	8,160.246	8,445.201	8,730.995	9,028.543	9,319.375	9,621.457	9,814.058	10,010.184			
						Annual	97,922.955	101,342.410	104,771.940	108,342.520	111,832.500	115,457.485	117,768.690	120,122.210			
33	N2	***	**Weekend Worker - Nurse II (25 Year Scale)**		2015	Hourly	**50.055**	**51.803**	**53.556**	**55.381**	**57.165**	**59.018**	**60.199**	**61.402**			
						Monthly	8,405.069	8,698.587	8,992.945	9,299.393	9,598.956	9,910.106	10,108.415	10,310.419			
						Annual	100,860.825	104,383.045	107,915.340	111,592.715	115,187.475	118,921.270	121,300.985	123,725.030			
34	N2	5	**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**50.279**	**52.034**	**53.794**	**55.627**	**57.420**	**59.282**	**60.467**	**61.676**	**62.910**	**64.168**	**66.093**
						Monthly	7,843.524	8,117.304	8,391.864	8,677.812	8,957.520	9,247.992	9,432.852	9,621.456	9,813.960	10,010.208	10,310.508
						Annual	94,122.288	97,407.648	100,702.368	104,133.744	107,490.240	110,975.904	113,194.224	115,457.472	117,767.520	120,122.496	123,726.096
35	N2	***	**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**51.285**	**53.075**	**54.870**	**56.740**	**58.568**	**60.468**	**61.676**	**62.910**			
						Monthly	8,000.460	8,279.700	8,559.720	8,851.440	9,136.608	9,433.008	9,621.456	9,813.960			
						Annual	96,005.520	99,356.400	102,716.640	106,217.280	109,639.296	113,196.096	115,457.472	117,767.520			
36	N2	***	**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**52.311**	**54.137**	**55.967**	**57.875**	**59.739**	**61.677**	**62.910**	**64.168**			
						Monthly	8,160.516	8,445.372	8,730.852	9,028.500	9,319.284	9,621.612	9,813.960	10,010.208			
						Annual	97,926.192	101,344.464	104,770.224	108,342.000	111,831.408	115,459.344	117,767.520	120,122.496			
37	N2	***	**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	**53.880**	**55.761**	**57.646**	**59.611**	**61.531**	**63.527**	**64.797**	**66.093**			
						Monthly	8,405.280	8,698.716	8,992.776	9,299.316	9,598.836	9,910.212	10,108.332	10,310.508			
						Annual	100,863.360	104,384.592	107,913.312	111,591.792	115,186.032	118,922.544	121,299.984	123,726.096			
38	CRN	1,6	**Weekend Worker - CRN/Charge Nurse**	1	2015	Hourly	**49.027**	**50.707**	**52.428**	**54.163**	**55.818**	**57.577**	**59.041**	**60.222**	**61.426**	**62.655**	**64.535**
						Monthly	8,232.450	8,514.550	8,803.535	9,094.870	9,372.773	9,668.138	9,913.968	10,112.278	10,314.449	10,520.819	10,836.502
						Annual	98,789.405	102,174.605	105,642.420	109,138.445	112,473.270	116,017.655	118,967.615	121,347.330	123,773.390	126,249.825	130,038.025
39	CRN	***	**Weekend Worker - CRN/Charge Nurse (15 Year Scale)**	1	2015	Hourly	**50.008**	**51.721**	**53.477**	**55.246**	**56.934**	**58.729**	**60.222**	**61.426**			
						Monthly	8,397.177	8,684.818	8,979.680	9,276.724	9,560.168	9,861.578	10,112.278	10,314.449			
						Annual	100,766.120	104,217.815	107,756.155	111,320.690	114,722.010	118,338.935	121,347.330	123,773.390			
40	CRN	***	**Weekend Worker - CRN/Charge Nurse (20 Year Scale)**	1	2015	Hourly	**51.008**	**52.755**	**54.547**	**56.351**	**58.073**	**59.904**	**61.426**	**62.655**			
						Monthly	8,565.093	8,858.444	9,159.350	9,462.272	9,751.425	10,058.880	10,314.449	10,520.819			
						Annual	102,781.120	106,301.325	109,912.205	113,547.265	117,017.095	120,706.560	123,773.390	126,249.825			
41	CRN	***	**Weekend Worker - CRN/Charge Nurse (25 Year Scale)**	1	2015	Hourly	**52.538**	**54.338**	**56.183**	**58.042**	**59.815**	**61.701**	**63.269**	**64.535**			
						Monthly	8,822.006	9,124.256	9,434.062	9,746.219	10,043.935	10,360.626	10,623.920	10,836.502			
						Annual	105,864.070	109,491.070	113,208.745	116,954.630	120,527.225	124,327.515	127,487.035	130,038.025			
42	CRN	1,5,6	**Weekend Worker - CRN/Charge Nurse (PIO)**	1	1872	Hourly	**52.772**	**54.581**	**56.433**	**58.300**	**60.082**	**61.976**	**63.552**	**64.822**	**66.118**	**67.440**	**69.463**
						Monthly	8,232.432	8,514.636	8,803.548	9,094.800	9,372.792	9,668.256	9,914.112	10,112.232	10,314.408	10,520.640	10,836.228
						Annual	98,789.184	102,175.632	105,642.576	109,137.600	112,473.504	116,019.072	118,969.344	121,346.784	123,772.896	126,247.680	130,034.736
43	CRN	***	**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO**	1	1872	Hourly	**53.827**	**55.673**	**57.562**	**59.466**	**61.284**	**63.216**	**64.823**	**66.118**			
						Monthly	8,397.012	8,684.988	8,979.672	9,276.696	9,560.304	9,861.696	10,112.388	10,314.408			
						Annual	100,764.144	104,219.856	107,756.064	111,320.352	114,723.648	118,340.352	121,348.656	123,772.896			
44	CRN	***	**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO**	1	1872	Hourly	**54.904**	**56.786**	**58.713**	**60.655**	**62.510**	**64.480**	**66.119**	**67.440**			
						Monthly	8,565.024	8,858.616	9,159.228	9,462.180	9,751.560	10,058.880	10,314.564	10,520.640			
						Annual	102,780.288	106,303.392	109,910.736	113,546.160	117,018.720	120,706.560	123,774.768	126,247.680			
45	CRN	***	**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO**	1	1872	Hourly	**56.551**	**58.490**	**60.474**	**62.475**	**64.385**	**66.414**	**68.103**	**69.463**			
						Monthly	8,821.956	9,124.440	9,433.944	9,746.100	10,044.060	10,360.584	10,624.068	10,836.228			
						Annual	105,863.472	109,493.280	113,207.328	116,953.200	120,528.720	124,327.008	127,488.816	130,034.736			

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46	N3		**Weekend Worker - Nurse III**		2015	Hourly	**48.485**	**50.122**	**51.828**	**53.492**	**55.039**	**56.725**	**58.467**	**59.636**	**60.829**	**62.046**	**63.907**
						Monthly	8,141.440	8,416.319	8,702.785	8,982.198	9,241.965	9,525.073	9,817.584	10,013.878	10,214.203	10,418.558	10,731.050
						Annual	97,697.275	100,995.830	104,433.420	107,786.380	110,903.585	114,300.875	117,811.005	120,166.540	122,570.435	125,022.690	128,772.605
47	N3	***	**Weekend Worker - Nurse III (15 Year Scale)**		2015	Hourly	**49.455**	**51.124**	**52.865**	**54.562**	**56.140**	**57.860**	**59.636**	**60.829**			
						Monthly	8,304.319	8,584.572	8,876.915	9,161.869	9,426.842	9,715.658	10,013.878	10,214.203			
						Annual	99,651.825	103,014.860	106,522.975	109,942.430	113,122.100	116,587.900	120,166.540	122,570.435			
48	N3	***	**Weekend Worker - Nurse III (20 Year Scale)**		2015	Hourly	**50.444**	**52.146**	**53.922**	**55.653**	**57.263**	**59.017**	**60.829**	**62.046**			
						Monthly	8,470.388	8,756.183	9,054.403	9,345.066	9,615.412	9,909.938	10,214.203	10,418.558			
						Annual	101,644.660	105,074.190	108,652.830	112,140.795	115,384.945	118,919.255	122,570.435	125,022.690			
49	N3	***	**Weekend Worker - Nurse III (25 Year Scale)**		2015	Hourly	**51.957**	**53.710**	**55.540**	**57.323**	**58.981**	**60.788**	**62.654**	**63.907**			
						Monthly	8,724.446	9,018.804	9,326.092	9,625.487	9,903.893	10,207.318	10,520.651	10,731.050			
						Annual	104,693.355	108,225.650	111,913.100	115,505.845	118,846.715	122,487.820	126,247.810	128,772.605			
50	N3	5	**Weekend Worker - Nurse III (PIO)**		1872	Hourly	**52.189**	**53.950**	**55.787**	**57.579**	**59.243**	**61.059**	**62.933**	**64.191**	**65.475**	**66.785**	**68.789**
						Monthly	8,141.484	8,416.200	8,702.772	8,982.324	9,241.908	9,525.204	9,817.548	10,013.796	10,214.100	10,418.460	10,731.084
						Annual	97,697.808	100,994.400	104,433.264	107,787.888	110,902.896	114,302.448	117,810.576	120,165.552	122,569.200	125,021.520	128,773.008
51	N3	***	**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	**53.233**	**55.029**	**56.903**	**58.731**	**60.428**	**62.280**	**64.192**	**65.475**			
						Monthly	8,304.348	8,584.524	8,876.868	9,162.036	9,426.768	9,715.680	10,013.952	10,214.100			
						Annual	99,652.176	103,014.288	106,522.416	109,944.432	113,121.216	116,588.160	120,167.424	122,569.200			
52	N3	***	**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	**54.298**	**56.130**	**58.041**	**59.906**	**61.637**	**63.526**	**65.476**	**66.785**			
						Monthly	8,470.488	8,756.280	9,054.396	9,345.336	9,615.372	9,910.056	10,214.256	10,418.460			
						Annual	101,645.856	105,075.360	108,652.752	112,144.032	115,384.464	118,920.672	122,571.072	125,021.520			
53	N3	***	**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	**55.927**	**57.814**	**59.782**	**61.703**	**63.486**	**65.432**	**67.440**	**68.789**			
						Monthly	8,724.612	9,018.984	9,325.992	9,625.668	9,903.816	10,207.392	10,520.640	10,731.084			
						Annual	104,695.344	108,227.808	111,911.904	115,508.016	118,845.792	122,488.704	126,247.680	128,773.008			
54	N4	1	**Weekend Worker - Nurse IV**	1	2015	Hourly	**51.652**	**53.566**	**55.480**	**57.568**	**59.962**	**62.281**	**64.813**	**67.451**	**68.800**	**70.176**	**72.281**
						Monthly	8,673.232	8,994.624	9,316.017	9,666.627	10,068.619	10,458.018	10,883.183	11,326.147	11,552.667	11,783.720	12,137.185
						Annual	104,078.780	107,935.490	111,792.200	115,999.520	120,823.430	125,496.215	130,598.195	135,913.765	138,632.000	141,404.640	145,646.215
55	N4	***	**Weekend Worker - Nurse IV (15 Year Scale)**		2015	Hourly	**52.685**	**54.637**	**56.590**	**58.719**	**61.161**	**63.527**	**66.109**	**68.800**			
						Monthly	8,846.690	9,174.463	9,502.404	9,859.899	10,269.951	10,667.242	11,100.803	11,552.667			
						Annual	106,160.275	110,093.555	114,028.850	118,318.785	123,239.415	128,006.905	133,209.635	138,632.000			
56	N4	***	**Weekend Worker - Nurse IV (20 Year Scale)**		2015	Hourly	**53.739**	**55.730**	**57.722**	**59.893**	**62.384**	**64.798**	**67.431**	**70.176**			
						Monthly	9,023.674	9,357.996	9,692.486	10,057.033	10,475.313	10,880.664	11,322.789	11,783.720			
						Annual	108,284.085	112,295.950	116,309.830	120,684.395	125,703.760	130,567.970	135,873.465	141,404.640			
57	N4	***	**Weekend Worker - Nurse IV (25 Year Scale)**		2015	Hourly	**55.351**	**57.402**	**59.454**	**61.690**	**64.256**	**66.742**	**69.454**	**72.281**			
						Monthly	9,294.355	9,638.753	9,983.318	10,358.779	10,789.653	11,207.094	11,662.484	12,137.185			
						Annual	111,532.265	115,665.030	119,799.810	124,305.350	129,475.840	134,485.130	139,949.810	145,646.215			
58	N4	1,5	**Weekend Worker - Nurse IV (PIO)**	1	1872	Hourly	**55.597**	**57.657**	**59.719**	**61.965**	**64.543**	**67.039**	**69.764**	**72.604**	**74.056**	**75.537**	**77.803**
						Monthly	8,673.132	8,994.492	9,316.164	9,666.540	10,068.708	10,458.084	10,883.184	11,326.224	11,552.736	11,783.772	12,137.268
						Annual	104,077.584	107,933.904	111,793.968	115,998.480	120,824.496	125,497.008	130,598.208	135,914.688	138,632.832	141,405.264	145,647.216
59	N4	***	**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**56.709**	**58.810**	**60.913**	**63.204**	**65.834**	**68.380**	**71.159**	**74.056**			
						Monthly	8,846.604	9,174.360	9,502.428	9,859.824	10,270.104	10,667.280	11,100.804	11,552.736			
						Annual	106,159.248	110,092.320	114,029.136	118,317.888	123,241.248	128,007.360	133,209.648	138,632.832			
60	N4	***	**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**57.843**	**59.986**	**62.131**	**64.468**	**67.151**	**69.748**	**72.582**	**75.537**			
						Monthly	9,023.508	9,357.816	9,692.436	10,057.008	10,475.556	10,880.688	11,322.792	11,783.772			
						Annual	108,282.096	112,293.792	116,309.232	120,684.096	125,706.672	130,568.256	135,873.504	141,405.264			

A1. Effective April 1, 2024

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
61	N4	***	**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**59.578**	**61.786**	**63.995**	**66.402**	**69.166**	**71.840**	**74.759**	**77.803**			
						Monthly	9,294.168	9,638.616	9,983.220	10,358.712	10,789.896	11,207.040	11,662.404	12,137.268			
						Annual	111,530.016	115,663.392	119,798.640	124,304.544	129,478.752	134,484.480	139,948.848	145,647.216			
62	N5	4	**Weekend Worker - Nurse V**		2015	Hourly	**52.936**	**54.963**	**57.286**	**59.539**	**61.998**	**64.407**	**66.916**	**69.593**	**70.985**	**72.405**	**74.577**
						Monthly	8,888.837	9,229.204	9,619.274	9,997.590	10,410.498	10,815.009	11,236.312	11,685.825	11,919.565	12,158.006	12,522.721
						Annual	106,666.040	110,750.445	115,431.290	119,971.085	124,925.970	129,780.105	134,835.740	140,229.895	143,034.775	145,896.075	150,272.655
63	N5	***	**Weekend Worker - Nurse V (15 Year Scale)**		2015	Hourly	**53.995**	**56.062**	**58.432**	**60.730**	**63.238**	**65.695**	**68.254**	**70.985**			
						Monthly	9,066.660	9,413.744	9,811.707	10,197.579	10,618.714	11,031.285	11,460.984	11,919.565			
						Annual	108,799.925	112,964.930	117,740.480	122,370.950	127,424.570	132,375.425	137,531.810	143,034.775			
64	N5	***	**Weekend Worker - Nurse V (20 Year Scale)**		2015	Hourly	**55.075**	**57.183**	**59.601**	**61.945**	**64.503**	**67.009**	**69.619**	**72.405**			
						Monthly	9,248.010	9,601.979	10,008.001	10,401.598	10,831.129	11,251.928	11,690.190	12,158.006			
						Annual	110,976.125	115,223.745	120,096.015	124,819.175	129,973.545	135,023.135	140,282.285	145,896.075			
65	N5	***	**Weekend Worker - Nurse V (25 Year Scale)**		2015	Hourly	**56.727**	**58.898**	**61.389**	**63.803**	**66.438**	**69.019**	**71.708**	**74.577**			
						Monthly	9,525.409	9,889.956	10,308.236	10,713.587	11,156.048	11,589.440	12,040.968	12,522.721			
						Annual	114,304.905	118,679.470	123,698.835	128,563.045	133,872.570	139,073.285	144,491.620	150,272.655			
66	N5	4,5	**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**56.980**	**59.162**	**61.662**	**64.087**	**66.734**	**69.327**	**72.029**	**74.910**	**76.408**	**77.936**	**80.274**
						Monthly	8,888.880	9,229.272	9,619.272	9,997.572	10,410.504	10,815.012	11,236.524	11,685.960	11,919.648	12,158.016	12,522.744
						Annual	106,666.560	110,751.264	115,431.264	119,970.864	124,926.048	129,780.144	134,838.288	140,231.520	143,035.776	145,896.192	150,272.928
67	N5	***	**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**58.120**	**60.345**	**62.895**	**65.369**	**68.069**	**70.714**	**73.470**	**76.408**			
						Monthly	9,066.720	9,413.820	9,811.620	10,197.564	10,618.764	11,031.384	11,461.320	11,919.648			
						Annual	108,800.640	112,965.840	117,739.440	122,370.768	127,425.168	132,376.608	137,535.840	143,035.776			
68	N5	***	**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**59.282**	**61.552**	**64.153**	**66.676**	**69.430**	**72.128**	**74.939**	**77.936**			
						Monthly	9,247.992	9,602.112	10,007.868	10,401.456	10,831.080	11,251.968	11,690.484	12,158.016			
						Annual	110,975.904	115,225.344	120,094.416	124,817.472	129,972.960	135,023.616	140,285.808	145,896.192			
69	N5	***	**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**61.060**	**63.399**	**66.078**	**68.676**	**71.513**	**74.292**	**77.187**	**80.274**			
						Monthly	9,525.360	9,890.244	10,308.168	10,713.456	11,156.028	11,589.552	12,041.172	12,522.744			
						Annual	114,304.320	118,682.928	123,698.016	128,561.472	133,872.336	139,074.624	144,494.064	150,272.928			
70	LPN	1,5	**Weekend Worker - Licensed Practical Nurse**	1	1872	Hourly	**37.917**	**39.161**	**40.385**	**41.874**	**43.236**	**44.763**	**46.354**	**47.746**	**48.701**	**49.676**	**51.167**
						Monthly	5,915.052	6,109.116	6,300.060	6,532.344	6,744.816	6,983.028	7,231.224	7,448.376	7,597.356	7,749.456	7,982.052
						Annual	70,980.624	73,309.392	75,600.720	78,388.128	80,937.792	83,796.336	86,774.688	89,380.512	91,168.272	92,993.472	95,784.624
71	N2	5	**Weekend Worker - Nurse II**		1872	Hourly	**48.090**	**49.771**	**51.454**	**53.207**	**54.926**	**56.704**	**57.837**	**58.995**	**60.176**	**61.379**	**63.220**
						Monthly	7,502.040	7,764.276	8,026.824	8,300.292	8,568.456	8,845.824	9,022.572	9,203.220	9,387.456	9,575.124	9,862.320
						Annual	90,024.480	93,171.312	96,321.888	99,603.504	102,821.472	106,149.888	108,270.864	110,438.640	112,649.472	114,901.488	118,347.840
72	N2	***	**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**49.052**	**50.766**	**52.483**	**54.271**	**56.025**	**57.838**	**58.994**	**60.175**			
						Monthly	7,652.112	7,919.496	8,187.348	8,466.276	8,739.900	9,022.728	9,203.064	9,387.300			
						Annual	91,825.344	95,033.952	98,248.176	101,595.312	104,878.800	108,272.736	110,436.768	112,647.600			
73	N2	***	**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**50.033**	**51.781**	**53.533**	**55.356**	**57.146**	**58.995**	**60.174**	**61.379**			
						Monthly	7,805.148	8,077.836	8,351.148	8,635.536	8,914.776	9,203.220	9,387.144	9,575.124			
						Annual	93,661.776	96,934.032	100,213.776	103,626.432	106,977.312	110,438.640	112,645.728	114,901.488			
74	N2	***	**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**51.534**	**53.334**	**55.139**	**57.017**	**58.860**	**60.765**	**61.979**	**63.220**			
						Monthly	8,039.304	8,320.104	8,601.684	8,894.652	9,182.160	9,479.340	9,668.724	9,862.320			
						Annual	96,471.648	99,841.248	103,220.208	106,735.824	110,185.920	113,752.080	116,024.688	118,347.840			
75	CRN	1,5,6	**Weekend Worker - CRN/Charge Nurse**	1	1872	Hourly	**50.476**	**52.209**	**53.980**	**55.767**	**57.470**	**59.281**	**60.789**	**62.003**	**63.242**	**64.507**	**66.442**
						Monthly	7,874.256	8,144.604	8,420.880	8,699.652	8,965.320	9,247.836	9,483.084	9,672.468	9,865.752	10,063.092	10,364.952
						Annual	94,491.072	97,735.248	101,050.560	104,395.824	107,583.840	110,974.032	113,797.008	116,069.616	118,389.024	120,757.104	124,379.424

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
76	CRN	***	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	1872	Hourly	**51.486**	**53.253**	**55.060**	**56.882**	**58.619**	**60.467**	**62.005**	**63.243**			
						Monthly	8,031.816	8,307.468	8,589.360	8,873.592	9,144.564	9,432.852	9,672.780	9,865.908			
						Annual	96,381.792	99,689.616	103,072.320	106,483.104	109,734.768	113,194.224	116,073.360	118,390.896			
77	CRN	***	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	1872	Hourly	**52.516**	**54.318**	**56.161**	**58.020**	**59.791**	**61.676**	**63.245**	**64.508**			
						Monthly	8,192.496	8,473.608	8,761.116	9,051.120	9,327.396	9,621.456	9,866.220	10,063.248			
						Annual	98,309.952	101,683.296	105,133.392	108,613.440	111,928.752	115,457.472	118,394.640	120,758.976			
78	CRN	***	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	1872	Hourly	**54.091**	**55.948**	**57.846**	**59.761**	**61.585**	**63.526**	**65.142**	**66.443**			
						Monthly	8,438.196	8,727.888	9,023.976	9,322.716	9,607.260	9,910.056	10,162.152	10,365.108			
						Annual	101,258.352	104,734.656	108,287.712	111,872.592	115,287.120	118,920.672	121,945.824	124,381.296			
79	N3	5	**Weekend Worker - Nurse III**		1872	Hourly	**49.921**	**51.602**	**53.363**	**55.076**	**56.668**	**58.403**	**60.196**	**61.400**	**62.628**	**63.881**	**65.798**
						Monthly	7,787.676	8,049.912	8,324.628	8,591.856	8,840.208	9,110.868	9,390.576	9,578.400	9,769.968	9,965.436	10,264.488
						Annual	93,452.112	96,598.944	99,895.536	103,102.272	106,082.496	109,330.416	112,686.912	114,940.800	117,239.616	119,585.232	123,173.856
80	N3	***	**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**50.919**	**52.634**	**54.430**	**56.178**	**57.801**	**59.571**	**61.400**	**62.628**			
						Monthly	7,943.364	8,210.904	8,491.080	8,763.768	9,016.956	9,293.076	9,578.400	9,769.968			
						Annual	95,320.368	98,530.848	101,892.960	105,165.216	108,203.472	111,516.912	114,940.800	117,239.616			
81	N3	***	**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**51.937**	**53.687**	**55.519**	**57.302**	**58.957**	**60.762**	**62.628**	**63.881**			
						Monthly	8,102.172	8,375.172	8,660.964	8,939.112	9,197.292	9,478.872	9,769.968	9,965.436			
						Annual	97,226.064	100,502.064	103,931.568	107,269.344	110,367.504	113,746.464	117,239.616	119,585.232			
82	N3	***	**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**53.495**	**55.298**	**57.185**	**59.021**	**60.726**	**62.585**	**64.507**	**65.797**			
						Monthly	8,345.220	8,626.488	8,920.860	9,207.276	9,473.256	9,763.260	10,063.092	10,264.332			
						Annual	100,142.640	103,517.856	107,050.320	110,487.312	113,679.072	117,159.120	120,757.104	123,171.984			
83	N4	1,5	**Weekend Worker - Nurse IV**	1	1872	Hourly	**53.183**	**55.152**	**57.123**	**59.272**	**61.735**	**64.123**	**66.732**	**69.448**	**70.837**	**72.254**	**74.422**
						Monthly	8,296.548	8,603.712	8,911.188	9,246.432	9,630.660	10,003.188	10,410.192	10,833.888	11,050.572	11,271.624	11,609.832
						Annual	99,558.576	103,244.544	106,934.256	110,957.184	115,567.920	120,038.256	124,922.304	130,006.656	132,606.864	135,259.488	139,317.984
84	N4	***	**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**54.247**	**56.255**	**58.265**	**60.457**	**62.970**	**65.405**	**68.067**	**70.837**			
						Monthly	8,462.532	8,775.780	9,089.340	9,431.292	9,823.320	10,203.180	10,618.452	11,050.572			
						Annual	101,550.384	105,309.360	109,072.080	113,175.504	117,879.840	122,438.160	127,421.424	132,606.864			
85	N4	***	**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**55.332**	**57.380**	**59.430**	**61.666**	**64.229**	**66.713**	**69.428**	**72.254**			
						Monthly	8,631.792	8,951.280	9,271.080	9,619.896	10,019.724	10,407.228	10,830.768	11,271.624			
						Annual	103,581.504	107,415.360	111,252.960	115,438.752	120,236.688	124,886.736	129,969.216	135,259.488			
86	N4	***	**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**56.992**	**59.101**	**61.213**	**63.516**	**66.156**	**68.714**	**71.511**	**74.422**			
						Monthly	8,890.752	9,219.756	9,549.228	9,908.496	10,320.336	10,719.384	11,155.716	11,609.832			
						Annual	106,689.024	110,637.072	114,590.736	118,901.952	123,844.032	128,632.608	133,868.592	139,317.984			
87	N5	4,5	**Weekend Worker - Nurse V**		1872	Hourly	**54.503**	**56.588**	**58.980**	**61.299**	**63.832**	**66.314**	**68.899**	**71.655**	**73.088**	**74.550**	**76.787**
						Monthly	8,502.468	8,827.728	9,200.880	9,562.644	9,957.792	10,344.984	10,748.244	11,178.180	11,401.728	11,629.800	11,978.772
						Annual	102,029.616	105,932.736	110,410.560	114,751.728	119,493.504	124,139.808	128,978.928	134,138.160	136,820.736	139,557.600	143,745.264
88	N5	***	**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**55.593**	**57.720**	**60.160**	**62.525**	**65.109**	**67.640**	**70.277**	**73.088**			
						Monthly	8,672.508	9,004.320	9,384.960	9,753.900	10,157.004	10,551.840	10,963.212	11,401.728			
						Annual	104,070.096	108,051.840	112,619.520	117,046.800	121,884.048	126,622.080	131,558.544	136,820.736			
89	N5	***	**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**56.705**	**58.874**	**61.363**	**63.776**	**66.411**	**68.993**	**71.683**	**74.550**			
						Monthly	8,845.980	9,184.344	9,572.628	9,949.056	10,360.116	10,762.908	11,182.548	11,629.800			
						Annual	106,151.760	110,212.128	114,871.536	119,388.672	124,321.392	129,154.896	134,190.576	139,557.600			
90	N5	***	**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**58.406**	**60.640**	**63.204**	**65.689**	**68.403**	**71.063**	**73.833**	**76.787**			
						Monthly	9,111.336	9,459.840	9,859.824	10,247.484	10,670.868	11,085.828	11,517.948	11,978.772			
						Annual	109,336.032	113,518.080	118,317.888	122,969.808	128,050.416	133,029.936	138,215.376	143,745.264			

A1. Effective April 1, 2025

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN	1	**Licensed Practical Nurse**	1	2015	Hourly	**33.234**	**34.323**	**35.396**	**36.702**	**37.895**	**39.234**	**40.628**	**41.848**	**42.686**	**43.540**	**44.846**
						Monthly	5,580.543	5,763.404	5,943.578	6,162.878	6,363.202	6,588.043	6,822.118	7,026.977	7,167.691	7,311.092	7,530.391
						Annual	66,966.510	69,160.845	71,322.940	73,954.530	76,358.425	79,056.510	81,865.420	84,323.720	86,012.290	87,733.100	90,364.690
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	**31.947**										
						Monthly	5,364.434										
						Annual	64,373.205										
3	SIEN		**SIEN**		2015	Hourly	**31.947**										
						Monthly	5,364.434										
						Annual	64,373.205										
4	N2		**Nurse II**		2015	Hourly	**41.733**	**43.191**	**44.652**	**46.173**	**47.665**	**49.208**	**50.191**	**51.196**	**52.221**	**53.265**	**54.862**
						Monthly	7,007.666	7,252.489	7,497.815	7,753.216	8,003.748	8,262.843	8,427.905	8,596.662	8,768.776	8,944.081	9,212.244
						Annual	84,091.995	87,029.865	89,973.780	93,038.595	96,044.975	99,154.120	101,134.865	103,159.940	105,225.315	107,328.975	110,546.930
5	N2		**Nurse II (15-Year Scale)**		2015	Hourly	**42.567**	**44.055**	**45.545**	**47.096**	**48.618**	**50.192**	**51.195**	**52.221**			
						Monthly	7,147.709	7,397.569	7,647.765	7,908.203	8,163.773	8,428.073	8,596.494	8,768.776			
						Annual	85,772.505	88,770.825	91,773.175	94,898.440	97,965.270	101,136.880	103,157.925	105,225.315			
6	N2		**Nurse II (20-Year Scale)**		2015	Hourly	**43.419**	**44.937**	**46.456**	**48.039**	**49.590**	**51.196**	**52.220**	**53.265**			
						Monthly	7,290.774	7,545.671	7,800.737	8,066.549	8,326.988	8,596.662	8,768.608	8,944.081			
						Annual	87,489.285	90,548.055	93,608.840	96,798.585	99,923.850	103,159.940	105,223.300	107,328.975			
7	N2		**Nurse II (25-Year Scale)**		2015	Hourly	**44.722**	**46.285**	**47.850**	**49.480**	**51.078**	**52.732**	**53.787**	**54.862**			
						Monthly	7,509.569	7,772.023	8,034.813	8,308.517	8,576.848	8,854.582	9,031.734	9,212.244			
						Annual	90,114.830	93,264.275	96,417.750	99,702.200	102,922.170	106,254.980	108,380.805	110,546.930			
8	CRN	1	**CRN/Charge Nurse**	1	2015	Hourly	**44.241**	**45.760**	**47.312**	**48.878**	**50.372**	**51.958**	**53.280**	**54.344**	**55.431**	**56.539**	**58.235**
						Monthly	7,428.801	7,683.867	7,944.473	8,207.431	8,458.298	8,724.614	8,946.600	9,125.263	9,307.789	9,493.840	9,778.627
						Annual	89,145.615	92,206.400	95,333.680	98,489.170	101,499.580	104,695.370	107,359.200	109,503.160	111,693.465	113,926.085	117,343.525
9	CRN	1	**CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	**45.127**	**46.675**	**48.259**	**49.856**	**51.379**	**52.997**	**54.346**	**55.431**			
						Monthly	7,577.575	7,837.510	8,103.490	8,371.653	8,627.390	8,899.080	9,125.599	9,307.789			
						Annual	90,930.905	94,050.125	97,241.885	100,459.840	103,528.685	106,788.955	109,507.190	111,693.465			
10	CRN	1	**CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	**46.029**	**47.609**	**49.224**	**50.853**	**52.407**	**54.057**	**55.433**	**56.539**			
						Monthly	7,729.036	7,994.345	8,265.530	8,539.066	8,800.009	9,077.071	9,308.125	9,493.840			
						Annual	92,748.435	95,932.135	99,186.360	102,468.795	105,600.105	108,924.855	111,697.495	113,926.085			
11	CRN	1	**CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	**47.411**	**49.037**	**50.700**	**52.379**	**53.979**	**55.679**	**57.095**	**58.235**			
						Monthly	7,961.097	8,234.130	8,513.375	8,795.307	9,063.974	9,349.432	9,587.202	9,778.627			
						Annual	95,533.165	98,809.555	102,160.500	105,543.685	108,767.685	112,193.185	115,046.425	117,343.525			
12	N3		**Nurse III**		2015	Hourly	**43.321**	**44.781**	**46.308**	**47.795**	**49.176**	**50.682**	**52.238**	**53.283**	**54.349**	**55.436**	**57.099**
						Monthly	7,274.318	7,519.476	7,775.885	8,025.577	8,257.470	8,510.353	8,771.631	8,947.104	9,126.103	9,308.628	9,587.874
						Annual	87,291.815	90,233.715	93,310.620	96,306.925	99,089.640	102,124.230	105,259.570	107,365.245	109,513.235	111,703.540	115,054.485
13	N3		**Nurse III (15-Year Scale)**		2015	Hourly	**44.188**	**45.676**	**47.234**	**48.751**	**50.159**	**51.697**	**53.283**	**54.349**			
						Monthly	7,419.902	7,669.762	7,931.376	8,186.105	8,422.532	8,680.788	8,947.104	9,126.103			
						Annual	89,038.820	92,037.140	95,176.510	98,233.265	101,070.385	104,169.455	107,365.245	109,513.235			
14	N3		**Nurse III (20-Year Scale)**		2015	Hourly	**45.071**	**46.590**	**48.178**	**49.726**	**51.162**	**52.730**	**54.349**	**55.436**			
						Monthly	7,568.172	7,823.238	8,089.889	8,349.824	8,590.953	8,854.246	9,126.103	9,308.628			
						Annual	90,818.065	93,878.850	97,078.670	100,197.890	103,091.430	106,250.950	109,513.235	111,703.540			
15	N3		**Nurse III (25-Year Scale)**		2015	Hourly	**46.423**	**47.987**	**49.624**	**51.218**	**52.697**	**54.313**	**55.979**	**57.099**			
						Monthly	7,795.195	8,057.817	8,332.697	8,600.356	8,848.705	9,120.058	9,399.807	9,587.874			
						Annual	93,542.345	96,693.805	99,992.360	103,204.270	106,184.455	109,440.695	112,797.685	115,054.485			

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16	N4		**Nurse IV**		2015	Hourly	**46.152**	**47.861**	**49.572**	**51.437**	**53.574**	**55.646**	**57.910**	**60.267**	**61.472**	**62.702**	**64.584**
						Monthly	7,749.690	8,036.660	8,323.965	8,637.130	8,995.968	9,343.891	9,724.054	10,119.834	10,322.173	10,528.711	10,844.730
						Annual	92,996.280	96,439.915	99,887.580	103,645.555	107,951.610	112,126.690	116,688.650	121,438.005	123,866.080	126,344.530	130,136.760
17	N4		**Nurse IV (15-Year Scale)**		2015	Hourly	**47.075**	**48.819**	**50.563**	**52.465**	**54.646**	**56.759**	**59.068**	**61.472**			
						Monthly	7,904.677	8,197.524	8,490.370	8,809.748	9,175.974	9,530.782	9,918.502	10,322.173			
						Annual	94,856.125	98,370.285	101,884.445	105,716.975	110,111.690	114,369.385	119,022.020	123,866.080			
18	N4		**Nurse IV (20-Year Scale)**		2015	Hourly	**48.016**	**49.795**	**51.574**	**53.514**	**55.739**	**57.894**	**60.250**	**62.702**			
						Monthly	8,062.687	8,361.410	8,660.134	8,985.893	9,359.507	9,721.368	10,116.979	10,528.711			
						Annual	96,752.240	100,336.925	103,921.610	107,830.710	112,314.085	116,656.410	121,403.750	126,344.530			
19	N4		**Nurse IV (25-Year Scale)**		2015	Hourly	**49.457**	**51.289**	**53.122**	**55.119**	**57.411**	**59.631**	**62.057**	**64.584**			
						Monthly	8,304.655	8,612.278	8,920.069	9,255.399	9,640.264	10,013.039	10,420.405	10,844.730			
						Annual	99,655.855	103,347.335	107,040.830	111,064.785	115,683.165	120,156.465	125,044.855	130,136.760			
20	N5		**Nurse V**		2015	Hourly	**47.298**	**49.107**	**51.183**	**53.196**	**55.394**	**57.547**	**59.790**	**62.182**	**63.426**	**64.694**	**66.635**
						Monthly	7,942.123	8,245.884	8,594.479	8,932.495	9,301.576	9,663.100	10,039.738	10,441.394	10,650.283	10,863.201	11,189.127
						Annual	95,305.470	98,950.605	103,133.745	107,189.940	111,618.910	115,957.205	120,476.850	125,296.730	127,803.390	130,358.410	134,269.525
21	N5		**Nurse V (15-Year Scale)**		2015	Hourly	**48.244**	**50.090**	**52.206**	**54.259**	**56.501**	**58.698**	**60.986**	**63.426**			
						Monthly	8,100.972	8,410.946	8,766.258	9,110.990	9,487.460	9,856.373	10,240.566	10,650.283			
						Annual	97,211.660	100,931.350	105,195.090	109,331.885	113,849.515	118,276.470	122,886.790	127,803.390			
22	N5		**Nurse V (20-Year Scale)**		2015	Hourly	**49.209**	**51.091**	**53.250**	**55.344**	**57.631**	**59.872**	**62.206**	**64.694**			
						Monthly	8,263.011	8,579.030	8,941.563	9,293.180	9,677.205	10,053.507	10,445.424	10,863.201			
						Annual	99,156.135	102,948.365	107,298.750	111,518.160	116,126.465	120,642.080	125,345.090	130,358.410			
23	N5		**Nurse V (25-Year Scale)**		2015	Hourly	**50.686**	**52.624**	**54.848**	**57.005**	**59.361**	**61.668**	**64.072**	**66.635**			
						Monthly	8,511.024	8,836.447	9,209.893	9,572.090	9,967.701	10,355.085	10,758.757	11,189.127			
						Annual	102,132.290	106,037.360	110,518.720	114,865.075	119,612.415	124,261.020	129,105.080	134,269.525			
24	NP		**Nurse Practitioner**		2015	Hourly	**63.646**	**66.263**	**68.876**	**71.697**	**73.848**	**76.064**			**77.585**	**79.137**	**81.512**
						Monthly	10,687.224	11,126.662	11,565.428	12,039.121	12,400.310	12,772.413			13,027.815	13,288.421	13,687.223
						Annual	128,246.690	133,519.945	138,785.140	144,469.455	148,803.720	153,268.960			156,333.775	159,461.055	164,246.680
25	NP		**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**64.920**	**67.589**	**70.254**	**73.131**	**75.325**	**77.585**					
						Monthly	10,901.150	11,349.320	11,796.818	12,279.914	12,648.323	13,027.815					
						Annual	130,813.800	136,191.835	141,561.810	147,358.965	151,779.875	156,333.775					
26	NP		**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**66.218**	**68.941**	**71.659**	**74.593**	**76.831**	**79.137**					
						Monthly	11,119.106	11,576.343	12,032.740	12,525.408	12,901.205	13,288.421					
						Annual	133,429.270	138,916.115	144,392.885	150,304.895	154,814.465	159,461.055					
27	NP		**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**68.204**	**71.009**	**73.808**	**76.831**	**79.136**	**81.512**					
						Monthly	11,452.588	11,923.595	12,393.593	12,901.205	13,288.253	13,687.223					
						Annual	137,431.060	143,083.135	148,723.120	154,814.465	159,459.040	164,246.680					
28	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	2015	Hourly	**38.220**	**39.471**	**40.705**	**42.205**	**43.581**	**45.116**	**46.725**	**48.125**	**49.087**	**50.068**	**51.570**
						Monthly	6,417.775	6,627.839	6,835.048	7,086.923	7,317.976	7,575.728	7,845.906	8,080.990	8,242.525	8,407.252	8,659.463
						Annual	77,013.300	79,534.065	82,020.575	85,043.075	87,815.715	90,908.740	94,150.875	96,971.875	98,910.305	100,887.020	103,913.550
29	LPN	1	**Weekend Worker - Licensed Practical Nurse (PIO)**	1	1872	Hourly	**41.139**	**42.487**	**43.814**	**45.429**	**46.912**	**48.563**	**50.294**	**51.801**	**52.836**	**53.893**	**55.510**
						Monthly	6,417.684	6,627.972	6,834.984	7,086.924	7,318.272	7,575.828	7,845.864	8,080.956	8,242.416	8,407.308	8,659.560
						Annual	77,012.208	79,535.664	82,019.808	85,043.088	87,819.264	90,909.936	94,150.368	96,971.472	98,908.992	100,887.696	103,914.720
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**47.995**	**49.670**	**51.350**	**53.101**	**54.812**	**56.589**	**57.721**	**58.875**	**60.052**	**61.253**	**63.091**
						Monthly	8,059.160	8,340.421	8,622.521	8,916.543	9,203.848	9,502.236	9,692.318	9,886.094	10,083.732	10,285.400	10,594.030
						Annual	96,709.925	100,085.050	103,470.250	106,998.515	110,446.180	114,026.835	116,307.815	118,633.125	121,004.780	123,424.795	127,128.365

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31	N2		**Weekend Worker - Nurse II (15 Year Scale)**		2015	Hourly	**48.954**	**50.664**	**52.378**	**54.164**	**55.908**	**57.720**	**58.876**	**60.052**			
						Monthly	8,220.193	8,507.330	8,795.139	9,095.038	9,387.885	9,692.150	9,886.262	10,083.732			
						Annual	98,642.310	102,087.960	105,541.670	109,140.460	112,654.620	116,305.800	118,635.140	121,004.780			
32	N2		**Weekend Worker - Nurse II (20 Year Scale)**		2015	Hourly	**49.933**	**51.677**	**53.426**	**55.247**	**57.026**	**58.875**	**60.053**	**61.253**			
						Monthly	8,384.583	8,677.430	8,971.116	9,276.892	9,575.616	9,886.094	10,083.900	10,285.400			
						Annual	100,614.995	104,129.155	107,653.390	111,322.705	114,907.390	118,633.125	121,006.795	123,424.795			
33	N2		**Weekend Worker - Nurse II (25 Year Scale)**		2015	Hourly	**51.432**	**53.228**	**55.029**	**56.904**	**58.737**	**60.641**	**61.854**	**63.091**			
						Monthly	8,636.290	8,937.868	9,240.286	9,555.130	9,862.921	10,182.635	10,386.318	10,594.030			
						Annual	103,635.480	107,254.420	110,883.435	114,661.560	118,355.055	122,191.615	124,635.810	127,128.365			
34	N2		**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**51.662**	**53.465**	**55.273**	**57.157**	**58.999**	**60.912**	**62.130**	**63.372**	**64.640**	**65.933**	**67.911**
						Monthly	8,059.272	8,340.540	8,622.588	8,916.492	9,203.844	9,502.272	9,692.280	9,886.032	10,083.840	10,285.548	10,594.116
						Annual	96,711.264	100,086.480	103,471.056	106,997.904	110,446.128	114,027.264	116,307.360	118,632.384	121,006.080	123,426.576	127,129.392
35	N2		**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**52.695**	**54.535**	**56.379**	**58.300**	**60.179**	**62.131**	**63.372**	**64.640**			
						Monthly	8,220.420	8,507.460	8,795.124	9,094.800	9,387.924	9,692.436	9,886.032	10,083.840			
						Annual	98,645.040	102,089.520	105,541.488	109,137.600	112,655.088	116,309.232	118,632.384	121,006.080			
36	N2		**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**53.750**	**55.626**	**57.506**	**59.467**	**61.382**	**63.373**	**64.640**	**65.933**			
						Monthly	8,385.000	8,677.656	8,970.936	9,276.852	9,575.592	9,886.188	10,083.840	10,285.548			
						Annual	100,620.000	104,131.872	107,651.232	111,322.224	114,907.104	118,634.256	121,006.080	123,426.576			
37	N2		**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	**55.362**	**57.294**	**59.231**	**61.250**	**63.223**	**65.274**	**66.579**	**67.911**			
						Monthly	8,636.472	8,937.864	9,240.036	9,555.000	9,862.788	10,182.744	10,386.324	10,594.116			
						Annual	103,637.664	107,254.368	110,880.432	114,660.000	118,353.456	122,192.928	124,635.888	127,129.392			
38	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	2015	Hourly	**50.879**	**52.622**	**54.408**	**56.209**	**57.927**	**59.752**	**61.271**	**62.497**	**63.746**	**65.022**	**66.973**
						Monthly	8,543.432	8,836.111	9,136.010	9,438.428	9,726.909	10,033.357	10,288.422	10,494.288	10,704.016	10,918.278	11,245.883
						Annual	102,521.185	106,033.330	109,632.120	113,261.135	116,722.905	120,400.280	123,461.065	125,931.455	128,448.190	131,019.330	134,950.595
39	CRN	1	**Weekend Worker - CRN/Charge Nurse (15 Year Scale)**	1	2015	Hourly	**51.897**	**53.675**	**55.497**	**57.333**	**59.085**	**60.947**	**62.497**	**63.746**			
						Monthly	8,714.371	9,012.927	9,318.871	9,627.166	9,921.356	10,234.017	10,494.288	10,704.016			
						Annual	104,572.455	108,155.125	111,826.455	115,525.995	119,056.275	122,808.205	125,931.455	128,448.190			
40	CRN	1	**Weekend Worker - CRN/Charge Nurse (20 Year Scale)**	1	2015	Hourly	**52.935**	**54.748**	**56.608**	**58.480**	**60.267**	**62.167**	**63.746**	**65.022**			
						Monthly	8,888.669	9,193.102	9,505.427	9,819.767	10,119.834	10,438.875	10,704.016	10,918.278			
						Annual	106,664.025	110,317.220	114,065.120	117,837.200	121,438.005	125,266.505	128,448.190	131,019.330			
41	CRN	1	**Weekend Worker - CRN/Charge Nurse (25 Year Scale)**	1	2015	Hourly	**54.523**	**56.391**	**58.305**	**60.235**	**62.075**	**64.032**	**65.659**	**66.973**			
						Monthly	9,155.320	9,468.989	9,790.381	10,114.460	10,423.427	10,752.040	11,025.240	11,245.883			
						Annual	109,863.845	113,627.865	117,484.575	121,373.525	125,081.125	129,024.480	132,302.885	134,950.595			
42	CRN	1	**Weekend Worker - CRN/Charge Nurse (PIO)**	1	1872	Hourly	**54.765**	**56.643**	**58.565**	**60.502**	**62.352**	**64.317**	**65.953**	**67.271**	**68.616**	**69.988**	**72.087**
						Monthly	8,543.340	8,836.308	9,136.140	9,438.312	9,726.912	10,033.452	10,288.668	10,494.276	10,704.096	10,918.128	11,245.572
						Annual	102,520.080	106,035.696	109,633.680	113,259.744	116,722.944	120,401.424	123,464.016	125,931.312	128,449.152	131,017.536	134,946.864
43	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO**	1	1872	Hourly	**55.860**	**57.776**	**59.736**	**61.712**	**63.599**	**65.604**	**67.272**	**68.616**			
						Monthly	8,714.160	9,013.056	9,318.816	9,627.072	9,921.444	10,234.224	10,494.432	10,704.096			
						Annual	104,569.920	108,156.672	111,825.792	115,524.864	119,057.328	122,810.688	125,933.184	128,449.152			
44	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO**	1	1872	Hourly	**56.978**	**58.931**	**60.931**	**62.946**	**64.871**	**66.916**	**68.617**	**69.988**			
						Monthly	8,888.568	9,193.236	9,505.236	9,819.576	10,119.876	10,438.896	10,704.252	10,918.128			
						Annual	106,662.816	110,318.832	114,062.832	117,834.912	121,438.512	125,266.752	128,451.024	131,017.536			
45	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO**	1	1872	Hourly	**58.687**	**60.699**	**62.758**	**64.835**	**66.817**	**68.923**	**70.676**	**72.087**			
						Monthly	9,155.172	9,469.044	9,790.248	10,114.260	10,423.452	10,751.988	11,025.456	11,245.572			
						Annual	109,862.064	113,628.528	117,482.976	121,371.120	125,081.424	129,023.856	132,305.472	134,946.864			

A1. Effective April 1, 2025

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Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
46	N3		**Weekend Worker - Nurse III**		2015	Hourly	**49.818**	**51.500**	**53.253**	**54.963**	**56.553**	**58.285**	**60.075**	**61.276**	**62.502**	**63.752**	**65.664**
						Monthly	8,365.273	8,647.708	8,942.066	9,229.204	9,496.191	9,787.023	10,087.594	10,289.262	10,495.128	10,705.023	11,026.080
						Annual	100,383.270	103,772.500	107,304.795	110,750.445	113,954.295	117,444.275	121,051.125	123,471.140	125,941.530	128,460.280	132,312.960
47	N3		**Weekend Worker - Nurse III (15 Year Scale)**		2015	Hourly	**50.815**	**52.530**	**54.319**	**56.062**	**57.684**	**59.451**	**61.276**	**62.502**			
						Monthly	8,532.685	8,820.663	9,121.065	9,413.744	9,686.105	9,982.814	10,289.262	10,495.128			
						Annual	102,392.225	105,847.950	109,452.785	112,964.930	116,233.260	119,793.765	123,471.140	125,941.530			
48	N3		**Weekend Worker - Nurse III (20 Year Scale)**		2015	Hourly	**51.831**	**53.580**	**55.405**	**57.183**	**58.838**	**60.640**	**62.502**	**63.752**			
						Monthly	8,703.289	8,996.975	9,303.423	9,601.979	9,879.881	10,182.467	10,495.128	10,705.023			
						Annual	104,439.465	107,963.700	111,641.075	115,223.745	118,558.570	122,189.600	125,941.530	128,460.280			
49	N3		**Weekend Worker - Nurse III (25 Year Scale)**		2015	Hourly	**53.386**	**55.187**	**57.067**	**58.899**	**60.603**	**62.460**	**64.377**	**65.664**			
						Monthly	8,964.399	9,266.817	9,582.500	9,890.124	10,176.254	10,488.075	10,809.971	11,026.080			
						Annual	107,572.790	111,201.805	114,990.005	118,681.485	122,115.045	125,856.900	129,719.655	132,312.960			
50	N3		**Weekend Worker - Nurse III (PIO)**		1872	Hourly	**53.624**	**55.434**	**57.321**	**59.162**	**60.872**	**62.738**	**64.664**	**65.956**	**67.276**	**68.622**	**70.681**
						Monthly	8,365.344	8,647.704	8,942.076	9,229.272	9,496.032	9,787.128	10,087.584	10,289.136	10,495.056	10,705.032	11,026.236
						Annual	100,384.128	103,772.448	107,304.912	110,751.264	113,952.384	117,445.536	121,051.008	123,469.632	125,940.672	128,460.384	132,314.832
51	N3		**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	**54.697**	**56.542**	**58.468**	**60.346**	**62.090**	**63.993**	**65.957**	**67.276**			
						Monthly	8,532.732	8,820.552	9,121.008	9,413.976	9,686.040	9,982.908	10,289.292	10,495.056			
						Annual	102,392.784	105,846.624	109,452.096	112,967.712	116,232.480	119,794.896	123,471.504	125,940.672			
52	N3		**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	**55.791**	**57.674**	**59.637**	**61.553**	**63.332**	**65.273**	**67.277**	**68.622**			
						Monthly	8,703.396	8,997.144	9,303.372	9,602.268	9,879.792	10,182.588	10,495.212	10,705.032			
						Annual	104,440.752	107,965.728	111,640.464	115,227.216	118,557.504	122,191.056	125,942.544	128,460.384			
53	N3		**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	**57.465**	**59.404**	**61.426**	**63.400**	**65.232**	**67.231**	**69.295**	**70.681**			
						Monthly	8,964.540	9,267.024	9,582.456	9,890.400	10,176.192	10,488.036	10,810.020	11,026.236			
						Annual	107,574.480	111,204.288	114,989.472	118,684.800	122,114.304	125,856.432	129,720.240	132,314.832			
54	N4		**Weekend Worker - Nurse IV**		2015	Hourly	**53.072**	**55.039**	**57.006**	**59.151**	**61.611**	**63.994**	**66.595**	**69.306**	**70.692**	**72.106**	**74.269**
						Monthly	8,911.673	9,241.965	9,572.258	9,932.439	10,345.514	10,745.659	11,182.410	11,637.633	11,870.365	12,107.799	12,471.003
						Annual	106,940.080	110,903.585	114,867.090	119,189.265	124,146.165	128,947.910	134,188.925	139,651.590	142,444.380	145,293.590	149,652.035
55	N4		**Weekend Worker - Nurse IV (15 Year Scale)**		2015	Hourly	**54.134**	**56.140**	**58.146**	**60.334**	**62.843**	**65.274**	**67.927**	**70.692**			
						Monthly	9,090.001	9,426.842	9,763.683	10,131.084	10,552.387	10,960.593	11,406.075	11,870.365			
						Annual	109,080.010	113,122.100	117,164.190	121,573.010	126,628.645	131,527.110	136,872.905	142,444.380			
56	N4		**Weekend Worker - Nurse IV (20 Year Scale)**		2015	Hourly	**55.217**	**57.263**	**59.309**	**61.540**	**64.100**	**66.580**	**69.285**	**72.106**			
						Monthly	9,271.855	9,615.412	9,958.970	10,333.592	10,763.458	11,179.892	11,634.106	12,107.799			
						Annual	111,262.255	115,384.945	119,507.635	124,003.100	129,161.500	134,158.700	139,609.275	145,293.590			
57	N4		**Weekend Worker - Nurse IV (25 Year Scale)**		2015	Hourly	**56.873**	**58.981**	**61.089**	**63.386**	**66.023**	**68.577**	**71.364**	**74.269**			
						Monthly	9,549.925	9,903.893	10,257.861	10,643.566	11,086.362	11,515.221	11,983.205	12,471.003			
						Annual	114,599.095	118,846.715	123,094.335	127,722.790	133,036.345	138,182.655	143,798.460	149,652.035			
58	N4		**Weekend Worker - Nurse IV (PIO)**		1872	Hourly	**57.126**	**59.243**	**61.361**	**63.669**	**66.318**	**68.883**	**71.683**	**74.601**	**76.093**	**77.614**	**79.943**
						Monthly	8,911.656	9,241.908	9,572.316	9,932.364	10,345.608	10,745.748	11,182.548	11,637.756	11,870.508	12,107.784	12,471.108
						Annual	106,939.872	110,902.896	114,867.792	119,188.368	124,147.296	128,948.976	134,190.576	139,653.072	142,446.096	145,293.408	149,653.296
59	N4		**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**58.268**	**60.427**	**62.588**	**64.942**	**67.644**	**70.260**	**73.116**	**76.093**			
						Monthly	9,089.808	9,426.612	9,763.728	10,130.952	10,552.464	10,960.560	11,406.096	11,870.508			
						Annual	109,077.696	113,119.344	117,164.736	121,571.424	126,629.568	131,526.720	136,873.152	142,446.096			
60	N4		**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**59.434**	**61.636**	**63.840**	**66.241**	**68.998**	**71.666**	**74.578**	**77.614**			
						Monthly	9,271.704	9,615.216	9,959.040	10,333.596	10,763.688	11,179.896	11,634.168	12,107.784			
						Annual	111,260.448	115,382.592	119,508.480	124,003.152	129,164.256	134,158.752	139,610.016	145,293.408			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
61	N4		**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**61.216**	**63.485**	**65.755**	**68.228**	**71.068**	**73.816**	**76.815**	**79.943**			
						Monthly	9,549.696	9,903.660	10,257.780	10,643.568	11,086.608	11,515.296	11,983.140	12,471.108			
						Annual	114,596.352	118,843.920	123,093.360	127,722.816	133,039.296	138,183.552	143,797.680	149,653.296			
62	N5		**Weekend Worker - Nurse V**		2015	Hourly	**54.392**	**56.474**	**58.861**	**61.176**	**63.703**	**66.178**	**68.756**	**71.507**	**72.937**	**74.396**	**76.628**
						Monthly	9,133.323	9,482.926	9,883.743	10,272.470	10,696.795	11,112.389	11,545.278	12,007.217	12,247.338	12,492.328	12,867.118
						Annual	109,599.880	113,795.110	118,604.915	123,269.640	128,361.545	133,348.670	138,543.340	144,086.605	146,968.055	149,907.940	154,405.420
63	N5		**Weekend Worker - Nurse V (15 Year Scale)**		2015	Hourly	**55.480**	**57.604**	**60.039**	**62.400**	**64.977**	**67.502**	**70.131**	**72.937**			
						Monthly	9,316.017	9,672.672	10,081.549	10,478.000	10,910.721	11,334.711	11,776.164	12,247.338			
						Annual	111,792.200	116,072.060	120,978.585	125,736.000	130,928.655	136,016.530	141,313.965	146,968.055			
64	N5		**Weekend Worker - Nurse V (20 Year Scale)**		2015	Hourly	**56.590**	**58.756**	**61.240**	**63.648**	**66.277**	**68.852**	**71.534**	**74.396**			
						Monthly	9,502.404	9,866.112	10,283.217	10,687.560	11,129.013	11,561.398	12,011.751	12,492.328			
						Annual	114,028.850	118,393.340	123,398.600	128,250.720	133,548.155	138,736.780	144,141.010	149,907.940			
65	N5		**Weekend Worker - Nurse V (25 Year Scale)**		2015	Hourly	**58.287**	**60.518**	**63.077**	**65.558**	**68.265**	**70.917**	**73.680**	**76.628**			
						Monthly	9,787.359	10,161.981	10,591.680	11,008.281	11,462.831	11,908.146	12,372.100	12,867.118			
						Annual	117,448.305	121,943.770	127,100.155	132,099.370	137,553.975	142,897.755	148,465.200	154,405.420			
66	N5		**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**58.547**	**60.789**	**63.358**	**65.849**	**68.569**	**71.233**	**74.010**	**76.970**	**78.509**	**80.079**	**82.482**
						Monthly	9,133.332	9,483.084	9,883.848	10,272.444	10,696.764	11,112.348	11,545.560	12,007.320	12,247.404	12,492.324	12,867.192
						Annual	109,599.984	113,797.008	118,606.176	123,269.328	128,361.168	133,348.176	138,546.720	144,087.840	146,968.848	149,907.888	154,406.304
67	N5		**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**59.718**	**62.004**	**64.625**	**67.167**	**69.941**	**72.659**	**75.490**	**78.509**			
						Monthly	9,316.008	9,672.624	10,081.500	10,478.052	10,910.796	11,334.804	11,776.440	12,247.404			
						Annual	111,792.096	116,071.488	120,978.000	125,736.624	130,929.552	136,017.648	141,317.280	146,968.848			
68	N5		**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**60.912**	**63.245**	**65.917**	**68.510**	**71.339**	**74.112**	**77.000**	**80.079**			
						Monthly	9,502.272	9,866.220	10,283.052	10,687.560	11,128.884	11,561.472	12,012.000	12,492.324			
						Annual	114,027.264	118,394.640	123,396.624	128,250.720	133,546.608	138,737.664	144,144.000	149,907.888			
69	N5		**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**62.739**	**65.142**	**67.895**	**70.565**	**73.480**	**76.335**	**79.310**	**82.482**			
						Monthly	9,787.284	10,162.152	10,591.620	11,008.140	11,462.880	11,908.260	12,372.360	12,867.192			
						Annual	117,447.408	121,945.824	127,099.440	132,097.680	137,554.560	142,899.120	148,468.320	154,406.304			
70	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	1872	Hourly	**39.349**	**40.640**	**41.911**	**43.456**	**44.869**	**46.454**	**48.105**	**49.550**	**50.541**	**51.553**	**53.100**
						Monthly	6,138.444	6,339.840	6,538.116	6,779.136	6,999.564	7,246.824	7,504.380	7,729.800	7,884.396	8,042.268	8,283.600
						Annual	73,661.328	76,078.080	78,457.392	81,349.632	83,994.768	86,961.888	90,052.560	92,757.600	94,612.752	96,507.216	99,403.200
71	N2	1	**Weekend Worker - Nurse II**		1872	Hourly	**49.412**	**51.140**	**52.869**	**54.670**	**56.436**	**58.263**	**59.428**	**60.617**	**61.831**	**63.067**	**64.959**
						Monthly	7,708.272	7,977.840	8,247.564	8,528.520	8,804.016	9,089.028	9,270.768	9,456.252	9,645.636	9,838.452	10,133.604
						Annual	92,499.264	95,734.080	98,970.768	102,342.240	105,648.192	109,068.336	111,249.216	113,475.024	115,747.632	118,061.424	121,603.248
72	N2		**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**50.401**	**52.162**	**53.926**	**55.763**	**57.566**	**59.429**	**60.616**	**61.830**			
						Monthly	7,862.556	8,137.272	8,412.456	8,699.028	8,980.296	9,270.924	9,456.096	9,645.480			
						Annual	94,350.672	97,647.264	100,949.472	104,388.336	107,763.552	111,251.088	113,473.152	115,745.760			
73	N2		**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**51.409**	**53.205**	**55.005**	**56.878**	**58.718**	**60.617**	**61.829**	**63.067**			
						Monthly	8,019.804	8,299.980	8,580.780	8,872.968	9,160.008	9,456.252	9,645.324	9,838.452			
						Annual	96,237.648	99,599.760	102,969.360	106,475.616	109,920.096	113,475.024	115,743.888	118,061.424			
74	N2		**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**52.951**	**54.801**	**56.655**	**58.585**	**60.479**	**62.436**	**63.683**	**64.959**			
						Monthly	8,260.356	8,548.956	8,838.180	9,139.260	9,434.724	9,740.016	9,934.548	10,133.604			
						Annual	99,124.272	102,587.472	106,058.160	109,671.120	113,216.688	116,880.192	119,214.576	121,603.248			
75	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	1872	Hourly	**52.383**	**54.181**	**56.019**	**57.874**	**59.641**	**61.520**	**63.085**	**64.345**	**65.631**	**66.944**	**68.952**
						Monthly	8,171.748	8,452.236	8,738.964	9,028.344	9,303.996	9,597.120	9,841.260	10,037.820	10,238.436	10,443.264	10,756.512
						Annual	98,060.976	101,426.832	104,867.568	108,340.128	111,647.952	115,165.440	118,095.120	120,453.840	122,861.232	125,319.168	129,078.144

A1. Effective April 1, 2025

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
76	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	1872	Hourly	**53.431**	**55.265**	**57.140**	**59.031**	**60.833**	**62.751**	**64.347**	**65.632**			
						Monthly	8,335.236	8,621.340	8,913.840	9,208.836	9,489.948	9,789.156	10,038.132	10,238.592			
						Annual	100,022.832	103,456.080	106,966.080	110,506.032	113,879.376	117,469.872	120,457.584	122,863.104			
77	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	1872	Hourly	**54.500**	**56.370**	**58.282**	**60.212**	**62.050**	**64.006**	**65.634**	**66.945**			
						Monthly	8,502.000	8,793.720	9,091.992	9,393.072	9,679.800	9,984.936	10,238.904	10,443.420			
						Annual	102,024.000	105,524.640	109,103.904	112,716.864	116,157.600	119,819.232	122,866.848	125,321.040			
78	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	1872	Hourly	**56.134**	**58.061**	**60.031**	**62.018**	**63.911**	**65.926**	**67.603**	**68.953**			
						Monthly	8,756.904	9,057.516	9,364.836	9,674.808	9,970.116	10,284.456	10,546.068	10,756.668			
						Annual	105,082.848	108,690.192	112,378.032	116,097.696	119,641.392	123,413.472	126,552.816	129,080.016			
79	N3	1	**Weekend Worker - Nurse III**		1872	Hourly	**51.294**	**53.021**	**54.830**	**56.591**	**58.226**	**60.009**	**61.851**	**63.089**	**64.350**	**65.638**	**67.607**
						Monthly	8,001.864	8,271.276	8,553.480	8,828.196	9,083.256	9,361.404	9,648.756	9,841.884	10,038.600	10,239.528	10,546.692
						Annual	96,022.368	99,255.312	102,641.760	105,938.352	108,999.072	112,336.848	115,785.072	118,102.608	120,463.200	122,874.336	126,560.304
80	N3		**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**52.319**	**54.081**	**55.927**	**57.723**	**59.391**	**61.209**	**63.089**	**64.350**			
						Monthly	8,161.764	8,436.636	8,724.612	9,004.788	9,264.996	9,548.604	9,841.884	10,038.600			
						Annual	97,941.168	101,239.632	104,695.344	108,057.456	111,179.952	114,583.248	118,102.608	120,463.200			
81	N3		**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**53.365**	**55.163**	**57.046**	**58.878**	**60.578**	**62.433**	**64.350**	**65.638**			
						Monthly	8,324.940	8,605.428	8,899.176	9,184.968	9,450.168	9,739.548	10,038.600	10,239.528			
						Annual	99,899.280	103,265.136	106,790.112	110,219.616	113,402.016	116,874.576	120,463.200	122,874.336			
82	N3		**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**54.966**	**56.819**	**58.758**	**60.644**	**62.396**	**64.306**	**66.281**	**67.606**			
						Monthly	8,574.696	8,863.764	9,166.248	9,460.464	9,733.776	10,031.736	10,339.836	10,546.536			
						Annual	102,896.352	106,365.168	109,994.976	113,525.568	116,805.312	120,380.832	124,078.032	126,558.432			
83	N4	1	**Weekend Worker - Nurse IV**		1872	Hourly	**54.646**	**56.669**	**58.694**	**60.902**	**63.433**	**65.886**	**68.567**	**71.358**	**72.785**	**74.241**	**76.469**
						Monthly	8,524.776	8,840.364	9,156.264	9,500.712	9,895.548	10,278.216	10,696.452	11,131.848	11,354.460	11,581.596	11,929.164
						Annual	102,297.312	106,084.368	109,875.168	114,008.544	118,746.576	123,338.592	128,357.424	133,582.176	136,253.520	138,979.152	143,149.968
84	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**55.739**	**57.802**	**59.867**	**62.120**	**64.702**	**67.204**	**69.939**	**72.785**			
						Monthly	8,695.284	9,017.112	9,339.252	9,690.720	10,093.512	10,483.824	10,910.484	11,354.460			
						Annual	104,343.408	108,205.344	112,071.024	116,288.640	121,122.144	125,805.888	130,925.808	136,253.520			
85	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**56.854**	**58.958**	**61.064**	**63.362**	**65.995**	**68.548**	**71.337**	**74.241**			
						Monthly	8,869.224	9,197.448	9,525.984	9,884.472	10,295.220	10,693.488	11,128.572	11,581.596			
						Annual	106,430.688	110,369.376	114,311.808	118,613.664	123,542.640	128,321.856	133,542.864	138,979.152			
86	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**58.559**	**60.726**	**62.896**	**65.263**	**67.975**	**70.604**	**73.478**	**76.469**			
						Monthly	9,135.204	9,473.256	9,811.776	10,181.028	10,604.100	11,014.224	11,462.568	11,929.164			
						Annual	109,622.448	113,679.072	117,741.312	122,172.336	127,249.200	132,170.688	137,550.816	143,149.968			
87	N5	1	**Weekend Worker - Nurse V**		1872	Hourly	**56.002**	**58.144**	**60.602**	**62.985**	**65.587**	**68.138**	**70.794**	**73.626**	**75.098**	**76.600**	**78.899**
						Monthly	8,736.312	9,070.464	9,453.912	9,825.660	10,231.572	10,629.528	11,043.864	11,485.656	11,715.288	11,949.600	12,308.244
						Annual	104,835.744	108,845.568	113,446.944	117,907.920	122,778.864	127,554.336	132,526.368	137,827.872	140,583.456	143,395.200	147,698.928
88	N5		**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**57.122**	**59.307**	**61.814**	**64.244**	**66.899**	**69.500**	**72.210**	**75.098**			
						Monthly	8,911.032	9,251.892	9,642.984	10,022.064	10,436.244	10,842.000	11,264.760	11,715.288			
						Annual	106,932.384	111,022.704	115,715.808	120,264.768	125,234.928	130,104.000	135,177.120	140,583.456			
89	N5		**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**58.264**	**60.493**	**63.050**	**65.530**	**68.237**	**70.890**	**73.654**	**76.600**			
						Monthly	9,089.184	9,436.908	9,835.800	10,222.680	10,644.972	11,058.840	11,490.024	11,949.600			
						Annual	109,070.208	113,242.896	118,029.600	122,672.160	127,739.664	132,706.080	137,880.288	143,395.200			
90	N5		**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**60.012**	**62.308**	**64.942**	**67.495**	**70.284**	**73.017**	**75.863**	**78.899**			
						Monthly	9,361.872	9,720.048	10,130.952	10,529.220	10,964.304	11,390.652	11,834.628	12,308.244			
						Annual	112,342.464	116,640.576	121,571.424	126,350.640	131,571.648	136,687.824	142,015.536	147,698.928			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN	1	**Licensed Practical Nurse**	1	2015	Hourly	**34.573**	**35.706**	**36.822**	**38.181**	**39.422**	**40.815**	**42.265**	**43.534**	**44.406**	**45.295**	**46.653**
						Monthly	5,805.383	5,995.633	6,183.028	6,411.226	6,619.611	6,853.519	7,096.998	7,310.084	7,456.508	7,605.785	7,833.816
						Annual	69,664.595	71,947.590	74,196.330	76,934.715	79,435.330	82,242.225	85,163.975	87,721.010	89,478.090	91,269.425	94,005.795
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	**32.905**										
						Monthly	5,525.298										
						Annual	66,303.575										
3	SIEN		**SIEN**		2015	Hourly	**32.905**										
						Monthly	5,525.298										
						Annual	66,303.575										
4	N2		**Nurse II**		2015	Hourly	**42.985**	**44.487**	**45.992**	**47.558**	**49.095**	**50.684**	**51.697**	**52.732**	**53.788**	**54.863**	**56.508**
						Monthly	7,217.898	7,470.109	7,722.823	7,985.781	8,243.869	8,510.688	8,680.788	8,854.582	9,031.902	9,212.412	9,488.635
						Annual	86,614.775	89,641.305	92,673.880	95,829.370	98,926.425	102,128.260	104,169.455	106,254.980	108,382.820	110,548.945	113,863.620
5	N2		**Nurse II (15-Year Scale)**		2015	Hourly	**43.844**	**45.377**	**46.911**	**48.509**	**50.077**	**51.698**	**52.731**	**53.788**			
						Monthly	7,362.138	7,619.555	7,877.139	8,145.470	8,408.763	8,680.956	8,854.414	9,031.902			
						Annual	88,345.660	91,434.655	94,525.665	97,745.635	100,905.155	104,171.470	106,252.965	108,382.820			
6	N2		**Nurse II (20-Year Scale)**		2015	Hourly	**44.722**	**46.285**	**47.850**	**49.480**	**51.078**	**52.732**	**53.787**	**54.863**			
						Monthly	7,509.569	7,772.023	8,034.813	8,308.517	8,576.848	8,854.582	9,031.734	9,212.412			
						Annual	90,114.830	93,264.275	96,417.750	99,702.200	102,922.170	106,254.980	108,380.805	110,548.945			
7	N2		**Nurse II (25-Year Scale)**		2015	Hourly	**46.064**	**47.674**	**49.286**	**50.964**	**52.610**	**54.314**	**55.401**	**56.508**			
						Monthly	7,734.913	8,005.259	8,275.941	8,557.705	8,834.096	9,120.226	9,302.751	9,488.635			
						Annual	92,818.960	96,063.110	99,311.290	102,692.460	106,009.150	109,442.710	111,633.015	113,863.620			
8	CRN	1	**CRN/Charge Nurse**	1	2015	Hourly	**46.024**	**47.604**	**49.219**	**50.848**	**52.402**	**54.052**	**55.427**	**56.534**	**57.665**	**58.818**	**60.582**
						Monthly	7,728.197	7,993.505	8,264.690	8,538.227	8,799.169	9,076.232	9,307.117	9,493.001	9,682.915	9,876.523	10,172.728
						Annual	92,738.360	95,922.060	99,176.285	102,458.720	105,590.030	108,914.780	111,685.405	113,916.010	116,194.975	118,518.270	122,072.730
9	CRN	1	**CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	**46.946**	**48.556**	**50.204**	**51.865**	**53.450**	**55.133**	**56.536**	**57.665**			
						Monthly	7,883.016	8,153.362	8,430.088	8,708.998	8,975.146	9,257.750	9,493.337	9,682.915			
						Annual	94,596.190	97,840.340	101,161.060	104,507.975	107,701.750	111,092.995	113,920.040	116,194.975			
10	CRN	1	**CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	**47.884**	**49.528**	**51.208**	**52.902**	**54.519**	**56.235**	**57.667**	**58.818**			
						Monthly	8,040.522	8,316.577	8,598.677	8,883.128	9,154.649	9,442.794	9,683.250	9,876.523			
						Annual	96,486.260	99,798.920	103,184.120	106,597.530	109,855.785	113,313.525	116,199.005	118,518.270			
11	CRN	1	**CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	**49.322**	**51.013**	**52.743**	**54.490**	**56.154**	**57.923**	**59.396**	**60.582**			
						Monthly	8,281.986	8,565.933	8,856.429	9,149.779	9,429.193	9,726.237	9,973.578	10,172.728			
						Annual	99,383.830	102,791.195	106,277.145	109,797.350	113,150.310	116,714.845	119,682.940	122,072.730			
12	N3		**Nurse III**		2015	Hourly	**44.621**	**46.124**	**47.697**	**49.229**	**50.651**	**52.202**	**53.805**	**54.881**	**55.979**	**57.099**	**58.812**
						Monthly	7,492.610	7,744.988	8,009.121	8,266.370	8,505.147	8,765.586	9,034.756	9,215.435	9,399.807	9,587.874	9,875.515
						Annual	89,911.315	92,939.860	96,109.455	99,196.435	102,061.765	105,187.030	108,417.075	110,585.215	112,797.685	115,054.485	118,506.180
13	N3		**Nurse III (15-Year Scale)**		2015	Hourly	**45.514**	**47.046**	**48.651**	**50.214**	**51.664**	**53.248**	**54.881**	**55.979**			
						Monthly	7,642.559	7,899.808	8,169.314	8,431.768	8,675.247	8,941.227	9,215.435	9,399.807			
						Annual	91,710.710	94,797.690	98,031.765	101,181.210	104,102.960	107,294.720	110,585.215	112,797.685			
14	N3		**Nurse III (20-Year Scale)**		2015	Hourly	**46.423**	**47.988**	**49.623**	**51.218**	**52.697**	**54.312**	**55.979**	**57.099**			
						Monthly	7,795.195	8,057.985	8,332.529	8,600.356	8,848.705	9,119.890	9,399.807	9,587.874			
						Annual	93,542.345	96,695.820	99,990.345	103,204.270	106,184.455	109,438.680	112,797.685	115,054.485			
15	N3		**Nurse III (25-Year Scale)**		2015	Hourly	**47.816**	**49.427**	**51.113**	**52.755**	**54.278**	**55.942**	**57.658**	**58.812**			
						Monthly	8,029.103	8,299.617	8,582.725	8,858.444	9,114.181	9,393.594	9,681.739	9,875.515			
						Annual	96,349.240	99,595.405	102,992.695	106,301.325	109,370.170	112,723.130	116,180.870	118,506.180			

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16	N4		**Nurse IV**		2015	Hourly	**47.537**	**49.297**	**51.059**	**52.980**	**55.181**	**57.315**	**59.647**	**62.075**	**63.316**	**64.583**	**66.522**
						Monthly	7,982.255	8,277.788	8,573.657	8,896.225	9,265.810	9,624.144	10,015.725	10,423.427	10,631.812	10,844.562	11,170.153
						Annual	95,787.055	99,333.455	102,883.885	106,754.700	111,189.715	115,489.725	120,188.705	125,081.125	127,581.740	130,134.745	134,041.830
17	N4		**Nurse IV (15-Year Scale)**		2015	Hourly	**48.487**	**50.284**	**52.080**	**54.039**	**56.285**	**58.462**	**60.840**	**63.316**			
						Monthly	8,141.775	8,443.522	8,745.100	9,074.049	9,451.190	9,816.744	10,216.050	10,631.812			
						Annual	97,701.305	101,322.260	104,941.200	108,888.585	113,414.275	117,800.930	122,592.600	127,581.740			
18	N4		**Nurse IV (20-Year Scale)**		2015	Hourly	**49.456**	**51.289**	**53.121**	**55.119**	**57.411**	**59.631**	**62.058**	**64.583**			
						Monthly	8,304.487	8,612.278	8,919.901	9,255.399	9,640.264	10,013.039	10,420.573	10,844.562			
						Annual	99,653.840	103,347.335	107,038.815	111,064.785	115,683.165	120,156.465	125,046.870	130,134.745			
19	N4		**Nurse IV (25-Year Scale)**		2015	Hourly	**50.941**	**52.828**	**54.716**	**56.773**	**59.133**	**61.420**	**63.919**	**66.522**			
						Monthly	8,553.843	8,870.702	9,187.728	9,533.133	9,929.416	10,313.442	10,733.065	11,170.153			
						Annual	102,646.115	106,448.420	110,252.740	114,397.595	119,152.995	123,761.300	128,796.785	134,041.830			
20	N5		**Nurse V**		2015	Hourly	**48.717**	**50.580**	**52.718**	**54.792**	**57.056**	**59.273**	**61.584**	**64.047**	**65.329**	**66.635**	**68.634**
						Monthly	8,180.396	8,493.225	8,852.231	9,200.490	9,580.653	9,952.925	10,340.980	10,754.559	10,969.828	11,189.127	11,524.793
						Annual	98,164.755	101,918.700	106,226.770	110,405.880	114,967.840	119,435.095	124,091.760	129,054.705	131,637.935	134,269.525	138,297.510
21	N5		**Nurse V (15-Year Scale)**		2015	Hourly	**49.691**	**51.593**	**53.772**	**55.887**	**58.196**	**60.459**	**62.816**	**65.329**			
						Monthly	8,343.947	8,663.325	9,029.215	9,384.359	9,772.078	10,152.074	10,547.853	10,969.828			
						Annual	100,127.365	103,959.895	108,350.580	112,612.305	117,264.940	121,824.885	126,574.240	131,637.935			
22	N5		**Nurse V (20-Year Scale)**		2015	Hourly	**50.685**	**52.624**	**54.848**	**57.004**	**59.360**	**61.668**	**64.072**	**66.635**			
						Monthly	8,510.856	8,836.447	9,209.893	9,571.922	9,967.533	10,355.085	10,758.757	11,189.127			
						Annual	102,130.275	106,037.360	110,518.720	114,863.060	119,610.400	124,261.020	129,105.080	134,269.525			
23	N5		**Nurse V (25-Year Scale)**		2015	Hourly	**52.207**	**54.203**	**56.493**	**58.715**	**61.142**	**63.518**	**65.994**	**68.634**			
						Monthly	8,766.425	9,101.587	9,486.116	9,859.227	10,266.761	10,665.731	11,081.493	11,524.793			
						Annual	105,197.105	109,219.045	113,833.395	118,310.725	123,201.130	127,988.770	132,977.910	138,297.510			
24	NP		**Nurse Practitioner**		2015	Hourly	**65.555**	**68.251**	**70.942**	**73.848**	**76.063**	**78.346**			**79.913**	**81.511**	**83.957**
						Monthly	11,007.777	11,460.480	11,912.344	12,400.310	12,772.245	13,155.599			13,418.725	13,687.055	14,097.780
						Annual	132,093.325	137,525.765	142,948.130	148,803.720	153,266.945	157,867.190			161,024.695	164,244.665	169,173.355
25	NP		**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**66.868**	**69.617**	**72.362**	**75.325**	**77.585**	**79.913**					
						Monthly	11,228.252	11,689.855	12,150.786	12,648.323	13,027.815	13,418.725					
						Annual	134,739.020	140,278.255	145,809.430	151,779.875	156,333.775	161,024.695					
26	NP		**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**68.205**	**71.009**	**73.809**	**76.831**	**79.136**	**81.511**					
						Monthly	11,452.756	11,923.595	12,393.761	12,901.205	13,288.253	13,687.055					
						Annual	137,433.075	143,083.135	148,725.135	154,814.465	159,459.040	164,244.665					
27	NP		**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**70.250**	**73.139**	**76.022**	**79.136**	**81.510**	**83.957**					
						Monthly	11,796.146	12,281.257	12,765.361	13,288.253	13,686.888	14,097.780					
						Annual	141,553.750	147,375.085	153,184.330	159,459.040	164,242.650	169,173.355					
28	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	2015	Hourly	**39.760**	**41.062**	**42.345**	**43.906**	**45.337**	**46.934**	**48.608**	**50.064**	**51.065**	**52.086**	**53.648**
						Monthly	6,676.367	6,894.994	7,110.431	7,372.549	7,612.838	7,881.001	8,162.093	8,406.580	8,574.665	8,746.108	9,008.393
						Annual	80,116.400	82,739.930	85,325.175	88,470.590	91,354.055	94,572.010	97,945.120	100,878.960	102,895.975	104,953.290	108,100.720
29	LPN	1	**Weekend Worker - Licensed Practical Nurse (PIO)**	1	1872	Hourly	**42.797**	**44.199**	**45.580**	**47.260**	**48.803**	**50.520**	**52.321**	**53.889**	**54.965**	**56.065**	**57.747**
						Monthly	6,676.332	6,895.044	7,110.480	7,372.560	7,613.268	7,881.120	8,162.076	8,406.684	8,574.540	8,746.140	9,008.532
						Annual	80,115.984	82,740.528	85,325.760	88,470.720	91,359.216	94,573.440	97,944.912	100,880.208	102,894.480	104,953.680	108,102.384
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**49.435**	**51.160**	**52.891**	**54.694**	**56.456**	**58.287**	**59.453**	**60.641**	**61.854**	**63.091**	**64.984**
						Monthly	8,300.960	8,590.617	8,881.280	9,184.034	9,479.903	9,787.359	9,983.150	10,182.635	10,386.318	10,594.030	10,911.897
						Annual	99,611.525	103,087.400	106,575.365	110,208.410	113,758.840	117,448.305	119,797.795	122,191.615	124,635.810	127,128.365	130,942.760

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31	N2		**Weekend Worker - Nurse II (15 Year Scale)**		2015	Hourly	**50.423**	**52.184**	**53.949**	**55.789**	**57.585**	**59.452**	**60.642**	**61.854**			
						Monthly	8,466.862	8,762.563	9,058.936	9,367.903	9,669.481	9,982.982	10,182.803	10,386.318			
						Annual	101,602.345	105,150.760	108,707.235	112,414.835	116,033.775	119,795.780	122,193.630	124,635.810			
32	N2		**Weekend Worker - Nurse II (20 Year Scale)**		2015	Hourly	**51.431**	**53.227**	**55.029**	**56.904**	**58.737**	**60.641**	**61.855**	**63.091**			
						Monthly	8,636.122	8,937.700	9,240.286	9,555.130	9,862.921	10,182.635	10,386.485	10,594.030			
						Annual	103,633.465	107,252.405	110,883.435	114,661.560	118,355.055	122,191.615	124,637.825	127,128.365			
33	N2		**Weekend Worker - Nurse II (25 Year Scale)**		2015	Hourly	**52.975**	**54.825**	**56.680**	**58.611**	**60.499**	**62.460**	**63.710**	**64.984**			
						Monthly	8,895.385	9,206.031	9,517.517	9,841.764	10,158.790	10,488.075	10,697.971	10,911.897			
						Annual	106,744.625	110,472.375	114,210.200	118,101.165	121,905.485	125,856.900	128,375.650	130,942.760			
34	N2		**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**53.212**	**55.069**	**56.931**	**58.872**	**60.769**	**62.739**	**63.994**	**65.273**	**66.579**	**67.911**	**69.948**
						Monthly	8,301.072	8,590.764	8,881.236	9,184.032	9,479.964	9,787.284	9,983.064	10,182.588	10,386.324	10,594.116	10,911.888
						Annual	99,612.864	103,089.168	106,574.832	110,208.384	113,759.568	117,447.408	119,796.768	122,191.056	124,635.888	127,129.392	130,942.656
35	N2		**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**54.276**	**56.171**	**58.070**	**60.049**	**61.984**	**63.995**	**65.273**	**66.579**			
						Monthly	8,467.056	8,762.676	9,058.920	9,367.644	9,669.504	9,983.220	10,182.588	10,386.324			
						Annual	101,604.672	105,152.112	108,707.040	112,411.728	116,034.048	119,798.640	122,191.056	124,635.888			
36	N2		**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**55.363**	**57.295**	**59.231**	**61.251**	**63.223**	**65.274**	**66.579**	**67.911**			
						Monthly	8,636.628	8,938.020	9,240.036	9,555.156	9,862.788	10,182.744	10,386.324	10,594.116			
						Annual	103,639.536	107,256.240	110,880.432	114,661.872	118,353.456	122,192.928	124,635.888	127,129.392			
37	N2		**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	**57.023**	**59.013**	**61.008**	**63.088**	**65.120**	**67.232**	**68.576**	**69.948**			
						Monthly	8,895.588	9,206.028	9,517.248	9,841.728	10,158.720	10,488.192	10,697.856	10,911.888			
						Annual	106,747.056	110,472.336	114,206.976	118,100.736	121,904.640	125,858.304	128,374.272	130,942.656			
38	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	2015	Hourly	**52.929**	**54.743**	**56.601**	**58.474**	**60.261**	**62.160**	**63.740**	**65.016**	**66.315**	**67.642**	**69.672**
						Monthly	8,887.661	9,192.262	9,504.251	9,818.759	10,118.826	10,437.700	10,703.008	10,917.270	11,135.394	11,358.219	11,699.090
						Annual	106,651.935	110,307.145	114,051.015	117,825.110	121,425.915	125,252.400	128,436.100	131,007.240	133,624.725	136,298.630	140,389.080
39	CRN	1	**Weekend Worker - CRN/Charge Nurse (15 Year Scale)**	1	2015	Hourly	**53.988**	**55.838**	**57.734**	**59.644**	**61.466**	**63.403**	**65.016**	**66.315**			
						Monthly	9,065.485	9,376.131	9,694.501	10,015.222	10,321.166	10,646.420	10,917.270	11,135.394			
						Annual	108,785.820	112,513.570	116,334.010	120,182.660	123,853.990	127,757.045	131,007.240	133,624.725			
40	CRN	1	**Weekend Worker - CRN/Charge Nurse (20 Year Scale)**	1	2015	Hourly	**55.068**	**56.954**	**58.889**	**60.837**	**62.696**	**64.672**	**66.315**	**67.642**			
						Monthly	9,246.835	9,563.526	9,888.445	10,215.546	10,527.703	10,859.507	11,135.394	11,358.219			
						Annual	110,962.020	114,762.310	118,661.335	122,586.555	126,332.440	130,314.080	133,624.725	136,298.630			
41	CRN	1	**Weekend Worker - CRN/Charge Nurse (25 Year Scale)**	1	2015	Hourly	**56.720**	**58.664**	**60.655**	**62.662**	**64.577**	**66.612**	**68.305**	**69.672**			
						Monthly	9,524.233	9,850.663	10,184.985	10,521.994	10,843.555	11,185.265	11,469.548	11,699.090			
						Annual	114,290.800	118,207.960	122,219.825	126,263.930	130,122.655	134,223.180	137,634.575	140,389.080			
42	CRN	1	**Weekend Worker - CRN/Charge Nurse (PIO)**	1	1872	Hourly	**56.972**	**58.926**	**60.925**	**62.940**	**64.865**	**66.909**	**68.611**	**69.982**	**71.381**	**72.809**	**74.992**
						Monthly	8,887.632	9,192.456	9,504.300	9,818.640	10,118.940	10,437.804	10,703.316	10,917.192	11,135.436	11,358.204	11,698.752
						Annual	106,651.584	110,309.472	114,051.600	117,823.680	121,427.280	125,253.648	128,439.792	131,006.304	133,625.232	136,298.448	140,385.024
43	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO)**	1	1872	Hourly	**58.111**	**60.104**	**62.143**	**64.199**	**66.162**	**68.248**	**69.983**	**71.381**			
						Monthly	9,065.316	9,376.224	9,694.308	10,015.044	10,321.272	10,646.688	10,917.348	11,135.436			
						Annual	108,783.792	112,514.688	116,331.696	120,180.528	123,855.264	127,760.256	131,008.176	133,625.232			
44	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO)**	1	1872	Hourly	**59.274**	**61.306**	**63.387**	**65.483**	**67.485**	**69.613**	**71.382**	**72.809**			
						Monthly	9,246.744	9,563.736	9,888.372	10,215.348	10,527.660	10,859.628	11,135.592	11,358.204			
						Annual	110,960.928	114,764.832	118,660.464	122,584.176	126,331.920	130,315.536	133,627.104	136,298.448			
45	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO)**	1	1872	Hourly	**61.052**	**63.145**	**65.287**	**67.448**	**69.510**	**71.701**	**73.524**	**74.992**			
						Monthly	9,524.112	9,850.620	10,184.772	10,521.888	10,843.560	11,185.356	11,469.744	11,698.752			
						Annual	114,289.344	118,207.440	122,217.264	126,262.656	130,122.720	134,224.272	137,636.928	140,385.024			

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46	N3		**Weekend Worker - Nurse III**		2015	Hourly	**51.313**	**53.045**	**54.851**	**56.612**	**58.250**	**60.034**	**61.877**	**63.114**	**64.377**	**65.665**	**67.634**
						Monthly	8,616.308	8,907.140	9,210.397	9,506.098	9,781.146	10,080.709	10,390.180	10,597.893	10,809.971	11,026.248	11,356.876
						Annual	103,395.695	106,885.675	110,524.765	114,073.180	117,373.750	120,968.510	124,682.155	127,174.710	129,719.655	132,314.975	136,282.510
47	N3		**Weekend Worker - Nurse III (15 Year Scale)**		2015	Hourly	**52.339**	**54.106**	**55.949**	**57.744**	**59.415**	**61.235**	**63.114**	**64.377**			
						Monthly	8,788.590	9,085.299	9,394.770	9,696.180	9,976.769	10,282.377	10,597.893	10,809.971			
						Annual	105,463.085	109,023.590	112,737.235	116,354.160	119,721.225	123,388.525	127,174.710	129,719.655			
48	N3		**Weekend Worker - Nurse III (20 Year Scale)**		2015	Hourly	**53.386**	**55.187**	**57.067**	**58.898**	**60.603**	**62.459**	**64.377**	**65.665**			
						Monthly	8,964.399	9,266.817	9,582.500	9,889.956	10,176.254	10,487.907	10,809.971	11,026.248			
						Annual	107,572.790	111,201.805	114,990.005	118,679.470	122,115.045	125,854.885	129,719.655	132,314.975			
49	N3		**Weekend Worker - Nurse III (25 Year Scale)**		2015	Hourly	**54.988**	**56.843**	**58.779**	**60.666**	**62.421**	**64.334**	**66.308**	**67.634**			
						Monthly	9,233.402	9,544.887	9,869.974	10,186.833	10,481.526	10,802.751	11,134.218	11,356.876			
						Annual	110,800.820	114,538.645	118,439.685	122,241.990	125,778.315	129,633.010	133,610.620	136,282.510			
50	N3		**Weekend Worker - Nurse III (PIO)**		1872	Hourly	**55.233**	**57.097**	**59.041**	**60.937**	**62.698**	**64.620**	**66.604**	**67.935**	**69.294**	**70.681**	**72.801**
						Monthly	8,616.348	8,907.132	9,210.396	9,506.172	9,780.888	10,080.720	10,390.224	10,597.860	10,809.864	11,026.236	11,356.956
						Annual	103,396.176	106,885.584	110,524.752	114,074.064	117,370.656	120,968.640	124,682.688	127,174.320	129,718.368	132,314.832	136,283.472
51	N3		**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	**56.338**	**58.238**	**60.222**	**62.156**	**63.953**	**65.913**	**67.936**	**69.294**			
						Monthly	8,788.728	9,085.128	9,394.632	9,696.336	9,976.668	10,282.428	10,598.016	10,809.864			
						Annual	105,464.736	109,021.536	112,735.584	116,356.032	119,720.016	123,389.136	127,176.192	129,718.368			
52	N3		**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	**57.465**	**59.404**	**61.426**	**63.400**	**65.232**	**67.231**	**69.295**	**70.681**			
						Monthly	8,964.540	9,267.024	9,582.456	9,890.400	10,176.192	10,488.036	10,810.020	11,026.236			
						Annual	107,574.480	111,204.288	114,989.472	118,684.800	122,114.304	125,856.432	129,720.240	132,314.832			
53	N3		**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	**59.189**	**61.186**	**63.269**	**65.302**	**67.189**	**69.248**	**71.374**	**72.801**			
						Monthly	9,233.484	9,545.016	9,869.964	10,187.112	10,481.484	10,802.688	11,134.344	11,356.956			
						Annual	110,801.808	114,540.192	118,439.568	122,245.344	125,777.808	129,632.256	133,612.128	136,283.472			
54	N4		**Weekend Worker - Nurse IV**		2015	Hourly	**54.664**	**56.690**	**58.716**	**60.926**	**63.459**	**65.914**	**68.593**	**71.385**	**72.813**	**74.269**	**76.497**
						Monthly	9,178.997	9,519.196	9,859.395	10,230.491	10,655.824	11,068.059	11,517.908	11,986.731	12,226.516	12,471.003	12,845.121
						Annual	110,147.960	114,230.350	118,312.740	122,765.890	127,869.885	132,816.710	138,214.895	143,840.775	146,718.195	149,652.035	154,141.455
55	N4		**Weekend Worker - Nurse IV (15 Year Scale)**		2015	Hourly	**55.758**	**57.824**	**59.890**	**62.144**	**64.728**	**67.232**	**69.965**	**72.813**			
						Monthly	9,362.698	9,709.613	10,056.529	10,435.013	10,868.910	11,289.373	11,748.290	12,226.516			
						Annual	112,352.370	116,515.360	120,678.350	125,220.160	130,426.920	135,472.480	140,979.475	146,718.195			
56	N4		**Weekend Worker - Nurse IV (20 Year Scale)**		2015	Hourly	**56.874**	**58.981**	**61.088**	**63.386**	**66.023**	**68.577**	**71.364**	**74.269**			
						Monthly	9,550.093	9,903.893	10,257.693	10,643.566	11,086.362	11,515.221	11,983.205	12,471.003			
						Annual	114,601.110	118,846.715	123,092.320	127,722.790	133,036.345	138,182.655	143,798.460	149,652.035			
57	N4		**Weekend Worker - Nurse IV (25 Year Scale)**		2015	Hourly	**58.579**	**60.750**	**62.922**	**65.288**	**68.004**	**70.634**	**73.505**	**76.497**			
						Monthly	9,836.390	10,200.938	10,565.653	10,962.943	11,419.005	11,860.626	12,342.715	12,845.121			
						Annual	118,036.685	122,411.250	126,787.830	131,555.320	137,028.060	142,327.510	148,112.575	154,141.455			
58	N4		**Weekend Worker - Nurse IV (PIO)**		1872	Hourly	**58.840**	**61.020**	**63.202**	**65.579**	**68.308**	**70.949**	**73.833**	**76.839**	**78.376**	**79.942**	**82.341**
						Monthly	9,179.040	9,519.120	9,859.512	10,230.324	10,656.048	11,068.044	11,517.948	11,986.884	12,226.656	12,470.952	12,845.196
						Annual	110,148.480	114,229.440	118,314.144	122,763.888	127,872.576	132,816.528	138,215.376	143,842.608	146,719.872	149,651.424	154,142.352
59	N4		**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**60.016**	**62.240**	**64.466**	**66.890**	**69.673**	**72.368**	**75.309**	**78.376**			
						Monthly	9,362.496	9,709.440	10,056.696	10,434.840	10,868.988	11,289.408	11,748.204	12,226.656			
						Annual	112,349.952	116,513.280	120,680.352	125,218.080	130,427.856	135,472.896	140,978.448	146,719.872			
60	N4		**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**61.217**	**63.485**	**65.755**	**68.228**	**71.068**	**73.816**	**76.815**	**79.942**			
						Monthly	9,549.852	9,903.660	10,257.780	10,643.568	11,086.608	11,515.296	11,983.140	12,470.952			
						Annual	114,598.224	118,843.920	123,093.360	127,722.816	133,039.296	138,183.552	143,797.680	149,651.424			

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61	N4		**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**63.052**	**65.390**	**67.728**	**70.275**	**73.200**	**76.030**	**79.119**	**82.341**			
						Monthly	9,836.112	10,200.840	10,565.568	10,962.900	11,419.200	11,860.680	12,342.564	12,845.196			
						Annual	118,033.344	122,410.080	126,786.816	131,554.800	137,030.400	142,328.160	148,110.768	154,142.352			
62	N5		**Weekend Worker - Nurse V**		2015	Hourly	**56.024**	**58.168**	**60.627**	**63.011**	**65.614**	**68.163**	**70.819**	**73.652**	**75.125**	**76.628**	**78.927**
						Monthly	9,407.363	9,767.377	10,180.284	10,580.597	11,017.684	11,445.704	11,891.690	12,367.398	12,614.740	12,867.118	13,253.159
						Annual	112,888.360	117,208.520	122,163.405	126,967.165	132,212.210	137,348.445	142,700.285	148,408.780	151,376.875	154,405.420	159,037.905
63	N5		**Weekend Worker - Nurse V (15 Year Scale)**		2015	Hourly	**57.144**	**59.332**	**61.840**	**64.272**	**66.926**	**69.527**	**72.235**	**75.125**			
						Monthly	9,595.430	9,962.832	10,383.967	10,792.340	11,237.991	11,674.742	12,129.460	12,614.740			
						Annual	115,145.160	119,553.980	124,607.600	129,508.080	134,855.890	140,096.905	145,553.525	151,376.875			
64	N5		**Weekend Worker - Nurse V (20 Year Scale)**		2015	Hourly	**58.288**	**60.519**	**63.077**	**65.557**	**68.265**	**70.918**	**73.680**	**76.628**			
						Monthly	9,787.527	10,162.149	10,591.680	11,008.113	11,462.831	11,908.314	12,372.100	12,867.118			
						Annual	117,450.320	121,945.785	127,100.155	132,097.355	137,553.975	142,899.770	148,465.200	154,405.420			
65	N5		**Weekend Worker - Nurse V (25 Year Scale)**		2015	Hourly	**60.036**	**62.334**	**64.969**	**67.525**	**70.313**	**73.045**	**75.890**	**78.927**			
						Monthly	10,081.045	10,466.918	10,909.378	11,338.573	11,806.725	12,265.473	12,743.196	13,253.159			
						Annual	120,972.540	125,603.010	130,912.535	136,062.875	141,680.695	147,185.675	152,918.350	159,037.905			
66	N5		**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**60.303**	**62.613**	**65.259**	**67.824**	**70.626**	**73.370**	**76.230**	**79.279**	**80.864**	**82.481**	**84.956**
						Monthly	9,407.268	9,767.628	10,180.404	10,580.544	11,017.656	11,445.720	11,891.880	12,367.524	12,614.784	12,867.036	13,253.136
						Annual	112,887.216	117,211.536	122,164.848	126,966.528	132,211.872	137,348.640	142,702.560	148,410.288	151,377.408	154,404.432	159,037.632
67	N5		**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**61.510**	**63.864**	**66.564**	**69.182**	**72.039**	**74.839**	**77.755**	**80.864**			
						Monthly	9,595.560	9,962.784	10,383.984	10,792.392	11,238.084	11,674.884	12,129.780	12,614.784			
						Annual	115,146.720	119,553.408	124,607.808	129,508.704	134,857.008	140,098.608	145,557.360	151,377.408			
68	N5		**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**62.739**	**65.142**	**67.895**	**70.565**	**73.479**	**76.335**	**79.310**	**82.481**			
						Monthly	9,787.284	10,162.152	10,591.620	11,008.140	11,462.724	11,908.260	12,372.360	12,867.036			
						Annual	117,447.408	121,945.824	127,099.440	132,097.680	137,552.688	142,899.120	148,468.320	154,404.432			
69	N5		**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**64.621**	**67.096**	**69.932**	**72.682**	**75.684**	**78.625**	**81.689**	**84.956**			
						Monthly	10,080.876	10,466.976	10,909.392	11,338.392	11,806.704	12,265.500	12,743.484	13,253.136			
						Annual	120,970.512	125,603.712	130,912.704	136,060.704	141,680.448	147,186.000	152,921.808	159,037.632			
70	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	1872	Hourly	**40.935**	**42.278**	**43.600**	**45.207**	**46.677**	**48.326**	**50.044**	**51.547**	**52.578**	**53.631**	**55.240**
						Monthly	6,385.860	6,595.368	6,801.600	7,052.292	7,281.612	7,538.856	7,806.864	8,041.332	8,202.168	8,366.436	8,617.440
						Annual	76,630.320	79,144.416	81,619.200	84,627.504	87,379.344	90,466.272	93,682.368	96,495.984	98,426.016	100,397.232	103,409.280
71	N2	1	**Weekend Worker - Nurse II**		1872	Hourly	**50.894**	**52.674**	**54.455**	**56.310**	**58.129**	**60.011**	**61.211**	**62.436**	**63.686**	**64.959**	**66.908**
						Monthly	7,939.464	8,217.144	8,494.980	8,784.360	9,068.124	9,361.716	9,548.916	9,740.016	9,935.016	10,133.604	10,437.648
						Annual	95,273.568	98,605.728	101,939.760	105,412.320	108,817.488	112,340.592	114,586.992	116,880.192	119,220.192	121,603.248	125,251.776
72	N2		**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**51.913**	**53.727**	**55.544**	**57.436**	**59.293**	**61.212**	**62.434**	**63.685**			
						Monthly	8,098.428	8,381.412	8,664.864	8,960.016	9,249.708	9,549.072	9,739.704	9,934.860			
						Annual	97,181.136	100,576.944	103,978.368	107,520.192	110,996.496	114,588.864	116,876.448	119,218.320			
73	N2		**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**52.951**	**54.801**	**56.655**	**58.584**	**60.480**	**62.436**	**63.684**	**64.959**			
						Monthly	8,260.356	8,548.956	8,838.180	9,139.104	9,434.880	9,740.016	9,934.704	10,133.604			
						Annual	99,124.272	102,587.472	106,058.160	109,669.248	113,218.560	116,880.192	119,216.448	121,603.248			
74	N2		**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**54.540**	**56.445**	**58.355**	**60.343**	**62.293**	**64.309**	**65.593**	**66.908**			
						Monthly	8,508.240	8,805.420	9,103.380	9,413.508	9,717.708	10,032.204	10,232.508	10,437.648			
						Annual	102,098.880	105,665.040	109,240.560	112,962.096	116,612.496	120,386.448	122,790.096	125,251.776			
75	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	1872	Hourly	**54.494**	**56.364**	**58.277**	**60.206**	**62.045**	**63.999**	**65.627**	**66.938**	**68.276**	**69.642**	**71.731**
						Monthly	8,501.064	8,792.784	9,091.212	9,392.136	9,679.020	9,983.844	10,237.812	10,442.328	10,651.056	10,864.152	11,190.036
						Annual	102,012.768	105,513.408	109,094.544	112,705.632	116,148.240	119,806.128	122,853.744	125,307.936	127,812.672	130,369.824	134,280.432

A1. Effective April 1, 2026

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
76	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	1872	Hourly	**55.584**	**57.492**	**59.443**	**61.410**	**63.285**	**65.280**	**66.940**	**68.277**			
						Monthly	8,671.104	8,968.752	9,273.108	9,579.960	9,872.460	10,183.680	10,442.640	10,651.212			
						Annual	104,053.248	107,625.024	111,277.296	114,959.520	118,469.520	122,204.160	125,311.680	127,814.544			
77	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	1872	Hourly	**56.696**	**58.642**	**60.631**	**62.639**	**64.551**	**66.585**	**68.279**	**69.643**			
						Monthly	8,844.576	9,148.152	9,458.436	9,771.684	10,069.956	10,387.260	10,651.524	10,864.308			
						Annual	106,134.912	109,777.824	113,501.232	117,260.208	120,839.472	124,647.120	127,818.288	130,371.696			
78	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	1872	Hourly	**58.396**	**60.401**	**62.450**	**64.517**	**66.487**	**68.583**	**70.327**	**71.732**			
						Monthly	9,109.776	9,422.556	9,742.200	10,064.652	10,371.972	10,698.948	10,971.012	11,190.192			
						Annual	109,317.312	113,070.672	116,906.400	120,775.824	124,463.664	128,387.376	131,652.144	134,282.304			
79	N3	1	**Weekend Worker - Nurse III**		1872	Hourly	**52.833**	**54.612**	**56.475**	**58.289**	**59.973**	**61.809**	**63.707**	**64.982**	**66.281**	**67.607**	**69.635**
						Monthly	8,241.948	8,519.472	8,810.100	9,093.084	9,355.788	9,642.204	9,938.292	10,137.192	10,339.836	10,546.692	10,863.060
						Annual	98,903.376	102,233.664	105,721.200	109,117.008	112,269.456	115,706.448	119,259.504	121,646.304	124,078.032	126,560.304	130,356.720
80	N3		**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**53.889**	**55.703**	**57.605**	**59.455**	**61.173**	**63.045**	**64.982**	**66.281**			
						Monthly	8,406.684	8,689.668	8,986.380	9,274.980	9,542.988	9,835.020	10,137.192	10,339.836			
						Annual	100,880.208	104,276.016	107,836.560	111,299.760	114,515.856	118,020.240	121,646.304	124,078.032			
81	N3		**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**54.966**	**56.818**	**58.757**	**60.644**	**62.395**	**64.306**	**66.281**	**67.607**			
						Monthly	8,574.696	8,863.608	9,166.092	9,460.464	9,733.620	10,031.736	10,339.836	10,546.692			
						Annual	102,896.352	106,363.296	109,993.104	113,525.568	116,803.440	120,380.832	124,078.032	126,560.304			
82	N3		**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**56.615**	**58.524**	**60.521**	**62.463**	**64.268**	**66.235**	**68.269**	**69.634**			
						Monthly	8,831.940	9,129.744	9,441.276	9,744.228	10,025.808	10,332.660	10,649.964	10,862.904			
						Annual	105,983.280	109,556.928	113,295.312	116,930.736	120,309.696	123,991.920	127,799.568	130,354.848			
83	N4	1	**Weekend Worker - Nurse IV**		1872	Hourly	**56.285**	**58.369**	**60.455**	**62.729**	**65.336**	**67.863**	**70.624**	**73.499**	**74.969**	**76.468**	**78.763**
						Monthly	8,780.460	9,105.564	9,430.980	9,785.724	10,192.416	10,586.628	11,017.344	11,465.844	11,695.164	11,929.008	12,287.028
						Annual	105,365.520	109,266.768	113,171.760	117,428.688	122,308.992	127,039.536	132,208.128	137,590.128	140,341.968	143,148.096	147,444.336
84	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**57.411**	**59.536**	**61.663**	**63.984**	**66.643**	**69.220**	**72.037**	**74.969**			
						Monthly	8,956.116	9,287.616	9,619.428	9,981.504	10,396.308	10,798.320	11,237.772	11,695.164			
						Annual	107,473.392	111,451.392	115,433.136	119,778.048	124,755.696	129,579.840	134,853.264	140,341.968			
85	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**58.560**	**60.727**	**62.896**	**65.263**	**67.975**	**70.604**	**73.477**	**76.468**			
						Monthly	9,135.360	9,473.412	9,811.776	10,181.028	10,604.100	11,014.224	11,462.412	11,929.008			
						Annual	109,624.320	113,680.944	117,741.312	122,172.336	127,249.200	132,170.688	137,548.944	143,148.096			
86	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**60.316**	**62.548**	**64.783**	**67.221**	**70.014**	**72.722**	**75.682**	**78.763**			
						Monthly	9,409.296	9,757.488	10,106.148	10,486.476	10,922.184	11,344.632	11,806.392	12,287.028			
						Annual	112,911.552	117,089.856	121,273.776	125,837.712	131,066.208	136,135.584	141,676.704	147,444.336			
87	N5	1	**Weekend Worker - Nurse V**		1872	Hourly	**57.682**	**59.888**	**62.420**	**64.875**	**67.555**	**70.182**	**72.918**	**75.835**	**77.351**	**78.898**	**81.266**
						Monthly	8,998.392	9,342.528	9,737.520	10,120.500	10,538.580	10,948.392	11,375.208	11,830.260	12,066.756	12,308.088	12,677.496
						Annual	107,980.704	112,110.336	116,850.240	121,446.000	126,462.960	131,380.704	136,502.496	141,963.120	144,801.072	147,697.056	152,129.952
88	N5		**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**58.836**	**61.086**	**63.668**	**66.171**	**68.906**	**71.585**	**74.376**	**77.351**			
						Monthly	9,178.416	9,529.416	9,932.208	10,322.676	10,749.336	11,167.260	11,602.656	12,066.756			
						Annual	110,140.992	114,352.992	119,186.496	123,872.112	128,992.032	134,007.120	139,231.872	144,801.072			
89	N5		**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**60.012**	**62.308**	**64.942**	**67.496**	**70.284**	**73.017**	**75.864**	**78.898**			
						Monthly	9,361.872	9,720.048	10,130.952	10,529.376	10,964.304	11,390.652	11,834.784	12,308.088			
						Annual	112,342.464	116,640.576	121,571.424	126,352.512	131,571.648	136,687.824	142,017.408	147,697.056			
90	N5		**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**61.812**	**64.177**	**66.890**	**69.520**	**72.393**	**75.208**	**78.139**	**81.266**			
						Monthly	9,642.672	10,011.612	10,434.840	10,845.120	11,293.308	11,732.448	12,189.684	12,677.496			
						Annual	115,712.064	120,139.344	125,218.080	130,141.440	135,519.696	140,789.376	146,276.208	152,129.952			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN		**Licensed Practical Nurse**		2015	Hourly	**35.610**	**36.777**	**37.927**	**39.326**	**40.605**	**42.039**	**43.533**	**44.840**	**45.738**	**46.654**	**48.053**
						Monthly	5,979.513	6,175.471	6,368.575	6,603.491	6,818.256	7,059.049	7,309.916	7,529.383	7,680.173	7,833.984	8,068.900
						Annual	71,754.150	74,105.655	76,422.905	79,241.890	81,819.075	84,708.585	87,718.995	90,352.600	92,162.070	94,007.810	96,826.795
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	**33.892**										
						Monthly	5,691.032										
						Annual	68,292.380										
3	SIEN		**SIEN**		2015	Hourly	**33.892**										
						Monthly	5,691.032										
						Annual	68,292.380										
4	N2		**Nurse II**		2015	Hourly	**44.275**	**45.822**	**47.372**	**48.985**	**50.568**	**52.205**	**53.248**	**54.314**	**55.402**	**56.509**	**58.203**
						Monthly	7,434.510	7,694.278	7,954.548	8,225.398	8,491.210	8,766.090	8,941.227	9,120.226	9,302.919	9,488.803	9,773.254
						Annual	89,214.125	92,331.330	95,454.580	98,704.775	101,894.520	105,193.075	107,294.720	109,442.710	111,635.030	113,865.635	117,279.045
5	N2		**Nurse II (15-Year Scale)**		2015	Hourly	**45.159**	**46.738**	**48.318**	**49.964**	**51.579**	**53.249**	**54.313**	**55.402**			
						Monthly	7,582.949	7,848.089	8,113.398	8,389.788	8,660.974	8,941.395	9,120.058	9,302.919			
						Annual	90,995.385	94,177.070	97,360.770	100,677.460	103,931.685	107,296.735	109,440.695	111,635.030			
6	N2		**Nurse II (20-Year Scale)**		2015	Hourly	**46.064**	**47.674**	**49.286**	**50.964**	**52.610**	**54.314**	**55.401**	**56.509**			
						Monthly	7,734.913	8,005.259	8,275.941	8,557.705	8,834.096	9,120.226	9,302.751	9,488.803			
						Annual	92,818.960	96,063.110	99,311.290	102,692.460	106,009.150	109,442.710	111,633.015	113,865.635			
7	N2		**Nurse II (25-Year Scale)**		2015	Hourly	**47.446**	**49.104**	**50.765**	**52.493**	**54.188**	**55.943**	**57.063**	**58.203**			
						Monthly	7,966.974	8,245.380	8,524.290	8,814.450	9,099.068	9,393.762	9,581.829	9,773.254			
						Annual	95,603.690	98,944.560	102,291.475	105,773.395	109,188.820	112,725.145	114,981.945	117,279.045			
8	CRN		**CRN/Charge Nurse**		2015	Hourly	**47.405**	**49.032**	**50.696**	**52.373**	**53.974**	**55.674**	**57.090**	**58.230**	**59.395**	**60.583**	**62.399**
						Monthly	7,960.090	8,233.290	8,512.703	8,794.300	9,063.134	9,348.593	9,586.363	9,777.788	9,973.410	10,172.895	10,477.832
						Annual	95,521.075	98,799.480	102,152.440	105,531.595	108,757.610	112,183.110	115,036.350	117,333.450	119,680.925	122,074.745	125,733.985
9	CRN		**CRN/Charge Nurse (15-Year Scale)**		2015	Hourly	**48.354**	**50.013**	**51.710**	**53.421**	**55.054**	**56.787**	**58.232**	**59.395**			
						Monthly	8,119.443	8,398.016	8,682.971	8,970.276	9,244.484	9,535.484	9,778.123	9,973.410			
						Annual	97,433.310	100,776.195	104,195.650	107,643.315	110,933.810	114,425.805	117,337.480	119,680.925			
10	CRN		**CRN/Charge Nurse (20-Year Scale)**		2015	Hourly	**49.321**	**51.014**	**52.744**	**54.489**	**56.155**	**57.922**	**59.397**	**60.583**			
						Monthly	8,281.818	8,566.101	8,856.597	9,149.611	9,429.360	9,726.069	9,973.746	10,172.895			
						Annual	99,381.815	102,793.210	106,279.160	109,795.335	113,152.325	116,712.830	119,684.955	122,074.745			
11	CRN		**CRN/Charge Nurse (25-Year Scale)**		2015	Hourly	**50.802**	**52.543**	**54.325**	**56.125**	**57.839**	**59.661**	**61.178**	**62.399**			
						Monthly	8,530.503	8,822.845	9,122.073	9,424.323	9,712.132	10,018.076	10,272.806	10,477.832			
						Annual	102,366.030	105,874.145	109,464.875	113,091.875	116,545.585	120,216.915	123,273.670	125,733.985			
12	N3		**Nurse III**		2015	Hourly	**45.960**	**47.508**	**49.128**	**50.706**	**52.171**	**53.768**	**55.419**	**56.527**	**57.658**	**58.812**	**60.576**
						Monthly	7,717.450	7,977.385	8,249.410	8,514.383	8,760.380	9,028.543	9,305.774	9,491.825	9,681.739	9,875.515	10,171.720
						Annual	92,609.400	95,728.620	98,992.920	102,172.590	105,124.565	108,342.520	111,669.285	113,901.905	116,180.870	118,506.180	122,060.640
13	N3		**Nurse III (15-Year Scale)**		2015	Hourly	**46.879**	**48.457**	**50.111**	**51.720**	**53.214**	**54.845**	**56.527**	**57.658**			
						Monthly	7,871.765	8,136.738	8,414.472	8,684.650	8,935.518	9,209.390	9,491.825	9,681.739			
						Annual	94,461.185	97,640.855	100,973.665	104,215.800	107,226.210	110,512.675	113,901.905	116,180.870			
14	N3		**Nurse III (20-Year Scale)**		2015	Hourly	**47.816**	**49.428**	**51.112**	**52.755**	**54.278**	**55.941**	**57.658**	**58.812**			
						Monthly	8,029.103	8,299.785	8,582.557	8,858.444	9,114.181	9,393.426	9,681.739	9,875.515			
						Annual	96,349.240	99,597.420	102,990.680	106,301.325	109,370.170	112,721.115	116,180.870	118,506.180			
15	N3		**Nurse III (25-Year Scale)**		2015	Hourly	**49.250**	**50.910**	**52.646**	**54.338**	**55.906**	**57.620**	**59.388**	**60.576**			
						Monthly	8,269.896	8,548.638	8,840.141	9,124.256	9,387.549	9,675.358	9,972.235	10,171.720			
						Annual	99,238.750	102,583.650	106,081.690	109,491.070	112,650.590	116,104.300	119,666.820	122,060.640			

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16	N4		**Nurse IV**		2015	Hourly	**48.963**	**50.776**	**52.591**	**54.569**	**56.836**	**59.034**	**61.436**	**63.937**	**65.215**	**66.520**	**68.518**
						Monthly	8,221.704	8,526.137	8,830.905	9,163.045	9,543.712	9,912.793	10,316.128	10,736.088	10,950.685	11,169.817	11,505.314
						Annual	98,660.445	102,313.640	105,970.865	109,956.535	114,524.540	118,953.510	123,793.540	128,833.055	131,408.225	134,037.800	138,063.770
17	N4		**Nurse IV (15-Year Scale)**		2015	Hourly	**49.942**	**51.793**	**53.642**	**55.660**	**57.974**	**60.216**	**62.665**	**65.215**			
						Monthly	8,386.094	8,696.908	9,007.386	9,346.242	9,734.801	10,111.270	10,522.498	10,950.685			
						Annual	100,633.130	104,362.895	108,088.630	112,154.900	116,817.610	121,335.240	126,269.975	131,408.225			
18	N4		**Nurse IV (20-Year Scale)**		2015	Hourly	**50.940**	**52.828**	**54.715**	**56.773**	**59.133**	**61.420**	**63.920**	**66.520**			
						Monthly	8,553.675	8,870.702	9,187.560	9,533.133	9,929.416	10,313.442	10,733.233	11,169.817			
						Annual	102,644.100	106,448.420	110,250.725	114,397.595	119,152.995	123,761.300	128,798.800	134,037.800			
19	N4		**Nurse IV (25-Year Scale)**		2015	Hourly	**52.469**	**54.413**	**56.357**	**58.476**	**60.907**	**63.263**	**65.837**	**68.518**			
						Monthly	8,810.420	9,136.850	9,463.280	9,819.095	10,227.300	10,622.912	11,055.130	11,505.314			
						Annual	105,725.035	109,642.195	113,559.355	117,829.140	122,727.605	127,474.945	132,661.555	138,063.770			
20	N5		**Nurse V**		2015	Hourly	**50.179**	**52.097**	**54.300**	**56.436**	**58.768**	**61.051**	**63.432**	**65.968**	**67.289**	**68.634**	**70.693**
						Monthly	8,425.890	8,747.955	9,117.875	9,476.545	9,868.127	10,251.480	10,651.290	11,077.127	11,298.945	11,524.793	11,870.533
						Annual	101,110.685	104,975.455	109,414.500	113,718.540	118,417.520	123,017.765	127,815.480	132,925.520	135,587.335	138,297.510	142,446.395
21	N5		**Nurse V (15-Year Scale)**		2015	Hourly	**51.182**	**53.141**	**55.385**	**57.564**	**59.942**	**62.273**	**64.700**	**67.289**			
						Monthly	8,594.311	8,923.260	9,300.065	9,665.955	10,065.261	10,456.675	10,864.208	11,298.945			
						Annual	103,131.730	107,079.115	111,600.775	115,991.460	120,783.130	125,480.095	130,370.500	135,587.335			
22	N5		**Nurse V (20-Year Scale)**		2015	Hourly	**52.206**	**54.203**	**56.493**	**58.714**	**61.141**	**63.518**	**65.994**	**68.634**			
						Monthly	8,766.258	9,101.587	9,486.116	9,859.059	10,266.593	10,665.731	11,081.493	11,524.793			
						Annual	105,195.090	109,219.045	113,833.395	118,308.710	123,199.115	127,988.770	132,977.910	138,297.510			
23	N5		**Nurse V (25-Year Scale)**		2015	Hourly	**53.773**	**55.829**	**58.188**	**60.476**	**62.976**	**65.424**	**67.974**	**70.693**			
						Monthly	9,029.383	9,374.620	9,770.735	10,154.928	10,574.720	10,985.780	11,413.968	11,870.533			
						Annual	108,352.595	112,495.435	117,248.820	121,859.140	126,896.640	131,829.360	136,967.610	142,446.395			
24	NP		**Nurse Practitioner**		2015	Hourly	**67.522**	**70.299**	**73.070**	**76.063**	**78.345**	**80.696**			**82.310**	**83.956**	**86.476**
						Monthly	11,338.069	11,804.374	12,269.671	12,772.245	13,155.431	13,550.203			13,821.221	14,097.612	14,520.762
						Annual	136,056.830	141,652.485	147,236.050	153,266.945	157,865.175	162,602.440			165,854.650	169,171.340	174,249.140
25	NP		**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**68.874**	**71.706**	**74.533**	**77.585**	**79.913**	**82.310**					
						Monthly	11,565.093	12,040.633	12,515.333	13,027.815	13,418.725	13,821.221					
						Annual	138,781.110	144,487.590	150,183.995	156,333.775	161,024.695	165,854.650					
26	NP		**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**70.251**	**73.139**	**76.023**	**79.136**	**81.510**	**83.956**					
						Monthly	11,796.314	12,281.257	12,765.529	13,288.253	13,686.888	14,097.612					
						Annual	141,555.765	147,375.085	153,186.345	159,459.040	164,242.650	169,171.340					
27	NP		**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**72.358**	**75.333**	**78.303**	**81.510**	**83.955**	**86.476**					
						Monthly	12,150.114	12,649.666	13,148.379	13,686.888	14,097.444	14,520.762					
						Annual	145,801.370	151,795.995	157,780.545	164,242.650	169,169.325	174,249.140					
28	LPN		**Weekend Worker - Licensed Practical Nurse**		2015	Hourly	**40.953**	**42.294**	**43.615**	**45.223**	**46.697**	**48.342**	**50.066**	**51.566**	**52.597**	**53.649**	**55.257**
						Monthly	6,876.691	7,101.868	7,323.685	7,593.695	7,841.205	8,117.428	8,406.916	8,658.791	8,831.913	9,008.561	9,278.571
						Annual	82,520.295	85,222.410	87,884.225	91,124.345	94,094.455	97,409.130	100,882.990	103,905.490	105,982.955	108,102.735	111,342.855
29	LPN		**Weekend Worker - Licensed Practical Nurse (PIO)**		1872	Hourly	**44.081**	**45.525**	**46.947**	**48.678**	**50.267**	**52.036**	**53.891**	**55.506**	**56.614**	**57.747**	**59.479**
						Monthly	6,876.636	7,101.900	7,323.732	7,593.768	7,841.652	8,117.616	8,406.996	8,658.936	8,831.784	9,008.532	9,278.724
						Annual	82,519.632	85,222.800	87,884.784	91,125.216	94,099.824	97,411.392	100,883.952	103,907.232	105,981.408	108,102.384	111,344.688
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**50.918**	**52.695**	**54.478**	**56.335**	**58.150**	**60.036**	**61.237**	**62.460**	**63.710**	**64.984**	**66.934**
						Monthly	8,549.981	8,848.369	9,147.764	9,459.585	9,764.354	10,081.045	10,282.713	10,488.075	10,697.971	10,911.897	11,239.334
						Annual	102,599.770	106,180.425	109,773.170	113,515.025	117,172.250	120,972.540	123,392.555	125,856.900	128,375.650	130,942.760	134,872.010

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31	N2		**Weekend Worker - Nurse II (15 Year Scale)**		2015	Hourly	**51.936**	**53.750**	**55.567**	**57.463**	**59.313**	**61.236**	**62.461**	**63.710**			
						Monthly	8,720.920	9,025.521	9,330.625	9,648.995	9,959.641	10,282.545	10,488.243	10,697.971			
						Annual	104,651.040	108,306.250	111,967.505	115,787.945	119,515.695	123,390.540	125,858.915	128,375.650			
32	N2		**Weekend Worker - Nurse II (20 Year Scale)**		2015	Hourly	**52.974**	**54.824**	**56.680**	**58.611**	**60.499**	**62.460**	**63.711**	**64.984**			
						Monthly	8,895.218	9,205.863	9,517.517	9,841.764	10,158.790	10,488.075	10,698.139	10,911.897			
						Annual	106,742.610	110,470.360	114,210.200	118,101.165	121,905.485	125,856.900	128,377.665	130,942.760			
33	N2		**Weekend Worker - Nurse II (25 Year Scale)**		2015	Hourly	**54.564**	**56.470**	**58.380**	**60.369**	**62.314**	**64.334**	**65.621**	**66.934**			
						Monthly	9,162.205	9,482.254	9,802.975	10,136.961	10,463.559	10,802.751	11,018.860	11,239.334			
						Annual	109,946.460	113,787.050	117,635.700	121,643.535	125,562.710	129,633.010	132,226.315	134,872.010			
34	N2		**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**54.808**	**56.721**	**58.639**	**60.638**	**62.592**	**64.621**	**65.914**	**67.231**	**68.576**	**69.948**	**72.046**
						Monthly	8,550.048	8,848.476	9,147.684	9,459.528	9,764.352	10,080.876	10,282.584	10,488.036	10,697.856	10,911.888	11,239.176
						Annual	102,600.576	106,181.712	109,772.208	113,514.336	117,172.224	120,970.512	123,391.008	125,856.432	128,374.272	130,942.656	134,870.112
35	N2		**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**55.904**	**57.856**	**59.812**	**61.850**	**63.844**	**65.915**	**67.231**	**68.576**			
						Monthly	8,721.024	9,025.536	9,330.672	9,648.600	9,959.664	10,282.740	10,488.036	10,697.856			
						Annual	104,652.288	108,306.432	111,968.064	115,783.200	119,515.968	123,392.880	125,856.432	128,374.272			
36	N2		**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**57.024**	**59.014**	**61.008**	**63.089**	**65.120**	**67.232**	**68.576**	**69.948**			
						Monthly	8,895.744	9,206.184	9,517.248	9,841.884	10,158.720	10,488.192	10,697.856	10,911.888			
						Annual	106,748.928	110,474.208	114,206.976	118,102.608	121,904.640	125,858.304	128,374.272	130,942.656			
37	N2		**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	**58.734**	**60.783**	**62.838**	**64.981**	**67.074**	**69.249**	**70.633**	**72.046**			
						Monthly	9,162.504	9,482.148	9,802.728	10,137.036	10,463.544	10,802.844	11,018.748	11,239.176			
						Annual	109,950.048	113,785.776	117,632.736	121,644.432	125,562.528	129,634.128	132,224.976	134,870.112			
38	CRN		**Weekend Worker - CRN/Charge Nurse**		2015	Hourly	**54.517**	**56.385**	**58.299**	**60.228**	**62.069**	**64.025**	**65.652**	**66.966**	**68.304**	**69.671**	**71.762**
						Monthly	9,154.313	9,467.981	9,789.374	10,113.285	10,422.420	10,750.865	11,024.065	11,244.708	11,469.380	11,698.922	12,050.036
						Annual	109,851.755	113,615.775	117,472.485	121,359.420	125,069.035	129,010.375	132,288.780	134,936.490	137,632.560	140,387.065	144,600.430
39	CRN		**Weekend Worker - CRN/Charge Nurse (15 Year Scale)**		2015	Hourly	**55.608**	**57.513**	**59.466**	**61.433**	**63.310**	**65.305**	**66.966**	**68.304**			
						Monthly	9,337.510	9,657.391	9,985.333	10,315.625	10,630.804	10,965.798	11,244.708	11,469.380			
						Annual	112,050.120	115,888.695	119,823.990	123,787.495	127,569.650	131,589.575	134,936.490	137,632.560			
40	CRN		**Weekend Worker - CRN/Charge Nurse (20 Year Scale)**		2015	Hourly	**56.720**	**58.663**	**60.656**	**62.662**	**64.577**	**66.612**	**68.304**	**69.671**			
						Monthly	9,524.233	9,850.495	10,185.153	10,521.994	10,843.555	11,185.265	11,469.380	11,698.922			
						Annual	114,290.800	118,205.945	122,221.840	126,263.930	130,122.655	134,223.180	137,632.560	140,387.065			
41	CRN		**Weekend Worker - CRN/Charge Nurse (25 Year Scale)**		2015	Hourly	**58.422**	**60.424**	**62.475**	**64.542**	**66.514**	**68.610**	**70.354**	**71.762**			
						Monthly	9,810.028	10,146.197	10,490.594	10,837.678	11,168.809	11,520.763	11,813.609	12,050.036			
						Annual	117,720.330	121,754.360	125,887.125	130,052.130	134,025.710	138,249.150	141,763.310	144,600.430			
42	CRN		**Weekend Worker - CRN/Charge Nurse (PIO)**		1872	Hourly	**58.681**	**60.694**	**62.753**	**64.828**	**66.811**	**68.916**	**70.669**	**72.081**	**73.522**	**74.993**	**77.242**
						Monthly	9,154.236	9,468.264	9,789.468	10,113.168	10,422.516	10,750.896	11,024.364	11,244.636	11,469.432	11,698.908	12,049.752
						Annual	109,850.832	113,619.168	117,473.616	121,358.016	125,070.192	129,010.752	132,292.368	134,935.632	137,633.184	140,386.896	144,597.024
43	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO**		1872	Hourly	**59.854**	**61.907**	**64.007**	**66.125**	**68.147**	**70.295**	**72.082**	**73.522**			
						Monthly	9,337.224	9,657.492	9,985.092	10,315.500	10,630.932	10,966.020	11,244.792	11,469.432			
						Annual	112,046.688	115,889.904	119,821.104	123,786.000	127,571.184	131,592.240	134,937.504	137,633.184			
44	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO**		1872	Hourly	**61.052**	**63.145**	**65.289**	**67.447**	**69.510**	**71.701**	**73.523**	**74.993**			
						Monthly	9,524.112	9,850.620	10,185.084	10,521.732	10,843.560	11,185.356	11,469.588	11,698.908			
						Annual	114,289.344	118,207.440	122,221.008	126,260.784	130,122.720	134,224.272	137,635.056	140,386.896			
45	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO**		1872	Hourly	**62.884**	**65.039**	**67.246**	**69.471**	**71.595**	**73.852**	**75.730**	**77.242**			
						Monthly	9,809.904	10,146.084	10,490.376	10,837.476	11,168.820	11,520.912	11,813.880	12,049.752			
						Annual	117,718.848	121,753.008	125,884.512	130,049.712	134,025.840	138,250.944	141,766.560	144,597.024			

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46	N3		**Weekend Worker - Nurse III**		2015	Hourly	**52.852**	**54.636**	**56.497**	**58.310**	**59.998**	**61.835**	**63.733**	**65.007**	**66.308**	**67.635**	**69.663**
						Monthly	8,874.732	9,174.295	9,486.788	9,791.221	10,074.664	10,383.127	10,701.833	10,915.759	11,134.218	11,357.044	11,697.579
						Annual	106,496.780	110,091.540	113,841.455	117,494.650	120,895.970	124,597.525	128,421.995	130,989.105	133,610.620	136,284.525	140,370.945
47	N3		**Weekend Worker - Nurse III (15 Year Scale)**		2015	Hourly	**53.909**	**55.729**	**57.627**	**59.476**	**61.197**	**63.072**	**65.007**	**66.308**			
						Monthly	9,052.220	9,357.828	9,676.534	9,987.012	10,275.996	10,590.840	10,915.759	11,134.218			
						Annual	108,626.635	112,293.935	116,118.405	119,844.140	123,311.955	127,090.080	130,989.105	133,610.620			
48	N3		**Weekend Worker - Nurse III (20 Year Scale)**		2015	Hourly	**54.988**	**56.843**	**58.779**	**60.665**	**62.421**	**64.333**	**66.308**	**67.635**			
						Monthly	9,233.402	9,544.887	9,869.974	10,186.665	10,481.526	10,802.583	11,134.218	11,357.044			
						Annual	110,800.820	114,538.645	118,439.685	122,239.975	125,778.315	129,630.995	133,610.620	136,284.525			
49	N3		**Weekend Worker - Nurse III (25 Year Scale)**		2015	Hourly	**56.638**	**58.548**	**60.542**	**62.486**	**64.294**	**66.264**	**68.297**	**69.663**			
						Monthly	9,510.464	9,831.185	10,166.011	10,492.441	10,796.034	11,126.830	11,468.205	11,697.579			
						Annual	114,125.570	117,974.220	121,992.130	125,909.290	129,552.410	133,521.960	137,618.455	140,370.945			
50	N3		**Weekend Worker - Nurse III (PIO)**		1872	Hourly	**56.890**	**58.810**	**60.812**	**62.765**	**64.579**	**66.559**	**68.602**	**69.973**	**71.373**	**72.801**	**74.985**
						Monthly	8,874.840	9,174.360	9,486.672	9,791.340	10,074.324	10,383.204	10,701.912	10,915.788	11,134.188	11,356.956	11,697.660
						Annual	106,498.080	110,092.320	113,840.064	117,496.080	120,891.888	124,598.448	128,422.944	130,989.456	133,610.256	136,283.472	140,371.920
51	N3		**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	**58.028**	**59.985**	**62.029**	**64.021**	**65.872**	**67.890**	**69.974**	**71.373**			
						Monthly	9,052.368	9,357.660	9,676.524	9,987.276	10,276.032	10,590.840	10,915.944	11,134.188			
						Annual	108,628.416	112,291.920	116,118.288	119,847.312	123,312.384	127,090.080	130,991.328	133,610.256			
52	N3		**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	**59.189**	**61.186**	**63.269**	**65.302**	**67.189**	**69.248**	**71.374**	**72.801**			
						Monthly	9,233.484	9,545.016	9,869.964	10,187.112	10,481.484	10,802.688	11,134.344	11,356.956			
						Annual	110,801.808	114,540.192	118,439.568	122,245.344	125,777.808	129,632.256	133,612.128	136,283.472			
53	N3		**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	**60.965**	**63.022**	**65.167**	**67.261**	**69.205**	**71.325**	**73.515**	**74.985**			
						Monthly	9,510.540	9,831.432	10,166.052	10,492.716	10,795.980	11,126.700	11,468.340	11,697.660			
						Annual	114,126.480	117,977.184	121,992.624	125,912.592	129,551.760	133,520.400	137,620.080	140,371.920			
54	N4		**Weekend Worker - Nurse IV**		2015	Hourly	**56.304**	**58.391**	**60.477**	**62.754**	**65.363**	**67.891**	**70.651**	**73.527**	**74.997**	**76.497**	**78.792**
						Monthly	9,454.380	9,804.822	10,155.096	10,537.443	10,975.537	11,400.030	11,863.480	12,346.409	12,593.246	12,845.121	13,230.490
						Annual	113,452.560	117,657.865	121,861.155	126,449.310	131,706.445	136,800.365	142,361.765	148,156.905	151,118.955	154,141.455	158,765.880
55	N4		**Weekend Worker - Nurse IV (15 Year Scale)**		2015	Hourly	**57.431**	**59.559**	**61.687**	**64.008**	**66.670**	**69.249**	**72.064**	**74.997**			
						Monthly	9,643.622	10,000.949	10,358.275	10,748.010	11,195.004	11,628.061	12,100.747	12,593.246			
						Annual	115,723.465	120,011.385	124,299.305	128,976.120	134,340.050	139,536.735	145,208.960	151,118.955			
56	N4		**Weekend Worker - Nurse IV (20 Year Scale)**		2015	Hourly	**58.580**	**60.750**	**62.921**	**65.288**	**68.004**	**70.634**	**73.505**	**76.497**			
						Monthly	9,836.558	10,200.938	10,565.485	10,962.943	11,419.005	11,860.626	12,342.715	12,845.121			
						Annual	118,038.700	122,411.250	126,785.815	131,555.320	137,028.060	142,327.510	148,112.575	154,141.455			
57	N4		**Weekend Worker - Nurse IV (25 Year Scale)**		2015	Hourly	**60.336**	**62.573**	**64.810**	**67.247**	**70.044**	**72.753**	**75.710**	**78.792**			
						Monthly	10,131.420	10,507.050	10,882.679	11,291.892	11,761.555	12,216.441	12,712.971	13,230.490			
						Annual	121,577.040	126,084.595	130,592.150	135,502.705	141,138.660	146,597.295	152,555.650	158,765.880			
58	N4		**Weekend Worker - Nurse IV (PIO)**		1872	Hourly	**60.605**	**62.851**	**65.098**	**67.546**	**70.357**	**73.077**	**76.048**	**79.144**	**80.727**	**82.340**	**84.811**
						Monthly	9,454.380	9,804.756	10,155.288	10,537.176	10,975.692	11,400.012	11,863.488	12,346.464	12,593.412	12,845.040	13,230.516
						Annual	113,452.560	117,657.072	121,863.456	126,446.112	131,708.304	136,800.144	142,361.856	148,157.568	151,120.944	154,140.480	158,766.192
59	N4		**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**61.816**	**64.107**	**66.400**	**68.897**	**71.763**	**74.539**	**77.568**	**80.727**			
						Monthly	9,643.296	10,000.692	10,358.400	10,747.932	11,195.028	11,628.084	12,100.608	12,593.412			
						Annual	115,719.552	120,008.304	124,300.800	128,975.184	134,340.336	139,537.008	145,207.296	151,120.944			
60	N4		**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**63.054**	**65.390**	**67.728**	**70.275**	**73.200**	**76.030**	**79.119**	**82.340**			
						Monthly	9,836.424	10,200.840	10,565.568	10,962.900	11,419.200	11,860.680	12,342.564	12,845.040			
						Annual	118,037.088	122,410.080	126,786.816	131,554.800	137,030.400	142,328.160	148,110.768	154,140.480			

A1. Effective April 1, 2027

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Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
61	N4		**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**64.944**	**67.352**	**69.760**	**72.383**	**75.396**	**78.311**	**81.493**	**84.811**			
						Monthly	10,131.264	10,506.912	10,882.560	11,291.748	11,761.776	12,216.516	12,712.908	13,230.516			
						Annual	121,575.168	126,082.944	130,590.720	135,500.976	141,141.312	146,598.192	152,554.896	158,766.192			
62	N5		**Weekend Worker - Nurse V**		2015	Hourly	**57.705**	**59.913**	**62.446**	**64.901**	**67.582**	**70.208**	**72.944**	**75.862**	**77.379**	**78.927**	**81.295**
						Monthly	9,689.631	10,060.391	10,485.724	10,897.960	11,348.144	11,789.093	12,248.513	12,738.494	12,993.224	13,253.159	13,650.785
						Annual	116,275.575	120,724.695	125,828.690	130,775.515	136,177.730	141,469.120	146,982.160	152,861.930	155,918.685	159,037.905	163,809.425
63	N5		**Weekend Worker - Nurse V (15 Year Scale)**		2015	Hourly	**58.858**	**61.112**	**63.695**	**66.200**	**68.934**	**71.613**	**74.402**	**77.379**			
						Monthly	9,883.239	10,261.723	10,695.452	11,116.083	11,575.168	12,025.016	12,493.336	12,993.224			
						Annual	118,598.870	123,140.680	128,345.425	133,393.000	138,902.010	144,300.195	149,920.030	155,918.685			
64	N5		**Weekend Worker - Nurse V (20 Year Scale)**		2015	Hourly	**60.037**	**62.335**	**64.969**	**67.524**	**70.313**	**73.046**	**75.890**	**78.927**			
						Monthly	10,081.213	10,467.085	10,909.378	11,338.405	11,806.725	12,265.641	12,743.196	13,253.159			
						Annual	120,974.555	125,605.025	130,912.535	136,060.860	141,680.695	147,187.690	152,918.350	159,037.905			
65	N5		**Weekend Worker - Nurse V (25 Year Scale)**		2015	Hourly	**61.837**	**64.204**	**66.918**	**69.551**	**72.422**	**75.236**	**78.167**	**81.295**			
						Monthly	10,383.463	10,780.922	11,236.648	11,678.772	12,160.861	12,633.378	13,125.542	13,650.785			
						Annual	124,601.555	129,371.060	134,839.770	140,145.265	145,930.330	151,600.540	157,506.505	163,809.425			
66	N5		**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**62.112**	**64.491**	**67.217**	**69.859**	**72.745**	**75.571**	**78.517**	**81.657**	**83.290**	**84.955**	**87.505**
						Monthly	9,689.472	10,060.596	10,485.852	10,898.004	11,348.220	11,789.076	12,248.652	12,738.492	12,993.240	13,252.980	13,650.780
						Annual	116,273.664	120,727.152	125,830.224	130,776.048	136,178.640	141,468.912	146,983.824	152,861.904	155,918.880	159,035.760	163,809.360
67	N5		**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**63.355**	**65.780**	**68.561**	**71.257**	**74.200**	**77.084**	**80.088**	**83.290**			
						Monthly	9,883.380	10,261.680	10,695.516	11,116.092	11,575.200	12,025.104	12,493.728	12,993.240			
						Annual	118,600.560	123,140.160	128,346.192	133,393.104	138,902.400	144,301.248	149,924.736	155,918.880			
68	N5		**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**64.621**	**67.096**	**69.932**	**72.682**	**75.683**	**78.625**	**81.689**	**84.955**			
						Monthly	10,080.876	10,466.976	10,909.392	11,338.392	11,806.548	12,265.500	12,743.484	13,252.980			
						Annual	120,970.512	125,603.712	130,912.704	136,060.704	141,678.576	147,186.000	152,921.808	159,035.760			
69	N5		**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**66.560**	**69.109**	**72.030**	**74.862**	**77.955**	**80.984**	**84.140**	**87.505**			
						Monthly	10,383.360	10,781.004	11,236.680	11,678.472	12,160.980	12,633.504	13,125.840	13,650.780			
						Annual	124,600.320	129,372.048	134,840.160	140,141.664	145,931.760	151,602.048	157,510.080	163,809.360			
70	LPN		**Weekend Worker - Licensed Practical Nurse**		1872	Hourly	**42.163**	**43.546**	**44.908**	**46.563**	**48.077**	**49.776**	**51.545**	**53.093**	**54.155**	**55.240**	**56.897**
						Monthly	6,577.428	6,793.176	7,005.648	7,263.828	7,500.012	7,765.056	8,041.020	8,282.508	8,448.180	8,617.440	8,875.932
						Annual	78,929.136	81,518.112	84,067.776	87,165.936	90,000.144	93,180.672	96,492.240	99,390.096	101,378.160	103,409.280	106,511.184
71	N2		**Weekend Worker - Nurse II**		1872	Hourly	**52.421**	**54.254**	**56.089**	**57.999**	**59.873**	**61.811**	**63.047**	**64.309**	**65.597**	**66.908**	**68.915**
						Monthly	8,177.676	8,463.624	8,749.884	9,047.844	9,340.188	9,642.516	9,835.332	10,032.204	10,233.132	10,437.648	10,750.740
						Annual	98,132.112	101,563.488	104,998.608	108,574.128	112,082.256	115,710.192	118,023.984	120,386.448	122,797.584	125,251.776	129,008.880
72	N2		**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**53.470**	**55.339**	**57.210**	**59.159**	**61.072**	**63.048**	**64.307**	**65.596**			
						Monthly	8,341.320	8,632.884	8,924.760	9,228.804	9,527.232	9,835.488	10,031.892	10,232.976			
						Annual	100,095.840	103,594.608	107,097.120	110,745.648	114,326.784	118,025.856	120,382.704	122,795.712			
73	N2		**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**54.540**	**56.445**	**58.355**	**60.342**	**62.294**	**64.309**	**65.595**	**66.908**			
						Monthly	8,508.240	8,805.420	9,103.380	9,413.352	9,717.864	10,032.204	10,232.820	10,437.648			
						Annual	102,098.880	105,665.040	109,240.560	112,960.224	116,614.368	120,386.448	122,793.840	125,251.776			
74	N2		**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**56.176**	**58.138**	**60.106**	**62.153**	**64.162**	**66.238**	**67.561**	**68.915**			
						Monthly	8,763.456	9,069.528	9,376.536	9,695.868	10,009.272	10,333.128	10,539.516	10,750.740			
						Annual	105,161.472	108,834.336	112,518.432	116,350.416	120,111.264	123,997.536	126,474.192	129,008.880			
75	CRN		**Weekend Worker - CRN/Charge Nurse**		1872	Hourly	**56.129**	**58.055**	**60.025**	**62.012**	**63.906**	**65.919**	**67.596**	**68.946**	**70.324**	**71.731**	**73.883**
						Monthly	8,756.124	9,056.580	9,363.900	9,673.872	9,969.336	10,283.364	10,544.976	10,755.576	10,970.544	11,190.036	11,525.748
						Annual	105,073.488	108,678.960	112,366.800	116,086.464	119,632.032	123,400.368	126,539.712	129,066.912	131,646.528	134,280.432	138,308.976

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
76	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**		1872	Hourly	**57.252**	**59.217**	**61.226**	**63.252**	**65.184**	**67.238**	**68.948**	**70.325**			
						Monthly	8,931.312	9,237.852	9,551.256	9,867.312	10,168.704	10,489.128	10,755.888	10,970.700			
						Annual	107,175.744	110,854.224	114,615.072	118,407.744	122,024.448	125,869.536	129,070.656	131,648.400			
77	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**		1872	Hourly	**58.397**	**60.401**	**62.450**	**64.518**	**66.488**	**68.583**	**70.327**	**71.732**			
						Monthly	9,109.932	9,422.556	9,742.200	10,064.808	10,372.128	10,698.948	10,971.012	11,190.192			
						Annual	109,319.184	113,070.672	116,906.400	120,777.696	124,465.536	128,387.376	131,652.144	134,282.304			
78	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**		1872	Hourly	**60.148**	**62.213**	**64.324**	**66.453**	**68.482**	**70.640**	**72.437**	**73.884**			
						Monthly	9,383.088	9,705.228	10,034.544	10,366.668	10,683.192	11,019.840	11,300.172	11,525.904			
						Annual	112,597.056	116,462.736	120,414.528	124,400.016	128,198.304	132,238.080	135,602.064	138,310.848			
79	N3		**Weekend Worker - Nurse III**		1872	Hourly	**54.418**	**56.250**	**58.169**	**60.038**	**61.772**	**63.663**	**65.618**	**66.931**	**68.269**	**69.635**	**71.724**
						Monthly	8,489.208	8,775.000	9,074.364	9,365.928	9,636.432	9,931.428	10,236.408	10,441.236	10,649.964	10,863.060	11,188.944
						Annual	101,870.496	105,300.000	108,892.368	112,391.136	115,637.184	119,177.136	122,836.896	125,294.832	127,799.568	130,356.720	134,267.328
80	N3		**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**55.506**	**57.374**	**59.333**	**61.239**	**63.008**	**64.936**	**66.931**	**68.269**			
						Monthly	8,658.936	8,950.344	9,255.948	9,553.284	9,829.248	10,130.016	10,441.236	10,649.964			
						Annual	103,907.232	107,404.128	111,071.376	114,639.408	117,950.976	121,560.192	125,294.832	127,799.568			
81	N3		**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**56.615**	**58.523**	**60.520**	**62.463**	**64.267**	**66.235**	**68.269**	**69.635**			
						Monthly	8,831.940	9,129.588	9,441.120	9,744.228	10,025.652	10,332.660	10,649.964	10,863.060			
						Annual	105,983.280	109,555.056	113,293.440	116,930.736	120,307.824	123,991.920	127,799.568	130,356.720			
82	N3		**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**58.313**	**60.280**	**62.337**	**64.337**	**66.196**	**68.222**	**70.317**	**71.723**			
						Monthly	9,096.828	9,403.680	9,724.572	10,036.572	10,326.576	10,642.632	10,969.452	11,188.788			
						Annual	109,161.936	112,844.160	116,694.864	120,438.864	123,918.912	127,711.584	131,633.424	134,265.456			
83	N4		**Weekend Worker - Nurse IV**		1872	Hourly	**57.974**	**60.120**	**62.269**	**64.611**	**67.296**	**69.899**	**72.743**	**75.704**	**77.218**	**78.762**	**81.126**
						Monthly	9,043.944	9,378.720	9,713.964	10,079.316	10,498.176	10,904.244	11,347.908	11,809.824	12,046.008	12,286.872	12,655.656
						Annual	108,527.328	112,544.640	116,567.568	120,951.792	125,978.112	130,850.928	136,174.896	141,717.888	144,552.096	147,442.464	151,867.872
84	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**59.133**	**61.322**	**63.513**	**65.904**	**68.642**	**71.297**	**74.198**	**77.218**			
						Monthly	9,224.748	9,566.232	9,908.028	10,281.024	10,708.152	11,122.332	11,574.888	12,046.008			
						Annual	110,696.976	114,794.784	118,896.336	123,372.288	128,497.824	133,467.984	138,898.656	144,552.096			
85	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**60.317**	**62.549**	**64.783**	**67.221**	**70.014**	**72.722**	**75.681**	**78.762**			
						Monthly	9,409.452	9,757.644	10,106.148	10,486.476	10,922.184	11,344.632	11,806.236	12,286.872			
						Annual	112,913.424	117,091.728	121,273.776	125,837.712	131,066.208	136,135.584	141,674.832	147,442.464			
86	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**62.125**	**64.424**	**66.726**	**69.238**	**72.114**	**74.904**	**77.952**	**81.126**			
						Monthly	9,691.500	10,050.144	10,409.256	10,801.128	11,249.784	11,685.024	12,160.512	12,655.656			
						Annual	116,298.000	120,601.728	124,911.072	129,613.536	134,997.408	140,220.288	145,926.144	151,867.872			
87	N5		**Weekend Worker - Nurse V**		1872	Hourly	**59.412**	**61.685**	**64.293**	**66.821**	**69.582**	**72.287**	**75.106**	**78.110**	**79.672**	**81.265**	**83.704**
						Monthly	9,268.272	9,622.860	10,029.708	10,424.076	10,854.792	11,276.772	11,716.536	12,185.160	12,428.832	12,677.340	13,057.824
						Annual	111,219.264	115,474.320	120,356.496	125,088.912	130,257.504	135,321.264	140,598.432	146,221.920	149,145.984	152,128.080	156,693.888
88	N5		**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**60.601**	**62.919**	**65.578**	**68.156**	**70.973**	**73.733**	**76.607**	**79.672**			
						Monthly	9,453.756	9,815.364	10,230.168	10,632.336	11,071.788	11,502.348	11,950.692	12,428.832			
						Annual	113,445.072	117,784.368	122,762.016	127,588.032	132,861.456	138,028.176	143,408.304	149,145.984			
89	N5		**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**61.812**	**64.177**	**66.890**	**69.521**	**72.393**	**75.208**	**78.140**	**81.265**			
						Monthly	9,642.672	10,011.612	10,434.840	10,845.276	11,293.308	11,732.448	12,189.840	12,677.340			
						Annual	115,712.064	120,139.344	125,218.080	130,143.312	135,519.696	140,789.376	146,278.080	152,128.080			
90	N5		**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**63.666**	**66.102**	**68.897**	**71.606**	**74.565**	**77.464**	**80.483**	**83.704**			
						Monthly	9,931.896	10,311.912	10,747.932	11,170.536	11,632.140	12,084.384	12,555.348	13,057.824			
						Annual	119,182.752	123,742.944	128,975.184	134,046.432	139,585.680	145,012.608	150,664.176	156,693.888			

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Row	Standard Grp No.	Note	Employer Classification	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN	1	**Licensed Practical Nurse**	2015	Hourly	**35.231**	**36.382**	**37.518**	**38.901**	**40.172**	**41.586**	**43.066**	**44.359**	**45.246**	**46.151**	**47.536**
					Monthly	5,915.872	6,109.144	6,299.898	6,532.126	6,745.548	6,982.983	7,231.499	7,448.615	7,597.558	7,749.522	7,982.087
					Annual	70,990.465	73,309.730	75,598.770	78,385.515	80,946.580	83,795.790	86,777.990	89,383.385	91,170.690	92,994.265	95,785.040
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**	2015	Hourly	**34.205**										
					Monthly	5,743.590										
					Annual	68,923.075										
3	SIEN		**SIEN**	2015	Hourly	**34.205**										
					Monthly	5,743.590										
					Annual	68,923.075										
4	N2		**Nurse II**	2015	Hourly	**44.679**	**46.239**	**47.803**	**49.433**	**51.025**	**52.675**	**53.729**	**54.804**	**55.900**	**57.018**	**58.729**
					Monthly	7,502.349	7,764.299	8,026.920	8,300.625	8,567.948	8,845.010	9,021.995	9,202.505	9,386.542	9,574.273	9,861.578
					Annual	90,028.185	93,171.585	96,323.045	99,607.495	102,815.375	106,140.125	108,263.935	110,430.060	112,638.500	114,891.270	118,338.935
5	N2	***	**Nurse II (15-Year Scale)**	2015	Hourly	**45.573**	**47.164**	**48.759**	**50.422**	**52.046**	**53.729**	**54.804**	**55.900**			
					Monthly	7,652.466	7,919.622	8,187.449	8,466.694	8,739.391	9,021.995	9,202.505	9,386.542			
					Annual	91,829.595	95,035.460	98,249.385	101,600.330	104,872.690	108,263.935	110,430.060	112,638.500			
6	N2	***	**Nurse II (20-Year Scale)**	2015	Hourly	**46.484**	**48.107**	**49.734**	**51.430**	**53.087**	**54.804**	**55.900**	**57.018**			
					Monthly	7,805.438	8,077.967	8,351.168	8,635.954	8,914.192	9,202.505	9,386.542	9,574.273			
					Annual	93,665.260	96,935.605	100,214.010	103,631.450	106,970.305	110,430.060	112,638.500	114,891.270			
7	N2	***	**Nurse II (25-Year Scale)**	2015	Hourly	**47.879**	**49.550**	**51.226**	**52.973**	**54.680**	**56.448**	**57.577**	**58.729**			
					Monthly	8,039.682	8,320.271	8,601.699	8,895.050	9,181.683	9,478.560	9,668.138	9,861.578			
					Annual	96,476.185	99,843.250	103,220.390	106,740.595	110,180.200	113,742.720	116,017.655	118,338.935			
8	CRN	1,6	**CRN/Charge Nurse**	2015	Hourly	**46.895**	**48.503**	**50.150**	**51.809**	**53.392**	**55.072**	**56.473**	**57.601**	**58.753**	**59.928**	**61.726**
					Monthly	7,874.452	8,144.462	8,421.021	8,699.595	8,965.407	9,247.507	9,482.758	9,672.168	9,865.608	10,062.910	10,364.824
					Annual	94,493.425	97,733.545	101,052.250	104,395.135	107,584.880	110,970.080	113,793.095	116,066.015	118,387.295	120,754.920	124,377.890
9	CRN	***	**CRN/Charge Nurse (15-Year Scale)**	2015	Hourly	**47.833**	**49.473**	**51.153**	**52.845**	**54.460**	**56.173**	**57.602**	**58.753**			
					Monthly	8,031.958	8,307.341	8,589.441	8,873.556	9,144.742	9,432.383	9,672.336	9,865.608			
					Annual	96,383.495	99,688.095	103,073.295	106,482.675	109,736.900	113,188.595	116,068.030	118,387.295			
10	CRN	***	**CRN/Charge Nurse (20-Year Scale)**	2015	Hourly	**48.790**	**50.462**	**52.176**	**53.902**	**55.549**	**57.296**	**58.754**	**59.928**			
					Monthly	8,192.654	8,473.411	8,761.220	9,051.044	9,327.603	9,620.953	9,865.776	10,062.910			
					Annual	98,311.850	101,680.930	105,134.640	108,612.530	111,931.235	115,451.440	118,389.310	120,754.920			
11	CRN	***	**CRN/Charge Nurse (25-Year Scale)**	2015	Hourly	**50.254**	**51.976**	**53.741**	**55.519**	**57.215**	**59.015**	**60.517**	**61.726**			
					Monthly	8,438.484	8,727.637	9,024.010	9,322.565	9,607.352	9,909.602	10,161.813	10,364.824			
					Annual	101,261.810	104,731.640	108,288.115	111,870.785	115,288.225	118,915.225	121,941.755	124,377.890			
12	N3		**Nurse III**	2015	Hourly	**46.379**	**47.941**	**49.574**	**51.168**	**52.647**	**54.260**	**55.925**	**57.043**	**58.184**	**59.348**	**61.128**
					Monthly	7,787.807	8,050.093	8,324.301	8,591.960	8,840.309	9,111.158	9,390.740	9,578.470	9,770.063	9,965.518	10,264.410
					Annual	93,453.685	96,601.115	99,891.610	103,103.520	106,083.705	109,333.900	112,688.875	114,941.645	117,240.760	119,586.220	123,172.920
13	N3	***	**Nurse III (15-Year Scale)**	2015	Hourly	**47.307**	**48.900**	**50.565**	**52.191**	**53.700**	**55.345**	**57.044**	**58.184**			
					Monthly	7,943.634	8,211.125	8,490.706	8,763.739	9,017.125	9,293.348	9,578.638	9,770.063			
					Annual	95,323.605	98,533.500	101,888.475	105,164.865	108,205.500	111,520.175	114,943.660	117,240.760			
14	N3	***	**Nurse III (20-Year Scale)**	2015	Hourly	**48.253**	**49.878**	**51.576**	**53.235**	**54.774**	**56.452**	**58.185**	**59.348**			
					Monthly	8,102.483	8,375.348	8,660.470	8,939.044	9,197.468	9,479.232	9,770.231	9,965.518			
					Annual	97,229.795	100,504.170	103,925.640	107,268.525	110,369.610	113,750.780	117,242.775	119,586.220			
15	N3	***	**Nurse III (25-Year Scale)**	2015	Hourly	**49.701**	**51.374**	**53.123**	**54.832**	**56.417**	**58.146**	**59.931**	**61.128**			
					Monthly	8,345.626	8,626.551	8,920.237	9,207.207	9,473.355	9,763.683	10,063.414	10,264.410			
					Annual	100,147.515	103,518.610	107,042.845	110,486.480	113,680.255	117,164.190	120,760.965	123,172.920			

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16	N4	1	**Nurse IV**	2015	Hourly	**49.408**	**51.237**	**53.068**	**55.065**	**57.353**	**59.572**	**61.995**	**64.519**	**65.809**	**67.125**	**69.139**
					Monthly	8,296.427	8,603.546	8,911.002	9,246.331	9,630.525	10,003.132	10,409.994	10,833.815	11,050.428	11,271.406	11,609.590
					Annual	99,557.120	103,242.555	106,932.020	110,955.975	115,566.295	120,037.580	124,919.925	130,005.785	132,605.135	135,256.875	139,315.085
17	N4	***	**Nurse IV (15-Year Scale)**	2015	Hourly	**50.396**	**52.262**	**54.129**	**56.166**	**58.500**	**60.763**	**63.235**	**65.809**			
					Monthly	8,462.328	8,775.661	9,089.161	9,431.208	9,823.125	10,203.120	10,618.210	11,050.428			
					Annual	101,547.940	105,307.930	109,069.935	113,174.490	117,877.500	122,437.445	127,418.525	132,605.135			
18	N4	***	**Nurse IV (20-Year Scale)**	2015	Hourly	**51.404**	**53.307**	**55.212**	**57.289**	**59.670**	**61.978**	**64.500**	**67.125**			
					Monthly	8,631.588	8,951.134	9,271.015	9,619.778	10,019.588	10,407.139	10,830.625	11,271.406			
					Annual	103,579.060	107,413.605	111,252.180	115,437.335	120,235.050	124,885.670	129,967.500	135,256.875			
19	N4	***	**Nurse IV (25-Year Scale)**	2015	Hourly	**52.946**	**54.906**	**56.868**	**59.008**	**61.460**	**63.837**	**66.435**	**69.139**			
					Monthly	8,890.516	9,219.633	9,549.085	9,908.427	10,320.158	10,719.296	11,155.544	11,609.590			
					Annual	106,686.190	110,635.590	114,589.020	118,901.120	123,841.900	128,631.555	133,866.525	139,315.085			
20	N5	4	**Nurse V**	2015	Hourly	**50.635**	**52.575**	**54.796**	**56.951**	**59.305**	**61.606**	**64.009**	**66.569**	**67.900**	**69.258**	**71.336**
					Monthly	8,502.460	8,828.219	9,201.162	9,563.022	9,958.298	10,344.674	10,748.178	11,178.045	11,401.542	11,629.573	11,978.503
					Annual	102,029.525	105,938.625	110,413.940	114,756.265	119,499.575	124,136.090	128,978.135	134,136.535	136,818.500	139,554.870	143,742.040
21	N5	***	**Nurse V (15-Year Scale)**	2015	Hourly	**51.648**	**53.627**	**55.892**	**58.090**	**60.491**	**62.838**	**65.289**	**67.900**			
					Monthly	8,672.560	9,004.867	9,385.198	9,754.279	10,157.447	10,551.548	10,963.111	11,401.542			
					Annual	104,070.720	108,058.405	112,622.380	117,051.350	121,889.365	126,618.570	131,557.335	136,818.500			
22	N5	***	**Nurse V (20-Year Scale)**	2015	Hourly	**52.681**	**54.700**	**57.010**	**59.252**	**61.701**	**64.095**	**66.595**	**69.258**			
					Monthly	8,846.018	9,185.042	9,572.929	9,949.398	10,360.626	10,762.619	11,182.410	11,629.573			
					Annual	106,152.215	110,220.500	114,875.150	119,392.780	124,327.515	129,151.425	134,188.925	139,554.870			
23	N5	***	**Nurse V (25-Year Scale)**	2015	Hourly	**54.261**	**56.341**	**58.720**	**61.030**	**63.552**	**66.018**	**68.593**	**71.336**			
					Monthly	9,111.326	9,460.593	9,860.067	10,247.954	10,671.440	11,085.523	11,517.908	11,978.503			
					Annual	109,335.915	113,527.115	118,320.800	122,975.450	128,057.280	133,026.270	138,214.895	143,742.040			
24	NP	2,3	**Nurse Practitioner**	2015	Hourly	**68.137**	**70.937**	**73.737**	**76.758**	**79.061**	**81.433**			**83.062**	**84.723**	**87.265**
					Monthly	11,441.338	11,911.505	12,381.671	12,888.948	13,275.660	13,673.958			13,947.494	14,226.404	14,653.248
					Annual	137,296.055	142,938.055	148,580.055	154,667.370	159,307.915	164,087.495			167,369.930	170,716.845	175,838.975
25	NP	***	**Nurse Practitioner (15-Year Scale)**	2015	Hourly	**69.500**	**72.356**	**75.212**	**78.293**	**80.642**	**83.062**					
					Monthly	11,670.208	12,149.778	12,629.348	13,146.700	13,541.136	13,947.494					
					Annual	140,042.500	145,797.340	151,552.180	157,760.395	162,493.630	167,369.930					
26	NP	***	**Nurse Practitioner (20-Year Scale)**	2015	Hourly	**70.890**	**73.803**	**76.716**	**79.859**	**82.255**	**84.723**					
					Monthly	11,903.613	12,392.754	12,881.895	13,409.657	13,811.985	14,226.404					
					Annual	142,843.350	148,713.045	154,582.740	160,915.885	165,743.825	170,716.845					
27	NP	***	**Nurse Practitioner (25-Year Scale)**	2015	Hourly	**73.017**	**76.017**	**79.017**	**82.255**	**84.723**	**87.265**					
					Monthly	12,260.771	12,764.521	13,268.271	13,811.985	14,226.404	14,653.248					
					Annual	147,129.255	153,174.255	159,219.255	165,743.825	170,716.845	175,838.975					
28	LPN	1	**Weekend Worker - Licensed Practical Nurse**	2015	Hourly	**40.511**	**41.840**	**43.147**	**44.736**	**46.195**	**47.823**	**49.525**	**51.012**	**52.032**	**53.073**	**54.665**
					Monthly	6,802.472	7,025.633	7,245.100	7,511.920	7,756.910	8,030.279	8,316.073	8,565.765	8,737.040	8,911.841	9,179.165
					Annual	81,629.665	84,307.600	86,941.205	90,143.040	93,082.925	96,363.345	99,792.875	102,789.180	104,844.480	106,942.095	110,149.975
29	LPN	1,5	**Weekend Worker - Licensed Practical Nurse (PIO)**	1872	Hourly	**43.606**	**45.037**	**46.443**	**48.154**	**49.724**	**51.477**	**53.308**	**54.908**	**56.006**	**57.126**	**58.840**
					Monthly	6,802.536	7,025.772	7,245.108	7,512.024	7,756.944	8,030.412	8,316.048	8,565.648	8,736.936	8,911.656	9,179.040
					Annual	81,630.432	84,309.264	86,941.296	90,144.288	93,083.328	96,364.944	99,792.576	102,787.776	104,843.232	106,939.872	110,148.480
30	N2		**Weekend Worker - Nurse II**	2015	Hourly	**51.383**	**53.175**	**54.974**	**56.847**	**58.680**	**60.575**	**61.789**	**63.024**	**64.284**	**65.570**	**67.537**
					Monthly	8,628.062	8,928.969	9,231.051	9,545.559	9,853.350	10,171.552	10,375.403	10,582.780	10,794.355	11,010.296	11,340.588
					Annual	103,536.745	107,147.625	110,772.610	114,546.705	118,240.200	122,058.625	124,504.835	126,993.360	129,532.260	132,123.550	136,087.055

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31	N2	***	**Weekend Worker - Nurse II (15-Year Scale)**	2015	Hourly	52.411	54.239	56.073	57.984	59.854	61.787	63.025	64.284			
					Monthly	8,800.680	9,107.632	9,415.591	9,736.480	10,050.484	10,375.067	10,582.948	10,794.355			
					Annual	105,608.165	109,291.585	112,987.095	116,837.760	120,605.810	124,500.805	126,995.375	129,532.260			
32	N2	***	**Weekend Worker - Nurse II (20-Year Scale)**	2015	Hourly	53.459	55.324	57.194	59.144	61.051	63.023	64.286	65.570			
					Monthly	8,976.657	9,289.822	9,603.826	9,931.263	10,251.480	10,582.612	10,794.691	11,010.296			
					Annual	107,719.885	111,477.860	115,245.910	119,175.160	123,017.765	126,991.345	129,536.290	132,123.550			
33	N2	***	**Weekend Worker - Nurse II (25-Year Scale)**	2015	Hourly	55.063	56.984	58.910	60.918	62.883	64.914	66.215	67.537			
					Monthly	9,245.995	9,568.563	9,891.971	10,229.148	10,559.104	10,900.143	11,118.602	11,340.588			
					Annual	110,951.945	114,822.760	118,703.650	122,749.770	126,709.245	130,801.710	133,423.225	136,087.055			
34	N2	5	**Weekend Worker - Nurse II (PIO)**	1872	Hourly	55.308	57.238	59.174	61.190	63.163	65.202	66.509	67.838	69.195	70.579	72.696
					Monthly	8,628.048	8,929.128	9,231.144	9,545.640	9,853.428	10,171.512	10,375.404	10,582.728	10,794.420	11,010.324	11,340.576
					Annual	103,536.576	107,149.536	110,773.728	114,547.680	118,241.136	122,058.144	124,504.848	126,992.736	129,533.040	132,123.888	136,086.912
35	N2	***	**Weekend Worker - Nurse II (15-Year Scale) (PIO)**	1872	Hourly	56.414	58.383	60.357	62.414	64.426	66.506	67.839	69.195			
					Monthly	8,800.584	9,107.748	9,415.692	9,736.584	10,050.456	10,374.936	10,582.884	10,794.420			
					Annual	105,607.008	109,292.976	112,988.304	116,839.008	120,605.472	124,499.232	126,994.608	129,533.040			
36	N2	***	**Weekend Worker - Nurse II (20-Year Scale) (PIO)**	1872	Hourly	57.542	59.551	61.564	63.662	65.715	67.836	69.196	70.579			
					Monthly	8,976.552	9,289.956	9,603.984	9,931.272	10,251.540	10,582.416	10,794.576	11,010.324			
					Annual	107,718.624	111,479.472	115,247.808	119,175.264	123,018.480	126,988.992	129,534.912	132,123.888			
37	N2	***	**Weekend Worker - Nurse II (25-Year Scale) (PIO)**	1872	Hourly	59.268	61.338	63.411	65.572	67.686	69.871	71.272	72.696			
					Monthly	9,245.808	9,568.728	9,892.116	10,229.232	10,559.016	10,899.876	11,118.432	11,340.576			
					Annual	110,949.696	114,824.736	118,705.392	122,750.784	126,708.192	130,798.512	133,421.184	136,086.912			
38	CRN	1,6	**Weekend Worker - CRN/Charge Nurse**	2015	Hourly	53.930	55.781	57.673	59.581	61.401	63.330	64.943	66.241	67.566	68.917	70.985
					Monthly	9,055.746	9,366.560	9,684.258	10,004.643	10,310.251	10,634.163	10,905.012	11,122.968	11,345.458	11,572.313	11,919.565
					Annual	108,668.950	112,398.715	116,211.095	120,055.715	123,723.015	127,609.950	130,860.145	133,475.615	136,145.490	138,867.755	143,034.775
39	CRN	***	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	2015	Hourly	55.009	56.897	58.826	60.773	62.629	64.597	66.242	67.566			
					Monthly	9,236.928	9,553.955	9,877.866	10,204.800	10,516.453	10,846.913	11,123.136	11,345.458			
					Annual	110,843.135	114,647.455	118,534.390	122,457.595	126,197.435	130,162.955	133,477.630	136,145.490			
40	CRN	***	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	2015	Hourly	56.109	58.035	60.003	61.988	63.882	65.889	67.567	68.917			
					Monthly	9,421.636	9,745.044	10,075.504	10,408.818	10,726.853	11,063.861	11,345.625	11,572.313			
					Annual	113,059.635	116,940.525	120,906.045	124,905.820	128,722.230	132,766.335	136,147.505	138,867.755			
41	CRN	***	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	2015	Hourly	57.792	59.776	61.803	63.848	65.798	67.866	69.594	70.985			
					Monthly	9,704.240	10,037.387	10,377.754	10,721.143	11,048.581	11,395.833	11,685.993	11,919.565			
					Annual	116,450.880	120,448.640	124,533.045	128,653.720	132,582.970	136,749.990	140,231.910	143,034.775			
42	CRN	1,5,6	**Weekend Worker - CRN/Charge Nurse (PIO)**	1872	Hourly	58.049	60.042	62.079	64.132	66.091	68.168	69.904	71.301	72.727	74.182	76.407
					Monthly	9,055.644	9,366.552	9,684.324	10,004.592	10,310.196	10,634.208	10,905.024	11,122.956	11,345.412	11,572.392	11,919.492
					Annual	108,667.728	112,398.624	116,211.888	120,055.104	123,722.352	127,610.496	130,860.288	133,475.472	136,144.944	138,868.704	143,033.904
43	CRN	***	**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO)**	1872	Hourly	59.210	61.243	63.321	65.415	67.413	69.531	71.302	72.727			
					Monthly	9,236.760	9,553.908	9,878.076	10,204.740	10,516.428	10,846.836	11,123.112	11,345.412			
					Annual	110,841.120	114,646.896	118,536.912	122,456.880	126,197.136	130,162.032	133,477.344	136,144.944			
44	CRN	***	**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO)**	1872	Hourly	60.394	62.468	64.587	66.723	68.761	70.922	72.728	74.182			
					Monthly	9,421.464	9,745.008	10,075.572	10,408.788	10,726.716	11,063.832	11,345.568	11,572.392			
					Annual	113,057.568	116,940.096	120,906.864	124,905.456	128,720.592	132,765.984	136,146.816	138,868.704			
45	CRN	***	**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO)**	1872	Hourly	62.206	64.342	66.525	68.725	70.824	73.050	74.910	76.407			
					Monthly	9,704.136	10,037.352	10,377.900	10,721.100	11,048.544	11,395.800	11,685.960	11,919.492			
					Annual	116,449.632	120,448.224	124,534.800	128,653.200	132,582.528	136,749.600	140,231.520	143,033.904			
46	N3		**Weekend Worker - Nurse III**	2015	Hourly	53.335	55.135	57.010	58.843	60.546	62.398	64.313	65.599	66.911	68.249	70.296
					Monthly	8,955.835	9,258.085	9,572.929	9,880.720	10,166.683	10,477.664	10,799.225	11,015.165	11,235.472	11,460.145	11,803.870
					Annual	107,470.025	111,097.025	114,875.150	118,568.645	122,000.190	125,731.970	129,590.695	132,181.985	134,825.665	137,521.735	141,646.440
47	N3	***	**Weekend Worker - Nurse III (15-Year Scale)**	2015	Hourly	54.402	56.238	58.150	60.020	61.757	63.646	65.599	66.911			
					Monthly	9,135.003	9,443.298	9,764.354	10,078.358	10,370.030	10,687.224	11,015.165	11,235.472			
					Annual	109,620.030	113,319.570	117,172.250	120,940.300	124,440.355	128,246.690	132,181.985	134,825.665			

A1. Effective April 1, 2024

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Row	Standard Grp No.	Note	Employer Classification	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
48	N3	***	**Weekend Worker - Nurse III (20-Year Scale)**	2015	Hourly	55.490	57.363	59.313	61.220	62.992	64.919	66.911	68.249			
					Monthly	9,317.696	9,632.204	9,959.641	10,279.858	10,577.407	10,900.982	11,235.472	11,460.145			
					Annual	111,812.350	115,586.445	119,515.695	123,358.300	126,928.880	130,811.785	134,825.665	137,521.735			
49	N3	***	**Weekend Worker - Nurse III (25-Year Scale)**	2015	Hourly	57.155	59.084	61.092	63.057	64.882	66.867	68.918	70.296			
					Monthly	9,597.277	9,921.188	10,258.365	10,588.321	10,894.769	11,228.084	11,572.481	11,803.870			
					Annual	115,167.325	119,054.260	123,100.380	127,059.855	130,737.230	134,737.005	138,869.770	141,646.440			
50	N3	5	**Weekend Worker - Nurse III (PIO)**	1872	Hourly	57.409	59.348	61.365	63.338	65.171	67.164	69.225	70.610	72.022	73.462	75.666
					Monthly	8,955.804	9,258.288	9,572.940	9,880.728	10,166.676	10,477.584	10,799.100	11,015.160	11,235.432	11,460.072	11,803.896
					Annual	107,469.648	111,099.456	114,875.280	118,568.736	122,000.112	125,731.008	129,589.200	132,181.920	134,825.184	137,520.864	141,646.752
51	N3	***	**Weekend Worker - Nurse III (15-Year Scale) (PIO)**	1872	Hourly	58.557	60.535	62.592	64.605	66.474	68.507	70.610	72.022			
					Monthly	9,134.892	9,443.460	9,764.352	10,078.380	10,369.944	10,687.092	11,015.160	11,235.432			
					Annual	109,618.704	113,321.520	117,172.224	120,940.560	124,439.328	128,245.104	132,181.920	134,825.184			
52	N3	***	**Weekend Worker - Nurse III (20-Year Scale) (PIO)**	1872	Hourly	59.728	61.746	63.844	65.897	67.803	69.877	72.022	73.462			
					Monthly	9,317.568	9,632.376	9,959.664	10,279.932	10,577.268	10,900.812	11,235.432	11,460.072			
					Annual	111,810.816	115,588.512	119,515.968	123,359.184	126,927.216	130,809.744	134,825.184	137,520.864			
53	N3	***	**Weekend Worker - Nurse III (25-Year Scale) (PIO)**	1872	Hourly	61.520	63.598	65.759	67.874	69.837	71.973	74.183	75.666			
					Monthly	9,597.120	9,921.288	10,258.404	10,588.344	10,894.572	11,227.788	11,572.548	11,803.896			
					Annual	115,165.440	119,055.456	123,100.848	127,060.128	130,734.864	134,733.456	138,870.576	141,646.752			
54	N4	1	**Weekend Worker - Nurse IV**	2015	Hourly	56.820	58.925	61.030	63.327	65.956	68.509	71.297	74.195	75.679	77.193	79.509
					Monthly	9,541.025	9,894.490	10,247.954	10,633.659	11,075.112	11,503.803	11,971.955	12,458.577	12,707.765	12,961.991	13,350.886
					Annual	114,492.300	118,733.875	122,975.450	127,603.905	132,901.340	138,045.635	143,663.455	149,502.925	152,493.185	155,543.895	160,210.635
55	N4	***	**Weekend Worker - Nurse IV (15-Year Scale)**	2015	Hourly	57.956	60.104	62.251	64.594	67.275	69.879	72.723	75.679			
					Monthly	9,731.778	10,092.463	10,452.980	10,846.409	11,296.594	11,733.849	12,211.404	12,707.765			
					Annual	116,781.340	121,109.560	125,435.765	130,156.910	135,559.125	140,806.185	146,536.845	152,493.185			
56	N4	***	**Weekend Worker - Nurse IV (20-Year Scale)**	2015	Hourly	59.115	61.306	63.496	65.886	68.621	71.277	74.177	77.193			
					Monthly	9,926.394	10,294.299	10,662.037	11,063.358	11,522.610	11,968.596	12,455.555	12,961.991			
					Annual	119,116.725	123,531.590	127,944.440	132,760.290	138,271.315	143,623.155	149,466.655	155,543.895			
57	N4	***	**Weekend Worker - Nurse IV (25-Year Scale)**	2015	Hourly	60.888	63.145	65.401	67.863	70.680	73.415	76.402	79.509			
					Monthly	10,224.110	10,603.098	10,981.918	11,395.329	11,868.350	12,327.602	12,829.169	13,350.886			
					Annual	122,689.320	127,237.175	131,783.015	136,743.945	142,420.200	147,931.225	153,950.030	160,210.635			
58	N4	1,5	**Weekend Worker - Nurse IV (PIO)**	1872	Hourly	61.161	63.426	65.692	68.165	70.994	73.742	76.743	79.863	81.460	83.089	85.582
					Monthly	9,541.116	9,894.456	10,247.952	10,633.740	11,075.064	11,503.752	11,971.908	12,458.628	12,707.760	12,961.884	13,350.792
					Annual	114,493.392	118,733.472	122,975.424	127,604.880	132,900.768	138,045.024	143,662.896	149,503.536	152,493.120	155,542.608	160,209.504
59	N4	***	**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**	1872	Hourly	62.384	64.695	67.006	69.528	72.414	75.217	78.278	81.460			
					Monthly	9,731.904	10,092.420	10,452.936	10,846.368	11,296.584	11,733.852	12,211.368	12,707.760			
					Annual	116,782.848	121,109.040	125,435.232	130,156.416	135,559.008	140,806.224	146,536.416	152,493.120			
60	N4	***	**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**	1872	Hourly	63.632	65.989	68.346	70.919	73.862	76.721	79.844	83.089			
					Monthly	9,926.592	10,294.284	10,661.976	11,063.364	11,522.472	11,968.476	12,455.664	12,961.884			
					Annual	119,119.104	123,531.408	127,943.712	132,760.368	138,269.664	143,621.712	149,467.968	155,542.608			
61	N4	***	**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**	1872	Hourly	65.541	67.969	70.396	73.047	76.078	79.023	82.239	85.582			
					Monthly	10,224.396	10,603.164	10,981.776	11,395.332	11,868.168	12,327.588	12,829.284	13,350.792			
					Annual	122,692.752	127,237.968	131,781.312	136,743.984	142,418.016	147,931.056	153,951.408	160,209.504			
62	N5	4	**Weekend Worker - Nurse V**	2015	Hourly	58.231	60.462	63.015	65.494	68.199	70.848	73.612	76.556	78.087	79.649	82.038
					Monthly	9,777.955	10,152.578	10,581.269	10,997.534	11,451.749	11,896.560	12,360.682	12,855.028	13,112.109	13,374.395	13,775.548
					Annual	117,335.465	121,830.930	126,975.225	131,970.410	137,420.985	142,758.720	148,328.180	154,260.340	157,345.305	160,492.735	165,306.570
63	N5	***	**Weekend Worker - Nurse V (15-Year Scale)**	2015	Hourly	59.396	61.671	64.275	66.804	69.563	72.265	75.084	78.087			
					Monthly	9,973.578	10,355.589	10,792.844	11,217.505	11,680.787	12,134.498	12,607.855	13,112.109			
					Annual	119,682.940	124,267.065	129,514.125	134,610.060	140,169.445	145,613.975	151,294.260	157,345.305			
64	N5	***	**Weekend Worker - Nurse V (20-Year Scale)**	2015	Hourly	60.584	62.904	65.561	68.140	70.954	73.710	76.586	79.649			
					Monthly	10,173.063	10,562.630	11,008.785	11,441.842	11,914.359	12,377.138	12,860.066	13,374.395			
					Annual	122,076.760	126,751.560	132,105.415	137,302.100	142,972.310	148,525.650	154,320.790	160,492.735			

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Row	Standard Grp No.	Note	Employer Classification	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
65	N5	***	**Weekend Worker - Nurse V (25-Year Scale)**	2015	Hourly	62.402	64.791	67.528	70.184	73.083	75.921	78.884	82.038			
					Monthly	10,478.336	10,879.489	11,339.077	11,785.063	12,271.854	12,748.401	13,245.938	13,775.548			
					Annual	125,740.030	130,553.865	136,068.920	141,420.760	147,262.245	152,980.815	158,951.260	165,306.570			
66	N5	4,5	**Weekend Worker - Nurse V (PIO)**	1872	Hourly	62.679	65.081	67.829	70.496	73.409	76.261	79.235	82.404	84.052	85.733	88.305
					Monthly	9,777.924	10,152.636	10,581.324	10,997.376	11,451.804	11,896.716	12,360.660	12,855.024	13,112.112	13,374.348	13,775.580
					Annual	117,335.088	121,831.632	126,975.888	131,968.512	137,421.648	142,760.592	148,327.920	154,260.288	157,345.344	160,492.176	165,306.960
67	N5	***	**Weekend Worker - Nurse V (15-Year Scale) (PIO)**	1872	Hourly	63.933	66.383	69.186	71.906	74.877	77.786	80.820	84.052			
					Monthly	9,973.548	10,355.748	10,793.016	11,217.336	11,680.812	12,134.616	12,607.920	13,112.112			
					Annual	119,682.576	124,268.976	129,516.192	134,608.032	140,169.744	145,615.392	151,295.040	157,345.344			
68	N5	***	**Weekend Worker - Nurse V (20-Year Scale) (PIO)**	1872	Hourly	65.212	67.711	70.570	73.344	76.375	79.342	82.436	85.733			
					Monthly	10,173.072	10,562.916	11,008.920	11,441.664	11,914.500	12,377.352	12,860.016	13,374.348			
					Annual	122,076.864	126,754.992	132,107.040	137,299.968	142,974.000	148,528.224	154,320.192	160,492.176			
69	N5	***	**Weekend Worker - Nurse V (25-Year Scale) (PIO)**	1872	Hourly	67.168	69.742	72.687	75.544	78.666	81.722	84.909	88.305			
					Monthly	10,478.208	10,879.752	11,339.172	11,784.864	12,271.896	12,748.632	13,245.804	13,775.580			
					Annual	125,738.496	130,557.024	136,070.064	141,418.368	147,262.752	152,983.584	158,949.648	165,306.960			
70	LPN	1,5	**Weekend Worker - Licensed Practical Nurse**	1872	Hourly	41.714	43.077	44.422	46.060	47.565	49.239	50.991	52.522	53.573	54.644	56.284
					Monthly	6,507.384	6,720.012	6,929.832	7,185.360	7,420.140	7,681.284	7,954.596	8,193.432	8,357.388	8,524.464	8,780.304
					Annual	78,088.608	80,640.144	83,157.984	86,224.320	89,041.680	92,175.408	95,455.152	98,321.184	100,288.656	102,293.568	105,363.648
71	N2	5	**Weekend Worker - Nurse II**	1872	Hourly	52.901	54.748	56.600	58.530	60.415	62.369	63.617	64.889	66.187	67.511	69.537
					Monthly	8,252.556	8,540.688	8,829.600	9,130.680	9,424.740	9,729.564	9,924.252	10,122.684	10,325.172	10,531.716	10,847.772
					Annual	99,030.672	102,488.256	105,955.200	109,568.160	113,096.880	116,754.768	119,091.024	121,472.208	123,902.064	126,380.592	130,173.264
72	N2	***	**Weekend Worker - Nurse II (15-Year Scale)**	1872	Hourly	53.959	55.843	57.732	59.701	61.623	63.616	64.889	66.187			
					Monthly	8,417.604	8,711.508	9,006.192	9,313.356	9,613.188	9,924.096	10,122.684	10,325.172			
					Annual	101,011.248	104,538.096	108,074.304	111,760.272	115,358.256	119,089.152	121,472.208	123,902.064			
73	N2	***	**Weekend Worker - Nurse II (20-Year Scale)**	1872	Hourly	55.038	56.960	58.887	60.895	62.855	64.888	66.187	67.511			
					Monthly	8,585.928	8,885.760	9,186.372	9,499.620	9,805.380	10,122.528	10,325.172	10,531.716			
					Annual	103,031.136	106,629.120	110,236.464	113,995.440	117,664.560	121,470.336	123,902.064	126,380.592			
74	N2	***	**Weekend Worker - Nurse II (25-Year Scale)**	1872	Hourly	56.689	58.669	60.654	62.722	64.741	66.835	68.173	69.536			
					Monthly	8,843.484	9,152.364	9,462.024	9,784.632	10,099.596	10,426.260	10,634.988	10,847.616			
					Annual	106,121.808	109,828.368	113,544.288	117,415.584	121,195.152	125,115.120	127,619.856	130,171.392			
75	CRN	1,5,6	**Weekend Worker - CRN/Charge Nurse**	1872	Hourly	55.525	57.429	59.379	61.343	63.218	65.207	66.866	68.201	69.565	70.956	73.085
					Monthly	8,661.900	8,958.924	9,263.124	9,569.508	9,862.008	10,172.292	10,431.096	10,639.356	10,852.140	11,069.136	11,401.260
					Annual	103,942.800	107,507.088	111,157.488	114,834.096	118,344.096	122,067.504	125,173.152	127,672.272	130,225.680	132,829.632	136,815.120
76	CRN	***	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1872	Hourly	56.636	58.578	60.567	62.570	64.482	66.511	68.203	69.565			
					Monthly	8,835.216	9,138.168	9,448.452	9,760.920	10,059.192	10,375.716	10,639.668	10,852.140			
					Annual	106,022.592	109,658.016	113,381.424	117,131.040	120,710.304	124,508.592	127,676.016	130,225.680			
77	CRN	***	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1872	Hourly	57.769	59.750	61.778	63.821	65.772	67.841	69.567	70.956			
					Monthly	9,011.964	9,321.000	9,637.368	9,956.076	10,260.432	10,583.196	10,852.452	11,069.136			
					Annual	108,143.568	111,852.000	115,648.416	119,472.912	123,125.184	126,998.352	130,229.424	132,829.632			
78	CRN	***	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1872	Hourly	59.502	61.543	63.631	65.736	67.745	69.876	71.654	73.085			
					Monthly	9,282.312	9,600.708	9,926.436	10,254.816	10,568.220	10,900.656	11,178.024	11,401.260			
					Annual	111,387.744	115,208.496	119,117.232	123,057.792	126,818.640	130,807.872	134,136.288	136,815.120			
79	N3	5	**Weekend Worker - Nurse III**	1872	Hourly	54.914	56.763	58.697	60.584	62.336	64.245	66.217	67.540	68.891	70.270	72.377
					Monthly	8,566.584	8,855.028	9,156.732	9,451.104	9,724.416	10,022.220	10,329.852	10,536.240	10,746.996	10,962.120	11,290.812
					Annual	102,799.008	106,260.336	109,880.784	113,413.248	116,692.992	120,266.640	123,958.224	126,434.880	128,963.952	131,545.440	135,489.744
80	N3	***	**Weekend Worker - Nurse III (15-Year Scale)**	1872	Hourly	56.012	57.898	59.871	61.796	63.583	65.530	67.541	68.891			
					Monthly	8,737.872	9,032.088	9,339.876	9,640.176	9,918.948	10,222.680	10,536.396	10,746.996			
					Annual	104,854.464	108,385.056	112,078.512	115,682.112	119,027.376	122,672.160	126,436.752	128,963.952			

A1. Effective April 1, 2024

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Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
81	N3	***	**Weekend Worker - Nurse III (20-Year Scale)**	1872	Hourly	**57.132**	**59.056**	**61.068**	**63.032**	**64.855**	**66.841**	**68.892**	**70.269**			
					Monthly	8,912.592	9,212.736	9,526.608	9,832.992	10,117.380	10,427.196	10,747.152	10,961.964			
					Annual	106,951.104	110,552.832	114,319.296	117,995.904	121,408.560	125,126.352	128,965.824	131,543.568			
82	N3	***	**Weekend Worker - Nurse III (25-Year Scale)**	1872	Hourly	**58.846**	**60.828**	**62.900**	**64.923**	**66.801**	**68.846**	**70.959**	**72.377**			
					Monthly	9,179.976	9,489.168	9,812.400	10,127.988	10,420.956	10,739.976	11,069.604	11,290.812			
					Annual	110,159.712	113,870.016	117,748.800	121,535.856	125,051.472	128,879.712	132,835.248	135,489.744			
83	N4	1,5	**Weekend Worker - Nurse IV**	1872	Hourly	**58.500**	**60.666**	**62.834**	**65.198**	**67.908**	**70.535**	**73.404**	**76.392**	**77.920**	**79.478**	**81.862**
					Monthly	9,126.000	9,463.896	9,802.104	10,170.888	10,593.648	11,003.460	11,451.024	11,917.152	12,155.520	12,398.568	12,770.472
					Annual	109,512.000	113,566.752	117,625.248	122,050.656	127,123.776	132,041.520	137,412.288	143,005.824	145,866.240	148,782.816	153,245.664
84	N4	***	**Weekend Worker - Nurse IV (15-Year Scale)**	1872	Hourly	**59.670**	**61.879**	**64.091**	**66.502**	**69.266**	**71.946**	**74.872**	**77.920**			
					Monthly	9,308.520	9,653.124	9,998.196	10,374.312	10,805.496	11,223.576	11,680.032	12,155.520			
					Annual	111,702.240	115,837.488	119,978.352	124,491.744	129,665.952	134,682.912	140,160.384	145,866.240			
85	N4	***	**Weekend Worker - Nurse IV (20-Year Scale)**	1872	Hourly	**60.863**	**63.117**	**65.373**	**67.832**	**70.651**	**73.385**	**76.369**	**79.478**			
					Monthly	9,494.628	9,846.252	10,198.188	10,581.792	11,021.556	11,448.060	11,913.564	12,398.568			
					Annual	113,935.536	118,155.024	122,378.256	126,981.504	132,258.672	137,376.720	142,962.768	148,782.816			
86	N4	***	**Weekend Worker - Nurse IV (25-Year Scale)**	1872	Hourly	**62.689**	**65.011**	**67.334**	**69.867**	**72.771**	**75.587**	**78.660**	**81.862**			
					Monthly	9,779.484	10,141.716	10,504.104	10,899.252	11,352.276	11,791.572	12,270.960	12,770.472			
					Annual	117,353.808	121,700.592	126,049.248	130,791.024	136,227.312	141,498.864	147,251.520	153,245.664			
87	N5	4,5	**Weekend Worker - Nurse V**	1872	Hourly	**59.953**	**62.250**	**64.880**	**67.432**	**70.219**	**72.943**	**75.788**	**78.820**	**80.395**	**82.003**	**84.464**
					Monthly	9,352.668	9,711.000	10,121.280	10,519.392	10,954.164	11,379.108	11,822.928	12,295.920	12,541.620	12,792.468	13,176.384
					Annual	112,232.016	116,532.000	121,455.360	126,232.704	131,449.968	136,549.296	141,875.136	147,551.040	150,499.440	153,509.616	158,116.608
88	N5	***	**Weekend Worker - Nurse V (15-Year Scale)**	1872	Hourly	**61.152**	**63.495**	**66.178**	**68.781**	**71.623**	**74.402**	**77.304**	**80.396**			
					Monthly	9,539.712	9,905.220	10,323.768	10,729.836	11,173.188	11,606.712	12,059.424	12,541.776			
					Annual	114,476.544	118,862.640	123,885.216	128,758.032	134,078.256	139,280.544	144,713.088	150,501.312			
89	N5	***	**Weekend Worker - Nurse V (20-Year Scale)**	1872	Hourly	**62.375**	**64.765**	**67.502**	**70.157**	**73.055**	**75.890**	**78.850**	**82.004**			
					Monthly	9,730.500	10,103.340	10,530.312	10,944.492	11,396.580	11,838.840	12,300.600	12,792.624			
					Annual	116,766.000	121,240.080	126,363.744	131,333.904	136,758.960	142,066.080	147,607.200	153,511.488			
90	N5	***	**Weekend Worker - Nurse V (25-Year Scale)**	1872	Hourly	**64.246**	**66.708**	**69.527**	**72.262**	**75.247**	**78.167**	**81.216**	**84.464**			
					Monthly	10,022.376	10,406.448	10,846.212	11,272.872	11,738.532	12,194.052	12,669.696	13,176.384			
					Annual	120,268.512	124,877.376	130,154.544	135,274.464	140,862.384	146,328.624	152,036.352	158,116.608			

A1. Effective April 1, 2025

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN	1	**Licensed Practical Nurse**	1	2015	Hourly	**38.224**	**39.473**	**40.705**	**42.206**	**43.584**	**45.119**	**46.724**	**48.127**	**49.089**	**50.071**	**51.574**
						Monthly	6,418.447	6,628.175	6,835.048	7,087.091	7,318.480	7,576.232	7,845.738	8,081.325	8,242.861	8,407.755	8,660.134
						Annual	77,021.360	79,538.095	82,020.575	85,045.090	87,821.760	90,914.785	94,148.860	96,975.905	98,914.335	100,893.065	103,921.610
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	**36.743**										
						Monthly	6,169.762										
						Annual	74,037.145										
3	SIEN		**SIEN**		2015	Hourly	**36.743**										
						Monthly	6,169.762										
						Annual	74,037.145										
4	N2		**Nurse II**		2015	Hourly	**47.994**	**49.670**	**51.350**	**53.101**	**54.811**	**56.584**	**57.716**	**58.871**	**60.048**	**61.249**	**63.087**
						Monthly	8,058.993	8,340.421	8,622.521	8,916.543	9,203.680	9,501.397	9,691.478	9,885.422	10,083.060	10,284.728	10,593.359
						Annual	96,707.910	100,085.050	103,470.250	106,998.515	110,444.165	114,016.760	116,297.740	118,625.065	120,996.720	123,416.735	127,120.305
5	N2		**Nurse II (15-Year Scale)**		2015	Hourly	**48.955**	**50.664**	**52.377**	**54.164**	**55.908**	**57.716**	**58.871**	**60.048**			
						Monthly	8,220.360	8,507.330	8,794.971	9,095.038	9,387.885	9,691.478	9,885.422	10,083.060			
						Annual	98,644.325	102,087.960	105,539.655	109,140.460	112,654.620	116,297.740	118,625.065	120,996.720			
6	N2		**Nurse II (20-Year Scale)**		2015	Hourly	**49.933**	**51.677**	**53.424**	**55.246**	**57.026**	**58.871**	**60.048**	**61.249**			
						Monthly	8,384.583	8,677.430	8,970.780	9,276.724	9,575.616	9,885.422	10,083.060	10,284.728			
						Annual	100,614.995	104,129.155	107,649.360	111,320.690	114,907.390	118,625.065	120,996.720	123,416.735			
7	N2		**Nurse II (25-Year Scale)**		2015	Hourly	**51.432**	**53.227**	**55.027**	**56.904**	**58.738**	**60.637**	**61.849**	**63.087**			
						Monthly	8,636.290	8,937.700	9,239.950	9,555.130	9,863.089	10,181.963	10,385.478	10,593.359			
						Annual	103,635.480	107,252.405	110,879.405	114,661.560	118,357.070	122,183.555	124,625.735	127,120.305			
8	CRN	1	**CRN/Charge Nurse**	1	2015	Hourly	**50.879**	**52.623**	**54.410**	**56.210**	**57.927**	**59.750**	**61.270**	**62.494**	**63.744**	**65.019**	**66.969**
						Monthly	8,543.432	8,836.279	9,136.346	9,438.596	9,726.909	10,033.021	10,288.254	10,493.784	10,703.680	10,917.774	11,245.211
						Annual	102,521.185	106,035.345	109,636.150	113,263.150	116,722.905	120,396.250	123,459.050	125,925.410	128,444.160	131,013.285	134,942.535
9	CRN	1	**CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	**51.896**	**53.676**	**55.498**	**57.334**	**59.086**	**60.945**	**62.495**	**63.744**			
						Monthly	8,714.203	9,013.095	9,319.039	9,627.334	9,921.524	10,233.681	10,493.952	10,703.680			
						Annual	104,570.440	108,157.140	111,828.470	115,528.010	119,058.290	122,804.175	125,927.425	128,444.160			
10	CRN	1	**CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	**52.935**	**54.749**	**56.608**	**58.481**	**60.268**	**62.163**	**63.745**	**65.019**			
						Monthly	8,888.669	9,193.270	9,505.427	9,819.935	10,120.002	10,438.204	10,703.848	10,917.774			
						Annual	106,664.025	110,319.235	114,065.120	117,839.215	121,440.020	125,258.445	128,446.175	131,013.285			
11	CRN	1	**CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	**54.523**	**56.391**	**58.306**	**60.235**	**62.075**	**64.028**	**65.658**	**66.969**			
						Monthly	9,155.320	9,468.989	9,790.549	10,114.460	10,423.427	10,751.368	11,025.073	11,245.211			
						Annual	109,863.845	113,627.865	117,486.590	121,373.525	125,081.125	129,016.420	132,300.870	134,942.535			
12	N3		**Nurse III**		2015	Hourly	**49.821**	**51.498**	**53.253**	**54.965**	**56.554**	**58.286**	**60.075**	**61.276**	**62.502**	**63.752**	**65.664**
						Monthly	8,365.776	8,647.373	8,942.066	9,229.540	9,496.359	9,787.191	10,087.594	10,289.262	10,495.128	10,705.023	11,026.080
						Annual	100,389.315	103,768.470	107,304.795	110,754.475	113,956.310	117,446.290	121,051.125	123,471.140	125,941.530	128,460.280	132,312.960
13	N3		**Nurse III (15-Year Scale)**		2015	Hourly	**50.817**	**52.529**	**54.317**	**56.064**	**57.685**	**59.452**	**61.277**	**62.502**			
						Monthly	8,533.021	8,820.495	9,120.730	9,414.080	9,686.273	9,982.982	10,289.430	10,495.128			
						Annual	102,396.255	105,845.935	109,448.755	112,968.960	116,235.275	119,795.780	123,473.155	125,941.530			
14	N3		**Nurse III (20-Year Scale)**		2015	Hourly	**51.834**	**53.579**	**55.403**	**57.185**	**58.838**	**60.641**	**62.503**	**63.752**			
						Monthly	8,703.793	8,996.807	9,303.087	9,602.315	9,879.881	10,182.635	10,495.295	10,705.023			
						Annual	104,445.510	107,961.685	111,637.045	115,227.775	118,558.570	122,191.615	125,943.545	128,460.280			
15	N3		**Nurse III (25-Year Scale)**		2015	Hourly	**53.389**	**55.186**	**57.065**	**58.901**	**60.603**	**62.461**	**64.378**	**65.664**			
						Monthly	8,964.903	9,266.649	9,582.165	9,890.460	10,176.254	10,488.243	10,810.139	11,026.080			
						Annual	107,578.835	111,199.790	114,985.975	118,685.515	122,115.045	125,858.915	129,721.670	132,312.960			
16	N4		**Nurse IV**		2015	Hourly	**53.074**	**55.039**	**57.006**	**59.151**	**61.609**	**63.993**	**66.595**	**69.307**	**70.692**	**72.106**	**74.269**
						Monthly	8,912.009	9,241.965	9,572.258	9,932.439	10,345.178	10,745.491	11,182.410	11,637.800	11,870.365	12,107.799	12,471.003
						Annual	106,944.110	110,903.585	114,867.090	119,189.265	124,142.135	128,945.895	134,188.925	139,653.605	142,444.380	145,293.590	149,652.035
17	N4		**Nurse IV (15-Year Scale)**		2015	Hourly	**54.136**	**56.140**	**58.146**	**60.334**	**62.841**	**65.272**	**67.927**	**70.692**			
						Monthly	9,090.337	9,426.842	9,763.683	10,131.084	10,552.051	10,960.257	11,406.075	11,870.365			
						Annual	109,084.040	113,122.100	117,164.190	121,573.010	126,624.615	131,523.080	136,872.905	142,444.380			
18	N4		**Nurse IV (20-Year Scale)**		2015	Hourly	**55.218**	**57.263**	**59.309**	**61.540**	**64.098**	**66.577**	**69.286**	**72.106**			
						Monthly	9,272.023	9,615.412	9,958.970	10,333.592	10,763.123	11,179.388	11,634.274	12,107.799			
						Annual	111,264.270	115,384.945	119,507.635	124,003.100	129,157.470	134,152.655	139,611.290	145,293.590			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
19	N4		**Nurse IV (25-Year Scale)**		2015	Hourly	**56.875**	**58.980**	**61.088**	**63.387**	**66.021**	**68.574**	**71.365**	**74.269**			
						Monthly	9,550.260	9,903.725	10,257.693	10,643.734	11,086.026	11,514.718	11,983.373	12,471.003			
						Annual	114,603.125	118,844.700	123,092.320	127,724.805	133,032.315	138,176.610	143,800.475	149,652.035			
20	N5		**Nurse V**		2015	Hourly	**54.392**	**56.476**	**58.862**	**61.177**	**63.706**	**66.177**	**68.759**	**71.509**	**72.938**	**74.397**	**76.629**
						Monthly	9,133.323	9,483.262	9,883.911	10,272.638	10,697.299	11,112.221	11,545.782	12,007.553	12,247.506	12,492.496	12,867.286
						Annual	109,599.880	113,799.140	118,606.930	123,271.655	128,367.590	133,346.655	138,549.385	144,090.635	146,970.070	149,909.955	154,407.435
21	N5		**Nurse V (15-Year Scale)**		2015	Hourly	**55.481**	**57.606**	**60.039**	**62.401**	**64.980**	**67.501**	**70.134**	**72.938**			
						Monthly	9,316.185	9,673.008	10,081.549	10,478.168	10,911.225	11,334.543	11,776.668	12,247.506			
						Annual	111,794.215	116,076.090	120,978.585	125,738.015	130,934.700	136,014.515	141,320.010	146,970.070			
22	N5		**Nurse V (20-Year Scale)**		2015	Hourly	**56.590**	**58.759**	**61.240**	**63.649**	**66.279**	**68.851**	**71.537**	**74.397**			
						Monthly	9,502.404	9,866.615	10,283.217	10,687.728	11,129.349	11,561.230	12,012.255	12,492.496			
						Annual	114,028.850	118,399.385	123,398.600	128,252.735	133,552.185	138,734.765	144,147.055	149,909.955			
23	N5		**Nurse V (25-Year Scale)**		2015	Hourly	**58.287**	**60.522**	**63.077**	**65.559**	**68.268**	**70.917**	**73.683**	**76.629**			
						Monthly	9,787.359	10,162.653	10,591.680	11,008.449	11,463.335	11,908.146	12,372.604	12,867.286			
						Annual	117,448.305	121,951.830	127,100.155	132,101.385	137,560.020	142,897.755	148,471.245	154,407.435			
24	NP		**Nurse Practitioner**		2015	Hourly	**73.193**	**76.201**	**79.209**	**82.454**	**84.928**	**87.476**			**89.226**	**91.010**	**93.740**
						Monthly	12,290.325	12,795.418	13,300.511	13,845.401	14,260.827	14,688.678			14,982.533	15,282.096	15,740.508
						Annual	147,483.895	153,545.015	159,606.135	166,144.810	171,129.920	176,264.140			179,790.390	183,385.150	188,886.100
25	NP		**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**74.657**	**77.725**	**80.793**	**84.103**	**86.626**	**89.226**					
						Monthly	12,536.155	13,051.323	13,566.491	14,122.295	14,545.949	14,982.533					
						Annual	150,433.855	156,615.875	162,797.895	169,467.545	174,551.390	179,790.390					
26	NP		**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**76.150**	**79.280**	**82.409**	**85.785**	**88.359**	**91.010**					
						Monthly	12,786.854	13,312.433	13,837.845	14,404.731	14,836.949	15,282.096					
						Annual	153,442.250	159,749.200	166,054.135	172,856.775	178,043.385	183,385.150					
27	NP		**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**78.435**	**81.658**	**84.880**	**88.359**	**91.010**	**93.740**					
						Monthly	13,170.544	13,711.739	14,252.767	14,836.949	15,282.096	15,740.508					
						Annual	158,046.525	164,540.870	171,033.200	178,043.385	183,385.150	188,886.100					
28	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	2015	Hourly	**43.952**	**45.394**	**46.812**	**48.536**	**50.119**	**51.885**	**53.732**	**55.345**	**56.452**	**57.581**	**59.309**
						Monthly	7,380.273	7,622.409	7,860.515	8,150.003	8,415.815	8,712.356	9,022.498	9,293.348	9,479.232	9,668.810	9,958.970
						Annual	88,563.280	91,468.910	94,326.180	97,800.040	100,989.785	104,548.275	108,269.980	111,520.175	113,750.780	116,025.715	119,507.635
29	LPN	1	**Weekend Worker - Licensed Practical Nurse (PIO)**	1	1872	Hourly	**47.310**	**48.863**	**50.388**	**52.245**	**53.948**	**55.850**	**57.836**	**59.572**	**60.764**	**61.979**	**63.838**
						Monthly	7,380.360	7,622.628	7,860.528	8,150.220	8,415.888	8,712.600	9,022.416	9,293.232	9,479.184	9,668.724	9,958.728
						Annual	88,564.320	91,471.536	94,326.336	97,802.640	100,990.656	104,551.200	108,268.992	111,518.784	113,750.208	116,024.688	119,504.736
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**55.196**	**57.121**	**59.053**	**61.065**	**63.034**	**65.070**	**66.374**	**67.701**	**69.054**	**70.436**	**72.549**
						Monthly	9,268.328	9,591.568	9,915.983	10,253.831	10,584.459	10,926.338	11,145.301	11,368.126	11,595.318	11,827.378	12,182.186
						Annual	111,219.940	115,098.815	118,991.795	123,045.975	127,013.510	131,116.050	133,743.610	136,417.515	139,143.810	141,928.540	146,186.235
31	N2		**Weekend Worker - Nurse II (15-Year Scale)**		2015	Hourly	**56.300**	**58.264**	**60.234**	**62.287**	**64.295**	**66.372**	**67.702**	**69.054**			
						Monthly	9,453.708	9,783.497	10,114.293	10,459.025	10,796.202	11,144.965	11,368.294	11,595.318			
						Annual	113,444.500	117,401.960	121,371.510	125,508.305	129,554.425	133,739.580	136,419.530	139,143.810			
32	N2		**Weekend Worker - Nurse II (20-Year Scale)**		2015	Hourly	**57.426**	**59.429**	**61.438**	**63.533**	**65.581**	**67.700**	**69.056**	**70.436**			
						Monthly	9,642.783	9,979.120	10,316.464	10,668.250	11,012.143	11,367.958	11,595.653	11,827.378			
						Annual	115,713.390	119,749.435	123,797.570	128,018.995	132,145.715	136,415.500	139,147.840	141,928.540			
33	N2		**Weekend Worker - Nurse II (25-Year Scale)**		2015	Hourly	**59.149**	**61.212**	**63.281**	**65.438**	**67.549**	**69.731**	**71.128**	**72.549**			
						Monthly	9,932.103	10,278.515	10,625.935	10,988.131	11,342.603	11,708.997	11,943.577	12,182.186			
						Annual	119,185.235	123,342.180	127,511.215	131,857.570	136,111.235	140,507.965	143,322.920	146,186.235			
34	N2		**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**59.412**	**61.485**	**63.565**	**65.731**	**67.850**	**70.040**	**71.444**	**72.872**	**74.330**	**75.816**	**78.090**
						Monthly	9,268.272	9,591.660	9,916.140	10,254.036	10,584.600	10,926.240	11,145.264	11,368.032	11,595.480	11,827.296	12,182.040
						Annual	111,219.264	115,099.920	118,993.680	123,048.432	127,015.200	131,114.880	133,743.168	136,416.384	139,145.760	141,927.552	146,184.480
35	N2		**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**60.600**	**62.715**	**64.836**	**67.045**	**69.207**	**71.441**	**72.873**	**74.330**			
						Monthly	9,453.600	9,783.540	10,114.416	10,459.020	10,796.292	11,144.796	11,368.188	11,595.480			
						Annual	113,443.200	117,402.480	121,372.992	125,508.240	129,555.504	133,737.552	136,418.256	139,145.760			
36	N2		**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**61.812**	**63.970**	**66.132**	**68.386**	**70.591**	**72.870**	**74.331**	**75.816**			
						Monthly	9,642.672	9,979.320	10,316.592	10,668.216	11,012.196	11,367.720	11,595.636	11,827.296			
						Annual	115,712.064	119,751.840	123,799.104	128,018.592	132,146.352	136,412.640	139,147.632	141,927.552			

A1. Effective April 1, 2025

Hourly Rates include a 2.75% General Wage Increase. Other Market Adjustments as Noted
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
37	N2		**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	63.666	65.890	68.116	70.438	72.709	75.056	76.561	78.090			
						Monthly	9,931.896	10,278.840	10,626.096	10,988.328	11,342.604	11,708.736	11,943.516	12,182.040			
						Annual	119,182.752	123,346.080	127,513.152	131,859.936	136,111.248	140,504.832	143,322.192	146,184.480			
38	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	2015	Hourly	58.511	60.519	62.572	64.642	66.617	68.710	70.460	71.868	73.306	74.771	77.015
						Monthly	9,824.972	10,162.149	10,506.882	10,854.469	11,186.105	11,537.554	11,831.408	12,067.835	12,309.299	12,555.297	12,932.102
						Annual	117,899.665	121,945.785	126,082.580	130,253.630	134,233.255	138,450.650	141,976.900	144,814.020	147,711.590	150,663.565	155,185.225
39	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	59.682	61.730	63.823	65.935	67.949	70.084	71.869	73.306			
						Monthly	10,021.603	10,365.496	10,716.945	11,071.585	11,409.770	11,768.272	12,068.003	12,309.299			
						Annual	120,259.230	124,385.950	128,603.345	132,859.025	136,917.235	141,219.260	144,816.035	147,711.590			
40	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	60.875	62.965	65.100	67.254	69.309	71.486	73.307	74.771			
						Monthly	10,221.927	10,572.873	10,931.375	11,293.068	11,638.136	12,003.691	12,309.467	12,555.297			
						Annual	122,663.125	126,874.475	131,176.500	135,516.810	139,657.635	144,044.290	147,713.605	150,663.565			
41	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	62.701	64.854	67.053	69.272	71.387	73.631	75.506	77.015			
						Monthly	10,528.543	10,890.068	11,259.316	11,631.923	11,987.067	12,363.872	12,678.716	12,932.102			
						Annual	126,342.515	130,680.810	135,111.795	139,583.080	143,844.805	148,366.465	152,144.590	155,185.225			
42	CRN	1	**Weekend Worker - CRN/Charge Nurse (PIO)**	1	1872	Hourly	62.980	65.142	67.352	69.580	71.705	73.959	75.842	77.358	78.905	80.484	82.898
						Monthly	9,824.880	10,162.152	10,506.912	10,854.480	11,185.980	11,537.604	11,831.352	12,067.848	12,309.180	12,555.504	12,932.088
						Annual	117,898.560	121,945.824	126,082.944	130,253.760	134,231.760	138,451.248	141,976.224	144,814.176	147,710.160	150,666.048	155,185.056
43	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO)**	1	1872	Hourly	64.240	66.445	68.700	70.972	73.140	75.437	77.359	78.905			
						Monthly	10,021.440	10,365.420	10,717.200	11,071.632	11,409.840	11,768.172	12,068.004	12,309.180			
						Annual	120,257.280	124,385.040	128,606.400	132,859.584	136,918.080	141,218.064	144,816.048	147,710.160			
44	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO)**	1	1872	Hourly	65.524	67.774	70.073	72.391	74.602	76.947	78.906	80.484			
						Monthly	10,221.744	10,572.744	10,931.388	11,292.996	11,637.912	12,003.732	12,309.336	12,555.504			
						Annual	122,660.928	126,872.928	131,176.656	135,515.952	139,654.944	144,044.784	147,712.032	150,666.048			
45	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO)**	1	1872	Hourly	67.490	69.808	72.176	74.563	76.840	79.255	81.273	82.898			
						Monthly	10,528.440	10,890.048	11,259.456	11,631.828	11,987.040	12,363.780	12,678.588	12,932.088			
						Annual	126,341.280	130,680.576	135,113.472	139,581.936	143,844.480	148,365.360	152,143.056	155,185.056			
46	N3		**Weekend Worker - Nurse III**		2015	Hourly	57.293	59.226	61.240	63.209	65.039	67.028	69.085	70.467	71.876	73.313	75.512
						Monthly	9,620.450	9,945.033	10,283.217	10,613.845	10,921.132	11,255.118	11,600.523	11,832.584	12,069.178	12,310.475	12,679.723
						Annual	115,445.395	119,340.390	123,398.600	127,366.135	131,053.585	135,061.420	139,206.275	141,991.005	144,830.140	147,725.695	152,156.680
47	N3		**Weekend Worker - Nurse III (15-Year Scale)**		2015	Hourly	58.439	60.411	62.465	64.474	66.340	68.369	70.467	71.876			
						Monthly	9,812.882	10,144.014	10,488.915	10,826.259	11,139.592	11,480.295	11,832.584	12,069.178			
						Annual	117,754.585	121,728.165	125,866.975	129,915.110	133,675.100	137,763.535	141,991.005	144,830.140			
48	N3		**Weekend Worker - Nurse III (20-Year Scale)**		2015	Hourly	59.608	61.620	63.714	65.763	67.666	69.736	71.876	73.313			
						Monthly	10,009.177	10,347.025	10,698.643	11,042.704	11,362.249	11,709.837	12,069.178	12,310.475			
						Annual	120,110.120	124,164.300	128,383.710	132,512.445	136,346.990	140,518.040	144,830.140	147,725.695			
49	N3		**Weekend Worker - Nurse III (25-Year Scale)**		2015	Hourly	61.396	63.468	65.625	67.736	69.697	71.829	74.032	75.512			
						Monthly	10,309.412	10,657.335	11,019.531	11,374.003	11,703.288	12,061.286	12,431.207	12,679.723			
						Annual	123,712.940	127,888.020	132,234.375	136,488.040	140,439.455	144,735.435	149,174.480	152,156.680			
50	N3		**Weekend Worker - Nurse III (PIO)**		1872	Hourly	61.669	63.752	65.919	68.038	70.007	72.148	74.362	75.850	77.366	78.913	81.281
						Monthly	9,620.364	9,945.312	10,283.364	10,613.928	10,921.092	11,255.088	11,600.472	11,832.600	12,069.096	12,310.428	12,679.836
						Annual	115,444.368	119,343.744	123,400.368	127,367.136	131,053.104	135,061.056	139,205.664	141,991.200	144,829.152	147,725.136	152,158.032
51	N3		**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	62.902	65.027	67.237	69.399	71.407	73.591	75.850	77.366			
						Monthly	9,812.712	10,144.212	10,488.972	10,826.244	11,139.492	11,480.196	11,832.600	12,069.096			
						Annual	117,752.544	121,730.544	125,867.664	129,914.928	133,673.904	137,762.352	141,991.200	144,829.152			
52	N3		**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	64.160	66.328	68.582	70.787	72.834	75.062	77.366	78.913			
						Monthly	10,008.960	10,347.168	10,698.792	11,042.772	11,362.104	11,709.672	12,069.096	12,310.428			
						Annual	120,107.520	124,166.016	128,385.504	132,513.264	136,345.248	140,516.064	144,829.152	147,725.136			
53	N3		**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	66.085	68.317	70.639	72.911	75.019	77.314	79.688	81.281			
						Monthly	10,309.260	10,657.452	11,019.684	11,374.116	11,702.964	12,060.984	12,431.328	12,679.836			
						Annual	123,711.120	127,889.424	132,236.208	136,489.392	140,435.568	144,731.808	149,175.936	152,158.032			
54	N4		**Weekend Worker - Nurse IV**		2015	Hourly	61.036	63.298	65.559	68.026	70.850	73.593	76.588	79.701	81.295	82.921	85.409
						Monthly	10,248.962	10,628.789	11,008.449	11,422.699	11,896.896	12,357.491	12,860.402	13,383.126	13,650.785	13,923.818	14,341.595
						Annual	122,987.540	127,545.470	132,101.385	137,072.390	142,762.750	148,289.895	154,324.820	160,597.515	163,809.425	167,085.815	172,099.135

A1. Effective April 1, 2025

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
55	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		2015	Hourly	**62.257**	**64.564**	**66.870**	**69.387**	**72.267**	**75.064**	**78.119**	**81.295**			
						Monthly	10,453.988	10,841.372	11,228.588	11,651.234	12,134.834	12,604.497	13,117.482	13,650.785			
						Annual	125,447.855	130,096.460	134,743.050	139,814.805	145,618.005	151,253.960	157,409.785	163,809.425			
56	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		2015	Hourly	**63.502**	**65.855**	**68.208**	**70.775**	**73.713**	**76.566**	**79.681**	**82.921**			
						Monthly	10,663.044	11,058.152	11,453.260	11,884.302	12,377.641	12,856.708	13,379.768	13,923.818			
						Annual	127,956.530	132,697.825	137,439.120	142,611.625	148,531.695	154,280.490	160,557.215	167,085.815			
57	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		2015	Hourly	**65.406**	**67.831**	**70.254**	**72.899**	**75.925**	**78.863**	**82.071**	**85.409**			
						Monthly	10,982.758	11,389.955	11,796.818	12,240.957	12,749.073	13,242.412	13,781.089	14,341.595			
						Annual	131,793.090	136,679.465	141,561.810	146,891.485	152,988.875	158,908.945	165,373.065	172,099.135			
58	N4		**Weekend Worker - Nurse IV (PIO)**		1872	Hourly	**65.699**	**68.132**	**70.567**	**73.223**	**76.262**	**79.214**	**82.438**	**85.789**	**87.505**	**89.255**	**91.933**
						Monthly	10,249.044	10,628.592	11,008.452	11,422.788	11,896.872	12,357.384	12,860.328	13,383.084	13,650.780	13,923.780	14,341.548
						Annual	122,988.528	127,543.104	132,101.424	137,073.456	142,762.464	148,288.608	154,323.936	160,597.008	163,809.360	167,085.360	172,098.576
59	N4		**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**67.013**	**69.496**	**71.978**	**74.687**	**77.787**	**80.798**	**84.087**	**87.505**			
						Monthly	10,454.028	10,841.376	11,228.568	11,651.172	12,134.772	12,604.488	13,117.572	13,650.780			
						Annual	125,448.336	130,096.512	134,742.816	139,814.064	145,617.264	151,253.856	157,410.864	163,809.360			
60	N4		**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**68.354**	**70.886**	**73.418**	**76.182**	**79.343**	**82.414**	**85.769**	**89.255**			
						Monthly	10,663.224	11,058.216	11,453.208	11,884.392	12,377.508	12,856.584	13,379.964	13,923.780			
						Annual	127,958.688	132,698.592	137,438.496	142,612.704	148,530.096	154,279.008	160,559.568	167,085.360			
61	N4		**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**70.404**	**73.013**	**75.620**	**78.467**	**81.723**	**84.887**	**88.342**	**91.933**			
						Monthly	10,983.024	11,390.028	11,796.720	12,240.852	12,748.788	13,242.372	13,781.352	14,341.548			
						Annual	131,796.288	136,680.336	141,560.640	146,890.224	152,985.456	158,908.464	165,376.224	172,098.576			
62	N5		**Weekend Worker - Nurse V**		2015	Hourly	**62.552**	**64.949**	**67.691**	**70.354**	**73.260**	**76.105**	**79.074**	**82.237**	**83.881**	**85.559**	**88.126**
						Monthly	10,503.523	10,906.020	11,366.447	11,813.609	12,301.575	12,779.298	13,277.843	13,808.963	14,085.018	14,366.782	14,797.824
						Annual	126,042.280	130,872.235	136,397.365	141,763.310	147,618.900	153,351.575	159,334.110	165,707.555	169,020.215	172,401.385	177,573.890
63	N5		**Weekend Worker - Nurse V (15-Year Scale)**		2015	Hourly	**63.803**	**66.247**	**69.044**	**71.761**	**74.725**	**77.627**	**80.656**	**83.881**			
						Monthly	10,713.587	11,123.975	11,593.638	12,049.868	12,547.573	13,034.867	13,543.487	14,085.018			
						Annual	128,563.045	133,487.705	139,123.660	144,598.415	150,570.875	156,418.405	162,521.840	169,020.215			
64	N5		**Weekend Worker - Nurse V (20-Year Scale)**		2015	Hourly	**65.080**	**67.572**	**70.426**	**73.196**	**76.219**	**79.180**	**82.269**	**85.559**			
						Monthly	10,928.017	11,346.465	11,825.699	12,290.828	12,798.440	13,295.642	13,814.336	14,366.782			
						Annual	131,136.200	136,157.580	141,908.390	147,489.940	153,581.285	159,547.700	165,772.035	172,401.385			
65	N5		**Weekend Worker - Nurse V (25-Year Scale)**		2015	Hourly	**67.033**	**69.599**	**72.539**	**75.392**	**78.506**	**81.555**	**84.738**	**88.126**			
						Monthly	11,255.958	11,686.832	12,180.507	12,659.573	13,182.466	13,694.444	14,228.923	14,797.824			
						Annual	135,071.495	140,241.985	146,166.085	151,914.880	158,189.590	164,333.325	170,747.070	177,573.890			
66	N5		**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**67.330**	**69.910**	**72.862**	**75.727**	**78.856**	**81.920**	**85.115**	**88.519**	**90.289**	**92.095**	**94.858**
						Monthly	10,503.480	10,905.960	11,366.472	11,813.412	12,301.536	12,779.520	13,277.940	13,808.964	14,085.084	14,366.820	14,797.848
						Annual	126,041.760	130,871.520	136,397.664	141,760.944	147,618.432	153,354.240	159,335.280	165,707.568	169,021.008	172,401.840	177,574.176
67	N5		**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**68.677**	**71.309**	**74.320**	**77.242**	**80.433**	**83.558**	**86.817**	**90.289**			
						Monthly	10,713.612	11,124.204	11,593.920	12,049.752	12,547.548	13,035.048	13,543.452	14,085.084			
						Annual	128,563.344	133,490.448	139,127.040	144,597.024	150,570.576	156,420.576	162,521.424	169,021.008			
68	N5		**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**70.051**	**72.735**	**75.807**	**78.786**	**82.042**	**85.230**	**88.553**	**92.095**			
						Monthly	10,927.956	11,346.660	11,825.892	12,290.616	12,798.552	13,295.880	13,814.268	14,366.820			
						Annual	131,135.472	136,159.920	141,910.704	147,487.392	153,582.624	159,550.560	165,771.216	172,401.840			
69	N5		**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**72.152**	**74.917**	**78.081**	**81.150**	**84.503**	**87.786**	**91.210**	**94.858**			
						Monthly	11,255.712	11,687.052	12,180.636	12,659.400	13,182.468	13,694.616	14,228.760	14,797.848			
						Annual	135,068.544	140,244.624	146,167.632	151,912.800	158,189.616	164,335.392	170,745.120	177,574.176			
70	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	1872	Hourly	**45.257**	**46.736**	**48.195**	**49.973**	**51.605**	**53.422**	**55.323**	**56.984**	**58.124**	**59.286**	**61.065**
						Monthly	7,060.092	7,290.816	7,518.420	7,795.788	8,050.380	8,333.832	8,630.388	8,889.504	9,067.344	9,248.616	9,526.140
						Annual	84,721.104	87,489.792	90,221.040	93,549.456	96,604.560	100,005.984	103,564.656	106,674.048	108,808.128	110,983.392	114,313.680
71	N2	1	**Weekend Worker - Nurse II**		1872	Hourly	**56.826**	**58.811**	**60.800**	**62.873**	**64.898**	**66.997**	**68.338**	**69.704**	**71.098**	**72.521**	**74.697**
						Monthly	8,864.856	9,174.516	9,484.800	9,808.188	10,124.088	10,451.532	10,660.728	10,873.824	11,091.288	11,313.276	11,652.732
						Annual	106,378.272	110,094.192	113,817.600	117,698.256	121,489.056	125,418.384	127,928.736	130,485.888	133,095.456	135,759.312	139,832.784
72	N2		**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**57.963**	**59.987**	**62.016**	**64.131**	**66.196**	**68.337**	**69.704**	**71.098**			
						Monthly	9,042.228	9,357.972	9,674.496	10,004.436	10,326.576	10,660.572	10,873.824	11,091.288			
						Annual	108,506.736	112,295.664	116,093.952	120,053.232	123,918.912	127,926.864	130,485.888	133,095.456			

A1. Effective April 1, 2025

Hourly Rates include a 2.75% General Wage Increase. Other Market Adjustments as Noted
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
73	N2		**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**59.122**	**61.187**	**63.257**	**65.414**	**67.519**	**69.703**	**71.098**	**72.521**			
						Monthly	9,223.032	9,545.172	9,868.092	10,204.584	10,532.964	10,873.668	11,091.288	11,313.276			
						Annual	110,676.384	114,542.064	118,417.104	122,455.008	126,395.568	130,484.016	133,095.456	135,759.312			
74	N2		**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**60.896**	**63.023**	**65.155**	**67.376**	**69.545**	**71.794**	**73.232**	**74.696**			
						Monthly	9,499.776	9,831.588	10,164.180	10,510.656	10,849.020	11,199.864	11,424.192	11,652.576			
						Annual	113,997.312	117,979.056	121,970.160	126,127.872	130,188.240	134,398.368	137,090.304	139,830.912			
75	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	1872	Hourly	**60.242**	**62.307**	**64.423**	**66.554**	**68.588**	**70.746**	**72.546**	**73.994**	**75.474**	**76.983**	**79.293**
						Monthly	9,397.752	9,719.892	10,049.988	10,382.424	10,699.728	11,036.376	11,317.176	11,543.064	11,773.944	12,009.348	12,369.708
						Annual	112,773.024	116,638.704	120,599.856	124,589.088	128,396.736	132,436.512	135,806.112	138,516.768	141,287.328	144,112.176	148,436.496
76	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	1872	Hourly	**61.447**	**63.554**	**65.712**	**67.885**	**69.960**	**72.161**	**73.997**	**75.474**			
						Monthly	9,585.732	9,914.424	10,251.072	10,590.060	10,913.760	11,257.116	11,543.532	11,773.944			
						Annual	115,028.784	118,973.088	123,012.864	127,080.720	130,965.120	135,085.392	138,522.384	141,287.328			
77	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	1872	Hourly	**62.676**	**64.826**	**67.026**	**69.242**	**71.359**	**73.604**	**75.476**	**76.983**			
						Monthly	9,777.456	10,112.856	10,456.056	10,801.752	11,132.004	11,482.224	11,774.256	12,009.348			
						Annual	117,329.472	121,354.272	125,472.672	129,621.024	133,584.048	137,786.688	141,291.072	144,112.176			
78	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	1872	Hourly	**64.556**	**66.771**	**69.036**	**71.320**	**73.500**	**75.812**	**77.741**	**79.293**			
						Monthly	10,070.736	10,416.276	10,769.616	11,125.920	11,466.000	11,826.672	12,127.596	12,369.708			
						Annual	120,848.832	124,995.312	129,235.392	133,511.040	137,592.000	141,920.064	145,531.152	148,436.496			
79	N3	1	**Weekend Worker - Nurse III**		1872	Hourly	**58.989**	**60.975**	**63.053**	**65.080**	**66.962**	**69.012**	**71.131**	**72.552**	**74.003**	**75.484**	**77.748**
						Monthly	9,202.284	9,512.100	9,836.268	10,152.480	10,446.072	10,765.872	11,096.436	11,318.112	11,544.468	11,775.504	12,128.688
						Annual	110,427.408	114,145.200	118,035.216	121,829.760	125,352.864	129,190.464	133,157.232	135,817.344	138,533.616	141,306.048	145,544.256
80	N3		**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**60.168**	**62.194**	**64.314**	**66.382**	**68.301**	**70.393**	**72.553**	**74.003**			
						Monthly	9,386.208	9,702.264	10,032.984	10,355.592	10,654.956	10,981.308	11,318.268	11,544.468			
						Annual	112,634.496	116,427.168	120,395.808	124,267.104	127,859.472	131,775.696	135,819.216	138,533.616			
81	N3		**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**61.371**	**63.438**	**65.600**	**67.709**	**69.668**	**71.801**	**74.004**	**75.483**			
						Monthly	9,573.876	9,896.328	10,233.600	10,562.604	10,868.208	11,200.956	11,544.624	11,775.348			
						Annual	114,886.512	118,755.936	122,803.200	126,751.248	130,418.496	134,411.472	138,535.488	141,304.176			
82	N3		**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**63.213**	**65.342**	**67.567**	**69.741**	**71.758**	**73.955**	**76.224**	**77.748**			
						Monthly	9,861.228	10,193.352	10,540.452	10,879.596	11,194.248	11,536.980	11,890.944	12,128.688			
						Annual	118,334.736	122,320.224	126,485.424	130,555.152	134,330.976	138,443.760	142,691.328	145,544.256			
83	N4	1	**Weekend Worker - Nurse IV**		1872	Hourly	**62.841**	**65.168**	**67.497**	**70.036**	**72.947**	**75.769**	**78.851**	**82.061**	**83.702**	**85.376**	**87.937**
						Monthly	9,803.196	10,166.208	10,529.532	10,925.616	11,379.732	11,819.964	12,300.756	12,801.516	13,057.512	13,318.656	13,718.172
						Annual	117,638.352	121,994.496	126,354.384	131,107.392	136,556.784	141,839.568	147,609.072	153,618.192	156,690.144	159,823.872	164,618.064
84	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**64.098**	**66.471**	**68.847**	**71.437**	**74.406**	**77.285**	**80.428**	**83.702**			
						Monthly	9,999.288	10,369.476	10,740.132	11,144.172	11,607.336	12,056.460	12,546.768	13,057.512			
						Annual	119,991.456	124,433.712	128,881.584	133,730.064	139,288.032	144,677.520	150,561.216	156,690.144			
85	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**65.379**	**67.801**	**70.224**	**72.865**	**75.894**	**78.831**	**82.036**	**85.376**			
						Monthly	10,199.124	10,576.956	10,954.944	11,366.940	11,839.464	12,297.636	12,797.616	13,318.656			
						Annual	122,389.488	126,923.472	131,459.328	136,403.280	142,073.568	147,571.632	153,571.392	159,823.872			
86	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**67.341**	**69.835**	**72.330**	**75.051**	**78.171**	**81.196**	**84.497**	**87.937**			
						Monthly	10,505.196	10,894.260	11,283.480	11,707.956	12,194.676	12,666.576	13,181.532	13,718.172			
						Annual	126,062.352	130,731.120	135,401.760	140,495.472	146,336.112	151,998.912	158,178.384	164,618.064			
87	N5	1	**Weekend Worker - Nurse V**		1872	Hourly	**64.402**	**66.869**	**69.694**	**72.436**	**75.430**	**78.356**	**81.412**	**84.669**	**86.361**	**88.088**	**90.732**
						Monthly	10,046.712	10,431.564	10,872.264	11,300.016	11,767.080	12,223.536	12,700.272	13,208.364	13,472.316	13,741.728	14,154.192
						Annual	120,560.544	125,178.768	130,467.168	135,600.192	141,204.960	146,682.432	152,403.264	158,500.368	161,667.792	164,900.736	169,850.304
88	N5		**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**65.690**	**68.207**	**71.089**	**73.885**	**76.938**	**79.923**	**83.040**	**86.362**			
						Monthly	10,247.640	10,640.292	11,089.884	11,526.060	12,002.328	12,467.988	12,954.240	13,472.472			
						Annual	122,971.680	127,683.504	133,078.608	138,312.720	144,027.936	149,615.856	155,450.880	161,669.664			
89	N5		**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**67.004**	**69.571**	**72.511**	**75.363**	**78.476**	**81.521**	**84.701**	**88.089**			
						Monthly	10,452.624	10,853.076	11,311.716	11,756.628	12,242.256	12,717.276	13,213.356	13,741.884			
						Annual	125,431.488	130,236.912	135,740.592	141,079.536	146,907.072	152,607.312	158,560.272	164,902.608			
90	N5		**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**69.013**	**71.658**	**74.686**	**77.624**	**80.831**	**83.967**	**87.243**	**90.732**			
						Monthly	10,766.028	11,178.648	11,651.016	12,109.344	12,609.636	13,098.852	13,609.908	14,154.192			
						Annual	129,192.336	134,143.776	139,812.192	145,312.128	151,315.632	157,186.224	163,318.896	169,850.304			

A1. Effective April 1, 2026

Hourly Rates include a 3.00% General Wage Increase. Other Market Adjustments as Noted
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN	1	**Licensed Practical Nurse**	1	2015	Hourly	**39.764**	**41.064**	**42.345**	**43.907**	**45.340**	**46.937**	**48.607**	**50.067**	**51.067**	**52.089**	**53.652**
						Monthly	6,677.038	6,895.330	7,110.431	7,372.717	7,613.342	7,881.505	8,161.925	8,407.084	8,575.000	8,746.611	9,009.065
						Annual	80,124.460	82,743.960	85,325.175	88,472.605	91,360.100	94,578.055	97,943.105	100,885.005	102,900.005	104,959.335	108,108.780
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	**37.845**										
						Monthly	6,354.806										
						Annual	76,257.675										
3	SIEN		**SIEN**		2015	Hourly	**37.845**										
						Monthly	6,354.806										
						Annual	76,257.675										
4	N2		**Nurse II**		2015	Hourly	**49.434**	**51.160**	**52.891**	**54.694**	**56.455**	**58.282**	**59.447**	**60.637**	**61.849**	**63.086**	**64.980**
						Monthly	8,300.793	8,590.617	8,881.280	9,184.034	9,479.735	9,786.519	9,982.142	10,181.963	10,385.478	10,593.191	10,911.225
						Annual	99,609.510	103,087.400	106,575.365	110,208.410	113,756.825	117,438.230	119,785.705	122,183.555	124,625.735	127,118.290	130,934.700
5	N2		**Nurse II (15-Year Scale)**		2015	Hourly	**50.424**	**52.184**	**53.948**	**55.789**	**57.585**	**59.447**	**60.637**	**61.849**			
						Monthly	8,467.030	8,762.563	9,058.768	9,367.903	9,669.481	9,982.142	10,181.963	10,385.478			
						Annual	101,604.360	105,150.760	108,705.220	112,414.835	116,033.775	119,785.705	122,183.555	124,625.735			
6	N2		**Nurse II (20-Year Scale)**		2015	Hourly	**51.431**	**53.227**	**55.027**	**56.903**	**58.737**	**60.637**	**61.849**	**63.086**			
						Monthly	8,636.122	8,937.700	9,239.950	9,554.962	9,862.921	10,181.963	10,385.478	10,593.191			
						Annual	103,633.465	107,252.405	110,879.405	114,659.545	118,355.055	122,183.555	124,625.735	127,118.290			
7	N2		**Nurse II (25-Year Scale)**		2015	Hourly	**52.975**	**54.824**	**56.678**	**58.611**	**60.500**	**62.456**	**63.704**	**64.980**			
						Monthly	8,895.385	9,205.863	9,517.181	9,841.764	10,158.958	10,487.403	10,696.963	10,911.225			
						Annual	106,744.625	110,470.360	114,206.170	118,101.165	121,907.500	125,848.840	128,363.560	130,934.700			
8	CRN	1	**CRN/Charge Nurse**	1	2015	Hourly	**52.929**	**54.744**	**56.603**	**58.475**	**60.261**	**62.158**	**63.739**	**65.013**	**66.313**	**67.639**	**69.668**
						Monthly	8,887.661	9,192.430	9,504.587	9,818.927	10,118.826	10,437.364	10,702.840	10,916.766	11,135.058	11,357.715	11,698.418
						Annual	106,651.935	110,309.160	114,055.045	117,827.125	121,425.915	125,248.370	128,434.085	131,001.195	133,620.695	136,292.585	140,381.020
9	CRN	1	**CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	**53.987**	**55.839**	**57.735**	**59.645**	**61.467**	**63.401**	**65.014**	**66.313**			
						Monthly	9,065.317	9,376.299	9,694.669	10,015.390	10,321.334	10,646.085	10,916.934	11,135.058			
						Annual	108,783.805	112,515.585	116,336.025	120,184.675	123,856.005	127,753.015	131,003.210	133,620.695			
10	CRN	1	**CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	**55.068**	**56.955**	**58.889**	**60.838**	**62.697**	**64.668**	**66.314**	**67.639**			
						Monthly	9,246.835	9,563.694	9,888.445	10,215.714	10,527.871	10,858.835	11,135.226	11,357.715			
						Annual	110,962.020	114,764.325	118,661.335	122,588.570	126,334.455	130,306.020	133,622.710	136,292.585			
11	CRN	1	**CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	**56.720**	**58.664**	**60.656**	**62.662**	**64.577**	**66.608**	**68.304**	**69.668**			
						Monthly	9,524.233	9,850.663	10,185.153	10,521.994	10,843.555	11,184.593	11,469.380	11,698.418			
						Annual	114,290.800	118,207.960	122,221.840	126,263.930	130,122.655	134,215.120	137,632.560	140,381.020			
12	N3		**Nurse III**		2015	Hourly	**51.316**	**53.043**	**54.851**	**56.614**	**58.251**	**60.035**	**61.877**	**63.114**	**64.377**	**65.665**	**67.634**
						Monthly	8,616.812	8,906.804	9,210.397	9,506.434	9,781.314	10,080.877	10,390.180	10,597.893	10,809.971	11,026.248	11,356.876
						Annual	103,401.740	106,881.645	110,524.765	114,077.210	117,375.765	120,970.525	124,682.155	127,174.710	129,719.655	132,314.975	136,282.510
13	N3		**Nurse III (15-Year Scale)**		2015	Hourly	**52.342**	**54.105**	**55.947**	**57.746**	**59.416**	**61.236**	**63.115**	**64.377**			
						Monthly	8,789.094	9,085.131	9,394.434	9,696.516	9,976.937	10,282.545	10,598.060	10,809.971			
						Annual	105,469.130	109,021.575	112,733.205	116,358.190	119,723.240	123,390.540	127,176.725	129,719.655			
14	N3		**Nurse III (20-Year Scale)**		2015	Hourly	**53.389**	**55.186**	**57.065**	**58.901**	**60.603**	**62.460**	**64.378**	**65.665**			
						Monthly	8,964.903	9,266.649	9,582.165	9,890.460	10,176.254	10,488.075	10,810.139	11,026.248			
						Annual	107,578.835	111,199.790	114,985.975	118,685.515	122,115.045	125,856.900	129,721.670	132,314.975			
15	N3		**Nurse III (25-Year Scale)**		2015	Hourly	**54.991**	**56.842**	**58.777**	**60.668**	**62.421**	**64.335**	**66.309**	**67.634**			
						Monthly	9,233.905	9,544.719	9,869.638	10,187.168	10,481.526	10,802.919	11,134.386	11,356.876			
						Annual	110,806.865	114,536.630	118,435.655	122,246.020	125,778.315	129,635.025	133,612.635	136,282.510			
16	N4		**Nurse IV**		2015	Hourly	**54.666**	**56.690**	**58.716**	**60.926**	**63.457**	**65.913**	**68.593**	**71.386**	**72.813**	**74.269**	**76.497**
						Monthly	9,179.333	9,519.196	9,859.395	10,230.491	10,655.488	11,067.891	11,517.908	11,986.899	12,226.516	12,471.003	12,845.121
						Annual	110,151.990	114,230.350	118,312.740	122,765.890	127,865.855	132,814.695	138,214.895	143,842.790	146,718.195	149,652.035	154,141.455
17	N4		**Nurse IV (15-Year Scale)**		2015	Hourly	**55.760**	**57.824**	**59.890**	**62.144**	**64.726**	**67.230**	**69.965**	**72.813**			
						Monthly	9,363.033	9,709.613	10,056.529	10,435.013	10,868.574	11,289.038	11,748.290	12,226.516			
						Annual	112,356.400	116,515.360	120,678.350	125,220.160	130,422.890	135,468.450	140,979.475	146,718.195			
18	N4		**Nurse IV (20-Year Scale)**		2015	Hourly	**56.875**	**58.981**	**61.088**	**63.386**	**66.021**	**68.574**	**71.365**	**74.269**			
						Monthly	9,550.260	9,903.893	10,257.693	10,643.566	11,086.026	11,514.718	11,983.373	12,471.003			
						Annual	114,603.125	118,846.715	123,092.320	127,722.790	133,032.315	138,176.610	143,800.475	149,652.035			

A1. Effective April 1, 2026

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Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
19	N4		**Nurse IV (25-Year Scale)**		2015	Hourly	**58.581**	**60.749**	**62.921**	**65.289**	**68.002**	**70.631**	**73.506**	**76.497**			
						Monthly	9,836.726	10,200.770	10,565.485	10,963.111	11,418.669	11,860.122	12,342.883	12,845.121			
						Annual	118,040.715	122,409.235	126,785.815	131,557.335	137,024.030	142,321.465	148,114.590	154,141.455			
20	N5		**Nurse V**		2015	Hourly	**56.024**	**58.170**	**60.628**	**63.012**	**65.617**	**68.162**	**70.822**	**73.654**	**75.126**	**76.629**	**78.928**
						Monthly	9,407.363	9,767.713	10,180.452	10,580.765	11,018.188	11,445.536	11,892.194	12,367.734	12,614.908	12,867.286	13,253.327
						Annual	112,888.360	117,212.550	122,165.420	126,969.180	132,218.255	137,346.430	142,706.330	148,412.810	151,378.890	154,407.435	159,039.920
21	N5		**Nurse V (15-Year Scale)**		2015	Hourly	**57.145**	**59.334**	**61.840**	**64.273**	**66.929**	**69.526**	**72.238**	**75.126**			
						Monthly	9,595.598	9,963.168	10,383.967	10,792.508	11,238.495	11,674.574	12,129.964	12,614.908			
						Annual	115,147.175	119,558.010	124,607.600	129,510.095	134,861.935	140,094.890	145,559.570	151,378.890			
22	N5		**Nurse V (20-Year Scale)**		2015	Hourly	**58.288**	**60.522**	**63.077**	**65.558**	**68.267**	**70.917**	**73.683**	**76.629**			
						Monthly	9,787.527	10,162.653	10,591.680	11,008.281	11,463.167	11,908.146	12,372.604	12,867.286			
						Annual	117,450.320	121,951.830	127,100.155	132,099.370	137,558.005	142,897.755	148,471.245	154,407.435			
23	N5		**Nurse V (25-Year Scale)**		2015	Hourly	**60.036**	**62.338**	**64.969**	**67.526**	**70.316**	**73.045**	**75.893**	**78.928**			
						Monthly	10,081.045	10,467.589	10,909.378	11,338.741	11,807.228	12,265.473	12,743.700	13,253.327			
						Annual	120,972.540	125,611.070	130,912.535	136,064.890	141,686.740	147,185.675	152,924.395	159,039.920			
24	NP		**Nurse Practitioner**		2015	Hourly	**75.389**	**78.487**	**81.585**	**84.928**	**87.476**	**90.100**			**91.903**	**93.740**	**96.552**
						Monthly	12,659.070	13,179.275	13,699.481	14,260.827	14,688.678	15,129.292			15,432.045	15,740.508	16,212.690
						Annual	151,908.835	158,151.305	164,393.775	171,129.920	176,264.140	181,551.500			185,184.545	188,886.100	194,552.280
25	NP		**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**76.897**	**80.057**	**83.217**	**86.626**	**89.225**	**91.903**					
						Monthly	12,912.288	13,442.905	13,973.521	14,545.949	14,982.365	15,432.045					
						Annual	154,947.455	161,314.855	167,682.255	174,551.390	179,788.375	185,184.545					
26	NP		**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**78.435**	**81.658**	**84.881**	**88.359**	**91.010**	**93.740**					
						Monthly	13,170.544	13,711.739	14,252.935	14,836.949	15,282.096	15,740.508					
						Annual	158,046.525	164,540.870	171,035.215	178,043.385	183,385.150	188,886.100					
27	NP		**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**80.788**	**84.108**	**87.426**	**91.010**	**93.740**	**96.552**					
						Monthly	13,565.652	14,123.135	14,680.283	15,282.096	15,740.508	16,212.690					
						Annual	162,787.820	169,477.620	176,163.390	183,385.150	188,886.100	194,552.280					
28	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	2015	Hourly	**45.723**	**47.223**	**48.699**	**50.492**	**52.139**	**53.976**	**55.897**	**57.575**	**58.727**	**59.902**	**61.699**
						Monthly	7,677.654	7,929.529	8,177.374	8,478.448	8,755.007	9,063.470	9,386.038	9,667.802	9,861.242	10,058.544	10,360.290
						Annual	92,131.845	95,154.345	98,128.485	101,741.380	105,060.085	108,761.640	112,632.455	116,013.625	118,334.905	120,702.530	124,323.485
29	LPN	1	**Weekend Worker - Licensed Practical Nurse (PIO)**	1	1872	Hourly	**49.217**	**50.832**	**52.419**	**54.350**	**56.122**	**58.101**	**60.167**	**61.973**	**63.213**	**64.477**	**66.411**
						Monthly	7,677.852	7,929.792	8,177.364	8,478.600	8,755.032	9,063.756	9,386.052	9,667.788	9,861.228	10,058.412	10,360.116
						Annual	92,134.224	95,157.504	98,128.368	101,743.200	105,060.384	108,765.072	112,632.624	116,013.456	118,334.736	120,700.944	124,321.392
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**56.852**	**58.835**	**60.825**	**62.897**	**64.925**	**67.022**	**68.365**	**69.732**	**71.126**	**72.549**	**74.725**
						Monthly	9,546.398	9,879.377	10,213.531	10,561.455	10,901.990	11,254.111	11,479.623	11,709.165	11,943.241	12,182.186	12,547.573
						Annual	114,556.780	118,552.525	122,562.375	126,737.455	130,823.875	135,049.330	137,755.475	140,509.980	143,318.890	146,186.235	150,570.875
31	N2		**Weekend Worker - Nurse II (15-Year Scale)**		2015	Hourly	**57.989**	**60.012**	**62.041**	**64.156**	**66.224**	**68.363**	**69.733**	**71.126**			
						Monthly	9,737.320	10,077.015	10,417.718	10,772.862	11,120.113	11,479.287	11,709.333	11,943.241			
						Annual	116,847.835	120,924.180	125,012.615	129,274.340	133,441.360	137,751.445	140,511.995	143,318.890			
32	N2		**Weekend Worker - Nurse II (20-Year Scale)**		2015	Hourly	**59.149**	**61.212**	**63.281**	**65.439**	**67.548**	**69.731**	**71.128**	**72.549**			
						Monthly	9,932.103	10,278.515	10,625.935	10,988.299	11,342.435	11,708.997	11,943.577	12,182.186			
						Annual	119,185.235	123,342.180	127,511.215	131,859.585	136,109.220	140,507.965	143,322.920	146,186.235			
33	N2		**Weekend Worker - Nurse II (25-Year Scale)**		2015	Hourly	**60.923**	**63.048**	**65.179**	**67.401**	**69.575**	**71.823**	**73.262**	**74.725**			
						Monthly	10,229.987	10,586.810	10,944.640	11,317.751	11,682.802	12,060.279	12,301.911	12,547.573			
						Annual	122,759.845	127,041.720	131,335.685	135,813.015	140,193.625	144,723.345	147,622.930	150,570.875			
34	N2		**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**61.194**	**63.330**	**65.472**	**67.703**	**69.886**	**72.141**	**73.587**	**75.058**	**76.560**	**78.090**	**80.433**
						Monthly	9,546.264	9,879.480	10,213.632	10,561.668	10,902.216	11,253.996	11,479.572	11,709.048	11,943.360	12,182.040	12,547.548
						Annual	114,555.168	118,553.760	122,563.584	126,740.016	130,826.592	135,047.952	137,754.864	140,508.576	143,320.320	146,184.480	150,570.576
35	N2		**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**62.418**	**64.596**	**66.781**	**69.056**	**71.283**	**73.584**	**75.059**	**76.560**			
						Monthly	9,737.208	10,076.976	10,417.836	10,772.736	11,120.148	11,479.104	11,709.204	11,943.360			
						Annual	116,846.496	120,923.712	125,014.032	129,272.832	133,441.776	137,749.248	140,510.448	143,320.320			
36	N2		**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**63.666**	**65.889**	**68.116**	**70.438**	**72.709**	**75.056**	**76.561**	**78.090**			
						Monthly	9,931.896	10,278.684	10,626.096	10,988.328	11,342.604	11,708.736	11,943.516	12,182.040			
						Annual	119,182.752	123,344.208	127,513.152	131,859.936	136,111.248	140,504.832	143,322.192	146,184.480			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
37	N2		**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	**65.576**	**67.867**	**70.159**	**72.551**	**74.890**	**77.308**	**78.858**	**80.433**			
						Monthly	10,229.856	10,587.252	10,944.804	11,317.956	11,682.840	12,060.048	12,301.848	12,547.548			
						Annual	122,758.272	127,047.024	131,337.648	135,815.472	140,194.080	144,720.576	147,622.176	150,570.576			
38	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	2015	Hourly	**60.869**	**62.958**	**65.094**	**67.247**	**69.302**	**71.479**	**73.300**	**74.764**	**76.260**	**77.784**	**80.119**
						Monthly	10,220.920	10,571.698	10,930.368	11,291.892	11,636.961	12,002.515	12,308.292	12,554.122	12,805.325	13,061.230	13,453.315
						Annual	122,651.035	126,860.370	131,164.410	135,502.705	139,643.530	144,030.185	147,699.500	150,649.460	153,663.900	156,734.760	161,439.785
39	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	2015	Hourly	**62.087**	**64.218**	**66.395**	**68.592**	**70.687**	**72.908**	**74.765**	**76.260**			
						Monthly	10,425.442	10,783.273	11,148.827	11,517.740	11,869.525	12,242.468	12,554.290	12,805.325			
						Annual	125,105.305	129,399.270	133,785.925	138,212.880	142,434.305	146,909.620	150,651.475	153,663.900			
40	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	2015	Hourly	**63.328**	**65.502**	**67.724**	**69.964**	**72.102**	**74.367**	**76.261**	**77.784**			
						Monthly	10,633.827	10,998.878	11,371.988	11,748.122	12,107.128	12,487.459	12,805.493	13,061.230			
						Annual	127,605.920	131,986.530	136,463.860	140,977.460	145,285.530	149,849.505	153,665.915	156,734.760			
41	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	2015	Hourly	**65.228**	**67.468**	**69.755**	**72.064**	**74.264**	**76.598**	**78.549**	**80.119**			
						Monthly	10,952.868	11,329.002	11,713.027	12,100.747	12,470.163	12,862.081	13,189.686	13,453.315			
						Annual	131,434.420	135,948.020	140,556.325	145,208.960	149,641.960	154,344.970	158,276.235	161,439.785			
42	CRN	1	**Weekend Worker - CRN/Charge Nurse (PIO)**	1	1872	Hourly	**65.518**	**67.767**	**70.066**	**72.384**	**74.595**	**76.940**	**78.898**	**80.476**	**82.085**	**83.728**	**86.239**
						Monthly	10,220.808	10,571.652	10,930.296	11,291.904	11,636.820	12,002.640	12,308.088	12,554.256	12,805.260	13,061.568	13,453.284
						Annual	122,649.696	126,859.824	131,163.552	135,502.848	139,641.840	144,031.680	147,697.056	150,651.072	153,663.120	156,738.816	161,439.408
43	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO)**	1	1872	Hourly	**66.829**	**69.123**	**71.469**	**73.832**	**76.088**	**78.477**	**80.477**	**82.085**			
						Monthly	10,425.324	10,783.188	11,149.164	11,517.792	11,869.728	12,242.412	12,554.412	12,805.260			
						Annual	125,103.888	129,398.256	133,789.968	138,213.504	142,436.736	146,908.944	150,652.944	153,663.120			
44	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO)**	1	1872	Hourly	**68.165**	**70.505**	**72.897**	**75.308**	**77.608**	**80.048**	**82.086**	**83.728**			
						Monthly	10,633.740	10,998.780	11,371.932	11,748.048	12,106.848	12,487.488	12,805.416	13,061.568			
						Annual	127,604.880	131,985.360	136,463.184	140,976.576	145,282.176	149,849.856	153,664.992	156,738.816			
45	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO)**	1	1872	Hourly	**70.210**	**72.621**	**75.085**	**77.568**	**79.937**	**82.449**	**84.548**	**86.239**			
						Monthly	10,952.760	11,328.876	11,713.260	12,100.608	12,470.172	12,862.044	13,189.488	13,453.284			
						Annual	131,433.120	135,946.512	140,559.120	145,207.296	149,642.064	154,344.528	158,273.856	161,439.408			
46	N3		**Weekend Worker - Nurse III**		2015	Hourly	**59.012**	**61.003**	**63.077**	**65.105**	**66.990**	**69.039**	**71.158**	**72.581**	**74.032**	**75.512**	**77.777**
						Monthly	9,909.098	10,243.420	10,591.680	10,932.215	11,248.738	11,592.799	11,948.614	12,187.560	12,431.207	12,679.723	13,060.055
						Annual	118,909.180	122,921.045	127,100.155	131,186.575	134,984.850	139,113.585	143,383.370	146,250.715	149,174.480	152,156.680	156,720.655
47	N3		**Weekend Worker - Nurse III (15-Year Scale)**		2015	Hourly	**60.192**	**62.223**	**64.339**	**66.408**	**68.330**	**70.420**	**72.581**	**74.032**			
						Monthly	10,107.240	10,448.279	10,803.590	11,151.010	11,473.746	11,824.692	12,187.560	12,431.207			
						Annual	121,286.880	125,379.345	129,643.085	133,812.120	137,684.950	141,896.300	146,250.715	149,174.480			
48	N3		**Weekend Worker - Nurse III (20-Year Scale)**		2015	Hourly	**61.396**	**63.469**	**65.625**	**67.736**	**69.696**	**71.828**	**74.032**	**75.512**			
						Monthly	10,309.412	10,657.503	11,019.531	11,374.003	11,703.120	12,061.118	12,431.207	12,679.723			
						Annual	123,712.940	127,890.035	132,234.375	136,488.040	140,437.440	144,733.420	149,174.480	152,156.680			
49	N3		**Weekend Worker - Nurse III (25-Year Scale)**		2015	Hourly	**63.238**	**65.372**	**67.594**	**69.768**	**71.788**	**73.984**	**76.253**	**77.777**			
						Monthly	10,618.714	10,977.048	11,350.159	11,715.210	12,054.402	12,423.147	12,804.150	13,060.055			
						Annual	127,424.570	131,724.580	136,201.910	140,582.520	144,652.820	149,077.760	153,649.795	156,720.655			
50	N3		**Weekend Worker - Nurse III (PIO)**		1872	Hourly	**63.519**	**65.665**	**67.897**	**70.079**	**72.107**	**74.312**	**76.593**	**78.126**	**79.687**	**81.280**	**83.719**
						Monthly	9,908.964	10,243.740	10,591.932	10,932.324	11,248.692	11,592.672	11,948.508	12,187.656	12,431.172	12,679.680	13,060.164
						Annual	118,907.568	122,924.880	127,103.184	131,187.888	134,984.304	139,112.064	143,382.096	146,251.872	149,174.064	152,156.160	156,721.968
51	N3		**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	**64.789**	**66.978**	**69.254**	**71.481**	**73.549**	**75.799**	**78.126**	**79.687**			
						Monthly	10,107.084	10,448.568	10,803.624	11,151.036	11,473.644	11,824.644	12,187.656	12,431.172			
						Annual	121,285.008	125,382.816	129,643.488	133,812.432	137,683.728	141,895.728	146,251.872	149,174.064			
52	N3		**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	**66.085**	**68.318**	**70.639**	**72.911**	**75.019**	**77.314**	**79.687**	**81.280**			
						Monthly	10,309.260	10,657.608	11,019.684	11,374.116	11,702.964	12,060.984	12,431.172	12,679.680			
						Annual	123,711.120	127,891.296	132,236.208	136,489.392	140,435.568	144,731.808	149,174.064	152,156.160			
53	N3		**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	**68.068**	**70.367**	**72.758**	**75.098**	**77.270**	**79.633**	**82.079**	**83.719**			
						Monthly	10,618.608	10,977.252	11,350.248	11,715.288	12,054.120	12,422.748	12,804.324	13,060.164			
						Annual	127,423.296	131,727.024	136,202.976	140,583.456	144,649.440	149,072.976	153,651.888	156,721.968			
54	N4		**Weekend Worker - Nurse IV**		2015	Hourly	**62.867**	**65.197**	**67.526**	**70.067**	**72.976**	**75.801**	**78.886**	**82.092**	**83.734**	**85.409**	**87.971**
						Monthly	10,556.417	10,947.663	11,338.741	11,765.417	12,253.887	12,728.251	13,246.274	13,784.615	14,060.334	14,341.595	14,771.797
						Annual	126,677.005	131,371.955	136,064.890	141,185.005	147,046.640	152,739.015	158,955.290	165,415.380	168,724.010	172,099.135	177,261.565

A1. Effective April 1, 2026

Hourly Rates include a 3.00% General Wage Increase. Other Market Adjustments as Noted
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
55	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		2015	Hourly	**64.125**	**66.501**	**68.876**	**71.469**	**74.435**	**77.316**	**80.463**	**83.734**			
						Monthly	10,767.656	11,166.626	11,565.428	12,000.836	12,498.877	12,982.645	13,511.079	14,060.334			
						Annual	129,211.875	133,999.515	138,785.140	144,010.035	149,986.525	155,791.740	162,132.945	168,724.010			
56	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		2015	Hourly	**65.407**	**67.831**	**70.254**	**72.898**	**75.924**	**78.863**	**82.071**	**85.409**			
						Monthly	10,982.925	11,389.955	11,796.818	12,240.789	12,748.905	13,242.412	13,781.089	14,341.595			
						Annual	131,795.105	136,679.465	141,561.810	146,889.470	152,986.860	158,908.945	165,373.065	172,099.135			
57	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		2015	Hourly	**67.368**	**69.866**	**72.362**	**75.086**	**78.203**	**81.229**	**84.533**	**87.971**			
						Monthly	11,312.210	11,731.666	12,150.786	12,608.191	13,131.587	13,639.703	14,194.500	14,771.797			
						Annual	135,746.520	140,779.990	145,809.430	151,298.290	157,579.045	163,676.435	170,333.995	177,261.565			
58	N4		**Weekend Worker - Nurse IV (PIO)**		1872	Hourly	**67.670**	**70.176**	**72.684**	**75.420**	**78.550**	**81.590**	**84.911**	**88.363**	**90.130**	**91.933**	**94.691**
						Monthly	10,556.520	10,947.456	11,338.704	11,765.520	12,253.800	12,728.040	13,246.116	13,784.628	14,060.280	14,341.548	14,771.796
						Annual	126,678.240	131,369.472	136,064.448	141,186.240	147,045.600	152,736.480	158,953.392	165,415.536	168,723.360	172,098.576	177,261.552
59	N4		**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**69.023**	**71.581**	**74.137**	**76.928**	**80.121**	**83.222**	**86.610**	**90.130**			
						Monthly	10,767.588	11,166.636	11,565.372	12,000.768	12,498.876	12,982.632	13,511.160	14,060.280			
						Annual	129,211.056	133,999.632	138,784.464	144,009.216	149,986.512	155,791.584	162,133.920	168,723.360			
60	N4		**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**70.405**	**73.013**	**75.621**	**78.467**	**81.723**	**84.886**	**88.342**	**91.933**			
						Monthly	10,983.180	11,390.028	11,796.876	12,240.852	12,748.788	13,242.216	13,781.352	14,341.548			
						Annual	131,798.160	136,680.336	141,562.512	146,890.224	152,985.456	158,906.592	165,376.224	172,098.576			
61	N4		**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**72.516**	**75.203**	**77.889**	**80.821**	**84.175**	**87.434**	**90.992**	**94.691**			
						Monthly	11,312.496	11,731.668	12,150.684	12,608.076	13,131.300	13,639.704	14,194.752	14,771.796			
						Annual	135,749.952	140,780.016	145,808.208	151,296.912	157,575.600	163,676.448	170,337.024	177,261.552			
62	N5		**Weekend Worker - Nurse V**		2015	Hourly	**64.429**	**66.897**	**69.722**	**72.465**	**75.458**	**78.388**	**81.446**	**84.704**	**86.397**	**88.126**	**90.770**
						Monthly	10,818.703	11,233.121	11,707.486	12,168.081	12,670.656	13,162.652	13,676.141	14,223.213	14,507.496	14,797.824	15,241.796
						Annual	129,824.435	134,797.455	140,489.830	146,016.975	152,047.870	157,951.820	164,113.690	170,678.560	174,089.955	177,573.890	182,901.550
63	N5		**Weekend Worker - Nurse V (15-Year Scale)**		2015	Hourly	**65.717**	**68.234**	**71.115**	**73.914**	**76.967**	**79.956**	**83.076**	**86.397**			
						Monthly	11,034.980	11,457.626	11,941.394	12,411.393	12,924.042	13,425.945	13,949.845	14,507.496			
						Annual	132,419.755	137,491.510	143,296.725	148,936.710	155,088.505	161,111.340	167,398.140	174,089.955			
64	N5		**Weekend Worker - Nurse V (20-Year Scale)**		2015	Hourly	**67.032**	**69.599**	**72.539**	**75.392**	**78.506**	**81.555**	**84.737**	**88.126**			
						Monthly	11,255.790	11,686.832	12,180.507	12,659.573	13,182.466	13,694.444	14,228.755	14,797.824			
						Annual	135,069.480	140,241.985	146,166.085	151,914.880	158,189.590	164,333.325	170,745.055	177,573.890			
65	N5		**Weekend Worker - Nurse V (25-Year Scale)**		2015	Hourly	**69.044**	**71.687**	**74.715**	**77.654**	**80.861**	**84.002**	**87.280**	**90.770**			
						Monthly	11,593.638	12,037.442	12,545.894	13,039.401	13,577.910	14,105.336	14,655.767	15,241.796			
						Annual	139,123.660	144,449.305	150,550.725	156,472.810	162,934.915	169,264.030	175,869.200	182,901.550			
66	N5		**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**69.350**	**72.007**	**75.048**	**77.999**	**81.222**	**84.378**	**87.668**	**91.175**	**92.998**	**94.858**	**97.704**
						Monthly	10,818.600	11,233.092	11,707.488	12,167.844	12,670.632	13,162.968	13,676.208	14,223.300	14,507.688	14,797.848	15,241.824
						Annual	129,823.200	134,797.104	140,489.856	146,014.128	152,047.584	157,955.616	164,114.496	170,679.600	174,092.256	177,574.176	182,901.888
67	N5		**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**70.737**	**73.448**	**76.550**	**79.559**	**82.846**	**86.065**	**89.422**	**92.998**			
						Monthly	11,034.972	11,457.888	11,941.800	12,411.204	12,923.976	13,426.140	13,949.832	14,507.688			
						Annual	132,419.664	137,494.656	143,301.600	148,934.448	155,087.712	161,113.680	167,397.984	174,092.256			
68	N5		**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**72.153**	**74.917**	**78.081**	**81.150**	**84.503**	**87.787**	**91.210**	**94.858**			
						Monthly	11,255.868	11,687.052	12,180.636	12,659.400	13,182.468	13,694.772	14,228.760	14,797.848			
						Annual	135,070.416	140,244.624	146,167.632	151,912.800	158,189.616	164,337.264	170,745.120	177,574.176			
69	N5		**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**74.317**	**77.165**	**80.423**	**83.585**	**87.038**	**90.420**	**93.946**	**97.704**			
						Monthly	11,593.452	12,037.740	12,545.988	13,039.260	13,577.928	14,105.520	14,655.576	15,241.824			
						Annual	139,121.424	144,452.880	150,551.856	156,471.120	162,935.136	169,266.240	175,866.912	182,901.888			
70	LPN	1	**Weekend Worker - Licensed Practical Nurse**	1	1872	Hourly	**47.081**	**48.619**	**50.137**	**51.987**	**53.685**	**55.575**	**57.553**	**59.280**	**60.466**	**61.675**	**63.526**
						Monthly	7,344.636	7,584.564	7,821.372	8,109.972	8,374.860	8,669.700	8,978.268	9,247.680	9,432.696	9,621.300	9,910.056
						Annual	88,135.632	91,014.768	93,856.464	97,319.664	100,498.320	104,036.400	107,739.216	110,972.160	113,192.352	115,455.600	118,920.672
71	N2	1	**Weekend Worker - Nurse II**		1872	Hourly	**58.531**	**60.575**	**62.624**	**64.759**	**66.845**	**69.007**	**70.388**	**71.795**	**73.231**	**74.697**	**76.938**
						Monthly	9,130.836	9,449.700	9,769.344	10,102.404	10,427.820	10,765.092	10,980.528	11,200.020	11,424.036	11,652.732	12,002.328
						Annual	109,570.032	113,396.400	117,232.128	121,228.848	125,133.840	129,181.104	131,766.336	134,400.240	137,088.432	139,832.784	144,027.936
72	N2		**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**59.702**	**61.787**	**63.876**	**66.055**	**68.182**	**70.387**	**71.795**	**73.231**			
						Monthly	9,313.512	9,638.772	9,964.656	10,304.580	10,636.392	10,980.372	11,200.020	11,424.036			
						Annual	111,762.144	115,665.264	119,575.872	123,654.960	127,636.704	131,764.464	134,400.240	137,088.432			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
73	N2		**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**60.896**	**63.023**	**65.155**	**67.376**	**69.545**	**71.794**	**73.231**	**74.697**			
						Monthly	9,499.776	9,831.588	10,164.180	10,510.656	10,849.020	11,199.864	11,424.036	11,652.732			
						Annual	113,997.312	117,979.056	121,970.160	126,127.872	130,188.240	134,398.368	137,088.432	139,832.784			
74	N2		**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**62.723**	**64.914**	**67.110**	**69.397**	**71.631**	**73.948**	**75.429**	**76.937**			
						Monthly	9,784.788	10,126.584	10,469.160	10,825.932	11,174.436	11,535.888	11,766.924	12,002.172			
						Annual	117,417.456	121,519.008	125,629.920	129,911.184	134,093.232	138,430.656	141,203.088	144,026.064			
75	CRN	1	**Weekend Worker - CRN/Charge Nurse**	1	1872	Hourly	**62.670**	**64.818**	**67.019**	**69.236**	**71.352**	**73.597**	**75.470**	**76.976**	**78.516**	**80.085**	**82.489**
						Monthly	9,776.520	10,111.608	10,454.964	10,800.816	11,130.912	11,481.132	11,773.320	12,008.256	12,248.496	12,493.260	12,868.284
						Annual	117,318.240	121,339.296	125,459.568	129,609.792	133,570.944	137,773.584	141,279.840	144,099.072	146,981.952	149,919.120	154,419.408
76	CRN	1	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1	1872	Hourly	**63.923**	**66.115**	**68.360**	**70.621**	**72.779**	**75.069**	**76.979**	**78.516**			
						Monthly	9,971.988	10,313.940	10,664.160	11,016.876	11,353.524	11,710.764	12,008.724	12,248.496			
						Annual	119,663.856	123,767.280	127,969.920	132,202.512	136,242.288	140,529.168	144,104.688	146,981.952			
77	CRN	1	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1	1872	Hourly	**65.202**	**67.438**	**69.727**	**72.032**	**74.235**	**76.570**	**78.518**	**80.085**			
						Monthly	10,171.512	10,520.328	10,877.412	11,236.992	11,580.660	11,944.920	12,248.808	12,493.260			
						Annual	122,058.144	126,243.936	130,528.944	134,843.904	138,967.920	143,339.040	146,985.696	149,919.120			
78	CRN	1	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1	1872	Hourly	**67.158**	**69.462**	**71.818**	**74.194**	**76.462**	**78.867**	**80.874**	**82.489**			
						Monthly	10,476.648	10,836.072	11,203.608	11,574.264	11,928.072	12,303.252	12,616.344	12,868.284			
						Annual	125,719.776	130,032.864	134,443.296	138,891.168	143,136.864	147,639.024	151,396.128	154,419.408			
79	N3	1	**Weekend Worker - Nurse III**		1872	Hourly	**60.759**	**62.804**	**64.945**	**67.032**	**68.971**	**71.082**	**73.265**	**74.729**	**76.223**	**77.749**	**80.080**
						Monthly	9,478.404	9,797.424	10,131.420	10,456.992	10,759.476	11,088.792	11,429.340	11,657.724	11,890.788	12,128.844	12,492.480
						Annual	113,740.848	117,569.088	121,577.040	125,483.904	129,113.712	133,065.504	137,152.080	139,892.688	142,689.456	145,546.128	149,909.760
80	N3		**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**61.973**	**64.060**	**66.243**	**68.373**	**70.350**	**72.505**	**74.730**	**76.223**			
						Monthly	9,667.788	9,993.360	10,333.908	10,666.188	10,974.600	11,310.780	11,657.880	11,890.788			
						Annual	116,013.456	119,920.320	124,006.896	127,994.256	131,695.200	135,729.360	139,894.560	142,689.456			
81	N3		**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**63.212**	**65.341**	**67.568**	**69.740**	**71.758**	**73.955**	**76.224**	**77.747**			
						Monthly	9,861.072	10,193.196	10,540.608	10,879.440	11,194.248	11,536.980	11,890.944	12,128.532			
						Annual	118,332.864	122,318.352	126,487.296	130,553.280	134,330.976	138,443.760	142,691.328	145,542.384			
82	N3		**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**65.109**	**67.302**	**69.594**	**71.833**	**73.911**	**76.174**	**78.511**	**80.080**			
						Monthly	10,157.004	10,499.112	10,856.664	11,205.948	11,530.116	11,883.144	12,247.716	12,492.480			
						Annual	121,884.048	125,989.344	130,279.968	134,471.376	138,361.392	142,597.728	146,972.592	149,909.760			
83	N4	1	**Weekend Worker - Nurse IV**		1872	Hourly	**64.726**	**67.123**	**69.522**	**72.137**	**75.135**	**78.042**	**81.217**	**84.523**	**86.213**	**87.937**	**90.575**
						Monthly	10,097.256	10,471.188	10,845.432	11,253.372	11,721.060	12,174.552	12,669.852	13,185.588	13,449.228	13,718.172	14,129.700
						Annual	121,167.072	125,654.256	130,145.184	135,040.464	140,652.720	146,094.624	152,038.224	158,227.056	161,390.736	164,618.064	169,556.400
84	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**66.021**	**68.465**	**70.912**	**73.580**	**76.638**	**79.604**	**82.841**	**86.213**			
						Monthly	10,299.276	10,680.540	11,062.272	11,478.480	11,955.528	12,418.224	12,923.196	13,449.228			
						Annual	123,591.312	128,166.480	132,747.264	137,741.760	143,466.336	149,018.688	155,078.352	161,390.736			
85	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**67.340**	**69.835**	**72.331**	**75.051**	**78.171**	**81.196**	**84.497**	**87.937**			
						Monthly	10,505.040	10,894.260	11,283.636	11,707.956	12,194.676	12,666.576	13,181.532	13,718.172			
						Annual	126,060.480	130,731.120	135,403.632	140,495.472	146,336.112	151,998.912	158,178.384	164,618.064			
86	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**69.361**	**71.930**	**74.500**	**77.303**	**80.516**	**83.632**	**87.032**	**90.575**			
						Monthly	10,820.316	11,221.080	11,622.000	12,059.268	12,560.496	13,046.592	13,576.992	14,129.700			
						Annual	129,843.792	134,652.960	139,464.000	144,711.216	150,725.952	156,559.104	162,923.904	169,556.400			
87	N5	1	**Weekend Worker - Nurse V**		1872	Hourly	**66.334**	**68.875**	**71.785**	**74.609**	**77.693**	**80.707**	**83.854**	**87.209**	**88.952**	**90.731**	**93.454**
						Monthly	10,348.104	10,744.500	11,198.460	11,639.004	12,120.108	12,590.292	13,081.224	13,604.604	13,876.512	14,154.036	14,578.824
						Annual	124,177.248	128,934.000	134,381.520	139,668.048	145,441.296	151,083.504	156,974.688	163,255.248	166,518.144	169,848.432	174,945.888
88	N5		**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**67.661**	**70.253**	**73.222**	**76.102**	**79.246**	**82.321**	**85.531**	**88.953**			
						Monthly	10,555.116	10,959.468	11,422.632	11,871.912	12,362.376	12,842.076	13,342.836	13,876.668			
						Annual	126,661.392	131,513.616	137,071.584	142,462.944	148,348.512	154,104.912	160,114.032	166,520.016			
89	N5		**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**69.014**	**71.658**	**74.686**	**77.624**	**80.830**	**83.967**	**87.242**	**90.732**			
						Monthly	10,766.184	11,178.648	11,651.016	12,109.344	12,609.480	13,098.852	13,609.752	14,154.192			
						Annual	129,194.208	134,143.776	139,812.192	145,312.128	151,313.760	157,186.224	163,317.024	169,850.304			
90	N5		**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**71.083**	**73.808**	**76.927**	**79.953**	**83.256**	**86.486**	**89.860**	**93.454**			
						Monthly	11,088.948	11,514.048	12,000.612	12,472.668	12,987.936	13,491.816	14,018.160	14,578.824			
						Annual	133,067.376	138,168.576	144,007.344	149,672.016	155,855.232	161,901.792	168,217.920	174,945.888			

A1. Effective April 1, 2027

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN		**Licensed Practical Nurse**		2015	Hourly	**40.957**	**42.296**	**43.615**	**45.224**	**46.700**	**48.345**	**50.065**	**51.569**	**52.599**	**53.652**	**55.262**
						Monthly	6,877.363	7,102.203	7,323.685	7,593.863	7,841.708	8,117.931	8,406.748	8,659.295	8,832.249	9,009.065	9,279.411
						Annual	82,528.355	85,226.440	87,884.225	91,126.360	94,100.500	97,415.175	100,880.975	103,911.535	105,986.985	108,108.780	111,352.930
2	UNE		**UNE, UNE – IEN/NREP, UNE-NREP**		2015	Hourly	**38.980**										
						Monthly	6,545.392										
						Annual	78,544.700										
3	SIEN		**SIEN**		2015	Hourly	**38.980**										
						Monthly	6,545.392										
						Annual	78,544.700										
4	N2		**Nurse II**		2015	Hourly	**50.917**	**52.695**	**54.478**	**56.335**	**58.149**	**60.030**	**61.230**	**62.456**	**63.704**	**64.979**	**66.929**
						Monthly	8,549.813	8,848.369	9,147.764	9,459.585	9,764.186	10,080.038	10,281.538	10,487.403	10,696.963	10,911.057	11,238.495
						Annual	102,597.755	106,180.425	109,773.170	113,515.025	117,170.235	120,960.450	123,378.450	125,848.840	128,363.560	130,932.685	134,861.935
5	N2		**Nurse II (15-Year Scale)**		2015	Hourly	**51.937**	**53.750**	**55.566**	**57.463**	**59.313**	**61.230**	**62.456**	**63.704**			
						Monthly	8,721.088	9,025.521	9,330.458	9,648.995	9,959.641	10,281.538	10,487.403	10,696.963			
						Annual	104,653.055	108,306.250	111,965.490	115,787.945	119,515.695	123,378.450	125,848.840	128,363.560			
6	N2		**Nurse II (20-Year Scale)**		2015	Hourly	**52.974**	**54.824**	**56.678**	**58.610**	**60.499**	**62.456**	**63.704**	**64.979**			
						Monthly	8,895.218	9,205.863	9,517.181	9,841.596	10,158.790	10,487.403	10,696.963	10,911.057			
						Annual	106,742.610	110,470.360	114,206.170	118,099.150	121,905.485	125,848.840	128,363.560	130,932.685			
7	N2		**Nurse II (25-Year Scale)**		2015	Hourly	**54.564**	**56.469**	**58.378**	**60.369**	**62.315**	**64.330**	**65.615**	**66.929**			
						Monthly	9,162.205	9,482.086	9,802.639	10,136.961	10,463.727	10,802.079	11,017.852	11,238.495			
						Annual	109,946.460	113,785.035	117,631.670	121,643.535	125,564.725	129,624.950	132,214.225	134,861.935			
8	CRN		**CRN/Charge Nurse**		2015	Hourly	**54.517**	**56.386**	**58.301**	**60.229**	**62.069**	**64.023**	**65.651**	**66.963**	**68.302**	**69.668**	**71.758**
						Monthly	9,154.313	9,468.149	9,789.710	10,113.453	10,422.420	10,750.529	11,023.897	11,244.204	11,469.044	11,698.418	12,049.364
						Annual	109,851.755	113,617.790	117,476.515	121,361.435	125,069.035	129,006.345	132,286.765	134,930.445	137,628.530	140,381.020	144,592.370
9	CRN		**CRN/Charge Nurse (15-Year Scale)**		2015	Hourly	**55.607**	**57.514**	**59.467**	**61.434**	**63.311**	**65.303**	**66.964**	**68.302**			
						Monthly	9,337.342	9,657.559	9,985.500	10,315.793	10,630.972	10,965.462	11,244.372	11,469.044			
						Annual	112,048.105	115,890.710	119,826.005	123,789.510	127,571.665	131,585.545	134,932.460	137,628.530			
10	CRN		**CRN/Charge Nurse (20-Year Scale)**		2015	Hourly	**56.720**	**58.664**	**60.656**	**62.663**	**64.578**	**66.608**	**68.303**	**69.668**			
						Monthly	9,524.233	9,850.663	10,185.153	10,522.162	10,843.723	11,184.593	11,469.212	11,698.418			
						Annual	114,290.800	118,207.960	122,221.840	126,265.945	130,124.670	134,215.120	137,630.545	140,381.020			
11	CRN		**CRN/Charge Nurse (25-Year Scale)**		2015	Hourly	**58.422**	**60.424**	**62.476**	**64.542**	**66.514**	**68.606**	**70.353**	**71.758**			
						Monthly	9,810.028	10,146.197	10,490.762	10,837.678	11,168.809	11,520.091	11,813.441	12,049.364			
						Annual	117,720.330	121,754.360	125,889.140	130,052.130	134,025.710	138,241.090	141,761.295	144,592.370			
12	N3		**Nurse III**		2015	Hourly	**52.855**	**54.634**	**56.497**	**58.312**	**59.999**	**61.836**	**63.733**	**65.007**	**66.308**	**67.635**	**69.663**
						Monthly	8,875.235	9,173.959	9,486.788	9,791.557	10,074.832	10,383.295	10,701.833	10,915.759	11,134.218	11,357.044	11,697.579
						Annual	106,502.825	110,087.510	113,841.455	117,498.680	120,897.985	124,599.540	128,421.995	130,989.105	133,610.620	136,284.525	140,370.945
13	N3		**Nurse III (15-Year Scale)**		2015	Hourly	**53.912**	**55.728**	**57.625**	**59.478**	**61.198**	**63.073**	**65.008**	**66.308**			
						Monthly	9,052.723	9,357.660	9,676.198	9,987.348	10,276.164	10,591.008	10,915.927	11,134.218			
						Annual	108,632.680	112,291.920	116,114.375	119,848.170	123,313.970	127,092.095	130,991.120	133,610.620			
14	N3		**Nurse III (20-Year Scale)**		2015	Hourly	**54.991**	**56.842**	**58.777**	**60.668**	**62.421**	**64.334**	**66.309**	**67.635**			
						Monthly	9,233.905	9,544.719	9,869.638	10,187.168	10,481.526	10,802.751	11,134.386	11,357.044			
						Annual	110,806.865	114,536.630	118,435.655	122,246.020	125,778.315	129,633.010	133,612.635	136,284.525			
15	N3		**Nurse III (25-Year Scale)**		2015	Hourly	**56.641**	**58.547**	**60.540**	**62.488**	**64.294**	**66.265**	**68.298**	**69.663**			
						Monthly	9,510.968	9,831.017	10,165.675	10,492.777	10,796.034	11,126.998	11,468.373	11,697.579			
						Annual	114,131.615	117,972.205	121,988.100	125,913.320	129,552.410	133,523.975	137,620.470	140,370.945			
16	N4		**Nurse IV**		2015	Hourly	**56.306**	**58.391**	**60.477**	**62.754**	**65.361**	**67.890**	**70.651**	**73.528**	**74.997**	**76.497**	**78.792**
						Monthly	9,454.716	9,804.822	10,155.096	10,537.443	10,975.201	11,399.863	11,863.480	12,346.577	12,593.246	12,845.121	13,230.490
						Annual	113,456.590	117,657.865	121,861.155	126,449.310	131,702.415	136,798.350	142,361.765	148,158.920	151,118.955	154,141.455	158,765.880
17	N4		**Nurse IV (15-Year Scale)**		2015	Hourly	**57.433**	**59.559**	**61.687**	**64.008**	**66.668**	**69.247**	**72.064**	**74.997**			
						Monthly	9,643.958	10,000.949	10,358.275	10,748.010	11,194.668	11,627.725	12,100.747	12,593.246			
						Annual	115,727.495	120,011.385	124,299.305	128,976.120	134,336.020	139,532.705	145,208.960	151,118.955			
18	N4		**Nurse IV (20-Year Scale)**		2015	Hourly	**58.581**	**60.750**	**62.921**	**65.288**	**68.002**	**70.631**	**73.506**	**76.497**			
						Monthly	9,836.726	10,200.938	10,565.485	10,962.943	11,418.669	11,860.122	12,342.883	12,845.121			
						Annual	118,040.715	122,411.250	126,785.815	131,555.320	137,024.030	142,321.465	148,114.590	154,141.455			

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
19	N4		**Nurse IV (25-Year Scale)**		2015	Hourly	**60.338**	**62.571**	**64.809**	**67.248**	**70.042**	**72.750**	**75.711**	**78.792**			
						Monthly	10,131.756	10,506.714	10,882.511	11,292.060	11,761.219	12,215.938	12,713.139	13,230.490			
						Annual	121,581.070	126,080.565	130,590.135	135,504.720	141,134.630	146,591.250	152,557.665	158,765.880			
20	N5		**Nurse V**		2015	Hourly	**57.705**	**59.915**	**62.447**	**64.902**	**67.586**	**70.207**	**72.947**	**75.864**	**77.380**	**78.928**	**81.296**
						Monthly	9,689.631	10,060.727	10,485.892	10,898.128	11,348.816	11,788.925	12,249.017	12,738.830	12,993.392	13,253.327	13,650.953
						Annual	116,275.575	120,728.725	125,830.705	130,777.530	136,185.790	141,467.105	146,988.205	152,865.960	155,920.700	159,039.920	163,811.440
21	N5		**Nurse V (15-Year Scale)**		2015	Hourly	**58.859**	**61.114**	**63.695**	**66.201**	**68.937**	**71.612**	**74.405**	**77.380**			
						Monthly	9,883.407	10,262.059	10,695.452	11,116.251	11,575.671	12,024.848	12,493.840	12,993.392			
						Annual	118,600.885	123,144.710	128,345.425	133,395.015	138,908.055	144,298.180	149,926.075	155,920.700			
22	N5		**Nurse V (20-Year Scale)**		2015	Hourly	**60.037**	**62.338**	**64.969**	**67.525**	**70.315**	**73.045**	**75.893**	**78.928**			
						Monthly	10,081.213	10,467.589	10,909.378	11,338.573	11,807.060	12,265.473	12,743.700	13,253.327			
						Annual	120,974.555	125,611.070	130,912.535	136,062.875	141,684.725	147,185.675	152,924.395	159,039.920			
23	N5		**Nurse V (25-Year Scale)**		2015	Hourly	**61.837**	**64.208**	**66.918**	**69.552**	**72.425**	**75.236**	**78.170**	**81.296**			
						Monthly	10,383.463	10,781.593	11,236.648	11,678.940	12,161.365	12,633.378	13,126.046	13,650.953			
						Annual	124,601.555	129,379.120	134,839.770	140,147.280	145,936.375	151,600.540	157,512.550	163,811.440			
24	NP		**Nurse Practitioner**		2015	Hourly	**77.651**	**80.842**	**84.033**	**87.476**	**90.100**	**92.803**			**94.660**	**96.552**	**99.449**
						Monthly	13,038.897	13,574.719	14,110.541	14,688.678	15,129.292	15,583.170			15,894.992	16,212.690	16,699.145
						Annual	156,466.765	162,896.630	169,326.495	176,264.140	181,551.500	186,998.045			190,739.900	194,552.280	200,389.735
25	NP		**Nurse Practitioner (15-Year Scale)**		2015	Hourly	**79.204**	**82.459**	**85.714**	**89.225**	**91.902**	**94.660**					
						Monthly	13,299.672	13,846.240	14,392.809	14,982.365	15,431.878	15,894.992					
						Annual	159,596.060	166,154.885	172,713.710	179,788.375	185,182.530	190,739.900					
26	NP		**Nurse Practitioner (20-Year Scale)**		2015	Hourly	**80.788**	**84.108**	**87.427**	**91.010**	**93.740**	**96.552**					
						Monthly	13,565.652	14,123.135	14,680.450	15,282.096	15,740.508	16,212.690					
						Annual	162,787.820	169,477.620	176,165.405	183,385.150	188,886.100	194,552.280					
27	NP		**Nurse Practitioner (25-Year Scale)**		2015	Hourly	**83.212**	**86.631**	**90.049**	**93.740**	**96.552**	**99.449**					
						Monthly	13,972.682	14,546.789	15,120.728	15,740.508	16,212.690	16,699.145					
						Annual	167,672.180	174,561.465	181,448.735	188,886.100	194,552.280	200,389.735					
28	LPN		**Weekend Worker - Licensed Practical Nurse**		2015	Hourly	**47.095**	**48.640**	**50.160**	**52.007**	**53.703**	**55.595**	**57.574**	**59.302**	**60.489**	**61.699**	**63.550**
						Monthly	7,908.035	8,167.467	8,422.700	8,732.842	9,017.629	9,335.327	9,667.634	9,957.794	10,157.111	10,360.290	10,671.104
						Annual	94,896.425	98,009.600	101,072.400	104,794.105	108,211.545	112,023.925	116,011.610	119,493.530	121,885.335	124,323.485	128,053.250
29	LPN		**Weekend Worker - Licensed Practical Nurse (PIO)**		1872	Hourly	**50.694**	**52.357**	**53.992**	**55.981**	**57.806**	**59.844**	**61.972**	**63.832**	**65.109**	**66.411**	**68.403**
						Monthly	7,908.264	8,167.692	8,422.752	8,733.036	9,017.736	9,335.664	9,667.632	9,957.792	10,157.004	10,360.116	10,670.868
						Annual	94,899.168	98,012.304	101,073.024	104,796.432	108,212.832	112,027.968	116,011.584	119,493.504	121,884.048	124,321.392	128,050.416
30	N2		**Weekend Worker - Nurse II**		2015	Hourly	**58.558**	**60.600**	**62.650**	**64.784**	**66.873**	**69.033**	**70.416**	**71.824**	**73.260**	**74.725**	**76.967**
						Monthly	9,832.864	10,175.750	10,519.979	10,878.313	11,229.091	11,591.791	11,824.020	12,060.447	12,301.575	12,547.573	12,924.042
						Annual	117,994.370	122,109.000	126,239.750	130,539.760	134,749.095	139,101.495	141,888.240	144,725.360	147,618.900	150,570.875	155,088.505
31	N2		**Weekend Worker - Nurse II (15-Year Scale)**		2015	Hourly	**59.729**	**61.812**	**63.902**	**66.081**	**68.211**	**70.414**	**71.825**	**73.260**			
						Monthly	10,029.495	10,379.265	10,730.211	11,096.101	11,453.764	11,823.684	12,060.615	12,301.575			
						Annual	120,353.935	124,551.180	128,762.530	133,153.215	137,445.165	141,884.210	144,727.375	147,618.900			
32	N2		**Weekend Worker - Nurse II (20-Year Scale)**		2015	Hourly	**60.923**	**63.048**	**65.179**	**67.402**	**69.574**	**71.823**	**73.262**	**74.725**			
						Monthly	10,229.987	10,586.810	10,944.640	11,317.919	11,682.634	12,060.279	12,301.911	12,547.573			
						Annual	122,759.845	127,041.720	131,335.685	135,815.030	140,191.610	144,723.345	147,622.930	150,570.875			
33	N2		**Weekend Worker - Nurse II (25-Year Scale)**		2015	Hourly	**62.751**	**64.939**	**67.134**	**69.423**	**71.662**	**73.978**	**75.460**	**76.967**			
						Monthly	10,536.939	10,904.340	11,272.918	11,657.279	12,033.244	12,422.139	12,670.992	12,924.042			
						Annual	126,443.265	130,852.085	135,275.010	139,887.345	144,398.930	149,065.670	152,051.900	155,088.505			
34	N2		**Weekend Worker - Nurse II (PIO)**		1872	Hourly	**63.030**	**65.230**	**67.436**	**69.734**	**71.983**	**74.305**	**75.795**	**77.310**	**78.857**	**80.433**	**82.846**
						Monthly	9,832.680	10,175.880	10,520.016	10,878.504	11,229.348	11,591.580	11,824.020	12,060.360	12,301.692	12,547.548	12,923.976
						Annual	117,992.160	122,110.560	126,240.192	130,542.048	134,752.176	139,098.960	141,888.240	144,724.320	147,620.304	150,570.576	155,087.712
35	N2		**Weekend Worker - Nurse II (15-Year Scale) (PIO)**		1872	Hourly	**64.291**	**66.534**	**68.784**	**71.128**	**73.421**	**75.792**	**77.311**	**78.857**			
						Monthly	10,029.396	10,379.304	10,730.304	11,095.968	11,453.676	11,823.552	12,060.516	12,301.692			
						Annual	120,352.752	124,551.648	128,763.648	133,151.616	137,444.112	141,882.624	144,726.192	147,620.304			
36	N2		**Weekend Worker - Nurse II (20-Year Scale) (PIO)**		1872	Hourly	**65.576**	**67.866**	**70.159**	**72.551**	**74.890**	**77.308**	**78.858**	**80.433**			
						Monthly	10,229.856	10,587.096	10,944.804	11,317.956	11,682.840	12,060.048	12,301.848	12,547.548			
						Annual	122,758.272	127,045.152	131,337.648	135,815.472	140,194.080	144,720.576	147,622.176	150,570.576			

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37	N2		**Weekend Worker - Nurse II (25-Year Scale) (PIO)**		1872	Hourly	**67.543**	**69.903**	**72.264**	**74.728**	**77.137**	**79.627**	**81.224**	**82.846**			
						Monthly	10,536.708	10,904.868	11,273.184	11,657.568	12,033.372	12,421.812	12,670.944	12,923.976			
						Annual	126,440.496	130,858.416	135,278.208	139,890.816	144,400.464	149,061.744	152,051.328	155,087.712			
38	CRN		**Weekend Worker - CRN/Charge Nurse**		2015	Hourly	**62.695**	**64.847**	**67.047**	**69.264**	**71.381**	**73.623**	**75.499**	**77.007**	**78.548**	**80.118**	**82.523**
						Monthly	10,527.535	10,888.892	11,258.309	11,630.580	11,986.060	12,362.529	12,677.540	12,930.759	13,189.518	13,453.148	13,856.987
						Annual	126,330.425	130,666.705	135,099.705	139,566.960	143,832.715	148,350.345	152,130.485	155,169.105	158,274.220	161,437.770	166,283.845
39	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**		2015	Hourly	**63.950**	**66.145**	**68.387**	**70.650**	**72.808**	**75.095**	**77.008**	**78.548**			
						Monthly	10,738.271	11,106.848	11,483.317	11,863.313	12,225.677	12,609.702	12,930.927	13,189.518			
						Annual	128,859.250	133,282.175	137,799.805	142,359.750	146,708.120	151,316.425	155,171.120	158,274.220			
40	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**		2015	Hourly	**65.228**	**67.467**	**69.756**	**72.063**	**74.265**	**76.598**	**78.549**	**80.118**			
						Monthly	10,952.868	11,328.834	11,713.195	12,100.579	12,470.331	12,862.081	13,189.686	13,453.148			
						Annual	131,434.420	135,946.005	140,558.340	145,206.945	149,643.975	154,344.970	158,276.235	161,437.770			
41	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**		2015	Hourly	**67.185**	**69.492**	**71.848**	**74.226**	**76.492**	**78.896**	**80.905**	**82.523**			
						Monthly	11,281.481	11,668.865	12,064.477	12,463.783	12,844.282	13,247.953	13,585.298	13,856.987			
						Annual	135,377.775	140,026.380	144,773.720	149,565.390	154,131.380	158,975.440	163,023.575	166,283.845			
42	CRN		**Weekend Worker - CRN/Charge Nurse (PIO)**		1872	Hourly	**67.484**	**69.800**	**72.168**	**74.556**	**76.833**	**79.248**	**81.265**	**82.890**	**84.548**	**86.240**	**88.826**
						Monthly	10,527.504	10,888.800	11,258.208	11,630.736	11,985.948	12,362.688	12,677.340	12,930.840	13,189.488	13,453.440	13,856.856
						Annual	126,330.048	130,665.600	135,098.496	139,568.832	143,831.376	148,352.256	152,128.080	155,170.080	158,273.856	161,441.280	166,282.272
43	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO)**		1872	Hourly	**68.834**	**71.197**	**73.613**	**76.047**	**78.371**	**80.831**	**82.891**	**84.548**			
						Monthly	10,738.104	11,106.732	11,483.628	11,863.332	12,225.876	12,609.636	12,930.996	13,189.488			
						Annual	128,857.248	133,280.784	137,803.536	142,359.984	146,710.512	151,315.632	155,171.952	158,273.856			
44	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO)**		1872	Hourly	**70.210**	**72.620**	**75.084**	**77.567**	**79.936**	**82.449**	**84.549**	**86.240**			
						Monthly	10,952.760	11,328.720	11,713.104	12,100.452	12,470.016	12,862.044	13,189.644	13,453.440			
						Annual	131,433.120	135,944.640	140,557.248	145,205.424	149,640.192	154,344.528	158,275.728	161,441.280			
45	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO)**		1872	Hourly	**72.316**	**74.800**	**77.338**	**79.895**	**82.335**	**84.922**	**87.084**	**88.826**			
						Monthly	11,281.296	11,668.800	12,064.728	12,463.620	12,844.260	13,247.832	13,585.104	13,856.856			
						Annual	135,375.552	140,025.600	144,776.736	149,563.440	154,131.120	158,973.984	163,021.248	166,282.272			
46	N3		**Weekend Worker - Nurse III**		2015	Hourly	**60.782**	**62.833**	**64.969**	**67.058**	**69.000**	**71.110**	**73.293**	**74.758**	**76.253**	**77.777**	**80.110**
						Monthly	10,206.311	10,550.708	10,909.378	11,260.156	11,586.250	11,940.554	12,307.116	12,553.114	12,804.150	13,060.055	13,451.804
						Annual	122,475.730	126,608.495	130,912.535	135,121.870	139,035.000	143,286.650	147,685.395	150,637.370	153,649.795	156,720.655	161,421.650
47	N3		**Weekend Worker - Nurse III (15-Year Scale)**		2015	Hourly	**61.998**	**64.090**	**66.269**	**68.400**	**70.380**	**72.533**	**74.758**	**76.253**			
						Monthly	10,410.498	10,761.779	11,127.670	11,485.500	11,817.975	12,179.500	12,553.114	12,804.150			
						Annual	124,925.970	129,141.350	133,532.035	137,826.000	141,815.700	146,153.995	150,637.370	153,649.795			
48	N3		**Weekend Worker - Nurse III (20-Year Scale)**		2015	Hourly	**63.238**	**65.373**	**67.594**	**69.768**	**71.787**	**73.983**	**76.253**	**77.777**			
						Monthly	10,618.714	10,977.216	11,350.159	11,715.210	12,054.234	12,422.979	12,804.150	13,060.055			
						Annual	127,424.570	131,726.595	136,201.910	140,582.520	144,650.805	149,075.745	153,649.795	156,720.655			
49	N3		**Weekend Worker - Nurse III (25-Year Scale)**		2015	Hourly	**65.135**	**67.333**	**69.622**	**71.861**	**73.942**	**76.204**	**78.541**	**80.110**			
						Monthly	10,937.252	11,306.333	11,690.694	12,066.660	12,416.094	12,795.922	13,188.343	13,451.804			
						Annual	131,247.025	135,675.995	140,288.330	144,799.915	148,993.130	153,551.060	158,260.115	161,421.650			
50	N3		**Weekend Worker - Nurse III (PIO)**		1872	Hourly	**65.425**	**67.635**	**69.934**	**72.181**	**74.270**	**76.541**	**78.891**	**80.470**	**82.078**	**83.718**	**86.231**
						Monthly	10,206.300	10,551.060	10,909.704	11,260.236	11,586.120	11,940.396	12,306.996	12,553.320	12,804.168	13,060.008	13,452.036
						Annual	122,475.600	126,612.720	130,916.448	135,122.832	139,033.440	143,284.752	147,683.952	150,639.840	153,650.016	156,720.096	161,424.432
51	N3		**Weekend Worker - Nurse III (15-Year Scale) (PIO)**		1872	Hourly	**66.733**	**68.987**	**71.332**	**73.625**	**75.755**	**78.073**	**80.470**	**82.078**			
						Monthly	10,410.348	10,761.972	11,127.792	11,485.500	11,817.780	12,179.388	12,553.320	12,804.168			
						Annual	124,924.176	129,143.664	133,533.504	137,826.000	141,813.360	146,152.656	150,639.840	153,650.016			
52	N3		**Weekend Worker - Nurse III (20-Year Scale) (PIO)**		1872	Hourly	**68.068**	**70.368**	**72.758**	**75.098**	**77.270**	**79.633**	**82.078**	**83.718**			
						Monthly	10,618.608	10,977.408	11,350.248	11,715.288	12,054.120	12,422.748	12,804.168	13,060.008			
						Annual	127,423.296	131,728.896	136,202.976	140,583.456	144,649.440	149,072.976	153,650.016	156,720.096			
53	N3		**Weekend Worker - Nurse III (25-Year Scale) (PIO)**		1872	Hourly	**70.110**	**72.478**	**74.941**	**77.351**	**79.588**	**82.022**	**84.541**	**86.231**			
						Monthly	10,937.160	11,306.568	11,690.796	12,066.756	12,415.728	12,795.432	13,188.396	13,452.036			
						Annual	131,245.920	135,678.816	140,289.552	144,801.072	148,988.736	153,545.184	158,260.752	161,424.432			
54	N4		**Weekend Worker - Nurse IV**		2015	Hourly	**64.753**	**67.153**	**69.552**	**72.169**	**75.165**	**78.075**	**81.253**	**84.555**	**86.246**	**87.971**	**90.610**
						Monthly	10,873.108	11,276.108	11,678.940	12,118.378	12,621.456	13,110.094	13,643.733	14,198.194	14,482.141	14,771.797	15,214.929
						Annual	130,477.295	135,313.295	140,147.280	145,420.535	151,457.475	157,321.125	163,724.795	170,378.325	173,785.690	177,261.565	182,579.150

A1. Effective April 1, 2027

Hourly Rates include a 3.00% General Wage Increase. Other Market Adjustments as Noted
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
55	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		2015	Hourly	**66.049**	**68.496**	**70.942**	**73.613**	**76.668**	**79.635**	**82.877**	**86.246**			
						Monthly	11,090.728	11,501.620	11,912.344	12,360.850	12,873.835	13,372.044	13,916.430	14,482.141			
						Annual	133,088.735	138,019.440	142,948.130	148,330.195	154,486.020	160,464.525	166,997.155	173,785.690			
56	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		2015	Hourly	**67.369**	**69.866**	**72.362**	**75.085**	**78.202**	**81.229**	**84.533**	**87.971**			
						Monthly	11,312.378	11,731.666	12,150.786	12,608.023	13,131.419	13,639.703	14,194.500	14,771.797			
						Annual	135,748.535	140,779.990	145,809.430	151,296.275	157,577.030	163,676.435	170,333.995	177,261.565			
57	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		2015	Hourly	**69.389**	**71.962**	**74.533**	**77.339**	**80.549**	**83.666**	**87.069**	**90.610**			
						Monthly	11,651.570	12,083.619	12,515.333	12,986.507	13,525.520	14,048.916	14,620.336	15,214.929			
						Annual	139,818.835	145,003.430	150,183.995	155,838.085	162,306.235	168,586.990	175,444.035	182,579.150			
58	N4		**Weekend Worker - Nurse IV (PIO)**		1872	Hourly	**69.700**	**72.281**	**74.865**	**77.683**	**80.907**	**84.038**	**87.458**	**91.014**	**92.834**	**94.691**	**97.532**
						Monthly	10,873.200	11,275.836	11,678.940	12,118.548	12,621.492	13,109.928	13,643.448	14,198.184	14,482.104	14,771.796	15,214.992
						Annual	130,478.400	135,310.032	140,147.280	145,422.576	151,457.904	157,319.136	163,721.376	170,378.208	173,785.248	177,261.552	182,579.904
59	N4		**Weekend Worker - Nurse IV (15-Year Scale) (PIO)**		1872	Hourly	**71.094**	**73.728**	**76.361**	**79.236**	**82.525**	**85.719**	**89.208**	**92.834**			
						Monthly	11,090.664	11,501.568	11,912.316	12,360.816	12,873.900	13,372.164	13,916.448	14,482.104			
						Annual	133,087.968	138,018.816	142,947.792	148,329.792	154,486.800	160,465.968	166,997.376	173,785.248			
60	N4		**Weekend Worker - Nurse IV (20-Year Scale) (PIO)**		1872	Hourly	**72.517**	**75.203**	**77.890**	**80.821**	**84.175**	**87.433**	**90.992**	**94.691**			
						Monthly	11,312.652	11,731.668	12,150.840	12,608.076	13,131.300	13,639.548	14,194.752	14,771.796			
						Annual	135,751.824	140,780.016	145,810.080	151,296.912	157,575.600	163,674.576	170,337.024	177,261.552			
61	N4		**Weekend Worker - Nurse IV (25-Year Scale) (PIO)**		1872	Hourly	**74.691**	**77.459**	**80.226**	**83.246**	**86.700**	**90.057**	**93.722**	**97.532**			
						Monthly	11,651.796	12,083.604	12,515.256	12,986.376	13,525.200	14,048.892	14,620.632	15,214.992			
						Annual	139,821.552	145,003.248	150,183.072	155,836.512	162,302.400	168,586.704	175,447.584	182,579.904			
62	N5		**Weekend Worker - Nurse V**		2015	Hourly	**66.362**	**68.904**	**71.814**	**74.639**	**77.722**	**80.740**	**83.889**	**87.245**	**88.989**	**90.770**	**93.493**
						Monthly	11,143.286	11,570.130	12,058.768	12,533.132	13,050.819	13,557.592	14,086.361	14,649.890	14,942.736	15,241.796	15,699.033
						Annual	133,719.430	138,841.560	144,705.210	150,397.585	156,609.830	162,691.100	169,036.335	175,798.675	179,312.835	182,901.550	188,388.395
63	N5		**Weekend Worker - Nurse V (15-Year Scale)**		2015	Hourly	**67.689**	**70.281**	**73.248**	**76.131**	**79.276**	**82.355**	**85.568**	**88.989**			
						Monthly	11,366.111	11,801.351	12,299.560	12,783.664	13,311.762	13,828.777	14,368.293	14,942.736			
						Annual	136,393.335	141,616.215	147,594.720	153,403.965	159,741.140	165,945.325	172,419.520	179,312.835			
64	N5		**Weekend Worker - Nurse V (20-Year Scale)**		2015	Hourly	**69.043**	**71.687**	**74.715**	**77.654**	**80.861**	**84.002**	**87.279**	**90.770**			
						Monthly	11,593.470	12,037.442	12,545.894	13,039.401	13,577.910	14,105.336	14,655.599	15,241.796			
						Annual	139,121.645	144,449.305	150,550.725	156,472.810	162,934.915	169,264.030	175,867.185	182,901.550			
65	N5		**Weekend Worker - Nurse V (25-Year Scale)**		2015	Hourly	**71.115**	**73.838**	**76.956**	**79.984**	**83.287**	**86.522**	**89.898**	**93.493**			
						Monthly	11,941.394	12,398.631	12,922.195	13,430.647	13,985.275	14,528.486	15,095.373	15,699.033			
						Annual	143,296.725	148,783.570	155,066.340	161,167.760	167,823.305	174,341.830	181,144.470	188,388.395			
66	N5		**Weekend Worker - Nurse V (PIO)**		1872	Hourly	**71.431**	**74.167**	**77.299**	**80.339**	**83.659**	**86.909**	**90.298**	**93.910**	**95.788**	**97.704**	**100.635**
						Monthly	11,143.236	11,570.052	12,058.644	12,532.884	13,050.804	13,557.804	14,086.488	14,649.960	14,942.928	15,241.824	15,699.060
						Annual	133,718.832	138,840.624	144,703.728	150,394.608	156,609.648	162,693.648	169,037.856	175,799.520	179,315.136	182,901.888	188,388.720
67	N5		**Weekend Worker - Nurse V (15-Year Scale) (PIO)**		1872	Hourly	**72.859**	**75.651**	**78.847**	**81.946**	**85.331**	**88.647**	**92.105**	**95.788**			
						Monthly	11,366.004	11,801.556	12,300.132	12,783.576	13,311.636	13,828.932	14,368.380	14,942.928			
						Annual	136,392.048	141,618.672	147,601.584	153,402.912	159,739.632	165,947.184	172,420.560	179,315.136			
68	N5		**Weekend Worker - Nurse V (20-Year Scale) (PIO)**		1872	Hourly	**74.318**	**77.165**	**80.423**	**83.585**	**87.038**	**90.421**	**93.946**	**97.704**			
						Monthly	11,593.608	12,037.740	12,545.988	13,039.260	13,577.928	14,105.676	14,655.576	15,241.824			
						Annual	139,123.296	144,452.880	150,551.856	156,471.120	162,935.136	169,268.112	175,866.912	182,901.888			
69	N5		**Weekend Worker - Nurse V (25-Year Scale) (PIO)**		1872	Hourly	**76.547**	**79.480**	**82.836**	**86.093**	**89.649**	**93.133**	**96.764**	**100.635**			
						Monthly	11,941.332	12,398.880	12,922.416	13,430.508	13,985.244	14,528.748	15,095.184	15,699.060			
						Annual	143,295.984	148,786.560	155,068.992	161,166.096	167,822.928	174,344.976	181,142.208	188,388.720			
70	LPN		**Weekend Worker - Licensed Practical Nurse**		1872	Hourly	**48.493**	**50.078**	**51.641**	**53.547**	**55.296**	**57.242**	**59.280**	**61.058**	**62.280**	**63.525**	**65.432**
						Monthly	7,564.908	7,812.168	8,055.996	8,353.332	8,626.176	8,929.752	9,247.680	9,525.048	9,715.680	9,909.900	10,207.392
						Annual	90,778.896	93,746.016	96,671.952	100,239.984	103,514.112	107,157.024	110,972.160	114,300.576	116,588.160	118,918.800	122,488.704
71	N2		**Weekend Worker - Nurse II**		1872	Hourly	**60.287**	**62.392**	**64.503**	**66.702**	**68.850**	**71.077**	**72.500**	**73.949**	**75.428**	**76.938**	**79.246**
						Monthly	9,404.772	9,733.152	10,062.468	10,405.512	10,740.600	11,088.012	11,310.000	11,536.044	11,766.768	12,002.328	12,362.376
						Annual	112,857.264	116,797.824	120,749.616	124,866.144	128,887.200	133,056.144	135,720.000	138,432.528	141,201.216	144,027.936	148,348.512
72	N2		**Weekend Worker - Nurse II (15-Year Scale)**		1872	Hourly	**61.493**	**63.641**	**65.792**	**68.037**	**70.227**	**72.499**	**73.949**	**75.428**			
						Monthly	9,592.908	9,927.996	10,263.552	10,613.772	10,955.412	11,309.844	11,536.044	11,766.768			
						Annual	115,114.896	119,135.952	123,162.624	127,365.264	131,464.944	135,718.128	138,432.528	141,201.216			

A1. Effective April 1, 2027

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Row	Standard Grp No.	Note	Employer Classification	MOA	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
73	N2		**Weekend Worker - Nurse II (20-Year Scale)**		1872	Hourly	**62.723**	**64.914**	**67.110**	**69.397**	**71.631**	**73.948**	**75.428**	**76.938**			
						Monthly	9,784.788	10,126.584	10,469.160	10,825.932	11,174.436	11,535.888	11,766.768	12,002.328			
						Annual	117,417.456	121,519.008	125,629.920	129,911.184	134,093.232	138,430.656	141,201.216	144,027.936			
74	N2		**Weekend Worker - Nurse II (25-Year Scale)**		1872	Hourly	**64.605**	**66.861**	**69.123**	**71.479**	**73.780**	**76.166**	**77.692**	**79.245**			
						Monthly	10,078.380	10,430.316	10,783.188	11,150.724	11,509.680	11,881.896	12,119.952	12,362.220			
						Annual	120,940.560	125,163.792	129,398.256	133,808.688	138,116.160	142,582.752	145,439.424	148,346.640			
75	CRN		**Weekend Worker - CRN/Charge Nurse**		1872	Hourly	**64.550**	**66.763**	**69.030**	**71.313**	**73.493**	**75.805**	**77.734**	**79.285**	**80.871**	**82.488**	**84.964**
						Monthly	10,069.800	10,415.028	10,768.680	11,124.828	11,464.908	11,825.580	12,126.504	12,368.460	12,615.876	12,868.128	13,254.384
						Annual	120,837.600	124,980.336	129,224.160	133,497.936	137,578.896	141,906.960	145,518.048	148,421.520	151,390.512	154,417.536	159,052.608
76	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**		1872	Hourly	**65.841**	**68.098**	**70.411**	**72.740**	**74.962**	**77.321**	**79.288**	**80.871**			
						Monthly	10,271.196	10,623.288	10,984.116	11,347.440	11,694.072	12,062.076	12,368.928	12,615.876			
						Annual	123,254.352	127,479.456	131,809.392	136,169.280	140,328.864	144,744.912	148,427.136	151,390.512			
77	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**		1872	Hourly	**67.158**	**69.461**	**71.819**	**74.193**	**76.462**	**78.867**	**80.874**	**82.488**			
						Monthly	10,476.648	10,835.916	11,203.764	11,574.108	11,928.072	12,303.252	12,616.344	12,868.128			
						Annual	125,719.776	130,030.992	134,445.168	138,889.296	143,136.864	147,639.024	151,396.128	154,417.536			
78	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**		1872	Hourly	**69.173**	**71.546**	**73.973**	**76.420**	**78.756**	**81.233**	**83.300**	**84.964**			
						Monthly	10,790.988	11,161.176	11,539.788	11,921.520	12,285.936	12,672.348	12,994.800	13,254.384			
						Annual	129,491.856	133,934.112	138,477.456	143,058.240	147,431.232	152,068.176	155,937.600	159,052.608			
79	N3		**Weekend Worker - Nurse III**		1872	Hourly	**62.582**	**64.688**	**66.893**	**69.043**	**71.040**	**73.214**	**75.463**	**76.971**	**78.510**	**80.081**	**82.482**
						Monthly	9,762.792	10,091.328	10,435.308	10,770.708	11,082.240	11,421.384	11,772.228	12,007.476	12,247.560	12,492.636	12,867.192
						Annual	117,153.504	121,095.936	125,223.696	129,248.496	132,986.880	137,056.608	141,266.736	144,089.712	146,970.720	149,911.632	154,406.304
80	N3		**Weekend Worker - Nurse III (15-Year Scale)**		1872	Hourly	**63.832**	**65.982**	**68.230**	**70.424**	**72.461**	**74.680**	**76.972**	**78.510**			
						Monthly	9,957.792	10,293.192	10,643.880	10,986.144	11,303.916	11,650.080	12,007.632	12,247.560			
						Annual	119,493.504	123,518.304	127,726.560	131,833.728	135,646.992	139,800.960	144,091.584	146,970.720			
81	N3		**Weekend Worker - Nurse III (20-Year Scale)**		1872	Hourly	**65.108**	**67.301**	**69.595**	**71.832**	**73.911**	**76.174**	**78.511**	**80.079**			
						Monthly	10,156.848	10,498.956	10,856.820	11,205.792	11,530.116	11,883.144	12,247.716	12,492.324			
						Annual	121,882.176	125,987.472	130,281.840	134,469.504	138,361.392	142,597.728	146,972.592	149,907.888			
82	N3		**Weekend Worker - Nurse III (25-Year Scale)**		1872	Hourly	**67.062**	**69.321**	**71.682**	**73.988**	**76.128**	**78.459**	**80.866**	**82.482**			
						Monthly	10,461.672	10,814.076	11,182.392	11,542.128	11,875.968	12,239.604	12,615.096	12,867.192			
						Annual	125,540.064	129,768.912	134,188.704	138,505.536	142,511.616	146,875.248	151,381.152	154,406.304			
83	N4		**Weekend Worker - Nurse IV**		1872	Hourly	**66.668**	**69.137**	**71.608**	**74.301**	**77.389**	**80.383**	**83.654**	**87.059**	**88.799**	**90.575**	**93.292**
						Monthly	10,400.208	10,785.372	11,170.848	11,590.956	12,072.684	12,539.748	13,050.024	13,581.204	13,852.644	14,129.700	14,553.552
						Annual	124,802.496	129,424.464	134,050.176	139,091.472	144,872.208	150,476.976	156,600.288	162,974.448	166,231.728	169,556.400	174,642.624
84	N4		**Weekend Worker - Nurse IV (15-Year Scale)**		1872	Hourly	**68.002**	**70.519**	**73.039**	**75.787**	**78.937**	**81.992**	**85.326**	**88.799**			
						Monthly	10,608.312	11,000.964	11,394.084	11,822.772	12,314.172	12,790.752	13,310.856	13,852.644			
						Annual	127,299.744	132,011.568	136,729.008	141,873.264	147,770.064	153,489.024	159,730.272	166,231.728			
85	N4		**Weekend Worker - Nurse IV (20-Year Scale)**		1872	Hourly	**69.360**	**71.930**	**74.501**	**77.303**	**80.516**	**83.632**	**87.032**	**90.575**			
						Monthly	10,820.160	11,221.080	11,622.156	12,059.268	12,560.496	13,046.592	13,576.992	14,129.700			
						Annual	129,841.920	134,652.960	139,465.872	144,711.216	150,725.952	156,559.104	162,923.904	169,556.400			
86	N4		**Weekend Worker - Nurse IV (25-Year Scale)**		1872	Hourly	**71.442**	**74.088**	**76.735**	**79.622**	**82.931**	**86.141**	**89.643**	**93.292**			
						Monthly	11,144.952	11,557.728	11,970.660	12,421.032	12,937.236	13,437.996	13,984.308	14,553.552			
						Annual	133,739.424	138,692.736	143,647.920	149,052.384	155,246.832	161,255.952	167,811.696	174,642.624			
87	N5		**Weekend Worker - Nurse V**		1872	Hourly	**68.324**	**70.941**	**73.939**	**76.847**	**80.024**	**83.128**	**86.370**	**89.825**	**91.621**	**93.453**	**96.258**
						Monthly	10,658.544	11,066.796	11,534.484	11,988.132	12,483.744	12,967.968	13,473.720	14,012.700	14,292.876	14,578.668	15,016.248
						Annual	127,902.528	132,801.552	138,413.808	143,857.584	149,804.928	155,615.616	161,684.640	168,152.400	171,514.512	174,944.016	180,194.976
88	N5		**Weekend Worker - Nurse V (15-Year Scale)**		1872	Hourly	**69.691**	**72.361**	**75.419**	**78.385**	**81.623**	**84.791**	**88.097**	**91.622**			
						Monthly	10,871.796	11,288.316	11,765.364	12,228.060	12,733.188	13,227.396	13,743.132	14,293.032			
						Annual	130,461.552	135,459.792	141,184.368	146,736.720	152,798.256	158,728.752	164,917.584	171,516.384			
89	N5		**Weekend Worker - Nurse V (20-Year Scale)**		1872	Hourly	**71.084**	**73.808**	**76.927**	**79.953**	**83.255**	**86.486**	**89.859**	**93.454**			
						Monthly	11,089.104	11,514.048	12,000.612	12,472.668	12,987.780	13,491.816	14,018.004	14,578.824			
						Annual	133,069.248	138,168.576	144,007.344	149,672.016	155,853.360	161,901.792	168,216.048	174,945.888			
90	N5		**Weekend Worker - Nurse V (25-Year Scale)**		1872	Hourly	**73.215**	**76.022**	**79.235**	**82.352**	**85.754**	**89.081**	**92.556**	**96.258**			
						Monthly	11,421.540	11,859.432	12,360.660	12,846.912	13,377.624	13,896.636	14,438.736	15,016.248			
						Annual	137,058.480	142,313.184	148,327.920	154,162.944	160,531.488	166,759.632	173,264.832	180,194.976			

APPENDIX "B" – ACADEMIC ALLOWANCE

The non-cumulative additional rates of pay hereinafter set forth shall be paid to a nurse for academic attainments herein set forth:

(a) Upon completion of an approved clinical course/program, or CNA Certification in a nursing specialty, or an approved course in Gerontology, or the Nursing Unit Administration Course, or a Registered Nurse with a Registered Psychiatric Nurse Diploma, or an approved midwifery course, or an Operating Room Technician course in addition to a Licensed Practical Nurse Certificate/Diploma or Registered Nurse Diploma, or the Adult Education Certificate, or an Occupational Health Nursing course, or Nursing Foot Care Certification where the nurse is certified, and is using the certification in the practice area assigned, or the University Certificate in Nursing (one year course also called University Diploma in Nursing), or a Baccalaureate Degree in Arts or Science from a recognized university, (or the equivalent), provided such degree (or the equivalent) is relevant to the position held by the nurse:

$0.298 per hour for all paid hours (2015 annual hours)
$0.320 per hour for all paid hours (1872 annual hours)

(b) For a Baccalaureate Degree in Nursing, or a Baccalaureate Degree in Psychiatric Nursing, or a Baccalaureate Degree in Science-Mental Health, or a University Certificate in Nursing, as described in (a) above, in addition to a Baccalaureate Degree in Arts or Science, or the equivalent in the opinion of the Employer. Newly graduated nurses with a Baccalaureate Degree in Nursing or Psychiatric Nursing shall have the allowance paid effective first day of work, subject to proof of degree provided within six (6) months of Employer request.

$0.596 per hour for all paid hours (2015 annual hours)
$0.641 per hour for all paid hours (1872 annual hours)

(c) For a Master's Degree in Nursing from a recognized university, or the equivalent in the opinion of the Employer. This allowance is applicable for all classifications other than Nurse Practitioners.

$0.893 per hour for all paid hours (2015 annual hours)
$0.961 per hour for all paid hours (1872 annual hours)

(d) Applicable for Nurse Practitioners only:

$1.50 per hour for all paid hours

NOTE: Nurses, as at April 17, 2002, receiving academic allowances in excess of the above specified amounts shall continue to be paid at the higher rate.

NOTE: *Nurses, as at April 17, 2002, receiving academic allowances for courses/ degrees/certificates not listed above shall continue to receive Academic Allowances for these courses/degrees/certificates.*

See Attachment #10 – WRHA Document Re Academic Allowance

Regardless of the number of academic attainments a nurse may have, the Employer is only required to pay one of the amounts. Depending on the attainments, only the higher amount will be paid.

The Employer is not obligated to pay an Academic Allowance until the nurse provides verification of their academic attainment (no retroactivity). ***Clarification for new graduates:*** *a nurse who graduates with a BN gets academic allowance from date of hire and the Employer still requires verification.*

A nurse's entitlement to academic allowance ceases if their CNA certification has expired.

When a nurse obtains a nursing degree from another province or country, the National Nursing Assessment Service (NNAS) must verify whether the nursing degree is equivalent to a degree from Manitoba. The nurse is responsible for obtaining the NNAS assessment.

Academic Allowance is part of the basic or regular rate of pay – See 3802.

APPENDIX "C" -- OCCUPATIONAL CLASSIFICATIONS

Interlake Eastern Region Employers Organization

C.1 Occupational Classifications are as follows:

Applicable to all sites unless otherwise noted below:

Licensed Practical Nurse-Clinical Resource Nurse – A Licensed Practical Nurse entitled to practice under the Licensed Practical Nurses Act of Manitoba and who is employed in a LPN-CRN position.

Applicable @ former Interlake RHA:

(a) **Nurse II:** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Community Health Nurses:
Nurse II: Immunization Nurse/Immunization Clinic Planner

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) **Nurse III:** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence; may include Diabetes nurse, Assistant In-Service Educator, or a general duty RN who has intermittent responsibility for in-service education; or a Liaison Nurse (CS).

(c) **Nurse IV:** A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

Applicable for Community Health Nurses:
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home*

Care (as applicable). Infection Prevention and Control Co-ordinator. Primary Health Care Nurse.

(d) **Nurse V:** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice as a practical nurse under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ former North Eastman RHA:

(a) **Nurse II:** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) **Nurse III:** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence; (Clinical Resource Nurse) may include Diabetes nurse, Assistant In-Service Educator, or a general duty RN who has intermittent responsibility for in-service education.

(c) **Nurse IV:** A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

Applicable for Community Health Nurses:
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable); Primary Health Care Nurse.*

(d) **Nurse V:** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice as a practical nurse under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Betel Gimli and Betel Selkirk:

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(d) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Northern Health Region Employers Organization

C.1 Occupational classifications are as follows:

Applicable to all sites unless otherwise noted below:

Licensed Practical Nurse-Clinical Resource Nurse – A Licensed Practical Nurse entitled to practice under the Licensed Practical Nurses Act of Manitoba and who is employed in a LPN-CRN position.

Applicable @ Thompson, Gillam, Leaf Rapids, Lynn Lake, and Bay Line communities

(a) Nurse II: A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) Nurse III: A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence or Infection Control/Staff Health, Team Leader, Nurse Clinicians.

(c) Nurse IV: A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a 24 hour basis; a nurse responsible for supervision of the clinical experience of student nurses; or a nurse responsible for inservice education instruction (Clinical Instructor, Inservice Education Instructor, Public Health Nurse); Regional Infection Control/Staff Health Nurse.

Applicable for Community Health Nurses:
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable).*

(d) Nurse V: A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis (Nursing Supervisors, Program Managers).

(e) LPN: A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) Foot Care Nurse: A Licensed Practical Nurse who participates in assessing, implementing and evaluating the foot care related program/services, resources and continued education while practicing in the framework of the College of Licensed Practical Nurses of Manitoba Standards of Practice.

(g) Nurse Practitioner -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ former The Pas, Flin Flon, Snow Lake, Sherridon, and Cormorant

(a) Nurse II: A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) Nurse III: A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence or Infection Control/Staff Health, Team Leader, Nurse Clinicians.

(c) Nurse IV: A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a 24 hour basis; a nurse responsible for supervision of the clinical experience of student nurses; a nurse responsible for inservice education instruction (Clinical Instructor, Inservice Education Instructor, Public Health Nurse); or a Case Co-ordinator.

Applicable for Community Health Nurses:
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable).*

(d) **Nurse V:** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis (Nursing Supervisors, Program Managers).

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) **Foot Care Nurse:** A Licensed Practical Nurse who participates in assessing, implementing and evaluating the foot care related program/services, resources and continued education while practicing in the framework of the College of Licensed Practical Nurses of Manitoba Standards of Practice.

(g) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Prairie Mountain Health Region Employers Organization

C.1 Occupational classifications are as follows:

Applicable to all sites unless otherwise noted below:

Licensed Practical Nurse-Clinical Resource Nurse – A Licensed Practical Nurse entitled to practice under the Licensed Practical Nurses Act of Manitoba and who is employed in a LPN-CRN position.

Applicable @ former Assiniboine RHA

(a) **Nurse II: --** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
***Nurse II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

Applicable for Community Health Nurses:
Nurse II -- A Nurse employed as an Immunization Nurse or a Risk Factor Complication Assessment (RCFA) Nurse, or a Womens Wellness Clinic Nurse.

(b) **Nurse III: --** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence, or a Mental Health Resource Nurse; or an Immunization Program Team Leader.

Applicable for Neepawa Personal Care Home; Westman Nursing Home and Sherwood sites:
***Nurse III: --** A Registered Nurse or a Registered Psychiatric Nurse who is responsible for nursing activities and nursing staff for a specified shift (Charge Nurse).*

Applicable for Community Health Nurses:

Nurse III: -- Immunization Program Team Leader

(c) **Nurse IV: --** Home Care Case Co-ordinator.

Applicable for Baldur Health Centre, Boissevain Health Centre, Westview Lodge, Cartwright Health Centre, Neepawa Personal Care Home, Deloraine Health Centre, Bren-Del-Win Lodge, Elkwood Manor, Glenboro Health Centre, Hartney Health Centre, Melita Health Centre,

Reston Health Centre, Sandy Lake Health Centre, Tiger Hills Health Centre, Virden Hospital, Wawanesa Health Centre, Hamiota Hospital, Minnedosa Hospital & PCH, Russell Hospital & PCH sites:

Nurse IV: -- *A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor), or a Case Co-ordinator. E-learning Coordinator.*

Applicable for Community Health Nurses:
Nurse IV: -- *A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable).*

(d) **Nurse V: --** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis

Applicable for Community Health Nurses:

Nurse V: -- Primary Care Nurse

(e) **LPN: --** A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

(f) **Nurse Practitioner: --** A Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ former Brandon RHA

(a) **Nurse II: --** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) ***NURSE III*** *-- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence or a Liaison Nurse (CS); Mental Health Resource Nurse.*

Applicable for Fairview Worksite 21:
Nurse III *-- A Registered Nurse or Registered Psychiatric Nurse who is responsible on a seven and three-quarter (7.75) hour basis for nursing activities and nursing staff on one (1) or more subdivisions of the Home (Charge Nurse).*

(c) **TEAM LEADER** -- A Registered Nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who reports to a Supervisor or the equivalent.

(d) ***NURSE IV*** *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor); Pain Management Resource Nurse; Cardiac Disease Education and Rehabilitation Nurse; Clinical applications Facilitator; Case Manager Prehab-Joint Replacement Clinic.Occupational Health Nurse.*

Applicable for Fairview Worksite 21*:*
Nurse IV *- A Registered Nurse or Registered Psychiatric Nurse who is assigned to defined units and is responsible for Resident Care and Staff Co-ordination of the facility on a twenty-four (24) hour basis; or who is responsible for Resident Care and Staff Co-ordination of the facility on a seven and three-quarter (7.75) hour basis (Area Co-ordinator).*

It is agreed between the Employer and the Union that nurse supervisors be placed on the Nurse IV salary scale.

Applicable for Community Health Nurses*:*
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable; Community Mental Health Nurse – Mental Health Promotion Clinic.*

(e) **NURSE V** -- Advanced Practice Nurse.

(f) **LPN: --** A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

(g) **Nurse Practitioner: --** A Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ former Parkland RHA

(a) **Nurse II: --** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) **NURSE III:** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV:** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

Applicable for Community Health Nurses:
Nurse IV: *A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable).*

(d) **Nurse V: --** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

(f) **Nurse Practitioner: --** A Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Winnipegosis

Occupational classifications for nurses are as follows:

a) **Nurse II** - A Registered Nurse (or Registered Psychiatric Nurse) employed in a general duty position or its equivalent.

b) **Nurse** III - A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

c) **Nurse IV** - A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for in-service education instruction (In-service Education Instructor).

d) **Nurse V** - A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

e) **L.P.N.** - A person entitled to practice as a Licensed Practical Nurse under the Licensed Practical Nurses' Act of Manitoba

Applicable @ Dr Gendreau

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(d) **Nurse Practitioner** – is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Dinsdale

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **NURSE V** -- A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** – is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Ste Rose

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(c) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(d) **Nurse Practitioner** – is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Southern Health Region Employers Organization

C.1 Occupational Classifications are as follows:

Applicable to all sites unless otherwise noted below:

Licensed Practical Nurse-Clinical Resource Nurse – A Licensed Practical Nurse entitled to practice under the Licensed Practical Nurses Act of Manitoba and who is employed in a LPN-CRN position.

Applicable @ former Central RHA

(a) **Nurse II:** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Community Health Nurses:
Nurse II – *Uris Nurses*

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) **Nurse III:** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence; may include Diabetes nurse, Assistant In-Service Educator, or a general duty RN who has intermittent responsibility for in-service education.

A Mental Health Resource Nurse. A Palliative Care Nurse.

Applicable for Community Health Nurses:
Nurse III *– Geriatric Nurse Specialist*

(c) **Nurse IV:** A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor). A Discharge Co-ordinator and Patient Navigator.

Applicable for Community Health Nurses:
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses*

(Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, and Home Care (as applicable) Patient Navigator, Regional Medical Device Reprocessing Coordinator.

(d) **Nurse V:** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice as a practical nurse under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ former South Eastman RHA

(a) **Nurse II:** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

Applicable for Home Care Nurses:
Nurse II *-- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position, Home Care position or its equivalent.*

(b) **Nurse III:** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence(Clinical Resource Nurse); may include Diabetes nurse, Assistant In-Service Educator, or a general duty RN who has intermittent responsibility for in-service education.

(c) **Nurse IV:** A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

Applicable for Community Health Nurses:
Nurse IV *-- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction*

(Inservice Education Instructor) or a nurse responsible for Community Health Programs including Public Health, Diabetes Education Resource, Regional Infection Control Nurse and Home Care (as applicable) ; Primary Health Care Nurse; Regional Patient Safety Officer. Team Leader- Immunization Nurse. Staff Development Coordinator.

(d) **Nurse V:** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice as a practical nurse under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Non-Transferred Facilities (Menno Home, Rock Lake & Villa Youville)

(a) **Nurse II:** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **Nurse III:** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence;

(c) **Nurse IV:** A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **Nurse V:** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **LPN:** A Licensed Practical Nurse is a person entitled to practice as a practical nurse under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Shared Health Employers Organization

Applicable to all sites unless otherwise noted below:

C.1 Occupational classifications are as follows:

L.P.N. -- is a nurse entitled to practice as a Licensed Practical Nurse under the Licensed Practical Nurses' Act of Manitoba.

Licensed Practical Nurse-Clinical Resource Nurse – A Licensed Practical Nurse entitled to practice under the Licensed Practical Nurses Act of Manitoba and who is employed in a LPN-CRN position.

NURSE II -- is a Registered Nurse/Registered Psychiatric Nurse employed in a general duty position or its equivalent.

NURSE III --

(a) is a Registered Nurse/Registered Psychiatric Nurse who is permanently assigned responsibility for the nursing activities of a group of nursing staff on a ward or unit and who may assume designated duties of a Manager in their absence.

(b) is a Registered Nurse/Registered Psychiatric Nurse in a position of equivalent responsibility as determined by the Employer.

NURSE IV –

(a) A Nurse Educator is a Registered Nurse/Registered Psychiatric Nurse in a position of equivalent responsibility as determined by the Employer.

(b) is a Registered Nurse/Registered Psychiatric Nurse in a position of equivalent responsibility as determined by the Employer.

CLINICAL NURSE SPECIALIST -- is a Registered Nurse with academic preparation at the Master's level (nursing science), possessing expertise in a clinical nursing speciality, and who is assigned to a position designated by the Employer as Clinical Nurse Specialist.

NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

OPERATING ROOM TECHNICIAN I -- is a nurse who has graduated from a formal course in Operating Room Technology approved by the Employer.

OPERATING ROOM TECHNICIAN II -- is a nurse who has graduated from a formal Operating Room Technology course approved by the Employer, with additional responsibilities for evaluating and orientating Operating Room Technicians.

Applicable @ CancerCare Manitoba

C.1 Occupational classifications are as follows:

Nurse II -- is a Registered Nurse employed in a general duty position, or its equivalent, who provides nursing care to a group of patients receiving assessment, treatment and/or follow-up at the CCMB.

Nurse III -- is a Registered Nurse who provides education and/or consultation to Nurse II's or who is in a position of equivalent responsibility in the opinion of the Employer.

Nurse IV -- is a Registered Nurse who is permanently assigned responsibility for the nursing activities and staff in a specific area; or a Registered Nurse employed as the Co-ordinator of a recognized radiation technology program, or who is in a position of equivalent responsibility in the opinion of the Employer.

L.P.N. -- is a nurse entitled to practice as a Licensed Practical Nurse under the Licensed Practical Nurses' Act of Manitoba.

ORT -- is a person who has graduated from a formal course in operating technology and who is employed as an Operating Room Technician.

CLINICAL NURSE SPECIALIST - is a Registered Nurse with academic preparation at the Master' level, with primary responsibility to apply advanced nursing theory with respect to the continuum of care for the target patient population. The Clinical Nurse Specialist is focused in the following areas: program development, advance clinical practice, education, leadership, consultation and research.

NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Eden Mental Health Centre

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward.

(c) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

(d) **NURSE IV** – A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

Applicable @ Rehabilitation Centre for Children

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A Day Charge Nurse.

(c) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(e) **CLINICAL NURSE SPECIALIST** – is a Registered Nurse with academic preparation at the Master's level (nursing science). Possessing expertise in a clinical nursing specialty, and who is assigned to a position designated by the Employer as a Clinical Nurse Specialist.

(f) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Breast Health Centre, Crisis Response Services, MAID Services

C.1 Occupational classifications are as follows:

L.P.N. -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

NURSE II -- A Registered Nurse or a Registered Psychiatric Nurse employed in a general duty position or its equivalent; or a Registered Nurse employed as an

Immunization Nurse, STD Clinic Liaison Nurse or Community Based Direct Service Nurse.

NURSE III -- A nurse employed as a Primary Care Nurse or a nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence or a nurse employed as a Clinical Resource Nurse or a nurse employed as a Nurse Clinician.

NURSE IV- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor); or a nurse employed as a Public Health Nurse or Occupational Health Nurse

NURSE V - A Public Health Nurse employed as a Team Leader or Coordinator

CLINICAL NURSE SPECIALIST - A Registered Nurse with academic preparation at the Master's level (nursing science), possessing expertise in a clinical nursing speciality, and who is employed in a position designated by the Employer as Clinical Nurse Specialist.

NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Diagnostic Services

LPN: A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

Winnipeg Churchill Health Region Employers Organization

Applicable to all sites unless otherwise noted below

(a) **LICENSED PRACTICAL NURSE (L.P.N.)** -- is a nurse licensed to practice under the Licensed Practical Nurses' Act of Manitoba.

(b) **Licensed Practical Nurse-Clinical Resource Nurse** – A Licensed Practical Nurse entitled to practice under the Licensed Practical Nurses Act of Manitoba and who is employed in a LPN-CRN position.

(c) **REGISTERED PSYCHIATRIC NURSE (R.P.N.)** -- is a nurse licensed to practice as a Registered Psychiatric Nurse under the Registered Psychiatric Nurses' Act of Manitoba.

(d) **REGISTERED NURSE (R.N.)** -- is a nurse licensed to practice under the Registered Nurses' Act of Manitoba and employed in a general duty RN position, or its equivalent.

(e) **NURSE III** -- is a Registered Nurse who is assigned the responsibility for the activities on a nursing unit or program, either permanently or as part of a developmental program; or who deputizes for a Nurse IV, or Nurse Educator in their absence, or who has successfully completed a special clinical practice program approved by the Employer; or is a Registered Nurse or a Registered Psychiatric Nurse employed as an Ambulatory Care Nurse - Department of Psychiatry; Psychiatric Emergency Nurses; or is a Research Nurse.

(f) **NURSE IV** -- is a Registered Nurse or is a Registered Psychiatric Nurse, in a position of equivalent responsibility as determined by the Employer, who is permanently assigned responsibility for activities within a clinical program, or a Registered Nurse whose primary role function is teaching of students enrolled in a post basic course, e.g. Intensive Care Course, or a Registered Nurse whose primary role function is provision of continuing education activities to nursing staff; and Unit Co-ordinators;

(g) **CLINICAL NURSE SPECIALIST** -- is a Registered Nurse with advanced academic preparation at the Masters level, and with expanded expertise in a Clinical Nursing Specialty, who advances the practice of nursing through a role which integrates the components of practice, research, education, consultation, and community service.

(h) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ WRHA Nurse Practitioners, WRHA Clinical Nurse Specialists, WRHA Home Care Program, WRHA Primary Care Program, WRHA Regional Programs, Pan Am Clinic

C.1 Occupational classifications are as follows:

L.P.N. -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

NURSE II -- A Registered Nurse or a Registered Psychiatric Nurse employed in a general duty position or its equivalent; or a Registered Nurse employed as an Immunization Nurse, STD Clinic Liaison Nurse or Community Based Direct Service Nurse.

NURSE III -- A nurse employed as a Primary Care Nurse or a nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence or a nurse employed as a Clinical Resource Nurse or a nurse employed as a Nurse Clinician.

NURSE IV- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor); or a nurse employed as a Public Health Nurse or Occupational Health Nurse

NURSE V - A Public Health Nurse employed as a Team Leader or Coordinator

CLINICAL NURSE SPECIALIST - A Registered Nurse with academic preparation at the Master's level (nursing science), possessing expertise in a clinical nursing speciality, and who is employed in a position designated by the Employer as Clinical Nurse Specialist.

NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Pan Am Clinic only:

OPERATING ROOM TECHNICIAN II -- is a nurse who has graduated from a formal Operating Room Technology course approved by the Employer, with additional responsibilities for evaluating and orientating Operating Room Technicians.

Applicable @ Churchill Health Centre

C.1 Occupational classifications are as follows:

(a) **Nurse II:** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **Nurse III:** A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence or Infection Control/Staff Health, Team Leader, Nurse Clinicians.

(c) **Nurse IV –** A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a 24 hour basis; a nurse responsible for supervision of the clinical experience of student nurses; or a nurse responsible for inservice education instruction (Clinical Instructor, Inservice Education Instructor, Public Health Nurse).

(d) **Nurse V –** A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis (Nurse Practitioner, Nursing Supervisors and Program Managers).

(e) **LPN -** A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Victoria Hospital

C.1 **GENERAL DUTY L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

C.2 **GENERAL DUTY RN/RPN** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

C.3 **PRIMARY NURSE** -- A Registered Nurse or Registered Psychiatric Nurse who is clinically responsible for a specific number of patients and the assessment,

planning, intervention and evaluation of nursing care for those patients during their total stay in hospital.

C.4 **CLINICAL INSTRUCTOR OR INSERVICE EDUCATION INSTRUCTOR** -- A Registered Nurse or a Registered Psychiatric Nurse responsible for the teaching and supervision of clinical experience.

C.5 **CLINICAL RESOURCE NURSE** –

(i) **Psychiatric Community Nurse** -- A Registered Nurse or Registered Psychiatric Nurse employed as a Psychiatric Community Nurse

(ii) **Clinical Resource Nurse** - A Registered Nurse or Registered Psychiatric Nurse employed as a Clinical Resource Nurse

C.6 **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Deer Lodge Centre

Nurse II A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position.

Nurse III A Registered Nurse or Registered Psychiatric Nurse, who is permanently assigned additional, specialized responsibilities on a work unit or program.

Nurse Practitioner A Registered Nurse who is on the Extended Practice Roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Centre as a Nurse Practitioner.

Clinical Nurse Specialist A Registered Nurse or Registered Psychiatric Nurse prepared at the Masters level and practices in an advanced role.

Applicable @ Grace Hospital

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who

may deputize for a Nurse IV in their absence (Unit Co-ordinator); Mental Health Ambulatory Care Nurse; Care of Psychiatric Patients in Emergency (COPE) Nurse; Clinical Resource Nurse (CRN).

(c) **NURSE IV** -- A Registered Nurse whose primary responsibility is the provision of in-service education instruction (Educational Resources Teachers); Infection Control Practitioner; Clinical Teacher; High Risk Anesthesia Nurse, Acute Pain and Perioperative Care Nurse.

(d) **L.P.N.** -- A person entitled to practice as a Licensed Practical Nurse under the Licensed Practical Nurse's Act of Manitoba.

(e) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

(f) **CLINICAL NURSE SPECIALIST** -- is a Registered Nurse or a Registered Psychiatric Nurse with academic preparation at the Master's level (nursing science), possessing expertise in a clinical nursing speciality, and who is assigned to a position designated by the Employer as Clinical Nurse Specialist.

Applicable @ River Park Gardens

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV** – A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

Applicable @ Middlechurch Home of Winnipeg

C.1 Occupational classifications are as follows:

(a) **R.N. II** — A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **Clinical Resource (Nurse III)** — A Registered Nurse or Registered Psychiatric Nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on one or more unit(s).

(c) **L.P.N.**— A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

(d) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Actionmarguerite (Saint-Boniface) and Actionmarguerite (St. Joseph)

C.1 Occupational classifications are as follows:

(a) **LICENSED PRACTICAL NURSE (L.P.N.)** -- A nurse licensed to practice as a Licensed Practical Nurse under the Licensed Practical Nurse's Act of Manitoba.

(b) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(c) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a ward or unit. A nurse who is employed as a Clinical Resource Nurse (CRN).

(d) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Actionmarguerite (Saint-Vital)

C.1 Occupational classifications are as follows:

(a) **LICENSED PRACTICAL NURSE (L.P.N.)** -- A nurse licensed to practice as a Licensed Practical Nurse under the Licensed Practical Nurse's Act of Manitoba.

(b) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(c) **CLINICAL RESOURCE NURSE (C.R.N.) (NURSE III)** -- A Registered Nurse or Registered Psychiatric Nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on one or more units.

(d) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(e) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Bethania Mennonite Personal Care Home

C.1 Occupational classifications are as follows:

(a) NURSE II -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) NURSE III -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence; Behaviour Outreach Specialist.

(c) NURSE IV -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) NURSE V -- A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) L.P.N. -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Concordia Hospital

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence; or is a Psychiatric Liaison Worker.

(c) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(e) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ The Convalescent Home of Winnipeg

C.1 Occupational classifications are as follows:

(a) **UNIT NURSE** -- a Registered Nurse who is responsible to the Charge Nurse for nursing activities and nursing staff on one or more units of the Home.

(b) **CHARGE NURSE** -- A Registered Nurse who is responsible to the Director of Nursing for the nursing activities and nursing staff of the Home for a specified shift.

(c) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(d) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Fred Douglas Lodge Society

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **NURSE V** -- A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Golden Links Lodge

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV** – A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

Applicable @ Holy Family Home

C.1 Occupational classifications are as follows:

(a) **L.P.N**. -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(b) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(c) **Nurse III** – Team Leader – A registered nurse who is permanently assigned responsibility for a group of staff and the resident care activities on a unit.

(d) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ LHC Personal Care Home

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE IV** – a Registered Nurse employed as an Infection Control Nurse.

(c) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses Act of Manitoba.

Applicable @ Luther Home

C.1 Occupational classifications are as follows:

(a) NURSE II -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) NURSE III -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) NURSE IV -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) NURSE V -- A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) L.P.N. -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Meadowood Manor

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward.

(c) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(e) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Misericordia Health Centre

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A Registered Nurse or Registered Psychiatric Nurse who is permanently assigned responsibility for the nursing activities of the nursing staff on the unit and who is under the direction of an out-of-scope nursing manager; Psychiatric Liaison Nurse.

(c) **NURSE IV** -- Education Facilitator is a Registered Nurse who is responsible for classroom or clinical instruction of nursing and other Centre personnel under the direction of the Director, Education Services.

(d) **L.P.N.** -- A Licensed Practical Nurse assists Registered Nurses as well as undertakes the care of residents/patients under the direction of a Registered Nurse.

(e) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Pembina Place Mennonite Personal Care Home

C.1 Occupational classifications are as follows:

(a) NURSE II -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) NURSE III -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) NURSE IV -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses

(Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) NURSE V -- A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) L.P.N. -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) NURSE PRACTITIONER -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Riverview Health Centre

Nurse II: A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent who has at least one (1) year's experience relevant to a Hospital within the past four (4) years.

Nurse III: A Nurse who is permanently assigned the responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may assume substantially all the duties of Nurse IV in their absence.

Nurse IV: A Nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a 24-hour basis and who reports to a supervisor; or

A Nurse who is responsible for coordinating and/or teaching of in service education programs for the employees of the Centre.

Nurse IV(a): A Nurse who is an assistant to a supervisor, an evening supervisor, a night supervisor, supervisor central supply room, or the Staff Health and Infection Control Nurse/Nurse Epidemiologist.

L.P.N.: A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

Clinical Nurse Specialist: A Clinical Nurse Specialist is a B.N. with academic preparation at the Masters level in a relevant clinical specialty. The individual has acquired expanded expertise in the clinical specialty and advances the practice of nursing through a role which integrates the components of practice, research, education, consultation, and community service.

Nurse Practitioner: A Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ The Salvation Army Golden West Centenial Lodge

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV** -- A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **NURSE V** -- A nurse who is responsible for the nursing activities and staff of more than one (1) nursing unit on a permanent basis.

(e) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(f) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ The Simkin Centre

C.1 Occupational classifications are as follows:

(a) **STAFF NURSE** -- A Registered Nurse employed in a general duty position and responsible to the Unit Nurse.

(b) **UNIT NURSE** -- a Registered Nurse who is responsible to the Charge Nurse for nursing activities and nursing staff on one or more units of the Home.

(c) **CHARGE NURSE** -- A Registered Nurse who is responsible to the Director of Nursing for the nursing activities and nursing staff of the Home for a specified shift.

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

(e) **INSERVICE CO-ORDINATOR --** A Registered Nurse responsible to the Director of Nursing for orientation and inservice programs.

(f) **NURSE PRACTITIONER** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Seven Oaks General Hospital

C.1 Occupational classifications are as follows:

(a) **Nurse II –** A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **Nurse III -** A Registered Nurse in the Emergency Department who is permanently assigned responsibility for the nursing activities of the nursing staff and who deputizes for the Patient Care Team Management/Program Director in their absence. A Registered Nurse or Registered Psychiatric Nurse employed as a Community Mental Health Nurse – Psychiatry or Day Treatment Nurse – Psychiatry; Slate Resource Nurse; Community Liaison Worker and Cardiac Rehabilitation Nurse, Clinical Resource Nurse, Geriatric Day Hospital Nurse.

(c) **Nurse IV –** A Registered Nurse responsible for inservice programs and instruction (Educational Co-ordinator); a Registered Nurse responsible for the operation of the staff health program (Occupational Safety & Health Nurse); a Registered Nurse responsible for the administration of infection control processes within the Hospital (Infection Control Nurse); a Registered Nurse involved in the intake, treatment and disposition processes of clients/patients referred to the psychogeriatrics program (Community Liaison Co-ordinator); Community Transition Nurse, Wound and Skin Consultant, Utilization Facilitator.

(d) **L.P.N. –** A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurses' Act of Manitoba.

(e) **Nurse Practitioner** -- is a Registered Nurse who is on the Extended Practice roster of the College of Registered Nurses of Manitoba who is employed in a position that is designated by the Employer as a Nurse Practitioner.

Applicable @ Southeast Personal Care Home

C.1 Occupational classifications are as follows:

(a) **NURSE II** -- A Registered Nurse or Registered Psychiatric Nurse employed in a general duty position or its equivalent.

(b) **NURSE III** -- A nurse who is permanently assigned responsibility for the nursing activities of a small group of nursing staff on a unit or ward and who may replace a Nurse IV in their absence.

(c) **NURSE IV** – A nurse who is permanently assigned responsibility for the nursing activities and staff on a unit or ward on a twenty-four (24) hour basis; a nurse responsible for supervision of the clinical experience of student nurses (Clinical Instructor); or a nurse responsible for inservice education instruction (Inservice Education Instructor).

(d) **L.P.N.** -- A Licensed Practical Nurse is a person entitled to practice under the Licensed Practical Nurse's Act of Manitoba.

Applicable for the Thompson General Hospital site:
Not Applicable for Home Care Nurses

ADDITIONAL APPENDIX -- HEALTH AND WELFARE

The Employer agrees to provide the following Health and Welfare Benefits at no cost to the nurses:

1. Healthguard Dental Benefits: Healthguard Dental Benefits shall be paid in accordance with the Thompson General Hospital's agreement with Great West Life.

2. Weekly Income Benefits: As per Article 2304, Weekly Income Benefits shall be paid in accordance with Thompson General Hospital's Agreement with Great West Life.

3. Effective date of ratification, the Thompson Hospital will no longer sell to Nurses prescription drugs. The Hospital will reimburse all Nurses for prescription drugs with the exception of narcotics as outlined below:
   a. Only receipts submitted from date of ratification on will be eligible for reimbursement;
   b. Receipts must be submitted to the Pharmacy Department by March 31, June 30, September 30 and December 31 each year;
   c. Receipts must be for prescriptions for which no other program has paid in full or any portion thereof;
   d. Receipts must be the official pharmacy receipt, no copies will be accepted; the Employer will make a copy and return the original to the employee;
   e. Receipts must include the name of the employee, the type of drug, the retail cost and the date filled;
   f. Only drugs that are on the Hospital formulary will be eligible for reimbursement; determination of drug eligibility will be made by the Employer's Regional Pharmacy Manager.

4. In the event of reinstatement of Manitoba Health Services Premiums, the Employer agrees to pay the cost of the premiums.

5. Retirement Plan: For Employees of Participating Health Care Institutions in Manitoba. [Health Care Employees Pension Plan (HEPP)]

6. Group Life Insurance Plan: For Employees of Manitoba Health Care Institutions. [Health Care Employees Benefit Plan (HEBP)]

APPENDIX "D" -- SITE LIST

Bargaining Unit Interlake Eastern Health Region Employers Organization	
Employer List	Site List
Interlake Eastern Regional Health Authority (IERHA) (Direct Operations)	Arborg and District Health Centre
	Beausejour Health Centre
	Berens River Renal Health Centre
	E.M. Crowe Health Centre *(Eriksdale)*
	East Gate Lodge *(Beausejour)*
	Fisher Branch Personal Care Home
	Hodgson Renal Health Centre
	Johnson Memorial Hospital *(Gimli)*
	Kin Place Health Complex *(Oakbank)*
	Lakeshore District Health Centre *(Ashern)*
	Lundar Personal Care Home
	Pine Falls Health Complex
	Selkirk Regional Health Centre (includes Quick Care)
	Stonewall and District Health Centre (includes Rosewood Lodge)
	Teulon Hunter Memorial Health Centre
	Whitemouth Health District
	Winnipeg River Health District – Lac du Bonnet
	Winnipeg River Health District – Pinawa Hospital
	Home Care Program
	Mental Health Program (CSU, RAAM, Mental Health Liason Nurse)
	Primary Care Program (includes Quick Care effective May 17, 2024)
	Public Health Program
Betel Home Foundation *	Gimli Site
	Selkirk Site

** Identifies non-transferred sites*

Bargaining Unit Southern Health Region Employers Organization	
Employer List	Site List
Southern Health Santé-Sud Regional Health Authority (SH-SS RHA) (Direct Operations)	Altona Community Memorial Health Centre
	Bethesda Regional Health Centre/Bethesda Place *(Steinbach)*
	Boundary Trails Health Centre *(Winkler)*
	Boyne Lodge Personal Care Home *(Carman)*
	Carman Memorial Hospital
	Centre de Santé Notre Dame Health Centre
	Centre de Santé St. Claude Health Centre
	Centre Medico-social DeSalaberry District Health Centre *(St. Pierre-Jolys)*
	Clinique Notre Dame Clinic
	Douglas Campbell Lodge *(Portage la Prairie)*
	Eastview Place *(Altona)*
	Emerson Health Centre
	Foyer Notre Dame Inc.
	Gladstone Health Centre *(Gladstone)*
	Hôpital Ste. Anne Hospital
	Lions Prairie Manor *(Portage la Prairie)*
	Lorne Memorial Hospital *(Swan Lake)*
	MacGregor Health Centre
	Morris General Hospital
	Pembina-Manitou Health Centre
	Portage District General Hospital
	Red River Valley Lodge *(Morris)*
	Repos Jolys *(St. Pierre-Jolys)*
	Third Crossing Manor *(Gladstone)*

	Vita & District Health Centre (Vita & District Health Centre and Vita & District Personal Care Home)
	Home Care Program
	Mental Health & Addictions Program
	Primary Care Program
	Public Health Program
Villa Youville *	Villa Youville *(Ste. Anne)*
Rock Lake Health District *	Rock Lake Health District Hospital *(Crystal City)*, Rock Lake District Personal Care Home *(Pilot Mound)* & Prairie View Lodge *(Pilot Mound)*
Menno Home for the Aged *	Menno Home for the Aged *(Grunthal)*

** Identifies non-transferred sites*

Bargaining Unit Winnipeg-Churchill Health Region Employers Organization	
Employer List	Site List
Winnipeg-Churchill Regional Health Authority (WRHA) (Direct Operations)	Churchill Health Centre
	Deer Lodge
	Golden West Centennial Lodge
	Grace Hospital
	Middlechurch Home of Winnipeg
	Pan Am Clinic
	River Park Gardens
	Victoria Hospital
	WRHA - Clinical Nurse Specialists ***
	WRHA - Home Care Program ***
	WRHA – Mental Health and Addictions Program ***
	WRHA - Nurse Practitioners ***
	WRHA - Primary Care Program ***
	WRHA - Public Health Program ***

	WRHA - Regional Programs *** *Continuing Care (Long Term Care, Geriatrics-Rehab)* *Critical Care* *Emergency* *Infection Prevention & Control* *Occupational Environmental Safety and Health* *Sleep Lab* *** (applicable to only WRHA Corporate/Regional Community Health Services)
Actionmarguerite (Saint-Boniface) *	Actionmarguerite (Saint-Boniface)
Actionmarguerite (St. Joseph) *	Actionmarguerite (St. Joseph)
Actionmarguerite (Saint-Vital) *	Actionmarguerite (Saint-Vital)
Bethania Mennonite Personal Care Home *	Bethania Mennonite Personal Care Home
Centre de santé Saint-Boniface *	Centre de santé Saint-Boniface
Concordia Hospital *	Concordia Hospital
The Convalescent Home of Winnipeg *	The Convalescent Home of Winnipeg
Donwood Manor *	Donwood Manor
Fred Douglas Lodge Society *	Fred Douglas Lodge Society
Golden Links Lodge *	Golden Links Lodge
Holy Family Home *	Holy Family Home
Klinic Community Health *	Klinic Community Health
LHC Personal Care Home *	LHC Personal Care Home
Luther Home *	Luther Home
Manitoba Baptist Home Society (Meadowood Manor)*	Manitoba Baptist Home Society (Meadowood Manor)
Misericordia Health Centre *	Misericordia Health Centre
Mount Carmel Clinic *	Mount Carmel Clinic
Nine Circles Community Health Centre *	Nine Circles Community Health Centre
Nor'West Co-op Community Health Centre *	Nor'West Co-op Community Health Centre
Pembina Place Mennonite Personal Care Home *	Pembina Place Mennonite Personal Care Home
Riverview Health Centre *	Riverview Health Centre
St. Boniface Hospital *	St. Boniface Hospital

The Saul and Claribel Simkin Centre Personal Care Home (The Simkin Centre)*	The Saul and Claribel Simkin Centre Personal Care Home (The Simkin Centre)
Seven Oaks General Hospital *	Seven Oaks General Hospital
Southeast Personal Care Home *	Southeast Personal Care Home
Women's Health Clinic *	Women's Health Clinic

* *Identifies non-transferred sites*

Bargaining Unit Shared Health Employers Organization	
Employer List	Site List
Shared Health (SH) (Direct Operations)	Breast Health Centre
	Crisis Response Services
	Diagnostic Services
	Emergency Response Services
	Endoscopy - Central Intake
	Health Sciences Centre
	Manitoba Adolescent Treatment Centre
	Medical Assistance In Dying (MAiD)
	Mental Health and Addictions Program
	MB Home Nutrition
	MB Home Ostomy
	MB Renal Program
	Tick Borne Disease Collaborative Care
	Selkirk Mental Health Centre
	Provincial Nurse Travel Team
CancerCare Manitoba *	CancerCare Manitoba

Eden Mental Health Centre *	Eden Mental Health Centre *(Winkler)*
Rehabilitation Centre for Children *	Rehabilitation Centre for Children

** Identifies non-transferred sites*

Bargaining Unit **Prairie Mountain Health Region Employers Organization**	
Employer List	Site List
Prairie Mountain Regional Health Authority (PMRHA) (Direct Operations)	Baldur Health Centre
	Birtle Health Centre
	Boissevain Health Centre
	Brandon Regional Health Centre
	Bren-del-win Lodge *(Deloraine)*
	Carberry Health Centre
	Child & Adolescent Treatment Centre *(Brandon)*
	Community Based Mental Health Program
	Country Meadows Personal Care Home *(Neepawa)*
	Dauphin Regional Health Centre
	Davidson Memorial Health Centre *(Cartwright)*
	Deloraine Health Centre
	Dinsdale Personal Care Home *(Brandon)*
	Elkhorn Personal Care Home
	Erickson Health Centre
	Fairview Home *(Brandon)*
	Gilbert Plains Health Centre
	Glenboro Health Centre
	Grandview Hospital
	Grandview Personal Care Home

	Hamiota Health Centre
	Hartney Health Centre
	McCreary Alonsa Health Centre
	Melita Health Centre
	Mental Health Crisis Services Program (includes Mobile Crisis Services, CSU, RAAM)
	Minnedosa Hospital
	Minnedosa Personal Care Home
	Neepawa Health Centre
	Primary Health Care Program
	Residential Care Centre (McTavish Manor Brandon)
	Reston Health Centre
	Rideau Park *(Brandon)*
	Rivers Health Centre
	Roblin District Health Centre
	Rossburn Health Centre
	Russell Hospital
	Russell Personal Care Home
	Sandy Lake Personal Care Home
	Sherwood Personal Care Home *(Virden)*
	Shoal Lake – Strathclair Health Centre
	Souris Health Centre
	St. Paul's Home *(Dauphin)*
	Swan River Valley Personal Care Home
	Swan Valley Health Centre (including Swan Valley Lodge, Benito Health Centre)
	Tiger Hills Health Centre *(Treherne)*
	Tri-Lake Health Centre *(Killarney)*

	Virden Health Centre
	Wawanesa Health Centre
	West-Man Nursing Home *(Virden)*
	Westview Lodge *(Boissevain)*
	Home Care Program
	Public Health Program
	Regional Programs *Addiction Services* *Chemotherapy* *Infection Prevention and Control* *Nurse Practitioners* *Palliative Care* *Regional Clinical Education* *Wound Ostomy*
Ste. Rose Health Centre Inc. *	Dr. Gendreau Personal Care Home *(Ste. Rose)*
	Ste. Rose Hospital
Winnipegosis Health Centre *	Winnipegosis Health Centre

** Identifies non-transferred sites*

Bargaining Unit Northern Health Region Employers Organization	
Employer List	**Site List**
Northern Regional Health Authority (NRHA) (Direct Operations)	Flin Flon General Hospital (including Flin Flon Clinic, Flin Flon Personal Care Home, Northern Lights Manor)
	Gillam Hospital
	Leaf Rapids Health Centre
	Lynn Lake Hospital
	Snow Lake Health Centre
	The Pas Health Complex (including St. Anthony's General Hospital, St. Paul's Residence, The Pas Clinic)

	Thompson General Hospital (including Northern Consultation Clinic, Northern Spirit Manor, Thompson Clinic, Eaglewood, Hope North Recovery Centre for Youth)
	Substance Abuse & Recovery
	Home Care Program
	Public Health Program

APPENDIX "E" -- MEALS AND MISCELLANEOUS EXPENSES

Where a greater provision as contained in this Appendix below is obtained by another bargaining unit in the healthcare sector for any of the direct operations sites within any of the EO's in this Agreement, upon implementation nurses will simultaneously receive the same increase.

MEALS – ELIGIBILITY FOR CLAIMS

101 Breakfast – A nurse is expected to have had breakfast before the start of the day's work, even though some travel may be necessary before the recognized starting time. Exceptions occur to this pattern and cost of breakfast may be claimed when:

(a) the nurse is in travel status; or
(b) the nurse has been travelling for more than one (1) hour on Employer business before the recognized time for the start of the nurse's day's work.

102 Luncheon – A nurse is expected to make arrangements to provide or purchase luncheon, or the mid-day or mid-shift meal. For many nurses, either because of lack of facilities in the area of work or for general convenience or economy, luncheon is carried to work rather than purchased. Exceptions to this pattern, when cost of luncheon may be claimed, occur when:

(a) the nurse is in travel status; or
(b) the nurse is away from the nurse's normal place of work and outside the site/worksite area which would cause the nurse to disrupt the nurse's normal mid-day or mid-shift meal arrangements.

The inability of the nurse to return to the nurse's home or residence does not constitute grounds for claim for the cost of a purchased meal.

103 Dinner – A nurse may only claim for the cost of a dinner meal when:

(a) the nurse is in travel status; or
(b) the nurse has been travelling on Employer business and not expected to arrive back to the nurse's residence before 7:30 p.m. when a meal break not taken.

Any extension of working hours at the normal place of work is covered under Article 3 – Meal Allowances During Overtime Work. No other meal claims except as provided in this Article shall be paid.

MEAL EXPENSES – TRAVEL WITHIN THE PROVINCE

201 A nurse who is eligible may claim the actual cost of purchased meals up to the following maximum amounts:

	Individual Meals		
	Breakfast	**Lunch**	**Dinner**
(a) In areas covered by Remoteness Allowance			
Effective April 1, 2024	$9.19	$11.35	$19.69
(b) In all other areas			
Effective April 1, 2024	$8.64	$10.84	$18.37

When the "Province of Manitoba Meals & Miscellaneous Expenses" rates are adjusted and exceed the above rates, the Employer will adjust the rates retroactive to the date the Provincial rates take effect. All future rate adjustments will parallel the Provincial adjustments.

202 For each full day in travel status an eligible nurse may claim a Per Diem Allowance in lieu of individual meal claims to cover the cost of purchased meals as follows:

Per Diem Allowance

(a) In areas covered by Remoteness Allowance

Effective April 1, 2024 $42.67

(b) In all other areas

Effective April 1, 2024 $37.85

When the "Province of Manitoba Meals & Miscellaneous Expenses" rates are adjusted and exceed the above rates, the Employer will adjust the rates retroactive to the date the Provincial rates take effect. All future rate adjustments will parallel the Provincial adjustments.

203 Where no overnight accommodation is involved only the appropriate individual expenses under Section 01 may be claimed.

204 Where a single price or flat rate is charged for meals by the supplier and no other reasonable alternative in the location is available (which may occur in some remote or isolated communities), actual meal expenses exceeding the above maximum may be claimed if supported by a receipt.

MEAL ALLOWANCES DURING OVERTIME WORK

301 Extension of working day where a nurse's working day has been extended beyond the standard working day or shift at the normal place of work by EITHER:

(a) at least two (2) hours, exclusive of a dinner or supper break, a meal allowance shall be paid at the following rate:

Effective April 1, 2024 - $6.38 per day

(b) at least three and one-half (3½) hours, exclusive of a dinner or supper break, an allowance equivalent to that payable for "luncheon" in the appropriate area as shown in Article 2 – Meal Expenses – Travel Within the Province, shall be paid.

When the "Province of Manitoba Meals & Miscellaneous Expenses" rates are adjusted and exceed the above rates, the Employer will adjust the rates retroactive to the date the Provincial rates take effect. All future rate adjustments will parallel the Provincial adjustments.

302 A nurse in travel status is not entitled to the above allowance.

303 Special emergencies where special circumstances arise, (e.g. flood control, fire duties, etc.) and a nurse is required to work extended hours in connection with that emergency, with the authority of the Employer, the nurse may claim the cost of purchased meals appropriate to the period worked, as provided for under Article 2 – Meals Expenses – Travel Within the Province.

INCIDENTALS ALLOWANCE

401 A nurse who is in travel status may claim an incidentals allowance for each night of:

(a) commercial accommodation
$4.60

(b) non-commercial accommodation
$3.20

When the "Province of Manitoba Meals & Miscellaneous Expenses" rates are adjusted and exceed the above rates, the Employer will adjust the rates retroactive to the date the Provincial rates take effect. All future rate adjustments will parallel the Provincial adjustments.

402 The incidentals allowance covers reimbursement for all incidental expenses except as provided in Article 5 – Miscellaneous Expenses During Travel.

MISCELLANEOUS EXPENSES DURING TRAVEL

501 Gratuities

No gratuities may be claimed. Allowance is made for these in either the individual meal allowances, the per diem allowances, or as part of the claim for meals during travel outside the province.

502 Laundry

(a) Laundry charges must be supported by receipts and may only be claimed where the nurse is travelling on Employer business and overnight away-from-home accommodation is involved for a period in excess of four (4) consecutive nights.

(b) No claim may be made where special reimbursement arrangements have been made, such as a weekly or monthly allowance for living costs.

503 Parking

(a) A nurse may claim parking expenses as follows:

(i) short-term parking, when the nurse is away from the workplace; and
(ii) overnight parking where it is not provided with accommodation.

(b) parking at an airport or other transportation terminal will only be allowed where the parking cost and the transportation costs to and from the terminal are less than the normal allowable transportation costs i.e. limousine, taxi or bus, as available.

504 Telephone and Facsimiles

(a) Charges for telephone calls and facsimiles necessary for business purposes may only be claimed when they are supported by a listing of the person telephoned or faxed and the city or town involved.

(b) A nurse is entitled to claim the cost of long distance telephone calls up to a maximum of four dollars and seventy-eight cents ($4.78) for each period of three (3) consecutive nights away from the nurse's residence on Employer business and overnight accommodation is involved.

TRAVEL STATUS – RETURN HOME OVER A WEEKEND

601 Provided that work schedules permit, a nurse in travel status may return home over a weekend and shall be reimbursed travel expenses in an amount not exceeding the cost of maintaining the nurse in travel status over the weekend.

602 If travel is by Employer vehicle, this cost should be evaluated at the per kilometer rate applicable for personal distance travelled for that class of vehicle.

ACCOMMODATIONS

701 Nurses travelling on Employer business are entitled to standard hotel room accommodation with a bath when available.

702 The type, standard and cost of accommodation, and the period for which such costs may be allowed shall, in the opinion of the Employer, be reasonable considering all relevant circumstances.

703 No accommodation expenses are claimable when the Employer provides a trailer or other suitable accommodation.

DEFINITIONS

801 “Travel Status” means absence of the nurse from the nurse’s permanent work location on Employer-approved business involving travel and accommodation.

APPENDIX "F" -- BI-WEEKLY REMOTENESS ALLOWANCES

Remoteness Allowances shall be paid to nurses subject to the following eligibility criteria and conditions:

A. Single or Dependent Allowance

Single status will be assumed for all nurses eligible for Remoteness Allowances, and claims for dependent rate will be subject to the following criteria and conditions:

1. The nurse shall be supporting one or more dependents where a dependent includes:

   spouse or common-law, including same sex partner, living with and dependent on the nurse for main and continuing support; this is presumed to be the spouse or common-law spouse whether or not gainfully employed, unless satisfactory evidence is produced to the contrary;

   unmarried dependent children under 18 years of age;

   unmarried dependent children over 18 but under 21 years if in full time attendance at a school or university or similar educational institution;

   unmarried children of any age with a mental or physical disability

2. There is a presumption of marriage evidenced by co-habitation. If a marriage contract is not in existence, a common-law arrangement must have been in existence for at least one (1) year prior to the application.

3. A claim, with appropriate attestation, notarized where considered necessary, for payment of depending supporting status allowances, will be submitted to the Employer when first requesting the allowance, and at the request of the Employer. However, the nurse is responsible to provide appropriate attestation to the Employer when any change occurs in the eligibility of a dependent.

4. Where both spouses or common-law partners are employees of the Employer to which these criteria eligibility apply, the dependent rate will be paid to one spouse or common-law partner only and the other one will not receive either the dependent or single rate of Remoteness Allowance, or the employees can receive one-half of the dependent rate each.

B. Calculation of and Eligibility for Daily rates:

Remoteness Allowances are to be determined separately from hourly wage rates. Remoteness Allowances are to be considered on a daily basis, i.e. 1/10th of the bi-weekly rate, up to the maximum amount for the bi-weekly period.

1. The nurse shall receive 1/10th of the bi-weekly rate for every day the nurse is at work irrespective of the number of hours worked, so long as a minimum of one hour is worked that day.

2. Where a nurse regularly works a shift above the normal daily hours (7.75), the allowance will be provided on a prorated basis.

3. For each day that the nurse is recognized as being on “stand-by”.

C. Locations and Residence:

The Remoteness Allowance applicable to the location at which the nurse has established their residence and maintains a family home is normally that which prevails, since the residence would be within normal daily travel distance to the nurses’ work site. In any case where the nurse does not have a residence established on a continuing basis in relation to their work site, the location of the nurse’s work site, as established by the Employer, shall be considered the location for Remoteness Allowance

D. Limitations:

The Remoteness Allowances for the various sites for nurses who are single or supporting dependent(s) as indicated, represent a maximum hourly taxable allowance relative to paid employment. They are payable during recognized holidays and vacations taken during continued employment, while receiving income protection benefits. They are not payable during periods of absence without pay, nor payable at overtime rates or other premium pay scales, nor included as part of regular bi-weekly earnings in calculation of vacation wages on termination of employment.

E. Geographic Eligibility:

No location will be included for Remoteness Allowance that is two hundred and fifty (250) kilometers or less from the centre of the metropolitan area of the City of Winnipeg or the City of Brandon, unless that location is a distance of sixty-five (65) kilometers or more by the most direct road to a provincial trunk highway or paved provincial road, and the aggregate distance to the highway or paved road and then to Winnipeg or Brandon totals two hundred (200) or more kilometers. No location having road access and situated south of the

fifty-third (53rd) parallel of latitude will be included unless the criterion concerning off-highway access was met.

F. A full-time nurse eligible for Remoteness Allowance as provided in this schedule shall be eligible, in each fiscal year (April 1 to March 31), to receive up to a maximum of two (2) days travel time without loss of regular pay.

	Year 1 Effective 3/25/2023	Year 2 Effective 3/23/2024	Year 3 Effective 3/22/2025	Year 4 Effective 3/21/2026
Berens River				
Dependent	317.99	326.73	336.53	346.63
Single	182.31	187.32	192.94	198.73
Bissett				
Dependent	210.98	216.78	223.28	229.98
Single	124.72	128.15	131.99	135.95
Bloodvein River				
Dependent	322.73	331.61	341.56	351.81
Single	185.39	190.49	196.20	202.09
Brochet				
Dependent	379.84	390.29	402.00	414.06
Single	218.72	224.73	231.47	238.41
Churchill				
Dependent	307.08	315.52	324.99	334.74
Single	186.30	191.42	197.16	203.07
Cormorant				
Dependent	179.28	184.21	189.74	195.43
Single	114.34	117.48	121.00	124.63
Cranberry Portage				
Dependent	153.63	157.85	162.59	167.47
Single	96.78	99.44	102.42	105.49
Crane River				
Dependent	189.25	194.45	200.28	206.29
Single	137.49	141.27	145.51	149.88

Cross Lake				
Dependent	341.91	351.31	361.85	372.71
Single	197.66	203.10	209.19	215.47
Dauphin River (Anama Bay)				
Dependent	212.09	217.92	224.46	231.19
Single	150.51	154.65	159.29	164.07
Easterville				
Dependent	156.83	161.14	165.97	170.95
Single	99.02	101.74	104.79	107.93
Flin Flon				
Dependent	132.92	136.58	140.68	144.90
Single	82.70	84.97	87.52	90.15
Gillam				
Dependent	273.16	280.67	289.09	297.76
Single	165.27	169.81	174.90	180.15
God's Lake Narrows				
Dependent	376.76	387.12	398.73	410.69
Single	216.58	222.54	229.22	236.10
God's River				
Dependent	381.66	392.16	403.92	416.04
Single	219.92	225.97	232.75	239.73
Grand Rapids				
Dependent	152.48	156.67	161.37	166.21
Single	94.26	96.85	99.76	102.75
Ilford				
Dependent	408.11	419.33	431.91	444.87
Single	233.60	240.02	247.22	254.64
Island Lake/Garden Hill				
Dependent	351.00	360.65	371.47	382.61
Single	200.50	206.01	212.19	218.56

Jen Peg				
Dependent	249.29	256.15	263.83	271.74
Single	149.00	153.10	157.69	162.42
Lac Brochet				
Dependent	413.95	425.33	438.09	451.23
Single	237.47	244.00	251.32	258.86
Leaf Rapids				
Dependent	210.85	216.65	223.15	229.84
Single	130.87	134.47	138.50	142.66
Little Grand Rapids				
Dependent	338.28	347.58	358.01	368.75
Single	191.84	197.12	203.03	209.12
Lynn Lake				
Dependent	217.75	223.74	230.45	237.36
Single	131.83	135.46	139.52	143.71
Manigotagan				
Dependent	210.98	216.78	223.28	229.98
Single	124.72	128.15	131.99	135.95
Matheson Island				
Dependent	215.07	220.98	227.61	234.44
Single	152.50	156.69	161.39	166.23
Moose Lake				
Dependent	227.70	233.96	240.98	248.21
Single	140.78	144.65	148.99	153.46
Negginan/Poplar Point				
Dependent	323.31	332.20	342.17	352.44
Single	185.94	191.05	196.78	202.68
Nelson House				
Dependent	232.80	239.20	246.38	253.77
Single	142.17	146.08	150.46	154.97

Norway House				
Dependent	304.11	312.47	321.84	331.50
Single	173.90	178.68	184.04	189.56
Oxford House				
Dependent	369.57	379.73	391.12	402.85
Single	211.41	217.22	223.74	230.45
Pikwitonie				
Dependent	298.15	306.35	315.54	325.01
Single	178.60	183.51	189.02	194.69
Pukatawagan				
Dependent	245.69	252.45	260.02	267.82
Single	150.92	155.07	159.72	164.51
Red Sucker Lake				
Dependent	374.78	385.09	396.64	408.54
Single	214.99	220.90	227.53	234.36
St. Therese Point				
Dependent	351.00	360.65	371.47	382.61
Single	200.50	206.01	212.19	218.56
Shamattawa				
Dependent	401.11	412.14	424.50	437.24
Single	232.91	239.32	246.50	253.90
Sherridon				
Dependent	242.80	249.48	256.96	264.67
Single	148.93	153.03	157.62	162.35
Snow Lake				
Dependent	182.40	187.42	193.04	198.83
Single	113.40	116.52	120.02	123.62
Southern Indian Lake				
Dependent	386.36	396.98	408.89	421.16
Single	222.85	228.98	235.85	242.93

Split Lake				
Dependent	401.95	413.00	425.39	438.15
Single	229.44	235.75	242.82	250.10
Tadoule Lake				
Dependent	420.28	431.84	444.80	458.14
Single	241.92	248.57	256.03	263.71
The Pas				
Dependent	124.74	128.17	132.02	135.98
Single	76.25	78.35	80.70	83.12
Thicket Portage				
Dependent	297.51	305.69	314.86	324.31
Single	178.12	183.02	188.51	194.17
Thompson				
Dependent	198.60	204.06	210.18	216.49
Single	139.54	143.38	147.68	152.11
Wabowden				
Dependent	254.91	261.92	269.78	277.87
Single	173.94	178.72	184.08	189.60
Waterhen				
Dependent	157.50	161.83	166.68	171.68
Single	98.49	101.20	104.24	107.37
York Landing				
Dependent	405.45	416.60	429.10	441.97
Single	236.16	242.65	249.93	257.43

The Employer and the Union further agree that any improvement to this policy which is made by the Provincial Government will equally affect all nurses who come under the scope of this Agreement.

MEMORANDA OF UNDERSTANDING
SUPPLEMENTARY TO THE COLLECTIVE AGREEMENT

1. Re: Ratification of Collective Agreement

The ratification date of the current Collective Agreement occurred on May 17, 2024 (July 8, 2024 @ SHEO).

2. Re: Manitoba Health Premiums *(SHEO- n/a @ Breast Health Centre) (n/a @ WRHA - Public Health Program and WRHA - Clinical Nurse Specialists)*

It is agreed that if Manitoba Health premiums are introduced during the life of this Agreement, the parties will meet to discuss and decide on an equitable sharing of the cost of these premiums.

3. Re: Amnesty From Provincial Wage/Hours Of Work Reduction Legislation

The Employer will not exercise any right it may receive through legislation which enables the Employer to unilaterally reduce the wages specified in the Collective Agreement or the hours of work specified in the Collective Agreement during the life of this Collective Agreement.

4. Re: Shifts of Less than 7.75 Hours - Not Applicable for Home Care Nurses *(SHEO- n/a @ Breast Health Centre) (WCHREO- n/a @WRHA – Public Health Program, WRHA – Home Care Program, and WRHA – Clinical Nurse Specialists)*

Shifts contemplated in this memo are regular recurring shifts of less than 7 ¾ hours set out in a rotation pattern.

The Employer and the Union mutually agree that the following conditions shall apply to shifts of less than seven and three-quarter (7.75) hours. It is agreed that there shall be no scheduled shifts of less than four (4.0) hours.

1. The terms and conditions of the Collective Agreement shall apply to part-time nurses working shifts of less than seven and three-quarter (7.75) hours except as otherwise stated hereinafter.

2. The Employer shall notify the Union in writing of its intent to introduce a shift of less than seven and three-quarter (7.75) hours. This notice shall include reasons for the introduction of this shift. The Employer and the Union shall meet within fourteen (14) days to discuss the introduction of the shift and the feasibility of available alternatives to same. If there are no mutually acceptable alternatives, then the following shall apply.

Factors to consider when determining whether there are other "available alternatives" include:

- *Will this compromise patient care?*
- *Will this hinder recruitment, retention?*
- *Is this a cost-cutting measure by the Employer?*
- *Is this for peak load staffing only?*
- *Will this erode our bargaining unit work?*

3. The Employer shall post all vacant, term or new positions which will include scheduled shifts of less than seven and three-quarter (7.75) hours. Such posting(s) shall specify the shift length(s) for the particular position.

If you have never applied and obtained a vacant, term or new position which included scheduled shifts of less than 7 ¾ hours, you cannot be required to work less than 7 ¾ hours shifts.

Positions which include both 7 ¾ hour shifts and "short shifts" need to be posted indicating the length of the short shifts as described in #4 below. The EFT for the nurse must be maintained.

4. Shifts of four (4.0) to five (5.0) paid hours shall include one (1) fifteen (15) minute rest period. Shifts of greater than five (5.0) paid hours but less than seven (7.0) paid hours shall include one (1) fifteen (15) minute rest period and exclude one (1) thirty (30) minute unpaid meal period. For shifts of seven (7.0) paid hours to seven and three-quarter (7.75) paid hours - rest and meal periods to be the same as per current agreements Article 14 for the "normal" seven and three-quarter (7.75) hour shift.

5. In the event that a nurse working such a shift agrees to remain at work beyond the end of their scheduled shift, the nurse shall be paid for all hours worked beyond the shift at their basic salary up to seven and three-quarter (7.75) hours. Overtime rates of pay shall be applicable to time worked in excess of seven and three-quarter (7.75) hours, such time to have been authorized in such manner and by such person as may be directed by the Employer.

Nurses working shifts of less than 7¾ hours who work beyond the end of their shift, must receive overtime after 7¾ hours regardless of whether the rotation pattern in effect on the unit is based on a 7¾ or 12 hour shift.

6. If a part-time nurse agrees to work an additional available shift, as referenced in Article 3402, the nurse shall be paid for those hours at their basic salary unless the part-time nurse has already worked in that day, in which case overtime rates of pay shall apply.

If a nurse works a shift less than 7¾ hours and returns to work within the same calendar day, the nurse shall be entitled to overtime compensation for the entirety of the second shift irrespective of the number of hours they worked in the shift of less than 7¾ hours.

7. No nurse shall be scheduled to work more than one (1) shift of less than seven and three-quarter (7.75) hours in any one (1) day.

The intent is there be no split shifts.

5. Re: Agency Nurses

The Employer commits to making best efforts to minimize to the greatest degree possible the use of nurses employed by outside agencies ("agency nurses") to fill occasional available shifts.

Any Employer within the EO shall not retain or hire as an agency nurse, any nurse who is also an employee of any Employer within the EO. In order to avoid such occurrence, the Employer may at its discretion require the nurse to disclose any agency employment and clearly communicate the prohibition to work as an agency nurse within the same EO where a nurse is already employed.

The Employer affirms its commitment that such shifts, including those which result from not filling term or permanent positions for a period of time, will be offered first to facility/site nurses in accordance with the provisions of the Collective Agreement. Only when nurses at the facility, other sites and/or the Provincial Travel Nurse Team are not available, will the facility/site resort to seeking assistance from outside agencies.

The Employer further agrees to meet with the Union on a quarterly basis through the NAC meeting process, to review trends and data (number of agency nurses used, reasons for use and process management used to attempt to obtain facility/site nurses) and explore alternatives to minimize the use of agency nurses to the greatest degree possible. Included in the data provided will be hours of agency nurses used by classification, and separated by Region and site. Such report will be provided to MNU Central on a quarterly basis to facilitate discussion. It is understood that the information provided may only be discussed at the NAC meetings, and shall not be disclosed or relied upon in any other forum other than the grievance/arbitration procedure.

Should there be questions arising from the report, such inquiries should be directed to the appropriate Region for resolution.

Elimination of nurses working as Employees and Agency Nurses in the same EO.

The intent was that Agency Nurses shall be used as an absolute last resort before mandating. MNUs position is with higher standard of "best efforts" wherever possible, the Employer should be:

1. *Utilizing Provincial Travel Team Nurses before Agency Nurses.*
2. *Consider reassigning nurses or utilizing nurses wishing to attain qualifying hours for the Full Time Hours Salary Enhancement.*
3. *Offering overtime before utilizing Agency Nurses.*

In accordance with the 4th paragraph, the Union should ensure that the Employer meets with the Union on a quarterly basis to discuss Agency Nurse usage and alternatives. *Agency use report is also submitted to MNU Provincial Office on a quarterly basis.*

6. Re: Group Benefit Plans

The Employer (on behalf of those nurses newly employed, or nurses previously participating in the former MHO benefit plans, or any other nurses who may subsequently join the plans through the Collective Bargaining process) and the Union shall participate in the Jointly Trusteed Benefit Plans in accordance with the Benefit Trust document established between the parties in 1998. This agreement shall be in accordance with the Collective Agreement, and in accordance with the Trust agreement and the plan texts established by the Board of Trustees of the Healthcare Employees Benefits board (HEBP). This shall include the Group Dental Plan, the Group Life Plan, Group Extended Health Plan, D & R Plan. The Jointly Trusteed Plans is successor to the former MHO plans.

The parties acknowledge that the plans' assets, liabilities and surplus have been transferred to the Jointly Trusteed Benefit Plans. The contribution rates schedule are indicated in the Collective Agreement or plan text and may only be amended by a process outlined in the Trust or through collective bargaining.

If you have any questions regarding the HEBP Plan please call (204) 942-6591 or Toll Free: 1-877-567-4996.

7. Re: Pensions [Participation in Jointly Trusteed Pension Plan (HEPP)] *(WCHREO- n/a @Riverview Health Centre)*

(i) The parties agree to participate in the Health Care Employees' Pension Plan – Manitoba (HEPP) in accordance with its terms and conditions including an established contributions rate as set out in the HEPP Trust Agreement, HEPP Pension Plan text and other applicable written policies and guidelines.

(ii) Any disputes with respect to the level of pension entitlement shall not be subject to the grievance and arbitration procedure under this agreement but shall be subject to adjudication in accordance with the terms of HEPP.

(iii) In the event that the contributions required by the HEPP Plan text are not sufficient to fund the necessary pension benefits, the parties to this agreement shall meet forthwith to determine an appropriate funding mechanism. The contribution rate may only be amended by the process outlined in the Pension Plan text or through collective bargaining.

(iv) Employer and employee contribution rates for the HealthCare Employees' Pension Plan – Manitoba (HEPP) to be increased as follows:

- April 1, 2013 –
  - Employer contribution rate to increase by 0.1% resulting in an overall contribution rate increase of 1.1%
  - Employee contribution rate to increase by 0.3% resulting in an overall contribution rate increase of 1.1%.

- (resulting in the new rates of 7.9% up to YMPE and 9.5% for earnings in excess of YMPE)

If you have any questions regarding the HEPP Plan please call (204) 942-6591 or Toll Free: 1-888-842-4233.

8. Re: Joint Nursing Council

1. There shall be a Council which shall be known as "The Joint Nursing Council" and shall consist of six (6) members of whom:
   (a) One shall be the Minister of Health or designate;
   (b) One shall be appointed by the Executive Council of the Government of Manitoba;
   (c) One shall be appointed by the Health Senior Leadership Council;
   (d) Three shall be appointed by the Manitoba Nurses' Union

2. The Joint Nursing Council shall be chaired by the Minister of Health or designate.

3. The Joint Nursing Council shall meet at such times as it may determine, and at such other times as may be determined by the Chairperson, in consultation with the members, at minimum, once annually.

4. The Joint Nursing Council shall consult on any suggestions or requests made by members of the Council concerning:

   (a) Working conditions and work-life issues;
   (b) Recruitment and retention of nurses;
   (c) Any other issue considered to improve patient care and contribute to the efficient management of the health care system.

5. The Joint Nursing Council shall endeavour to promote and maintain good will between Employers and the Manitoba Nurses' Union, and encourage free and frank discussion of all problems, with a view to reaching mutually acceptable resolutions.

The Council is constituted of equal representation by each of the Manitoba Nurses' Union and the Employers Organizations. Meetings are held with the Minister of Health (or designate) and Employer Representatives.

9. Re: Buyback of Healthcare Employees' Pension Plan (HEPP) Pension *(WCHREO- n/a @Riverview Health Centre)*

Pre-retirement pay may be utilized to directly fund the buyback of pension service in accordance with Revenue Canada limits and restrictions. Contributions for this purpose must also conform to the Healthcare Employees Pension Plan (HEPP) Trust Agreement, HEPP Plan Text, and other applicable written HEPP policies and guidelines.

If you have any questions regarding the HEPP Plan please call (204) 942-6591 or Toll Free: 1-888-842-4233.

10. Re: Participation in PHCLA/ Redeployment

All facilities except St. Amant Centre will agree to participate in the Provincial Health Care Labour Adjustment/Redeployment Program. Letter of Agreement for new participants to be appended to the collective agreement.

As of March 31st, 2000 the PHCLAC was disbanded and the Redeployment Program has been moved to the Provincial Health Labour Relations Secretariat (PHLRS). Call your LRO if you have any questions about the Redeployment Program.

LETTER OF UNDERSTANDING

ON REDEPLOYMENT PRINCIPLES

1. PURPOSE:

1.01 The parties agree to work to develop employment security strategies to reduce the negative impact on employees affected by the restructuring of the health services system. The parties agree to strive towards consistency and timeliness in implementing this Letter of Understanding.

1.02 It is agreed by the parties that this Letter of Understanding shall work in concert with the provisions of the applicable Collective Agreements of the unions involved and shall be supplementary to same.

1.03 All terms and conditions of Collective Agreements and personnel policies and procedures of the receiving facility shall apply to the incoming employee except those terms and conditions of the Collective Agreement that have been abridged by this Letter of Understanding.

1.04 This Letter of Understanding governs the movement of laid-off employees and/or the movement of positions between bargaining units of the above-mentioned unions and employers.

1.05 For the purposes of this Letter of Understanding "receiving agreement(s)" shall mean the Collective Agreement applicable to the certified bargaining unit which is the recipient of transferred positions/employees. Conversely, the "sending agreement(s)" shall mean the Collective Agreement applicable to the certified bargaining unit where the position/employee originated.

1.06 All particulars of job opportunities at receiving facilities will be made available to the unions as they become known to the above-mentioned employers.

1.07 "Central Redeployment List" means a list of employees who have been laid-off from a participating employer. Those on this list may apply for and receive preferential

consideration for new and vacant in-scope positions at another participating employer, as set out in 4.02 herein.

Manitoba Council of Health Care Unions (MCHCU) will be provided with a copy of the Central Redeployment List, with an updated list provided on a continuing basis.

1.08 "Provincial Health Care Labour Adjustment Committee" (hereinafter referred to as the "Committee") refers to the committee established by an agreement commencing January 20, 1993 between The Government of Canada, The Government of Manitoba, Labour Relations Secretariat, and Manitoba Council of Health Care Unions.

2. SENIORITY:

2.01 Employees shall accumulate seniority according to the terms of the applicable Collective Agreement.

2.02 Employees without a Collective Agreement shall not have seniority rights.

2.03 Transfer of Seniority - The affected employer(s) and affected union(s) shall meet to determine any provisions for a transfer of seniority between bargaining units.

3. TRIAL PERIOD:

3.01 Employees who move to a new bargaining unit/employer may be required to serve a trial period in accordance with the Collective Agreement in the receiving facility. If unsuccessful in the trial period, the employee shall return to the Central Redeployment List and to the recall list of the sending employer.

4. NEW AND VACANT POSITIONS:

4.01 All new and vacant in-scope positions shall be filled in accordance with the terms of the Collective Agreement and that bargaining unit, unless otherwise mutually agreed between affected employers and affected bargaining units/unions.

4.02 When a new or vacant in-scope position is not filled by an internal employee as specified in 4.01, the receiving facility within a region, as defined in Appendix VII, shall give preferential consideration to qualified applicants from the same region who are on the Central Redeployment List.

If there are no applicants/no qualified applicants from the same region, the receiving facility shall provide preferential consideration to qualified applicants from other regions who are on the Central Redeployment List.

The following provisions shall apply in filling the vacancy:

(a) Employees on the Central Redeployment List shall be listed in order of seniority [as per "sending" Collective Agreement(s)];

(b) subject to 4.01, selection shall be made from applicants on the Central Redeployment List as described above. Copies of the above-mentioned new or vacant in-scope position postings will be sent as they occur to the MCHCU and participating employers (process to be established);

(c) seniority shall be applicable to the selection in accordance with the receiving Collective Agreement;

(d) in assessing an employee's history only formally documented material contained in the employee's personnel file will be considered;

(e) receiving facilities job description applies vis-a-vis qualification requirements;

(f) Once the nurse has been permanently redeployed and has completed the trial period with a receiving employer, they shall relinquish any recall rights to their former employer unless the nurse is laid off from the receiving employer. Should the nurse be laid off from the receiving employer, they will be placed back on the recall list with the sending employer for the balance of time they would have been on the recall list. The nurse will also have recall rights in accordance with the Collective Agreement of the receiving employer and be placed back on the Central Redeployment List. For the purposes of the Central Redeployment List, an employee's seniority shall be the cumulative seniority from the original sending employer and the original receiving employer.

5. TRANSFER OF SERVICE/MERGER/AMALGAMATION:

5.01 In the event of a transfer(s) of service/merger/amalgamation, the affected employer(s) and unions shall meet to determine whether employees should have the opportunity to move with the service or department to the receiving facility, to the extent that such positions are available.

6. PORTABILITY OF BENEFITS:

The following benefits are portable:

6.01 Accumulated income protection benefits/sick leave credits.

6.02 Length of employment applicable to rate at which vacation is earned.

6.03 Length of employment applicable to pre-retirement leave. **NOTE:** *Deer Lodge Centre limits payment of pre-retirement leave to service acquired since April 1, 1983. Incoming employees would retain original service date for this purpose.*

6.04 Length of employment for the purpose of qualifying to join benefit plans, e.g., two (2) year pension requirement.

6.05 Benefits - An incoming employee is subject to the terms and conditions of the receiving facilities benefit plans, however, normal waiting periods would be waived, subject to the applicable benefit plans' terms and conditions.

6.06 Salary Treatments -

(a) If range is identical, then placed step-on-step;

(b) If the range is not identical, then placement will be at a step on the range which is closest (higher or lower) to the employee's salary at the time of layoff.

NOTE: *No red-circling provision except for Deer Lodge Centre employees who were guaranteed provisions as contained in the "Transfer Agreements" for the 1983 and 1987 transfer from federal to provincial jurisdiction and for whom the red circling provisions were in place prior to the inception of this Letter of Understanding.*

6.07 Upon hire of an employee from the Central Redeployment List, the receiving employer agrees to confirm in writing to the employee all benefits, including seniority where applicable, which were transferred from the sending employer under this Letter of Understanding.

7. OTHER CONDITIONS:

7.01 Hours of service since last increment is not portable for purposes of calculating next increment, if applicable.

7.02 Salary and vacation earned to date to be paid out by sending employer.

7.03 Banked time including overtime bank, stat bank, to be paid out by sending employer.

8. TRAINING:

8.01 The parties agree that provisions for training will be dealt with by the Committee.

9. ADMISSION OF NEW MEMBERS:

9.01 The parties hereby authorize the Committee to admit new signatories as participating employers or participating unions in such manner and upon such terms as the Committee in its discretion deems appropriate without the necessary consultation or agreement with existing signatories. Upon admission to this agreement such new signatories will have the same rights and obligations as existing participating unions and participating employers, effective the date of such admission.

10. ACCEPTANCE OF LETTER OF UNDERSTANDING:

10.01 Signatories to this Letter of Understanding agree to accept this letter without amendment. Any subsequent amendment to the Letter of Understanding shall only be implemented if approved pursuant to Article 12.

11. DURATION:

11.01 This Letter of Understanding shall be in full force and effect for an indefinite period commencing in 1993. In the event that any one of the parties signatory to this Letter of Understanding wishes to terminate its participation in this Letter of Understanding it shall give sixty (60) days written notice to the Committee and to the appropriate bargaining agent or Employer in respect of its Collective Agreement. Such termination

shall not invalidate this Letter of Understanding as affects the other signatories except for the specific Employer or bargaining agent that is party to the relevant and affected Collective Agreement.

12. AMENDMENTS:

12.01 Amendments to this Letter of Understanding shall be effective if passed by the Committee after consultation with the signatories to the Letter of Understanding as outlined herein. All signatories shall receive a copy of the proposed amendment(s). Each signatory shall have thirty (30) calendar days during which to express its concerns (if any) about the proposed amendment(s). Any unresolved concerns must be reconciled by the respective employer/labour caucus prior to a Committee vote being conducted. If there are no concerns raised by signatories to the proposed amendments the Committee shall be empowered to implement the amendment(s).

13. APPEAL PANEL:

13.01 Should a dispute(s) arise between a participating union(s) and a participating employer(s) regarding the application, interpretation or alleged violation of this Letter of Understanding, the parties concerned shall meet and attempt to resolve the dispute(s) through discussion.

Should the dispute remain unresolved, any party to the dispute may refer the matter(s) to an Appeal Panel composed of:

-- Two (2) persons from Participating Employers who are not directly involved in the dispute.

-- Two (2) persons from the Participating Unions who are not directly involved in the dispute.

The Appeal Panel shall set its own procedures for hearing the dispute and may accept any evidence that it deems appropriate.

Only lay advocate(s) shall be utilized by each party to the dispute in the presentation of its case.

The Appeal Panel shall make every effort to mediate the dispute to resolution.

Should efforts to mediate fail, the Appeal Panel shall submit its written recommendation(s) for settlement to the parties concerned, within fourteen (14) calendar days.

Any dispute under the Letter of Understanding shall not be resolved by grievance or arbitration pursuant to the Collective Agreement. The Appeal Panel is intended to be the only vehicle for resolution of such disputes.

This Letter of Agreement confirms that the above-named parties have ratified the Letter of Understanding on Redeployment Principles which is appended to and forms part of this Letter of Agreement.

(@ IEHREO, PMHREO, NHREO, SHREO)

11. Re: Provisions for Part-time Nurses Occupying More Than One Position Within the Sites Comprising the Employer

(a) Part-time nurses shall be eligible to apply for and occupy more than one (1) part-time position within the sites comprising the Employer. Where it is determined that it is not feasible for the nurse to work in more than one (1) position, the nurse will have the option of assuming the position applied for and relinquishing their former position.

A nurse may occupy more than one part-time position within a worksite/facility or within the Regional Health Authority and Shared Health. This does not apply to a nurse who occupies a part-time position in a Regional Health Authority or Shared Health direct operations site and another position in a non-transferred site/facility as Regional Health Authority or Shared Health direct operations and non-transferred are considered different Employers.

(b) The terms and conditions of employment shall be as provided in the MNU Collective Agreement, except that Article 1504 (d) and 3404 shall have separate application for each position held.

Clarifies that nurses occupying more than one position may:

- *work every weekend*
- *work more shifts in a row than allowed in 1504(d)*
- *work both Christmas and New Year's*
- *be on vacation from one position but not the other position*
- *may work days, evenings and nights*

(c) At no time shall the sum of the positions occupied exceed the equivalent of one (1.0) EFT. However, it is agreed that daily hours within the two positions may be scheduled, to a maximum of twelve (12) hours in any one day, at the nurse's regular rate of pay, with mutual agreement between the Employer, the nurse and the Union. Notwithstanding the above, it is understood that a nurse who works more than the equivalent of full-time hours in the rotation pattern shall be compensated for the excess hours in accordance with Article 16.

Nurses who do not have a part-time position in Home Care but work additional available hours/shifts in Home Care are entitled to overtime if they meet the overtime provisions of Article 16.

(d) Where the sum of the positions occupied equal one (1.0) EFT, the status of the nurse will continue to be part-time, but is considered to be full-time for the purposes of qualification for any full-time incentive (i.e. status will not be converted to full-time) and the provisions of Article 34 will apply based on the total of all active positions occupied, unless specified in this Article.

If a nurse holds more than one part-time position on the same unit/program and it is possible to amalgamate the positions to increase the employment status of the nurse to full-time, the Employer shall convert the nurse to full-time status.

For nurses who hold more than one position on the same unit, and it is possible to amalgamate the positions to increase employment status to full time the Employer shall convert the nurse to full-time status.

(e) All salary based benefits, i.e. Group Life, Pension, D & R, as applicable, will be combined and calculated on the basis of the total of all active positions occupied.

(f) All accrued benefits, i.e. vacation, income protection, shall be maintained and utilized on the basis of the total of all active positions occupied.

(g) Requests for scheduling of vacation shall be submitted to each unit/program/site designate. Said requests will be considered~~,~~ independently, and shall be granted in accordance with the provisions of Article 2109, based on the nurse's seniority within the Employer.

The nurse's total seniority is with the Employer and this seniority is then applied in each worksite/unit.

(h) Requests for unpaid or paid leaves of absence shall be submitted to each unit/program/site designate, and shall be considered independently and granted in accordance with the appropriate provisions of the Collective Agreement.

(i) Nurses taking on an additional position, which represents a promotion, will be subject to a trial period in accordance with Article 2803. If unsuccessful in the trial period, the nurse shall retain their previously held position(s).

(j) Where an approved arrangement is later found to be unworkable, the affected nurse may be required to relinquish one of the positions occupied.

"To relinquish" means to give up one of the positions, it does not mean the nurse has to resign and it does not mean the nurse is deleted. The intent is that it should be the nurse's choice as to which position is relinquished.

(@ WCHREO, SHEO)

Whereas the parties are in agreement to allow a nurse to hold more than one position within the Employer;

Therefore the parties are mutually agreed:

1. The definition of "position" shall be agreed as being: Occupational Classification, EFT, Unit(s), and rotation (i.e. day/evening, day/night, evening, night, day).

2. A part-time nurse shall be eligible to apply for and occupy more than one (1) part-time position within the Employer. A part-time nurse wishing to apply for an additional part-time position shall be required to indicate same on the application.

3. Approval to occupy more than one position shall be based on considerations related to the compatibility of work schedules of the positions and operational requirements and, if not conflicting, the application will be considered as per the MNU Collective Agreement.

4. The terms and conditions of employment shall be as provided in the MNU Collective Agreement, except that Articles 1504(f) and 3404 shall have separate application for each position held.

5. *Overtime shall be authorized time worked at a site which exceeds the normal daily shift as defined in Article 14 or the normal full-time hours in two (2) consecutive bi-weekly pay periods.

6. The sum total of the equivalent of one (1) EFT for positions occupied will not be exceeded. Should the sum of the positions occupied equal 1.0 EFT, the employment status is considered to be full-time, for the purposes of qualification for any full-time incentive.

   If a nurse holds more than one part-time position on the same unit/program and it is possible to amalgamate the positions to increase the employment status of the nurse, to full-time, the Employer shall convert the nurse to full-time status.

   This provision supersedes the Increase in EFT provisions as per Article 3007.

7. Where applications to occupy more than one position, are awarded, the terms and conditions shall be clearly outlined in the offer of position letter and shall include the following:

   - Master rotation and scheduling: In order that the Employer not incur overtime costs, the nurse is not able to be scheduled more than one (1) shift in any one day.
   - Requests for scheduling of vacation, paid/unpaid LOA's etc. must be submitted to each manager or designate and will be considered independently.
   - All salary based benefits (e.g. group life, pension, D & R) and accrued benefits including seniority (vacation, income protection etc.), as applicable, will be combined and calculated on the basis of the total of all active positions occupied.
   - Should the ability to continue to work in more than one (1) position be later found to be unworkable because of changes to the master rotation or restructuring, the nurse will be required to relinquish one (1) of the occupied part-time positions, upon four (4) weeks' notice to the nurse by the Employer.
   - Should the nurse determine they no longer wish to work in more than one (1) part-time position, they shall provide notice of termination of one (1) of the positions, in accordance with the Collective Agreement.
   - Overtime rates shall apply once the combined hours of work in two (2) consecutive biweekly pay periods reach full time hours.

     Overtime is site specific for multiple positions as per MOU re: Article 1601 for SHEO & WCHREO- direct operations.

   - The nurse shall work with the managers involved to ensure the accuracy and compliance of the scheduling, benefits etc.

Where an application to occupy more than one (1) position cannot be considered, the nurse shall have the option of having their application considered and if awarded, relinquish their current position.

12. Re: Nurse Practitioner Positions

The following shall only apply to Nurse Practitioners working in Community Health/Public Health:

1. Seventy-seven and one half (77.50) hours shall constitute a bi-weekly pay period of work (2015 hours per annum). The Nurse Practitioner may vary hours worked in order to effectively carry out the accountabilities and responsibilities of the position provided the Nurse Practitioner first obtains the pre-approval, in writing, from their immediate supervisor or designate. Articles 16, 17 and 18 shall apply.

2. Community nursing position(s) are subject to the provisions in the Collective Agreement applicable to community nurses. The position shall have a base of operations as identified by the Employer. A Nurse Practitioner may be required to provide services in other regional locations on a temporary or assigned basis. The nurse shall be entitled to reimbursement for travel expenses as set out in the Collective Agreement.

The following shall only apply to Nurse Practitioners working in Acute Care/Long Term Care:

3. Seventy-seven and one half (77.50) hours shall constitute a bi-weekly pay period of work (2015 hours per annum). The Nurse Practitioner may vary hours worked in order to effectively carry out the accountabilities and responsibilities of the position Articles 16, 17 and 18 shall apply.

13. Re: Secondment of a Nurse Elected to Serve as President of the Manitoba Nurses' Union

Ensures that a nurse elected as President of MNU will be granted a paid leave of absence.

The Employer and the Union agree each with the other as follows:

1. A nurse employed by the Employer who is elected to the full-time position of President of the Manitoba Nurses' Union, shall be considered as continuing in the employ of the Employer during the nurse's term of office as President of the Manitoba Nurses' Union and shall be considered to be seconded to the Manitoba Nurses' Union during the term of office.

2. For the purposes of administering the period of secondment, the Accounting and Information Technology Coordinator of the Manitoba Nurses' Union shall function as the official contact person in any dealings with the Employer. In addition the Accounting and Information Technology Coordinator of the Manitoba Nurses' Union shall be accountable for:

   (i) notifying the Employer, in writing, of the official commencement and termination date of the President's term of office;

(ii) determining the bi-weekly payroll record of the President and notifying the Employer of same.

The Union shall save the Employer harmless from any claim from the President arising from alleged error(s) in the payroll record.

3. Reimbursement of Employer Costs

The Manitoba Nurses' Union shall assume the responsibility for reimbursing the Employer for total recovery of payroll and related costs associated with the President's term of office, as follows:

(i) gross salary, including paid vacation, income protection and any other paid leave of absence authorized by the Accounting and Information Technology Coordinator
(ii) Employer portion of C.P.P.;
(iii) Employer portion of E.I.;
(iv) Workers Compensation premiums;
(v) Payroll tax;
(vi) Employer portion of Benefit Plan premiums (pension plan, group life insurance plan, dental plan);
(vii) Pre-retirement leave.

The Employer shall provide the Accounting and Information Technology Coordinator with a monthly statement of the above-referenced payroll expenses incurred during the nurse's period of secondment to President of the Manitoba Nurses' Union.

4. Income Protection

(i) The Union President will accumulate income protection credits at the rate of one and one-quarter (1.25) days [one and one-half (1.5) days effective April 1, 2027] per month during the period of secondment. In the event that the Manitoba Nurses' Union President is absent during the secondment period due to accident or illness and the income protection credits accumulated during the period of secondment are insufficient to cover full payment of sick leave, the Employer will pay the Manitoba Nurses' Union President from income protection credits accumulated prior to the secondment period and bill the costs to the Manitoba Nurses' Union, subject to paragraphs (ii) and (iii) below.

(ii) Upon the nurse's return to work following the period of secondment the amount of income protection accumulated during the period of secondment will be reconciled against the amount of income protection utilized during this same period. In the event the difference is positive i.e. the amount accumulated is greater than the amount utilized, the nurse will be eligible to utilize the difference (unutilized income protection credits) at a future date. It is understood that utilization of these income protection credits may only occur once the nurse exhausts all income protection credits accumulated during their normal course of employment with the Employer.

(iii) It is further understood that these income protection credits shall not be stored in the nurse's income protection bank within the computerized payroll system. Following the period of secondment, a record of these credits will be provided to the nurse along with a copy in the personnel file of the nurse. In the event and at the point that the

nurse wishes to utilize these income protection credits, they will advise the Human Resources Department. The Employer will pay said income protection and bill the Manitoba Nurses' Union for the cost.

5. Disability & Rehabilitation Plan (D & R)

The President will have coverage under the HEBP Disability & Rehabilitation (D & R) Plan. During the D & R elimination period, if income protection credits earned during the period of secondment are insufficient to cover full payment, the Employer will pay the Manitoba Nurses' Union President from income protection credits accumulated prior to the secondment period and bill the costs to the Manitoba Nurses' Union, subject to paragraphs 4.(ii) and 4.(iii) above.

6. Accumulation of Paid Vacation

The President will accumulate vacation credits at the rate of six (6) weeks per year.

For the purposes of reconciliation, the Employer is financially responsible for the vacation earned by the nurse while they are engaged in their normal course of employment with the Employer and the Manitoba Nurses' Union is financially responsible for the vacation earned by the nurse during the period of secondment.

7. Seniority/Service

(i) Seniority shall continue to accrue during the period of secondment.

(ii) Following the expiry of the period of secondment, the Manitoba Nurses' Union President's normal increment date will be delayed for a period of time equivalent to the period of secondment. The time worked between the date of the last increment to the date that the nurse assumed the office of Manitoba Nurses' Union President shall count toward the granting of the next increment.

8. This Memorandum of Understanding shall remain in force until revised by mutual agreement between the parties or until terminated by either party.

14. Re: Letter of Understanding – HEPP COLA Fund *(n/a @Riverview Health Centre)*

The Parties have reached agreement concerning the establishment of a HEPP COLA Fund in accordance with the following:

1. COLA Fund - A "COLA" Fund(s) will be established effective April 1, 2014.

2. Dedicated COLA Monies - The monies contributed to the "COLA" Fund(s) will be "dedicated" monies for the specific purpose of providing ad hoc COLA adjustments to HEPP Retirees.

3. Equal Contributions - The "COLA" Fund(s) will be funded by equal contributions from Employers and Employees.

4. Funding: - Effective the following dates – COLA contributions, in the amounts per year, listed following from each of the Employer(s) and Employee(s) shall apply.

   Employer:
   - April 1, 2014 = 0.80% of regular pensionable earnings - to increase effective
   - April 1, 2015 = 1.00% of regular pensionable earnings.

   Employee:
   - April 1, 2014 = 0.80% of regular pensionable earnings - to increase effective
   - April 1, 2015 = 1.00% of regular pensionable earnings.

   - All contributions to the Fund(s) shall be allocated using a method that is in compliance with applicable legislation, the HEPP Plan Text and HEPP Trust Agreement.
   - It is understood and agreed that these contributions shall continue at the specified rates notwithstanding the realization of any surplus funds in any HEPP account unless otherwise agreed by the Plan Settlors

5. COLA Funds - The COLA monies shall be reserved solely for the creation of two, distinct and dedicated COLA Funds with specific allocation as follows:

   - HEPP COLA Fund # 1 - effective April1, 2014 - for Employees who retire on or after October 1, 2009 shall have an allocation of 0.80% and, effective April1, 2015, shall have an allocation of 0.90% of regular pensionable earnings from each active Employee and each participating Employer, (hereinafter referred to as the "Active Employees Fund").
   - HEPP COLA Fund # 2 - effective April1, 2015 - for Employees who retired on or before September 30, 2009 shall have an allocation of 0.10% of regular pensionable earnings from each active Employee and each participating Employer, (hereinafter referred to as the "Past Retirees Fund").

6. Segregated Fund(s) - it is the intent of the Parties to establish segregated COLA Fund(s), accordingly:

   - It is understood that statutory exemption may be required to establish the COLA Funds as intended and the Plan Settlors agree to make joint application to the Province of Manitoba to seek changes and or exemptions as may be required.
   - The Plan Settlors also agree to make all reasonable efforts to address and resolve any additional statutory or regulatory issues that may pose a barrier to establishing the COLA Fund(s) as intended - including whether the Plan's status as a Specified Multi-Employer Pension Plan (SMEPP) is affected and in need of any changes as a result of additional contributions to the COLA Fund(s).

7. There shall not be any transfer or allocation of monies from the Active Employees Fund to the Past Retirees Fund without the express agreement of the Plan Settlors.

8. Surplus monies from the Past Retirees Fund may be transferred to the Active Employees Fund at the discretion of the Plan Trustees.

9. Contributions to the Past Retirees Fund shall continue as long as required to pay benefits to eligible pensioners. Thereafter, the contributions dedicated to the Past Retirees Fund shall be allocated to the Active Employees Fund.

10. COLA Payment - Earliest Start Date - April 1, 2018.
- Maximum = 2/3 CPI (Canada) per year.
- Ad hoc - as Fund will allow.

If you have any questions, contact HEPP.

15. Re: Former Civil Service Nurses Who Have Maintained Their Pension With the Civil Service Superannuation Plan

1. Nurses who have maintained their pension with the Civil Service Superannuation Plan, may elect to accrue vacation benefits for retirement purposes.

2. For purposes of retirement, a nurse may request to carry over up to a maximum of one (1) year of vacation entitlement to be cashed out upon retirement. A maximum of up to 50 vacation days may be counted as pensionable service in accordance with the terms and conditions of the Civil Service Superannuation Act.

3. Nurses electing to carry over vacation entitlement for retirement purposes shall:

3.1 Provide a written letter of retirement intent with a specified retirement day within the next four (4) fiscal years.
Example:
Nurse submits retirement notice on March 1, 2024
Four (4) fiscal years = the fiscal year of 2028/2029
Nurse must retire prior to March 31, 2029

3.2 Indicate the intended number of vacation days per year to be reserved prior to retirement (during the last four fiscal years).

3.3 Indicate the total number of vacation days to be cashed out upon retirement.

3.4 Receive approval from their Manager for vacation carry over for retirement purposes.

4. Nurses may request to extend their retirement date and provide an alternate date provided that they give the Employer ninety (90) days notice of their intention to do so. Such requests shall be subject to the reasonable discretion of the Employer. Should the request to extend the retirement date be approved by the Employer, the nurse may be required to utilize a portion of the accrued vacation referenced in 2. in accordance with Province of Manitoba rules.

If requested a nurse may retire earlier than the retirement date indicated and as approved by their Manager.

This allows nurses to amend their date of retirement and remain employed subject to the reasonable discretion of the employer.

This provision allows nurses covered by the Civil Service Superannuation Plan to carry over vacation entitlement for retirement purposes. This is in keeping with policies that had been established for many years but were not reflected in the collective agreement.

16. Re: Grievance Investigation Process

The process is intended to create a harmonious relationship in order to promptly resolve grievances in an economical fashion.

On this basis, the parties are committed to the utilization of the following process where it is mutually agreed to be appropriate.

In the event that either party states that it is inappropriate to utilize the process and prior to a failure to utilize the process, the Executive Director of the MNU and the Director of the PHLRS shall review the matter and exchange the positions of the parties.

The parties hereto agree that the following conditions shall apply to the implementation and operation of the Grievance Investigation Process:

Part 1 GENERAL

1. The Grievance Investigator shall be an individual jointly approved by the MNU and representatives of the Employers Organizations [Provincial Health Labour Relations Services (PHLRS)]. The terms of appointment of the Grievance Investigator shall be set out in a separate document between the MNU, PHLRS and the Grievance Investigator.

2. It is recognized that Grievance Investigation is a voluntary process and either party may request that any grievance be submitted to grievance Investigation; however, both parties must agree on each case to be so submitted. Where such mutual agreement cannot be reached then the provisions of the Collective Agreement regarding Arbitration shall apply.

3. It is understood that the opinion of the Grievance Investigator is advisory in nature and is non-binding on either party. Where one or both of the parties does not accept the opinion of the Investigator then the option shall remain to utilize the Arbitration procedure contained in the Collective Agreement.

4. a) It is understood that where the parties agree to abide by the opinion of the Investigator, it is done so on a without precedent or prejudice basis.

   b) An opinion expressed by the Grievance Investigator regarding any issue shall not be submitted to any future Grievance Investigation nor to any Arbitrator.

5. The Grievance Investigator shall conduct an investigation into each grievance jointly submitted to them. It is expected that a hearing will be required in the normal course of the investigation. Within seven (7) days of a grievance being submitted to them, the Grievance Investigator shall schedule a hearing to be held within the thirty (30) day period following submission to them. The Grievance Investigator is empowered to fulfil their role in any manner deemed by them to be most effective given the individual circumstances of each case. The Grievance Investigator's general role is to:

   a) investigate each grievance jointly submitted
   b) define the issue(s) in dispute

c) provide an opinion as to an appropriate resolution of the dispute.
d) otherwise assist the parties in reaching a resolution.

6. The Grievance Investigator is expected to give a verbal opinion at the conclusion of a hearing, and to submit a brief written opinion to each of the parties within seven (7) calendar days following a hearing. Where no hearing is held, it is expected that the Grievance Investigator will provide their written opinion within seven (7) calendar days following completion of their investigation.

7. Where either or both parties choose not to accept the opinion of the Grievance Investigator, they shall, within seven (7) calendar days following receipt of the Investigator's written opinion, submit it in writing to both the Investigator and the other party, their reasons for non-acceptance. Such reasons shall not be admissible at any future arbitration hearing or Grievance Investigation proceeding.

8. The parties shall jointly prepare guidelines to assist the Grievance Investigator in meeting the expectations of the parties. These guidelines may be amended from time to time during the Collective Agreement as circumstances warrant and as mutually agreed. The parties shall meet on a province wide basis through staff representatives of the MNU and the PHLRS at the request of either of these two bodies, but not less frequently than every six (6) months to review the operation and utilization of the Grievance Investigation Process.

9. Nothing shall preclude the parties from resolving any grievance in any mutually agreed manner either before, during, or after its referral to the Grievance Investigation Process.

10. It is expressly understood that the Grievance Investigation Process is intended to provide a cost-effective, informal, and timely alternative to conventional arbitration.

Part 2 SUBMISSION OF GRIEVANCE

1. In all cases the grievance procedure contained in the Collective Agreement will continue to apply; however, where the grievance procedure has been exhausted and a party has certain time limits to refer the matter to arbitration, that party might instead within this time limit, advise the other party in writing of its desire to refer the matter to the Grievance Investigation Process. Where such a request is made, the time limits referenced in the Grievance/Arbitration procedure shall be temporarily suspended until:

   a) the other party advises the party who has made such a request that it does not agree to refer the matter to the Grievance Investigation Process, or
   b) fourteen (14) calendar days have elapsed from the date the request was made and the other party has failed to respond, or
   c) fourteen (14) calendar days have elapsed from the date upon which the Grievance Investigator issued their written opinion.

   When any one of the events referred to in a), b), or c) above occur, the time limits for referring the matter to arbitration shall commence as if the grievance procedure had been exhausted on that date.

Part 3 HEARINGS

1. Hearings will normally be held on the premises of the facility where the grievance originated from; however, the Investigator may, with the consent of both parties, choose a more appropriate location in such instances as where several grievances originating from different locations can be heard at the same hearing.

2. The parties agree not to be represented at any Grievance Investigation hearing by legal counsel. Attendance at hearings shall be limited to a maximum of four (4) employees from the bargaining unit and/or the Union, and four (4) Employer and/or PHLRS representatives. This stipulation shall not prevent the Grievance Investigator from requesting the attendance of any other person who can assist in clarifying the issue in dispute.

3. The parties agree to provide the Investigator with a jointly prepared statement of facts in an effort to narrow the scope of any dispute and to minimize the need to present evidence through witnesses. The Grievance Investigator may through the course of their investigation determine additional facts relevant to the resolution of the matter and shall advise the parties accordingly.

4. Hearings shall be held in an informal manner; however, the Investigator shall conduct any hearing in a manner deemed by them to be effective. Witnesses will not give evidence under oath but the Investigator may act as a participant in attempting to resolve areas of conflicting evidence.

5. Each party shall pay for their own costs associated with any witnesses (wages, payroll costs, and expenses) that are used to provide information as part of their evidence.

   The Employer will be responsible for paying the grievor for the time of attendance at the GIP hearing at straight time rates.

Part 4 GUIDELINES FOR GRIEVANCE INVESTIGATOR

1. The Grievance Investigator shall be expected to accept the role for the life of the Collective Agreement.

1. While appointed, the Grievance Investigator may not act on behalf of one of the parties either as counsel or nominee at conventional arbitration. They may serve as sole Arbitrator or Chairperson of an Arbitration Board hearing a dispute involving one or both of the parties except in the case of a dispute which has previously been referred to them in their capacity as Grievance Investigator.

2. While it is not expected to be as detailed as an Arbitrator's award, the parties do expect the written opinion to be a concise statement of the reasoning followed in reaching their conclusions. A detailed review of the positions of the parties or arbitral jurisprudence is not expected nor is any recounting of non-germane fact or argument. The opinion should contain sufficient information to assist the parties in preventing similar future disputes.

4. The parties shall each pay for their own costs associated with referring and processing a grievance through the Grievance Investigation Process except that the parties shall jointly and equally share the fees and expenses of the Grievance Investigator.

5. The Grievance Investigator is empowered to consider any grievable matter put to them by the parties including a question of whether or not an issue is grievable.

6. The opinion of the Grievance Investigator is expected to be an informed estimate of the likelihood of the grievance being sustained or denied in the event of it being referred to arbitration.

7. The Grievance Investigator will be provided with any documentation which might provide assistance to them carrying out their role.

17. Re: 12 Hour Shift Schedule Pattern

The Employer and the Union mutually agree that the following conditions and understandings are applicable to the 11.63 (“12”) hour shift schedule pattern.

1. The procedure to be followed for the trial and implementation of the 11.63 (“12”) hour shift schedule pattern shall be as follows:

(a) A meeting of all nurses in the unit/worksite/program and senior nursing management will be held to discuss a tentative “12 Hour” shift schedule pattern and a proposed date for the commencement of the trial period. Following the meeting, a date will be determined for a secret ballot vote to establish that a majority of the nurses are in favor of the shift change.

(b) The Employer shall make all reasonable efforts to ensure all nurses affected have an opportunity to vote. Amongst those nurses participating in the vote, a majority of sixty percent (60%) of the nurses affected must vote in favour of the shift change before a trial of the “12 Hour” shift can proceed. Nurses terminating employment in the unit/worksite/program prior to the commencement of the trial period will not be entitled to vote. A letter will be forwarded to the Regional and Worksite President informing them that the unit/worksite/program is examining a “12 Hour” rotation.

(c) Once it is determined that the majority of nurses are in favour of a shift change, a Master Rotation will be developed in meaningful consultation with the nurses as defined in Article 1504.

(d) The length of the trial period will be six (6) months in length or for a shorter period as mutually agreed between the Union and the Employer.

(e) Six (6) weeks prior to the completion of the trial period, a unit/worksite/program meeting will be held to review/evaluate the "12 Hour" shift and to implement or discontinue the "12 Hour" rotation.

(f) The 11.63 (“12”) hour shifts may be discontinued [subject to a sixty percent (60%) vote in favor of discontinuing the shift by nurses on the unit/worksite/program] or by the Employer with written notification of ninety (90) working days. The Union will be notified of the discontinuance of the “12 Hour" shift. The Employer and the Union shall meet to determine a date to return to the seven and three-quarter (7.75) hour shift.

(g) Nurses who are unwilling to work the "12 Hour" shift schedule pattern will be transferred to a unit/worksite/program on a seven and three-quarter (7.75) hour shift schedule pattern if reasonably possible. The Employer will make every reasonable effort to place the nurse in accordance with their preference re: unit/worksite/program and rotation. This transfer will occur prior to the date of implementation of the "12 Hour" rotation.

2. Hours of Work and Shift Schedules:
Full-time hours of work shall provide:
(a) An average of six (6) shifts of 11.63 hours duration, and one (1) shift of seven and three-quarter (7.75) hours duration in each bi-weekly period; or
(b) Twenty (20) shifts of 11.63 hours duration in each three (3) consecutive bi-weekly period; or
(c) A combination of shifts of 11.63 (“12”) hours duration and 7.75 hours duration that equal an average of seventy-seven and one-half (77.50) hours bi-weekly averaged over the three (3) consecutive bi-weekly periods in the shift schedule pattern; or
(d) Four (4) scheduled “12” hour shifts followed by four (4) days off and once every six (6) months the nurse shall receive an additional four (4) days off. Where this rotation pattern is utilized, the provisions of 1504 (d) (weekends) shall not apply. The additional four (4) days off may be scheduled together, or separately in each six (6) month period, and the decision on how these will be scheduled will be in consultation with the nurses and included in the master rotation.

Shift schedules shall be based on Master Rotation patterns planned in consultation with the nurses concerned, and provide for a minimum of eleven and a half (11.5) hours off between assigned shifts, a minimum of forty-seven (47) hours off duty at one time, unless otherwise mutually agreed and a minimum of alternate weekends off duty.

It is understood that whenever 11.63 (12) hours is mentioned, its equivalent eleven (11) hours and thirty-seven and one-half (37.50) minutes (11.375) may be used.
The official shift length is 11.625 hours, however the parties have agreed that due to exigencies of the payroll system that 11.63 hours shall apply until such time as the payroll system is able to accommodate three (3) decimal points.

Applicable for CSU Brandon only:
Nurses will be scheduled to work three (3) weekends in a row and then three (3) off.

3. Shift Schedules, Rest and Meal Periods

(a) “Twelve (12) Hour” shifts may be scheduled as:

- Twelve (12) hours and twenty-five (25) minutes; or

- Twelve (12) hours and fifteen (15) minutes.

(b) Two (2) rest periods of fifteen (15) minutes each will be allocated by the Employer during a “12 Hour” shift.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:
Two (2) rest periods of twenty (20) minutes each will be allocated by the Employer during a “12 Hour” shift.

(c) In each shift of twelve (12) hours twenty-five (25) minutes there shall be two (2) meal periods of forty (40) minutes and thirty- seven and one-half (37.50) minutes respectively as allocated by the Employer.

The total meal period time of seventy -seven and one-half (77.50) minutes includes forty-seven (47.50) minutes of unpaid time and thirty (30) minutes of paid time.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only: In each shift of twelve (12) hours twenty-five (25) minutes there shall be two (2) meal periods of thirty-five (35) minutes and thirty-two and one-half (32.50) minutes respectively as allocated by the Employer.

The total meal period time of sixty-seven and one-half (67.50) minutes includes thirty-seven (37.50) minutes of unpaid time and thirty (30) minutes of paid time.

(d) In each twelve (12) hour and fifteen (15) minute shift there shall be two (2) meal periods of thirty (30) minutes and thirty-seven and one-half (37.50) minutes respectively as allocated by the Employer. The total meal period of sixty-seven and one-half (67.50) minutes includes thirty-seven and one-half (37.50) minutes of unpaid time and thirty (30) minutes of paid time.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only: In each twelve (12) hour and fifteen (15) minute shift there shall be two (2) meal periods of thirty (30) minutes and twenty-seven and one-half (27.50) minutes respectively as allocated by the Employer. The total meal period of fifty-seven and one-half (57.50) minutes includes thirty-seven and one-half (37.50) minutes of unpaid time and twenty (20) minutes of paid time.

4. A weekend shall mean the period from 2345 hours on Friday until 2330 hours on the immediately following Sunday

5. Overtime:
Overtime for full-time nurses shall be authorized time worked in excess of a scheduled 11.63 (“12”) hour or 7.75 hour shift or hours in excess of the normal full-time hours in the rotation pattern in effect on each nursing unit/worksite/program.

Overtime for part-time nurses shall be authorized time worked in excess of a scheduled 11.63 (“12”) hour shift or 7.75 hour shift or hours in excess of the normal full-time hours in two (2) consecutive bi-weekly periods, in accordance with Article 16.

@NHREO, @ Churchill Health Centre site only
Overtime for full-time and part-time nurses shall be authorized time worked in excess of a scheduled 11.63 (“12”) hour or 7.75 hour shift or hours in excess of the normal full-time hours in the rotation pattern in effect on each nursing unit/worksite/program.

6. Shift Premium, Weekend Premium and Responsibility Pay shall be paid in accordance with the provisions of the Collective Agreement.

7. Recognized Holidays:

A nurse required to work on a Recognized Holiday shall be paid in accordance with the Collective Agreement for all hours worked. Full-time nurses shall receive an alternate seven and three-quarter (7.75) hour shift off at their basic rate of pay in accordance with Article 2203.

A nurse may accumulate three (3) seven and three-quarter (7.75) hour days (23.25 hours) off given in lieu of Recognized Holidays in order to take two (2) consecutive 11.63 hour shifts off with pay. Such shifts shall be added to a weekend off or to scheduled days off or used to complete a partial week of vacation in accordance with Article 2206.

Applicable for Churchill Health Centre site only:
A full-time nurse required to work on a Recognized Holiday shall be paid in accordance with the Collective Agreement and, in addition, shall receive 11.63 hours off at their basic rate of pay.

Whenever a Recognized Holiday falls on their scheduled days off, the nurse shall receive an additional 11.63 hours off with pay in lieu thereof.

Applicable for Rossburn Health Centre site only:
A nurse required to work the Night shift immediately preceding a Recognized Holiday shall be paid at the rate of one and one-half (1.50) times their basic pay for the entire 11.63 hour shift and in addition, shall receive equivalent time off at their basic rate of pay. A nurse required to work Night shift on a Recognized Holiday shall be paid at their basic rate of pay for hours worked on the Recognized Holiday.

8. Income Protection:
Income protection is accrued at the rate of 9.69 hours per month (11.63 hours effective April 1, 2027). It is utilized in accordance with Article 23.
- absence through illness for one (1) twelve (12) hour shift utilizes 11.63 hours of accumulated income protection credits.
- absence through illness for two (2) twelve (12) hour shifts utilizes 23.25 hours of accumulated income protection credits.
- absence through illness for one (1) twelve (12) hour shift plus one (1) 7.75 hour shift utilizes 19.375 hours of accumulated income protection credits.

9. Bereavement Leave:
Pay for bereavement leave will be calculated in accordance with Article 2411, e.g:
- four (4) scheduled 11.63 (“12”) hour shifts = 46.5 hours;
- two (2) scheduled 11.63 ("12") hour shifts = 23.25 hours.
- one (1) scheduled twelve (12) hour day off plus one (1) scheduled eight (8) hour shift = 19.375 hours

10. Vacation:
The paid vacation entitlement that a nurse receives under the twelve (“12”) hour shift schedule pattern shall be equivalent in hours to the paid vacation entitlement on a seven and three-quarter (7.75) hour shift schedule pattern, calculated in accordance with Article 21. Vacation shall be scheduled in accordance with Article 2101.

11. Standby:
The provisions of Article 18 shall apply to the 12 hour shift memo.

11. Additional available shifts shall be offered equitably to all nurses working on the unit/worksite/program regardless of their regular shift length.

13. The terms of Article 1504 (g) shall be applicable.

14. Individual shifts of 11.63 ("12") hours shall not be interchanged, as referenced in Article 15, with individual shifts of seven and three-quarter (7.75) hours, however nurses can interchange three (3) seven and three-quarter (7.75) hour days (23.25 hours) with two (2) 11.63 hour shifts.

15. Where payroll limitations exist such that only two decimal points can be entered in regard to shift length, the shift length shall be rounded up to two decimal points.

@WCHREO, @SHEO

16. Notwithstanding definition of "position", where there is mutual agreement between the Union and the Employer to allow nurses to revert from "12" hour shift patterns to "8" hour shift patterns it is understood that nurses occupying "12" hour positions will not be deleted in order to revert to a "8" hour positions. It is understood that nurses will select their "8" hour shift patterns on the new rotation in order of seniority.

    This process is only applicable when there are no changes in each nurse's EFT.

18. Re: 10 Hour Shift Schedule Pattern

The Employer and the Union mutually agree that the following conditions and understandings are applicable to the 9.69 ("10") hour shift schedule pattern.

1. The procedure to be followed for the trial and implementation of the 9.69 ("10") hour shift schedule pattern shall be as follows:

    (a) A meeting of all nurses in the unit/worksite/program and senior nursing management will be held to discuss a tentative "10 Hour" shift schedule pattern and a proposed date for the commencement of the trial period. Following the meeting, a date will be determined for a secret ballot vote to establish that a majority of the nurses are in favor of the shift change.

    (b) The Employer shall make all reasonable efforts to ensure all nurses affected have an opportunity to vote. Amongst those nurses participating in the vote, a majority of sixty percent (60%) of the nurses affected must vote in favour of the shift change before a trial of the "10 Hour" shift can proceed. Nurses terminating employment in the unit/worksite/program prior to the commencement of the trial period will not be entitled to vote. A letter will be forwarded to the Regional and Worksite President informing them that the unit/worksite/program is examining a "10 Hour" rotation.

    (c) Once it is determined that the majority of nurses are in favour of a shift change, a Master Rotation will be developed in meaningful consultation with the nurses as defined in Article 1504.

(d) The length of the trial period will be six (6) months in length or for a shorter period as mutually agreed between the Union and the Employer.

(e) Six (6) weeks prior to the completion of the trial period, a unit/worksite/program meeting will be held to review/evaluate the "10 Hour" shift and to implement or discontinue the "10 Hour" rotation.

(f) The 9.69 (“10”) hour shifts may be discontinued [subject to a sixty percent (60%) vote in favor of discontinuing the shift by nurses on the unit/worksite/program] or by the Employer with written notification of ninety (90) working days. The Union will be notified of the discontinuance of the “10 Hour" shift. The Employer and the Union shall meet to determine a date to return to the seven and three-quarter (7.75) hour shift.

2. Hours of Work and Shift Schedules:

Full-time hours of work shall provide:
(a) eight (8) shifts of 9.69 (“10”) hours duration in each bi-weekly period; or
(b) a combination of 7.75 hour shifts and 9.69 hour shifts that equal 77.5 hours in a biweekly period

The official shift length is 9.687 hours, however the parties have agreed that due to exigencies of the payroll system that 9.69 hours shall apply until such time as the payroll system is able to accommodate three (3) decimal points.

3. Shift Schedules, Rest and Meal Periods

(a) Each shift of 9.69 ("10") hours duration is to be inclusive of two (2) fifteen (15) minute rest periods and exclusive of one (1) meal period of at least thirty (30) minutes.

(b) Each Shift of 7.75 hours duration is to be inclusive of two (2) fifteen (15) minute rest periods and exclusive of one (1) meal period of at least thirty (30) minutes.

Applicable at Health Sciences Centre and CancerCare Manitoba sites only:
(a) Each shift of 9.69 ("10") hours duration is to be inclusive of two (2) twenty (20) minute rest periods and exclusive of one (1) meal period of at least thirty (30) minutes.

(b) Each Shift of 7.75 hours duration is to be inclusive of two (2) twenty (20) minute rest periods and exclusive of one (1) meal period of at least thirty (30) minutes.

4. A weekend shall mean the period from 2345 hours on Friday until 2330 hours on the immediately following Sunday.

5. Overtime:

Overtime for full-time nurses shall be authorized time worked in excess of a scheduled 9.69 (“10”) hour shift or 7.75 hour shift or hours in excess of the normal full-time hours in the rotation pattern in effect on each nursing unit/worksite/program.

Overtime for part-time nurses shall be authorized time worked in excess of a scheduled 9.69 (“10”) hour shift or 7.75 hour shift or hours in excess of the normal full-time hours in two (2) consecutive bi-weekly periods, in accordance with Article 16.

@NHREO & Churchill Health Centre site:
Overtime for full-time and part-time nurses shall be authorized time worked in excess of a scheduled 9.69 (“10”) hour or 7.75 hour shift or hours in excess of the normal full-time hours in the rotation pattern in effect on each nursing unit/worksite/program.

6. Shift Premium, Weekend Premium and Responsibility Pay shall be paid in accordance with the provisions of the Collective Agreement.

7. Recognized Holidays:

A nurse required to work on a Recognized Holiday shall be paid in accordance with the Collective Agreement for all hours worked. Full-time nurses shall receive an alternate seven and three-quarter (7.75) hour shift off at their basic rate of pay in accordance with Article 2203.

A nurse may accumulate four (4) seven and three-quarter (7.75) hour days (31.00 hours) off given in lieu of Recognized Holidays in order to take three (3) consecutive 9.69 hour shifts off with pay. Such shifts shall be added to a weekend off or to scheduled days off or used to complete a partial week of vacation in accordance with Article 2206.

8. Income Protection:
Income protection is accrued at the rate of 9.69 hours (11.63 hours effective April 1, 2027) per month. It is utilized in accordance with Article 23.
- absence through illness for one (1) 9.69 (“10”) hour shift utilizes 9.69 hours of accumulated income protection credits.
- absence through illness for two (2) 9.69 (“10”) hour shifts utilizes 19.38 hours of accumulated income protection credits.
- absence through illness for one (1) 7.75 hour shift utilizes 7.75 hours of accumulated income protection credits.

9. Bereavement Leave:

Pay for bereavement leave will be calculated in accordance with Article 2411, e.g:
- one (1) scheduled 9.69 ("10") hour shift = 9.69 hours;
- two (2) scheduled 9.69 ("10") hour shifts = 19.38 hours.
- one (1) scheduled 7.75 hour shift = 7.75 hours

10. Vacation:

The paid vacation entitlement that a nurse receives under the ten (“10”) hour shift schedule pattern shall be equivalent in hours to the paid vacation entitlement on a seven and three-quarter (7.75) hour shift schedule pattern, calculated in accordance with Article 21. Vacation shall be scheduled in accordance with Article 2101.

11. Standby:

The provisions of Article 18 shall apply to the 12 hour shift memo.

12. Additional available shifts shall be offered equitably to all nurses working on the unit/worksite/program regardless of their regular shift length.

13. The terms of Article 1504 (g) shall be applicable.

14. Individual shifts of 9.69 (“10”) hours shall not be interchanged, as referenced in Article 15, with individual shifts of seven and three-quarter (7.75) hours, however nurses can interchange four (4) 9.69 (“10”) hour shifts with five (5) 7.75 hour shifts.

15. Where payroll limitations exist such that only two decimal points can be entered in regard to shift length, the shift length shall be rounded up to two decimal points.

@WCHREO, @SHEO

16. Notwithstanding definition of “position”, where there is mutual agreement between the Union and the Employer to allow nurses to revert from “12” hour shift patterns to “8” hour shift patterns it is understood that nurses occupying “12” hour positions will not be deleted in order to revert to a “8” hour positions. It is understood that nurses will select their “8” hour shift patterns on the new rotation in order of seniority.

    This process is only applicable when there are no changes in each nurse’s EFT.

19. Re: 7.75/11.63 Hour Shift

The Employer and the Union mutually agree that the following conditions and understandings are applicable to the 7.75/11.63 hour shift schedule pattern.

1. The procedure to be followed for the trial and implementation of the 7.75/11.63 hour shift schedule pattern shall be as follows:

    (a) A meeting of all nurses in the unit/worksite/program and senior nursing management will be held to discuss a tentative 7.75/11.63 hour shift schedule pattern and a proposed date for the commencement of the trial period. Following the meeting, a date will be determined for a secret ballot vote to establish that a majority of the nurses are in favor of the shift change.

    (b) The Employer shall make all reasonable efforts to ensure all nurses affected have an opportunity to vote. Amongst those nurses participating in the vote, a majority of sixty percent (60%) of the nurses affected must vote in favour of the shift change before a trial of the 7.75/11.63 hour shift can proceed. Nurses terminating employment in the unit/worksite/program prior to the commencement of the trial period will not be entitled to vote. A letter will be forwarded to the Regional and Worksite President informing them that the unit/worksite/program is examining a 7.75/11.63 hour rotation.

    (c) Following this meeting:

        - each nurse shall indicate their choice of either 7.75 hour shifts or 11.63 hour shifts;

- rotation(s) that do not result in deletions will be developed based on the nurse(s) choice of shift length.

(d) Once nurses have indicated their preference for either 7.75 hour shift lengths or 11.63 hour shift lengths, they shall not be required to work the other shift length unless mutually agreed between the nurse and the Employer.

(e) It is understood that nurses who choose the 11.63 hour shift will work a Day shift and a Night shift and the nurses who choose the 7.75 hour shift will maintain their current shift description i.e. Days/Evenings, Days/Nights, permanent Days, permanent Evenings and permanent Nights.

(f) It is also understood that no nurse shall change their current EFT in order to accommodate the introduction of the 7.75/11.63 hour shift.

(g) Once it is determined that the majority of nurses are in favour of a shift change, a Master Rotation will be developed in meaningful consultation with the nurses as defined in Article 1504.

(h) The length of the trial period will be six (6) months in length or for a shorter period as mutually agreed between the Union and the Employer.

(i) Six (6) weeks prior to the completion of the trial period, a unit/worksite/program meeting will be held to review/evaluate the 7.75/11.63 hour shift and to implement or discontinue the 7.75/11.63 hour rotation.

(j) The 7.75/11.63 hour shifts may be discontinued [subject to a sixty percent (60%) vote in favor of discontinuing the shift by nurses on the unit/worksite/program] or by the Employer with written notification of ninety (90) working days. The Union will be notified of the discontinuance of the 7.75/11.63 hour shift. The Employer and the Union shall meet to determine a date to return to the seven and three-quarter (7.75) hour shift.

2. Hours of Work and Shift Schedules:

Full-time hours of work shall provide:

(a) An average of six (6) shifts of 11.63 hours duration, and one (1) shift of seven and three-quarter (7.75) hours duration in each bi-weekly period; or

(b) Twenty (20) shifts of 11.63 hours duration in each three (3) consecutive bi-weekly period; or

(c) Thirty (30) shifts of seven and three-quarter (7.75) hours duration in each three (3) consecutive bi-weekly period: or

(d) A combination of shifts of 11.63 (“12”) hours duration and 7.75 hours duration that equal an average of seventy-seven and one-half (77.50) hours bi-weekly averaged over the three (3) consecutive bi-weekly periods in the shift schedule pattern; or

(e) Four (4) scheduled "12" hour shifts followed by four (4) days off and once every six (6) months the nurse shall receive an additional four (4) days off. Where this rotation pattern is utilized, the provisions of 1504 (f) (weekends) shall not apply. The additional four (4) days off may be scheduled together, or separately in each six (6) month period, and the decision on how these will be scheduled will be in consultation with the nurses and included in the master rotation.

Shift schedules shall be based on Master Rotation patterns planned in consultation with the nurses concerned, and provide for a minimum of eleven and a half (11.5) hours off between assigned shifts, a minimum of forty-seven (47) hours off duty at one time, unless otherwise mutually agreed and a minimum of alternate weekends off duty.

Applicable for CSU Brandon only:
Nurses will be scheduled to work three (3) weekends in a row and then three (3) off.

It is understood that whenever 11.63 (12) hours is mentioned, its equivalent eleven (11) hours and thirty-seven and one-half (37.50) minutes (11.375) may be used.

The official shift length is 11.625 hours, however the parties have agreed that due to exigencies of the payroll system that 11.63 hours shall apply until such time as the payroll system is able to accommodate three (3) decimal points.

3. Shift Schedules, Rest and Meal Periods

(a) "Twelve (12) Hour" shifts may be scheduled as:

- Twelve (12) hours and twenty-five (25) minutes; or
- Twelve (12) hours and fifteen (15) minutes.

(b) Two (2) rest periods of fifteen (15) minutes each will be allocated by the Employer during a "12 Hour" shift.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:
Two (2) rest periods of twenty (20) minutes each will be allocated by the Employer during a "12 Hour" shift.

(c) In each shift of twelve (12) hours twenty-five (25) minutes there shall be two (2) meal periods of forty (40) minutes and thirty- seven and one-half (37.50) minutes respectively as allocated by the Employer.

The total meal period time of seventy -seven and one-half (77.50) minutes includes forty-seven (47.50) minutes of unpaid time and thirty (30) minutes of paid time.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:
In each shift of twelve (12) hours twenty-five (25) minutes there shall be two (2) meal periods of thirty-five (35) minutes and thirty-two and one-half (32.50) minutes respectively as allocated by the Employer.

The total meal period time of sixty-seven and one-half (67.50) minutes includes thirty-seven (37.50) minutes of unpaid time and thirty (30) minutes of paid time.

(d) In each twelve (12) hour and fifteen (15) minute shift there shall be two (2) meal periods of thirty (30) minutes and thirty-seven and one-half (37.50) minutes respectively as allocated by the Employer. The total meal period of sixty-seven and one-half (67.50) minutes includes thirty-seven and one-half (37.50) minutes of unpaid time and thirty (30) minutes of paid time.

Applicable for Health Sciences Centre and CancerCare Manitoba sites only:

In each twelve (12) hour and fifteen (15) minute shift there shall be two (2) meal periods of thirty (30) minutes and twenty-seven and one-half (27.50) minutes respectively as allocated by the Employer. The total meal period of fifty-seven and one-half (57.50) minutes includes thirty-seven and one-half (37.50) minutes of unpaid time and twenty (20) minutes of paid time.

4. A weekend shall mean the period from 2345 hours on Friday until 2330 hours on the immediately following Sunday

5. Overtime:

Overtime for full-time nurses shall be authorized time worked in excess of a scheduled 11.63 ("12") hour or 7.75 hour shift or hours in excess of the normal full-time hours in the rotation pattern in effect on each nursing unit/worksite/program.

Overtime for part-time nurses shall be authorized time worked in excess of a scheduled 11.63 ("12") hour or 7.75 hour shift or hours in excess of the normal full-time hours in two (2) consecutive bi-weekly periods, in accordance with Article 16.

@NHREO & Churchill Health Centre site:
Overtime for full-time and part-time nurses shall be authorized time worked in excess of a scheduled 11.63 ("12") hour or 7.75 hour shift or hours in excess of the normal full-time hours in the rotation pattern in effect on each nursing unit/worksite/program.

6. Shift Premium, Weekend Premium and Responsibility Pay shall be paid in accordance with the provisions of the Collective Agreement.

7. Recognized Holidays:

A nurse required to work on a Recognized Holiday shall be paid in accordance with the Collective Agreement for all hours worked. Full-time nurses shall receive an alternate seven and three-quarter (7.75) hour shift off at their basic rate of pay in accordance with Article 2203.

A nurse may accumulate three (3) days (23.25 hours) off given in lieu of Recognized Holidays in order to take two (2) consecutive 11.63 hour shifts off with pay. Such shifts shall be added to a weekend off or to scheduled days off or used to complete a partial week of vacation in accordance with Article 2206.

Applicable for Rossburn Health Centre site only:
A nurse required to work the Night shift immediately preceding a Recognized Holiday shall be paid at the rate of one and one-half (1.50) times their basic pay for the entire 11.63 hour shift and in addition, shall receive equivalent time off at their basic rate of pay. A nurse required to work Night shift on a Recognized Holiday shall be paid at their basic rate of pay for hours worked on the Recognized Holiday.

8. Income Protection:

Income protection is accrued at the rate of 9.69 hours (11.63 hours effective April 1, 2027) per month. It is utilized in accordance with Article 23.

- absence through illness for one (1) twelve (12) hour shift utilizes 11.63 hours of accumulated income protection credits.

- absence through illness for two (2) twelve (12) hour shifts utilizes 23.25 hours of accumulated income protection credits.

- absence through illness for one (1) twelve (12) hour shift plus one (1) 7.75 hour shift utilizes 19.375 hours of accumulated income protection credits.

9. Bereavement Leave:

Pay for bereavement leave will be calculated in accordance with Article 2411, e.g:
- four (4) scheduled 11.63 (“12”) hour shifts = 46.5 hours;
- two (2) scheduled 11.63 ("12") hour shifts = 23.25 hours.
- one (1) scheduled twelve (12) hour day off plus one (1) scheduled eight (8) hour shift = 19.375 hours

10. Vacation:

The paid vacation entitlement that a nurse receives under the 7.75/11.63 hour shift schedule pattern shall be equivalent in hours to the paid vacation entitlement on a seven and three-quarter (7.75) hour shift schedule pattern, calculated in accordance with Article 21. Vacation shall be scheduled in accordance with Article 2101.

11. Standby:

The provisions of Article 18 shall apply to the 12 hour shift memo.

12. Additional available shifts shall be offered equitably to all nurses working on the unit/worksite/program regardless of their regular shift length.

13. The terms of Article 1504 (g) shall be applicable.

14. Individual shifts of 11.63 (“12”) hours shall not be interchanged, as referenced in Article 15, with individual shifts of seven and three-quarter (7.75) hours, however nurses can interchange three (3) seven and three-quarter (7.75) hour shifts (23.25 hours) with two (2) 11.63 hour shifts.

15. Where payroll limitations exist such that only two decimal points can be entered in regard to shift length, the shift length shall be rounded up to two decimal points.

16. (17. @ WCHREO/SHEO) The shift length of vacant positions will not be altered without mutual agreement between the Union and the Employer.

@WCHREO, @SHEO

16. Notwithstanding definition of "position", where there is mutual agreement between the Union and the Employer to allow nurses to revert from "12" hour shift patterns to "8" hour shift patterns it is understood that nurses occupying "12" hour positions will not be deleted in order to revert to a "8" hour positions. It is understood that nurses will select their "8" hour shift patterns on the new rotation in order of seniority.

    This process is only applicable when there are no changes in each nurse's EFT.

17. (18. @ WCHREO/SHEO) Any current 7.75 hour positions held by a nurse will not be deleted solely for the purpose of creating an 11.63 hour shift.

20. Re: Transfer of Program as per Article 4204 (A)

In the event a Transfer of Program as per Article 4204 (A), the parties agree that where affected nurses hold accrued seniority and service at multiple Employers/facilities/ programs/sites, the parties will review the effect of the restructuring on such nurses to ensure fairness in the recognition of accrued seniority and service.

Such considerations shall include amalgamation of earned seniority and service from multiple positions into a singular position. The parties agree the intention of this memorandum is to avoid disentitling a nurse from seniority and service earned.

21. Re: Relocation Assistance as per Article 4204 (A) - Program Transfers

The parties acknowledge and agree that the following provisions will be applicable in the event a nurse is relocated as per the conditions outlined in Article 4204 (A) – Program Transfers.

1. Relocation Expense is defined as those funds that are required to provide for the following:

    - expenses in packing, moving and unpacking specified household goods and personal effects;
    - if required, the cost of meals and lodging for the entire family while occupying temporary quarters for a period normally up to five (5) days after the start date of employment.

2. The relocation costs will be paid up to a maximum of $7,500.

    In exceptional circumstances where a nurse is relocated, particularly but not exclusively, to a remote area and moving costs exceed the prescribed maximum, the Employer shall provide due consideration to pay such moving expenses. The Employer may require a

longer service commitment in exchange for coverage of the costs. Such to be negotiated with the Union.

3. It is a condition of reimbursement of relocation expenses to provide a minimum service requirement of one (1) year. Should this service commitment not be met, it will be stated in the written offer of employment that the nurse agrees to repay a pro-rated portion of the relocation funding provided.

4. The nurse will be required to obtain three (3) separate estimates of the relocation of their household effects, if a professional moving company is employed. Copies of each estimate must be sent to the appropriate Designate for information and review. Alternatively nurses may be offered the option of coordinating the move through a Relocation Assistance Company defined by Shared Health.

5. Relocation costs may include such relocation expenses incurred as follows:
   - expenses in packing, moving and unpacking specified household goods and personal effects;
   - after obtaining employment; travel, meals and lodging expenses for moving the nurse from their former residence to the new residence;
   - if required, the costs of meals and lodging for the entire family while occupying temporary quarters for a period of time subsequent to the start date of employment;
   - replacement Value Insurance Protection except for items of extraordinary value; and, reasonable storage expenses in new location.

6. Relocation costs not normally included are:
   - boats, trailers and other large recreational vehicles;
   - more than two cars;
   - flammable items;
   - third party servicing charges – e.g. washers, dryers, refrigerators, freezers, dishwashers, water purifiers, electronic air cleaners, stereo equipment, T.V. and RAD antennae, and/or towers, water beds, pool tables, etc;
   - housecleaning – at the old or new residence;
   - plants;
   - frozen foods, preserves, etc;
   - perishables;
   - firewood, outdoor swimming pools, building supplies and other bulky items;
   - extra pickup or unloading at a second location;
   - removal of broadloom, draperies, fixtures, etc;
   - large volumes of heavy items such as books, shop equipment, tools that may be transported cheaper by some means such as railway freight; and,
   - insurance for items of extraordinary value.

7. The reference to relocation assistance and pre- payment service requirement will be included in the letter of offer to the affected nurse.

8. The nurse will be required to sign their Letter of Offer including the minimum service requirement prior to any funds being released to the nurse for relocation costs. Any requests for consideration of funding in advance of relocation by the nurse must be submitted to the Senior Management Team member or designate for approval.

9. Following the Senior Management Team member's review of the submitted estimates, and with the agreement of the nurse, the lowest acceptable estimate shall be accepted.

10. The nurse will submit a claim for all eligible expenses incurred providing receipts for all expenses or services which have been paid directly. The claim must be submitted within three (3) months from the nurse's start date. Any requests for an extension by the nurse must be submitted to the Senior Management Team member for approval.

22. Re: Seniority Recognition

In the interest of recognizing the seniority and benefits of new bargaining unit members as a result of The Health Sector Bargaining Unit Review Act (HSBURA), the Employer and the Union mutually agree to the following:

- All seniority hours accrued up to October 14, 2021 will be recognized as MNU bargaining unit seniority hours.

- All accumulated benefits and compensatory time, such as vacation, income protection, and banked overtime, will be maintained.

- Upon and going forward from October 14, 2021, the entitlements and accrual rates will be aligned with the applicable MNU Collective Agreement.

Note: *Entitlements and accruals subject to MOU #26 Re; Preservation of Accruals and MOU #27 Re: Article 3408 (Increments)*

23. Re: Return of Service Agreements

WHEREAS the parties recognize the importance of enhancing nursing skills for specialized areas including, but not limited to, Critical Care, Dialysis, Advanced Emergency, Chemotherapy; and/or initiatives related to the recruitment of nurses including, but not limited to, relocation expense allowances;

AND WHEREAS such education/training and recruitment initiatives are a significant investment by the health care system;

NOW THEREFORE the parties agree that the Employer may enter into a Return of Service Agreement with an individual nurse as follows:

1. A Return of Service Agreement must be agreed to and signed by the Union, the nurse and the Employer. A copy of the agreement will be provided to the Union and the nurse.

   MNU Provincial Office must be involved in the negotiation of a Return of Service Agreement.

2. All terms and conditions agreed to in an executed Return of Service Agreement shall be fulfilled by the individual nurse and the Employer.

3. Notwithstanding the above, should the nurse not fulfill the terms of an executed Return of Service Agreement, the nurse shall be indebted to the Employer for the amount of debt owing for any unfulfilled portion of the terms and conditions. Recovery of any debt owing to the Employer shall be considered an authorized deduction in accordance with Article 40 but shall not be considered an overpayment. If, for any reason, the debt owing cannot be recovered through a payroll deduction, the Employer may pursue other means of recovery including, but not limited to, initiating a civil action in a Manitoba Court.

4. Return of Service Agreements shall not conflict with any other terms of the applicable Collective Agreement

5. The terms of the Return of Service Agreement shall include, but not be limited to:
   (a) The monetary value of the Return of Service Agreement.
   (b) The calendar time and hours worked required to fulfill the agreement.
   (c) In the case of nursing skills enhancement, the expected date of completion of the program.
   (d) The unit and/or program and/or location where the hours must be worked in order to count towards fulfillment of the agreement, which can be amended by mutual consent of the nurse and Employer.
   (e) The amount of monetary repayment shall be assessed and hours worked toward fulfillment of the nurse's obligation shall be taken into account. Any such amounts shall be prorated based on the total hours of work required for the original term of fulfillment of the agreement.
   (f) In the event that an Employer is no longer able to provide a nurse with the opportunity to fulfill the terms of the agreement, the nurse shall not be obligated for repayment and the agreement shall become null and void.
   (g) In the event of an approved leave of absence, during the repayment period, the Employer and the individual nurse shall meet to revise the calendar time and hours worked required to fulfill the agreement. The nurse can elect to include the Union in such meeting.
   (h) Should the nurse fail to return to work as required under the Return of Service Agreement, the nurse is indebted to the Employer as per paragraph 3 above.
   (i) In the event of the death of a nurse prior to completion of any of the requirements of a Return of Service Agreement, the nurse's estate shall not be obligated to the Employer for any repayment and the agreement shall become null and void.

MNU Provincial Office should be negotiating Return of Service Agreements to ensure they are fair, reasonable and consistently applied throughout the province.

24. Re: Provincial Travel Nurse Team (the "Team") *(Applicable to Full Time, Part Time and Casual Nurses unless expressly stated otherwise)*

WHEREAS there is a need to meet health care service delivery requirements throughout the Province of Manitoba;

AND WHEREAS the parties recognize the need for a stable, reliable and skilled nursing workforce to effectively address the ongoing demands of various patient care needs, with less reliance upon external contracted resources;

AND WHEREAS the parties wish to encourage and incentivize nurses to help meet these requirements through participation in the Team;

AND WHEREAS retention, recruitment and training of nurses is a priority for the Manitoba government, health system Employers and the Manitoba Nurses Union;

AND WHEREAS the parties recognize there are significant nursing retention and recruitment challenges and the parties agree that ongoing, focused effort on retaining and attracting nurses to the provincial health system is required;

AND WHEREAS the parties have conducted collaborative discussions related to retention and recruitment of nurses in the Collective Agreements between the Employers and the Union, including the Provincial Travel Nurse Team (PTNT) and the intention of the parties is that these discussions continue;

AND WHEREAS the Provincial Travel Nurse Team is intended to make significant improvements in nurse staffing levels, significantly decrease the Employers' reliance on agency nurse usage, reassignment or temporary transfer of nurses due to staffing shortages and mandatory overtime usage by the Employers listed in Appendix "D" of the Collective Agreement;

AND WHEREAS the parties have determined they wish to modify and or amend certain conditions of the Memorandum of Understanding #25 (the Provincial Travel Nurse Team MOU), as well as the Memorandum of Understanding Re: Interpretation of MOU #30 Re Provincial Travel Nurse Team dated November 29th 2022, as indicated herein and agree as follows:

It is understood between the parties that the following interpretation and application will be applied as it relates to the Provincial Travel Nurse Team (PTNT).

1. Prior to implementation of the PTNT, nurses whose sites may be affected by the introduction of the PTNT program shall be provided reasonable opportunity to increase their EFTs.

2. Shared Health (direct operations) (the "Employer") shall establish the Team and will employ nurses in positions in the Team. Team nurses will be covered by the terms of the Shared Health Employers Organization Collective Agreement (the "Shared Health Collective Agreement"), on the terms and conditions set out herein. Where the terms and conditions of this Memorandum of Understanding conflict with other provisions of the Shared Health Collective Agreement, this MOU shall govern.

3. Team nurses shall be entitled to work in any Employers Organization in the Province and shall be governed by the Shared Health Collective Agreement only.

4. The purpose of Team assignments for full-time, part-time, and casual nurses is to address staffing shortages caused by gaps in coverage such as for sick leave; vacation; leaves of absence; educational leaves; skills maintenance; surges in workload; unanticipated absences; unfilled vacancies; and such other causes as are experienced from time to time. For purposes of clarity available shifts will be offered to existing site nurses as provided in #27 below.

5. The Employer and the Union shall consult from time to time regarding the processes to be followed in the creation, development, and evolution of the Team and Team positions. Team processes will consider the requirements of patient care, recognition of the importance of a healthy workplace and value overall wellbeing of nurses, as well as input from the Employer and the Union regarding that:
    - assignments will be based on service delivery requirements;
    - travel will be required to designated locations for designated periods of time, and accommodation, where necessary, will be provided by the Employer;
    - shift schedules may be variable and flexible (e.g. Days, Evenings, Nights, Weekends, or a combination thereof, as set out in the posting) as per #27;
    - type of positions may be variable and flexible (e.g. Casual, Term, Permanent); and
    - other considerations may arise in achieving the goals of the Team.

6. The Employer will create Team positions, which shall be posted and include the following information:
    - EFT (if applicable), anticipated shift schedule, and type of position (Permanent, Term or Casual);
    - may include areas or sites in the Province to which the position applies or may be subsequently determined in consultation with the nurse;
    - travel requirements and rates, and home base for purposes of determining same, if applicable;
    - nursing specialty, qualifications, and skills, as applicable; and
    - such other information as the Employer determines necessary.

7. Where a nurse already holds a position with a Central Table Employer such shall be designated as the nurse's home base and will be included in the offer letter, for purposes of determining travel and accommodation entitlements.

8. Schedules shall be determined by the Employer, within the scope of the posting subject to #27 below, and on reasonable notice to the nurse.

9. Each site to which a nurse is assigned will provide an orientation period to the nurse. The orientation shall be of sufficient duration to assist the nurse in

becoming familiarized with essential information such as policies, procedures, routines, location of supplies and equipment, and fire and disaster plans.

10. Operational direction of the nurse will be the responsibility of the site to which a nurse is assigned. The Employer shall ensure the nurse is advised of who will provide operational direction at the site.

11. Any mileage expenses incurred, shall be compensated in accordance with the Collective Agreement.

12. With the exception of Shared Health nurses as described in #17 below, the Team shall be considered to be a site within the Employer for purposes of Appendix "D" – Site List. As a result, hours worked in a Team position shall not be considered as hours worked for purposes of determining overtime for any other positions occupied by the nurse within the Employer.

13. Vacation and vacation pay, where applicable, will be provided in accordance with the Collective Agreement. Where possible, reasonable consideration will be given to aligning Team vacation requests with the vacation requests of nurses who hold another position(s).

14. Nurses participating in the Team are not eligible to receive the payments outlined in Appendix F – Bi-Weekly Remoteness Allowance, nor the Isolation/Remoteness Retention Allowance.

15. If the Employer at the site to which a nurse is assigned has concerns about the nurse's performance, these may be addressed informally by that Employer, but formal performance management shall be provided by the Employer only.

16. Seniority shall accrue with the Employer as provided in the Shared Health Collective Agreement.

17. Hours worked at "home base" are not eligible for the 15% or $6.00 per hour, whichever is greater, premium.

    (i) Where a nurse currently holds a position with an Employer who is part of the Shared Health Employer Organization, they shall be provided opportunity to accept a position in the PTNT. The positions shall be considered a separate site except for:

        (a) Where a nurse holds a Central Table Employer (including Shared Health) position and a PTNT position, where the combined EFTs meet or exceed a 1.0 EFT, the nurse shall be considered to qualify for the Full Time Incentive(s) in accordance with the Collective Agreement and any other active memorandum.

18. All hours worked away from the home base will be provided the premium rate of $6.00/hour or 15% (whichever is greater). Where a nurse does not hold a position with a Central Table Employer facility, site or program, the nurse shall NOT be considered to have a “home base” and all hours worked in the PTNT shall be considered as “away”. All hours worked in “away” status are eligible for the $6.00 or 15% per hour, whichever is greater, premium. However, for the purposes of the PTNT nurses, hours engaged in travel are not eligible for the premium.

19. When a nurse from the PTNT is assigned to work in Northern Manitoba (Northern Regional Health Authority, Berens River and Churchill), instead of the premium outlined in the Provincial Travel Nurse Team agreement ($6.00 or 15%, whichever is greater), they shall be paid the premium of $10.00 per hour or 25%, whichever is greater, for all hours worked, but not including hours engaged in travel.

20. Overtime

    (j) Overtime shall be time worked which exceeds the normal daily shift as defined in Article 14 of the Collective Agreement, or

    (jj) Due to the nature of the compressed work schedule associated with a Team position an annual paid hours reconciliation will be conducted for the period of April 1 to March 31 each year. Hours paid over 2015 annual hours will be paid at the applicable overtime rate as outlined in the Collective Agreement.

21. Where a nurse accepts a full time or part time position with the PTNT they shall qualify for any incentive(s) in accordance with the Collective Agreement and any other active memorandum.

22. Where a nurse is required to work 50 kilometers or less from their residence (measured in distance via serviceable public roadway) the nurse is not eligible to receive mileage, travel time or per diem.

23. Where a nurse is required to work in an “away” capacity greater than 50 kilometers from their residence (measured in distance via serviceable public roadway) they shall receive:

    (i) Travel time, exclusive of time spent traveling to the province of Manitoba, will be paid at the nurse’s regular rate of pay (or at 1.5x on a Recognized Holiday) for all hours engaged in travel, up to a maximum of 8 hours, however the Employer will pay beyond 8 hours in cases of exceptional circumstances Travel time shall not be

considered as part of the nurse's EFT, however travel time in combination with the nurse's EFT shall be applicable towards qualification for any of the existing incentives (Full Time, Retention/Recruitment). However, where circumstances arise where travel time to a remote location routinely exceeds eight (8) hours in duration by the most direct and efficient means, the parties agree to revisit the maximum amount to reflect the amount of travel time actually required for that location. For clarity travel time shall be counted towards duration of work for the purposes of Article 1504(h)

(ii) Where the nurse utilizes their personal vehicle, they shall be provided the mileage rate as per the Collective Agreement. The most direct travel route shall be used for the calculation using Google Maps via serviceable public roadway.

(iii) A nurse travelling on a regular scheduled day of work will not suffer any loss in basic salary as a result of missing any portion of a scheduled workday due to travel.

(iv) No nurse will be compelled to involuntarily accept an assignment where travel exceeds four (4) hours in duration.

(v) Where required, accommodations will be provided if available. Where accommodations cannot be provided, the nurse will be reimbursed for reasonable accommodations made.

24. Per diem of $60 per day, south of 53rd parallel, or $65 north of the 53rd parallel for each day in "away" status. Where travel is of significant distance from the nurse's residence the Employer shall provide return airfare, taxi or vehicle rental expenses as required and provide suitable accommodation for the duration of all "away" assignments. A personal automobile may be used for travel when other transportation is unavailable, or it is determined to be, with the prior approval of the Employer, an efficient and practical method. Reimbursement shall not exceed the amount that would have been paid if the nurse had traveled on a commercial carrier (documentation should be provided noting what the price of travel by the commercial carrier would have been) and shall be calculated on the mileage rate as per the Collective Agreement.
Where nurses elect to use a personal automobile between their residence and station or airport, the nurses may claim a mileage allowance and parking, with the total amount allowed not to exceed the equivalent cost of taxi service.
In determining the efficiency and practicality of personal vehicle usage versus commercial carrier or other form of commercial travel the following shall be taken into account:

a) Availability of commercial travel on the date travel would be required in order to attend for the required shift(s).

b) Difference in travel time between use of commercially available travel for the required dates and use of personal vehicle.

c) Difference in cost of required additional accommodation for use of personal automobile versus use of commercial travel, taxi or rental vehicle (where applicable).

For the purposes of this section, when disputing the efficiency and practicality of the use of a personal vehicle, the onus will be on the Employer to;

i) demonstrate the travel for the prescribed period could have been accomplished more practically and efficiently through an alternate reasonable method.

ii) have provided sufficient advance notice to the nurse in such circumstances such that there was a reasonable opportunity for the nurse to amend travel plans to align with the Employer's preferred method of travel.

25. Where a nurse is designated to work in another facility, site or program or in travel status within twenty-four (24) hours of the conclusion of their designated shift, they shall not be mandated to work overtime. Exception would be when the Team nurse is the only assigned nurse and unable to leave. In such case the Employer(s) shall provide the nurse with a minimum of eight (8) hours clear rest between cessation of work and commencement of travel or commencement of attending the start of a scheduled shift at another facility/site/program. The nurse shall not suffer a loss of pay for any hours of the shift designated to be worked in another facility/site/program that is missed as a result of providing the clear rest period.

26. The Employer commits that the locations where a nurse may work will be determined by taking into primary consideration the indicated preference(s) of the nurse. The Employer commits to a stable list of sites where the nurse will work with consideration taken of the operational needs of the Employers. Unless waived by agreement between the nurse and the Employer, the nurse's preferred sites must include at least one (1) of either rural or northern Employer Organization. The Employer and Union agree that PTNT nurse familiarity and experience with a constant site assignment is beneficial to patient/resident care. Where any changes are unavoidably necessary to ensure maintenance

of the nurses' EFT such will be made through mutual agreement whenever reasonably possible. Where there is no mutual agreement between the nurse and the Employer, the Employer shall not compel a nurse to travel to a non-preferred site (Appendix D) without significant notice (minimum two weeks), so as to provide stability to the nurse's assignment within the relevant posting periods. The Employer commits to maintain an environment of attractiveness/desirability for PTNT positions so as to maximize recruitment/retention of nurses and tangible mitigation/reduction of Agency nurse use. Such will include stability of assignment and avoidance of assignment to nonpreferred sites unless significant urgent and exigent circumstances make such unavoidable in order to provide necessary patient care. In the circumstance that the Employer compels the nurse to travel to and/or work at a non-preferred site, the nurse shall be compensated at double the premium amount for the Provincial Travel Nurse Team, applicable as per Article 2805 Re: Involuntary Reassignment in Event of Staffing Shortages.

27. Re: Application of Article 15 as it relates to nurses employed in the Provincial Travel Nurse Team

It is understood that for nurses in the Provincial Travel Nurse Team, the provisions of Article 1501 and 1504 shall be waived and amended within reason with the mutual agreement of the nurse and the Union. However, with respect to Article 1501 the Employer shall endeavor to provide as much advance notice as possible to the nurse in regards to the schedule. The waiving of Articles 1501 and 1504 applies ONLY to those nursing positions within the Provincial Travel Nurse Team and is on an entirely without prejudice and precedent basis. The Employer agrees that such exception shall not be adduced or utilized to seek similar exception for any positions outside the Provincial Travel Nurse Team.

It is understood that where a nurse's schedule may include scheduled gaps, for example a 4 week on, 4 week off schedule, the Employer will ensure coverage for all benefits are maintained and an accounts receivable established for the nurse and such arrears will be deducted from the nurse's next pay. For gaps in excess of three (3) months, nurse will be required to prepay benefits.

In regards to the assignment of shifts for the FT and PT PTNT nurses, it is understood that FT and PT PTNT nurses will be assigned shifts prior to the PT site nurses picking up additional available shifts in order to guarantee the EFT of the PTNT nurses. Determination of allocation of shifts is as follows:

(i) Site nurses to fulfill EFT

(ii) Site Float/Relief to fulfill EFT

(iii) Regional Float/Relief Pool to fulfill EFT

(iv) Provincial Travel Nurse Team to fulfill EFT

Once the above EFT's are assigned, then posted anticipated additional available shifts will be awarded as follows:

(i) Part time site nurses (not in OT position)

(ii) Part time site Float or Relief Pool nurses (not in OT position)

(iii) Part Time Regional Float (not in OT position)

(iv) Site Casual nurses (not in OT position)

(v) Site Casual Float / Relief Pool nurses (not in OT position)

(vi) Regional casual nurses (not in OT position)

(vii) Provincial Travel Nurse Team Part Time (not in OT position)

(viii) PTNT casual nurses (not in OT position)

(ix) Full time nurses at site (in OT position)

(x) Part Time nurses at site (in OT position)

(xi) Full time Site Float or Relief nurses (in OT position)

(xii) Part time Site Float or Relief nurses (in OT position)

(xiii) Full time Regional Float (in OT position)

(xiv) Part time Regional Float (in OT position)

(xv) Site Casual nurses (in OT position)

(xvi) Casual Site Float or Relief nurses (in OT position)

(xvii) Casual Regional Float nurses (in OT position)

(xviii) Casual Regional nurses (in OT position)

(xix) Full time PTNT nurses (in OT position)

(xx) Part Time PTNT nurses (in OT position)

(xxi) Casual PTNT nurses (in OT Position)

Overtime shall be awarded in accordance with Article 16 of the Shared Health Collective Agreement.

28. Recognizing the operational challenges and difficulties for remote facilities/sites, PTNT nurses will be assigned shifts at regular rates in such facilities/sites during the scheduling period after site nurses schedules are determined in order to fulfill their respective EFT, and may be assigned shifts prior to site nurses being offered overtime. Overtime will be offered to Full and Part Time nurses at a site prior to overtime for PTNT nurses for the following remote sites: Churchill, NRHA, Berens River. The exception for these sites is meant to address the travel and work/life balance difficulties associated with bringing nurses to these remote locations to mitigate unfilled shifts. The intent is not to disadvantage site nurses, but to ensure adequate PTNT nurses are willing to fill such shifts in a manner that avoids excessive and inefficient travel.

29. Excluding Casual Nurses: Where a nurse is able to remain at, or return to, their residence but cannot travel to the scheduled site due to whiteout/blizzard conditions in Manitoba as declared by Environment Canada or the Employer, or due to road closures as declared by police agencies or Manitoba Infrastructure, or due to flight cancellations in Manitoba:

    a) the nurse shall be rescheduled at a mutually agreeable time if reasonably possible during the following two (2) consecutive bi-weekly pay periods to work any hours missed.

    b) Where the scheduling of such shift cannot be reasonably accommodated the nurse shall be compensated at a rate of two (2) hours basic pay per eight (8) hours or portion thereof of scheduled work hours missed.

    c) If the nurse can reasonably be rescheduled and chooses not to be rescheduled, the nurse may take the time from current banked time which includes banked overtime, Recognized Holidays or vacation.

    d) The nurse shall be compensated at the rates described in #24, #25 & #26 of this MOU for all hours and expenses engaged in attempts to travel to the scheduled worksite as well as the return home.

    e) Includes Casual Nurses: Where a nurse is engaged in travel to a scheduled site and is unable to arrive there and/or to return home due to conditions as described in 12 above, the nurse shall be reimbursed for all related expenses incurred and paid for the duration

of the scheduled shift. When the nurse arrives at home they shall be then compensated as described in b) above.

30. Where incentives (monetary or non-monetary) associated to the PTNT prove insufficient to achieve the stated purposes as outlined in the preamble, the parties shall engage in meaningful negotiations to consider, and exercise all due diligence to develop, agree upon and implement additional incentives, or modification of existing incentives, in order to achieve the goals outlined therein. Either party may give written notice to the other to commence such negotiations. Upon receipt of such notice, the receiving party shall meet with the sending party no later than sixty (60) days thereafter.

31. Where a PTNT nurse selects earned vacation outside all the time frames listed below, such nurse shall receive an additional one (1) day's paid vacation to be taken in that vacation year, which may be booked in accordance with the process for booking any reserved days as outlined in Article 2101 (added to the up to five (5) days of regular vacation that may be retained).

    a. The week before and the week after Christmas

    b. the week of Spring Break (last week of March)

    c. July and August

32. Vacancy Selection – for the purposes of vacancy selection of PTNT nurses, the following order of selection will apply:

    1. Internal PTNT nurses

    2. Nurses employed within Direct Ops in any Employers Organization

    3. Nurses from another Employer in any Employers Organization

    4. External to Employers Organization

    Where there is a tie in seniority amongst the most senior nurses for a position, and a tiebreaker is required, a draw will be conducted between those senior nurse applicants, in the presence of the union representative. The winner of the draw will be awarded the position.

33. The parties (Union and Employer) agree to meet at minimum every twelve (12) months after the date of signing this agreement to review the terms and conditions herein and make any modifications as agreed upon.

34. The parties will incorporate all terms and conditions into the Collective Agreement.

The terms and conditions of this memorandum shall be modified as necessary upon mutual written agreement of the Employer and the Union.

25. Re: Preservation of Seniority, etc. For Different Annual Work Hours

WHEREAS the Health Sector Bargaining Unit Review Act (HSBURA) required a realignment of bargaining unit representation;

AND WHEREAS employees/nurses ("nurses") formerly represented by the other bargaining agents were, subsequent to the issuance of Interim Labour Certificates, then represented by the Manitoba Nurses Union (MNU);

AND WHEREAS the MNU as bargaining agent conducted subsequent Collective Agreement negotiations on behalf of all nurses now represented by MNU, at "central table" negotiations;

AND WHEREAS certain nurses had previously accrued seniority and service at a rate that may be different than specified in the MNU Collective Agreement(s) negotiated at "central table", and occupied positions which were subject to former Collective Agreement provisions that specified qualifying full time annual hours which varied from those in the MNU Collective Agreement(s);

AND WHEREAS certain other nurses represented by MNU prior to the realignment of HSBURA, occupied positions which were subject to previous MNU Collective Agreement provisions that specified a variety of qualifying full time annual hours other than two thousand fifteen (2015);

AND WHEREAS the parties have agreed, through collective bargaining, that effective April 1, 2022, all annual hours of full-time work shall be standardized to be two thousand fifteen (2015) for all nurses in all MNU bargaining units represented at "central table";

NOW THEREFORE the parties agree as follows:

1. Where, for any period prior to April 1, 2022, a nurse occupies(d) any position for which the annual hours which qualify for "full time" are other than two thousand fifteen (2015), all calculations of years of service, or portions thereof, for any such period prior to April 1, 2022, shall be conducted based on the number of hours then associated with the position.

2. For greater certainty, any years or portions thereof, prior to April 1, 2022, shall be recognized using the qualifying amounts of annual hours for that position at the relevant time, for the purposes of determining seniority as per Article 2501, and all other relevant accruals, including but not limited to: vacation accrual, and pre- retirement leave.

Example 1: Nurse A commenced a full-time position effective April 1, 2016. The annual hours for the position were 1885 up until the date of standardization, i.e., April 1, 2022. Nurse A worked 1885 hours per year up until April 1, 2022, and further five (5) years thereafter at 2015 hours per annum, retiring on March 31, 2027 at age 57. Nurse A would have eleven (11) years of service, resulting in 44 days of pre-retirement entitlement in accordance with Article 2413(a). For the purposes of vacation entitlement and paid vacation, Nurse A would qualify for paid vacation of

twenty five (25) days/five (5) weeks, effective April 1, 2026 as per Article 2103 (i.e. in the eleventh (11th) year of service).

Example 2: Nurse B was hired for and worked a 0.5 EFT (and no additional available shifts beyond the 0.5 EFT), beginning on April 1, 2016 and retiring on March 31, 2027. The annual hours for the position were 1885 up until the date of standardization, i.e., April 1, 2022. Nurse B would receive twenty-two (22) days pre-retirement leave, upon retirement.

Enshrines transfer of seniority and service as a result of HSBURA an amalgamation of bargaining units. A year of service earned at a different rate other than 2015 hours is considered a full year for the purpose of accruals (pre-retirement, vacation, etc.).

1. For the purposes of increment advancement, please refer to the MOU #34 re: Article 3408 (Increments).

26. Re: Article 3408 (Increments) *(n/a @ WRHA- Public Health Program)*

For part-time nurses whose annual hour base prior to April 1, 2022 is different than 2015, the parties agree that the nurse's former Collective Agreement provisions, as they relate to receiving the next increment on the salary scale, shall continue to apply up until such time as the nurse has received their next increment. Thereafter, Article 3408 of the MNU Collective Agreement shall apply.

For clarity this MOU applies only to the timing of the receipt of the subsequent increment. The salary scales themselves, with respect to the amount corresponding to each step, are understood to be as per the new Collective Agreement.

27. Re: Hours of Work

The existing provisions governing hours of work (Collective Agreement MOUs MOAs) in place at each site shall be maintained as per existing practice (as outlined in the former applicable Collective Agreements MOUs MOAs) until 2400 hours, March 31st, 2022. Existing provisions shall include, but are not limited to: rest periods, meal periods, shift duration, days of rest, flex time, and any other consideration with respect to the administration of hours of work.

It is understood between the parties that for the purposes of interpreting Article 302 (b) – (Part Time Nurse Definition), and Article 14 for the sites and employers comprising the Employers Organization, the paragraph above will apply until March 31st, 2022.

Effective 0001 hours, April 1st, 2022 the provisions of Article 302 (b) and Article 14 of this Collective Agreement shall then apply to all sites unless otherwise agreed by the parties.

28. Re: Undergraduate Nursing Employee (UNE)

Nursing students who have completed an appropriate amount of the curriculum and clinical experience are a valuable resource to support the existing collaborative health care team to provide patient centered care within the health care system;

1. The UNE will be a nursing student enrolled in an Employer-approved nursing education program leading to initial entry to practice as a Registered Nurse (RN) or Registered Psychiatric Nurse (RPN). When a UNE is no longer enrolled in the approved nursing education program the UNE is no longer permitted to work as a UNE.

   The UNE position provides an opportunity for the nursing student to consolidate the knowledge and skill acquired in their nursing education program towards competency in the range and complexity of RN or RPN practice. The UNE is an unregulated member of the collaborative health care team who provides patient centered care under the supervision of the RN or RPN.

2. All regular hours accrued while working in the casual UNE position will be credited towards seniority and increment hours when such nurse acquires a part time or full time position as a Graduate Nurse or Registered Nurse or Graduate Psychiatric Nurses or Registered Psychiatric Nurse.

3. The parties recognize that there may be a gap in time between when the UNE is officially graduated and when they write the NCLEX in order to become a registered nurse. The parties agree that in recognition of the potential gap in time the UNE will be able to maintain their casual seniority for a period of one hundred twenty (120) days post graduation during the period of time they are waiting to write the NCLEX. This allows the UNE to utilize such seniority for the purposes of vacancy selection in accordance with the Collective Agreement.

   In the event one hundred twenty (120) days are exceeded, unless there are extenuating circumstances, the UNE will be terminated and no longer be eligible to use casual seniority hours accrued.

   As a casual employee, the UNE will be subject to the provisions of Article 35 – Special Understanding re Casual Nurses, with the exception of:
   a. Article 3503
      i. the allowance as outlined in Article 18;
      ii. Responsibility Pay premium outlined in Article 19;
      iii. the Employer Sponsored Education Development allowance in 2407.
   b. Article 3504 – however UNE's will be paid 5% Recognized Holiday pay

4. The UNE will be compensated in accordance with Appendix "A" of the Collective Agreement.

Utilization and employment of UNEs shall not result in elimination or reduction of positions for all other classification of nurses, nor result in the reduction of the availability of additional available shifts, or a reduction in the hours that would otherwise be available for any other classification of nurses. The parties shall discuss the ongoing role of the UNE at the applicable Nursing Advisory Committee (NAC) meeting and address issues raised by the parties to ensure the successful implementation of this classification. In the event that there is a permanent

increase or decrease to the nursing complement or there is a change to the master rotation on a unit where the UNE is utilized, the Employer will advise the Union of such change.

Introduces UNEs into the bargaining unit and outlines terms and conditions of their employment.

All regular hours accrued while working in the casual UNE position will be credited towards seniority and increment hours when such nurse acquires a part time or full time position

29. Re: Vacancy Information Provided to Patient Care Optimization Committee

The parties acknowledge and agree that the sharing of relevant information in a timely fashion is important to the achievement of the objectives of the Patient Care Optimization Committee ("the Committee").

In order to support the work of the Committee as it relates to issues of recruitment and retention, and to identify where staffing priorities and needs may exist across Manitoba, it is agreed that each Employers Organization will provide to the Committee a quarterly vacancy report containing monthly nursing vacancies categorized by facility/site/program, as appropriate.

It is understood and agreed that detailed vacancy information exchanged between the parties pursuant to this memorandum will not be shared publicly. This does not prevent either party from commenting on significant shortages due to unfilled vacancies or generalized vacancy trends publicly.

The information regarding vacancy rates must be shared quarterly with the committee by the Employer and may be useful in determining staffing priorities/recruitment initiatives.

30. Re: Reference to Standardization Committee During Term of Agreement

WHEREAS in negotiating the terms of the six (6) Collective Agreements between the Manitoba Nurses Union and the Employers Organizations to which this Memorandum of Understanding is attached, the parties have sought to standardize Collective Agreement terms across all agreements, but recognize that additional consultation is necessary before attempts can be made to standardize the terms governing issues identified by Employers and worksites; Employers Organizations and Bargaining Units;

AND WHEREAS the complexity of attempting to standardize terms related to these issues is such that it was not practicable to attempt to do so in the negotiation of the current Collective Agreements;

AND WHEREAS the parties wish to make a "best effort" attempt to reach agreement on standardization of Collective Agreement terms related to these issues during the term of these Collective Agreements;

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

The Employers and the Manitoba Nurses Union agree to strike a committee or committees, with equal representation of three (3) to five (5) members each, to engage in a consultative process to seek agreement regarding standardization of Collective Agreement provisions related to the issues.

The Employers Organization shall provide disclosure of relevant data as determined by the committee(s) to permit full consideration by the committee(s).

The committee(s) shall commence consultation at a time agreed by the parties but in any case no later than three (3) months after date of ratification, and shall meet when determined by the committee, with a view to completing consultation within six (6) months of commencement of the committee(s), or such extended period as the parties agree.

Either party's representatives on a committee may introduce any Collective Agreement issue for consideration of standardization.

If a committee is able to reach an agreement on a proposed amendment to the Collective Agreements in respect of any one or more of the issues under consideration, they may recommend such amendments to their respective parties (MNU/PHLRS) for consideration. The parties may agree to proceed with such amendments, subject to necessary ratification, if required, or may table the issue(s) to be addressed in the Collective Agreement negotiations which occur for renewal of the Collective Agreements.

Committee tasked with seeking standardization of language across Employers where appropriate and agreed upon.

31. Re: French Language

The Employers have an obligation to ensure compliance with respect to a variety of statutory authorities by requiring bilingualism (French and English) as a bona-fide qualification for designated bilingual position(s) within a site/program. In the event the Employer elects to designate an additional bilingual position(s), the Employer and the Union shall meet to discuss the bilingualism requirements attached to the position(s).

The Employers Organizations recognize that the rights of all nurses must be respected under the Collective Agreement. For operational purposes, bilingual position(s) as designated by the Employer may be awarded to a unilingual candidate subject to the requirement to attain linguistic competency in either French or English within a reasonable time period. In the event that there is no qualified bilingual nurse applicant for the designated bilingual position(s), the Employer may fill positions as necessary to meet patient care needs.

The following Memorandum of Understanding particular to the French Language in the Collective Agreements in force and effect when The Health Sector Bargaining Review Act was proclaimed, remain in force and effect for the duration of the Collective Agreement:

In the event of a conflict between this MOU and an existing MOU, the existing MOU shall govern.

Employer	Union	Employer Organization	Number

Actionmarguerite (Saint Boniface) Inc.	Tache Nurses Worksite 49 of the Manitoba Nurses' Union	Winnipeg Employer Organization	FL #1
Actionmarguerite (Saint – Vital) Inc.	Foyer Valade Nurses Local 146 of the Manitoba Nurses' Union	Winnipeg Employer Organization	FL #2
St. Boniface General Hospital –	St. Boniface Nurses Local 5 of the Manitoba Nurses' Union	Winnipeg Employer Organization	FL #3
Southern Health – Sante Sud a) Foyer Notre Dame b) Centre Sante Notre Dame Worksites	Manitoba Nurses Union	Southern Employer Organization	FL #4

Existing MOUs supersede this MOU, Employer does have the right to award bilingual positions to non-bilingual candidates under certain circumstances.

32. Re: Article 30A

The Employer and the Union mutually agree that because St Amant Centre no longer participates at the Central Table negotiations due to the restructuring as a result of the HSBURA legislation, the provisions of Article 30A shall also apply to nurse-initiated mobility to/from St Amant Centre, with the exception of transferability of accrued vacation.

Includes St. Amant in nurse-initiated mobility provisions except transferability of accrued vacation.

33. Re: Appendix C – Occupational Classifications

The parties acknowledge and agree that most Collective Agreements that are now part of each Employers Organization contain an Appendix C – Occupational Classifications. Each Appendix C is specific to the Employer's or site's previous Collective Agreement.

Specifically, the Appendix C for WCHREO and SHEO in its current form does not reflect the additional classifications that resulted from HSBURA and therefore each Appendix C will need to be updated to reflect such changes, as well as ensure the inclusion of the information from all sites comprising each EO.

In order to work towards a standard Appendix C – Occupational Classifications, the parties agree to maintain the current Appendix C's for each site/Employer, and refer the process of standardization of these Appendices to the Standardization Committee outlined in MOU 39 Re: Reference to Standardization Committee During Term of Agreement.

Where nurses are employed at a site, program or facility that was previously represented by a bargaining unit other than MNU, the parties agree that non nursing classifications under the various Appendix C's, shall not be included. Only those nursing classifications shall remain in the various Appendices, and they shall be aligned with the appropriate salary scale, based on MNU classifications. Should the parties be unable to reach agreement on which classification should apply to such nurses, within fifteen (15) days of the signing of this Agreement or such timeline as agreed by the parties, the matter shall be referred to an arbitrator to make a binding determination on the nurse's appropriate classification.

Standardization Committee will work towards a standard version of Appendix C based on MNU classifications.

34. Re: Regional Float Nurse(s) (Not Applicable @ Community Health and Home Care Nurses)

The Employer and the Union agree that the following conditions and understandings shall apply to Nursing Services provided by Regional Float Nurse(s).

1. When Regional Float Positions are created by the Employer, the positions will be posted as per Article 3001.

   The Employer is required to list the EFT, length of shift(s), and site(s) where the nurse will be assigned to work.

1. Home base for the successful applicant(s) will be determined as follows:

   (i) Home base will be one of the sites in which the Regional Float Nurse(s) will be working.

   (ii) The home base will be determined by the Employer prior to posting, and identified on the job posting, if a significant majority of the work is determined to be at one particular site, or

   (iii) It will be identified on the job posting that at the conclusion of the posting process, the home base will be determined between the Employer, the Union and the successful applicant.

   2. Transportation reimbursement will be provided to Regional Float Nurse(s) in accordance with the prevailing Province of Manitoba mileage rates in accordance with the following formula:

      distance (in kms) from the nurse's home to the alternate worksite minus the distance (in kms) from the nurse's home to the nurse's home base (worksite).

It is understood that any adjustments in the mileage rates shall be implemented as quickly as reasonably possible, retroactive to the date the Province of Manitoba mileage rates became effective.

Adjustments shall mean either an increase or decrease.

3. Professional practice issues shall be dealt with at the designated home base.

4. The terms and conditions of the Collective Agreement between the Employer and the Manitoba Nurses' Union shall be applicable.

Article 15 applies to Regional Float Nurse positions except the requirement for a Master Rotation. They have shift schedules posted in accordance with 1501. The shift length of the position must be included in the posting and shift length must be specifically referenced in the nurse's posted shift schedule. A nurse may be scheduled to work a 12 hour shift (without overtime being applicable for hours worked in excess of 7 ¾ hours) in a 8 hour facility/unit provided the posting indicated that the float position was a combination of 8 and 12 hour shifts. The memorandum regarding 12 hour shifts must be followed if there are any 12 hour shifts scheduled in the posted hours.

35. Re: Joint Safe Patient Care Committee

In the interest of safe patient care and safe nursing practice, the parties agree to establish a Tripartite Manitoba Nurses Union/Employer/Manitoba Health Committee to review and make recommendations on issues of mutual interest to ensure effective and safe health care service delivery.

Topics will include but are not limited to:

a) Nursing practice conditions
b) Safety of patients and nurses
c) Safe staffing model(s)
d) Role of Charge Nurse
e) Patient Care hours
f) Community nursing

The Committee will be struck and will commence work within ninety (90) days of ratification. The parties shall create terms of reference for the Committee. Such terms of reference shall include a process whereby agreed recommendations may be implemented within the duration of the Collective Agreement.

This committee is currently on hiatus given the mandate is encompassed by Joint Nursing Council and Patient Care Optimization Committee.

36. Re: Compressed Schedule Worker

No later than sixty (60) days after ratification of this Agreement, the parties shall establish a committee to develop terms and conditions for part time/full time

Compressed Schedule Workers. Where terms and conditions of Compressed Schedule Workers have been established by agreement, they shall be incorporated into the terms of the current Collective Agreement.

The committee shall consist of equal representation from the parties, with two (2) appointees from the Employer and two (2) from the Union. Either party may initiate commencement of meetings of the committee by providing written notice of such to the other. The parties shall meet within fourteen (14) days of such notice, or later if mutually agreed.

The committee shall, by mutual agreement, establish the frequency of subsequent meetings.

37. Re: Supervised Internationally Educated Nurse (SIEN)

The parties agree that there are IEN applicants who require minimal education that can be remediated quickly through distance or continuing education as identified by the CLPNM.

The parties have agreed and created a new classification for these Internationally Educated Nurses, which will permit eligible IENs to enter into clinical practice sooner, in paid positions.

Inclusion of these internationally educated nurses in the bargaining unit, will afford these IENs the opportunity to utilize rights in the Collective Agreement to apply for nursing positions as an internal candidate;

1. The SIEN may be hired into a casual, part-time or full- time position. The terms and conditions of the MNU Collective Agreement shall apply as a whole with the following exceptions:
    a. Where a SIEN has been hired as casual, all regular hours accrued while working in this casual position will be credited towards seniority and increment hours when such nurse acquires a part- or full-time position as a Licensed Practical Nurse.

2. The SIEN will be compensated in accordance with Appendix “A” of the Collective Agreement. The graduate practical nurse will continue on the SIEN salary scale until such time as they become a Licensed Practical Nurse.

3. All regular hours accrued while working in the full time, part time or casual SIEN position will be credited towards seniority and increment hours when such nurse acquires a part time or full time position as a Graduate Practical Nurse or a Licensed Practical Nurse.

4. The parties recognize that there may be a gap in time between when the SIEN is officially graduated and when they write the CPNRE in order to become a Licensed Practical Nurse. The parties agree that in recognition of the potential gap in time the SIEN will be able to maintain their casual seniority for a period of one hundred twenty (120) days post graduation during the period of time they are waiting to write the CPNRE. This allows the SIEN to utilize such seniority for the purposes of vacancy selection in accordance with the Collective Agreement.

   In the event one hundred twenty (120) days are exceeded, unless there are extenuating circumstances, the SIEN will be terminated and no longer be eligible to use casual seniority hours accrued.

5. Utilization and employment of SIENs shall not result in elimination or reduction of positions for all other classification of nurses, nor result in the reduction of the availability of additional available shifts, or a reduction in the hours that would otherwise be available for any other classification of nurses. In the event that there is a permanent increase or decrease to the nursing complement or there is a change to the master rotation on a unit where the SIEN is utilized, the Employer will advise the Union of such change.

All regular hours accrued while working in the casual SIEN position will be credited towards seniority and increment hours when such nurse acquires a part time or full time position

39. Re: Internationally Educated Nurse/Nurse Re-Entry/Refresher Program- Undergraduate Nursing Employee (IEN/NREP-UNE)

WHEREAS Internationally educated nurses, and nationally educated/trained nurses who are in the process of reentering the workplace, have met a certain level of competencies as confirmed through the completion of the Clinical Competence Assessment and are on the pathway to becoming Registered Nurses with the College of Registered Nurses of Manitoba (CRNM), are deemed to be considered equivalent to having completed an appropriate amount of the curriculum and clinical experience of a nursing student, are a valuable resource to support the existing collaborative health care team to provide patient centered care within the health care system;

AND WHEREAS the parties have, by agreement, expanded upon the Undergraduate Nursing Employee classification and created an additional sub-classification of Undergraduate Nursing Employee for those internationally educated nurses and nationally educated/trained nurses who are reentering the workplace as undergraduate nurses in order to provide the same opportunity for additional orientation, training and support in the workplace that has been afforded to the current Undergraduate Nursing Employees.

AND WHEREAS these undergraduate nurses are included in the bargaining unit, and will have the opportunity to utilize rights in the Collective Agreement to apply for nursing positions as an internal candidate;

AND WHEREAS the intention of this Memorandum is to support recruitment and retention efforts within the Province of Manitoba, not to affect the hours or positions of nurses in other classifications;

NOW THEREFORE the parties agreed and created a new variation of the Undergraduate Nursing Employee (UNE) hereby referred to as Internationally Educated Nurse/Nurse Re-Entry Program- Undergraduate Nursing Employee (IEN/NREP- UNE), as follows:

1. The UNE classification will be adjusted to include a sub-classification called IEN/NREP-UNE.
2. The IEN/NREP- UNE will be an internationally educated nurse who is on the pathway to becoming a Registered Nurse with the CRNM, or is a nationally educated nurse who is on the pathway to becoming a Registered Nurse with CRNM via the Nurse Re-Entry Program currently offered by Red River College or Refresher Program offered for the RPN. The internationally educated nurse must provide the employer their Clinical Competence Assessment results and proof of enrollment to the relevant Nurse Re-Entry or Refresher Program. The Clinical Competence Assessment provides the Employer the baseline assessment of clinical competence and areas of focus for support and development in order to address those competency gaps. Enrollment in the Nurse Re-Entry or Refresher program assures the employer that any knowledge gaps will be addressed by the relevant educational programs.
3. The IEN/NREP- UNE position provides an opportunity for the IEN/NREP undergraduate nurse to consolidate the knowledge and skill acquired in their nursing education program towards competency in the range and complexity of RN or RPN practice. The IEN/NREP UNE is an unregulated member of the collaborative health care team who provides patient centered care under the supervision of the RN or RPN.
4. The IEN/NREP- UNE may be hired into a casual, part-time or full- time position. The terms and conditions of the MNU Collective Agreement shall apply as a whole with the following exceptions:
    a. Where an IEN/NREP- UNE has been hired as casual, all regular hours accrued while working in this casual position will be credited towards seniority and increment hours when such nurse acquires a part- or full-time position as a Graduate or Registered Nurse or as a Graduate Psychiatric Nurse or Registered Psychiatric Nurse.

5. All regular hours accrued while working in the casual UNE position will be credited towards seniority and increment hours when such nurse acquires a part time or full time position as a Graduate Nurse or Registered Nurse or Graduate Psychiatric Nurses or Graduate Psychiatric Nurse.

6. The parties recognize that there may be a gap in time between when the IEN/NREP-UNE is officially graduated and when they write the NCLEX in order to become a Registered Nurse. The parties agree that in recognition of the potential gap in time the IEN/NREP-UNE will be able to maintain their casual seniority for a period of one hundred twenty (120) days post graduation during the period of time they are waiting to write the NCLEX. This allows the IEN/NREP-UNE to utilize such seniority for the purposes of vacancy selection in accordance with the Collective Agreement.

   In the event one hundred twenty (120) days are exceeded, unless there are extenuating circumstances, the IEN/NREP-UNE will be terminated and no longer be eligible to use casual seniority hours accrued.

7. Utilization and employment of IEN/NREP- UNEs shall not result in elimination or reduction of positions for all other classification of nurses, nor result in the reduction of the availability of additional available shifts, or a reduction in the hours that would otherwise be available for any other classification of nurses. The parties shall discuss the ongoing role of the IEN/NREP- UNE at the applicable Nursing Advisory Committee (NAC) meeting and address issues raised by the parties to ensure the successful implementation of this classification. In the event that there is a permanent increase or decrease to the nursing complement or there is a change to the master rotation on a unit where the IEN/NREP-UNE is utilized, the Employer will advise the Union of such change.

All regular hours accrued while working in the casual IEN/NREP-UNE position will be credited towards seniority and increment hours when such nurse acquires a part time or full time position

39. Re: Nursing Recruitment and Retention Fund (NRRF)

The Nursing Recruitment and Retention Fund (NRRF) was established to assist with the recruitment and retention of nurses in Manitoba in 1999. In January 2024, NRRF was transitioned from the NRRF Committee to the Patient Care Optimization Committee (PCOC).

WHEREAS NRRF fund eligibility includes nurses represented by MNU, MGEU, MAHCP and out of scope nurses in management positions. The fund has been administered by the Health Care Providers Network with an annual allocation of three point 2 (3.2) million dollars ($3,2000.000).

AND WHEREAS the April 1, 2017 to March 31, 2024 ratified Collective Agreement with the Manitoba Nurses Union, includes an MOU Re: Patient Care Optimization Committee

(PCOC) with an annual allocation of four (4) million dollars ($4,000,000) to be utilized on improving retention and recruitment of nurses and incentives for education and /or training with the intention that the existing NRRF/Committee would be eliminated and a new structure created, that being PCOC.

NOW THEREFORE the parties agree as follows:

1. Any former NRRF grants will be brought forward to PCOC for consideration. PCOC will then determine which initiatives it will agree to fund based on:
    a. Improve recruitment and retention
    b. Incentivize training or education

The PCOC will also be responsible to:
    a. Establish and maintain effective policies for application of recruitment, retention, training or educational initiatives.
    b. Ensure consistency of application.

2. Workplace Planning (Retention & Employee Development) will administer the fund and approve applications as per established PCOC policies.

3. PHLRS will provide quarterly financial updates to the PCOC.

4. The 4 million dollars as outlined in the MNU Collective Agreement Article 1107 is allocated specifically for those nurses represented by the Employer Organizations.

5. Those nurses not represented within the existing Employer Organization structure as outlined in the Collective Agreements between MNU and the various Employer Organizations (commonly known as “Central Table”) will continue to be eligible for NRRF grants, however the grants will be administered through PCOC and issued payment with an invoicing mechanism for PCOC to recover said payment(s).

6. Any funds dispersed under item #5 will be reimbursed to PCOC by PHLRS within sixty (60) days where reasonably possible, but in no case later than ninety (90) days, from the date of issuance of payment from PCOC funds.

40. Re: PIO Incentive Full-Time Weekend Worker Nurses

Where a nurse has been hired into a Full Time Weekend Worker position, as per the incentive memorandum, prior to date of ratification, they shall maintain the 15% greater Weekend Worker pay scale for as long as they remain in the existing Full Time Weekend Worker position. Where a nurse has been hired into a Full Time Weekend Worker position on or after the date of ratification, the 10% greater pay scale shall apply rather than the 15% greater pay scale. The Employer shall not delete any such

positions for the purposes of reducing the compensation provided the existing present incumbent only (PIO) Full Time Weekend Worker nurses.

41. Standardizing of Offering of Additional Available Shifts and Overtime

The parties agree to establish a joint committee to standardize practices across all EOs for the offering of additional available shifts and overtime for all Employers within each EO. The committee shall be comprised of equal representation from each party and shall meet within fifteen (15) business days of the ratification of this agreement and as often as necessary thereafter to have clear and established guidelines in place well in advance of April 1, 2025. The established guidelines, determined by mutual agreement, shall be incorporated as an MOU into the Collective Agreement. The terms and conditions as mutually agreed between the parties and determined in the resultant MOU shall replace the MOUs re: Application of Overtime and Additional Available Shifts and re: Article 1601. It is agreed that current Employer practices of offering overtime and additional available shifts at a site level will be maintained until the parties have confirmed a new process and an agreed upon date of implementation.

42. Classification Discussion

The Union and Employer agree that they shall establish a committee of no more than six (6) appointees, composed of equal representation from MNU and PHLRS (or designate). The committee shall be tasked to review the current classifications for the following categories of nurses:

Primary Care Nurses – Winnipeg Region.
URIS nurses – Winnipeg, Southern, Interlake and Shared Health Regions.
RAAM nurses – Winnipeg Region & Shared Health.
Regional/ Provincial Coordinators

The review will be based upon the following guidelines:

a) No nurses, or category of nurses, will suffer a reduction in classification as a result of the review.
b) The review will take into consideration the responsibilities of the position, along with the educational and experiential requirements.
c) Where the parties do not agree, nothing herein prevents the Union from exercising any all rights afforded as per the provisions of the Collective Agreement.

The committee shall meet no later than ninety (90) days after ratification of this agreement.

43. Joint Nurses' Safety Working Group

Safety of nurses is a priority shared by the Manitoba Nurses Union, Healthcare Employers and the Manitoba Government. Employers agree that they have an obligation to ensure as far as reasonably practicable to protect the safety, health and welfare of nurses.

1. The parties have agreed to the establishment of a Joint Nurses' Safety Working Group. This Working Group will function under the administration of the Joint Nursing Council to review physical and psychological health and safety concerns of nurses and bring forward recommendations to the Joint Nursing Council.

2. The Joint Nurses' Safety Working Group will consist of equal number of representatives (three (3) from MNU, three (3) from the Employer) from the Employer Organizations and the Union with the following representatives:
   (a) Manitoba Nurses' Union
   (b) Shared Health Provincial Lead Protective Services
   (c) PHLRS (or designate) Employer Organizations

3. The Joint Nurses' Safety Working Group meetings:
   (a) will be co-chaired by an Employer Representative and a Union Representative.
   (b) Meet at such times as it may determine with a minimum of quarterly meetings.
   (c) Meetings will commence within sixty (60) days of ratification of the MNU Collective Agreement

4. The Joint Nurses' Safety Working Group priorities will be to:
   (a) Recommend safety policy changes
   (b) Recommend initiatives to promote a positive safety culture and nurses' well-being
   (c) Recommend safety measures for implementation

5. The Joint Nurses' Safety Working Group will submit recommendations to the Joint Nursing Council within a six (6) month period of their first meeting.

6. The Joint Nurses' Safety Working Group may be discontinued upon mutual written agreement of the Parties (PHLRS on behalf of the Employer Organizations and MNU).

7. The Joint Nurses' Safety Working Group shall endeavor to:
   a. Identify and address significant safety and health issues experienced by nurses and;

b. Encourage free and frank discussion between Employers and the Manitoba Nurses' Union, all of safety and health concerns with a view to reaching effective resolutions.

8. Nothing herein limits or restricts in any way whatsoever the rights of the Union to pursue any health or safety matter under its jurisdiction nor requires the Union to submit concerns to this committee prior to exercising those rights.

9. Should the Union be dissatisfied or disagree with the response of, recommendation, or action taken by the committee or the Employer(s), the Union may, at its discretion as per the grievance arbitration procedures outlined in the Collective Agreement, file a grievance at Step II of the grievance procedure. Should a satisfactory resolve not be obtained, the parties agree to refer the matter(s) to expedited arbitration and the arbitrator assigned shall be on a rotation basis (based on reasonable availability) among the following list:
    - Arnie Peltz
    - Kristin L. Gibson
    - Helen Krahn

44. Re: Funding of Online Workload Staffing Report System

Whereas the parties agree that staffing shortages and excessive workload have a significant detrimental impact upon the retention and recruitment of nurses;

And whereas the MNU, in cooperation with the Employer, has commenced establishment of an online Workload Staffing Report (WSR) system;

And whereas the timely and accurate collection of occurrences and information regarding staffing shortages is crucial to discussion around the establishment of Nurse Patient Ratios (NPRs);

And whereas the parties are participating in a committee (the Sub-Committee) tasked to make recommendations to the Minister of Health surrounding NPRs;

And whereas the work of such committee may from time to time require participation from nurses employed within an Employer's Organization (EO) comprising Central Table Employers.

The parties therefore agree as follows:

1. In order to ensure the continued smooth operation and successful transition of all EOs to an online WSR system, commencing December 1st, 2024, the Employer shall provide to the Union the sum of sixty-two thousand, five hundred dollars ($62,500) on December 1st of each year for (4) four years, for a total of two hundred fifty thousand dollars ($250,000).

2. The purpose of the aforementioned payment is to facilitate the expansion of the analysis parameters of the system in order to provide the scope of data necessary in the preparation of Nurse to Patient Ratios (NPR) recommendations as well as to promote meaningful discussions between the parties in a solution oriented manner.

3. Any nurse employed within an EO party to this agreement, called to the committee by either or both of the parties to participate or provide information to the Sub-Committee shall do so without loss of pay or benefits (such to be funded by the Employer). Reasonable expenses incurred will be reimbursed by the Employer upon unanimous approval of the Sub-Committee.

45. Re: Transition of Incentives

With respect to the current Full time Incentive as per the Memorandum of Understanding Supplementary to the Collective Agreements (dated November 9th 2022), the Memorandum of Understanding Supplementary to the Collective Agreements & Addendum to Memorandum of Understanding Supplementary to the Collective Agreement (dated December 7th 2022), and Addendum #2 to Memoranda Of Understanding With Respect To Recruitment And Retention Incentives for Nurses (dated March 30th 2023), hereinafter referred to as the "Previous Incentive MOUs".

The parties agree that, unless otherwise specified by agreement between the parties, the Previous Incentive MOUs will be discontinued and no longer in effect as of April 1st 2025, subject to the following conditions:

1. Where a nurse has signed a Return of Service Agreement (ROSA) for the full time incentive, which extends the eligibility and qualification period beyond April 1st 2025 and;
    a. The nurse is eligible for the new Full-Time Hours Salary Enhancement as of April 1st, 2025, the amount of the previous incentive shall be prorated for payment as of March 31st, 2025, and the nurse shall then, as of April 1st 2025 commence qualification for the new Full-Time Hours Salary Enhancement for the period for which the nurse occupies a full time position.

    or:

    b. Where the Nurse does not occupy a classification for which the new incentive applies, the terms and conditions of the former incentive shall be honoured for the duration set out in the ROSA.

2. Where a nurse has signed a ROSA with respect to the provision of the Recruitment/Retention incentive, which extends the eligibility period beyond March 31st 2025, the incentive will be honoured as per the terms and conditions for the period set out in the ROSA.

46. Re: Nurse Practitioners and Most Responsible Provider

Whereas Nurse Practitioners (NPs) are regulated health professionals with an independent scope of practice defined by The Regulated Health Professions Act,

Whereas the Employer is committed to enabling NPs in the bargaining unit to work to their full scope of practice within the context of an integrated provincial health system while respecting the jurisdictional aspect of the Collective Agreement governing them.

It is agreed that should the Employer intend to introduce amendments to the current scope of duties of NPs in the bargaining unit (including, but not limited to, Most Responsible Provider) following the ratification of the current Collective Agreement then the Employer shall initiate formal discussions with the Manitoba Nurses Union (MNU) a minimum of ninety (90) days prior to the introduction of such amendments. Such discussions to include review of NP compensation.

Nothing herein limits, restricts or otherwise abrogates any rights afforded to MNU under the Collective Agreement, including but not limited to Article 3807.

47. Re: Reduction of EFT

Where a nurse is in receipt of pension benefits and/or has achieved Rule of 80 or is otherwise eligible to retire in accordance with their respective pension plan without early retirement penalty and has indicated an intention to consider retirement, the following shall apply:

(a) The nurse shall communicate in writing to the Employer that they qualify as per the conditions outlined above and are considering retirement and;
(b) The nurse currently holds a 0.7 EFT or greater and rather than retire or take a casual position, wishes to reduce their EFT.

The Employer shall where reasonably practicable make the necessary adjustments to accommodate the request of the nurse. Such requests shall be considered in order of seniority amongst eligible nurses.

48. Re: CRN-Charge Nurse

Where there is a CRN/Charge Nurse vacancy the Employer shall first post the position as requiring a RN/BN. If after the required posting period (per the Collective Agreement) there are no RN/BN applicants, the position may be reposted as a CRN-Charge Nurse position for LPN applicants. In the event there are no LPN applicants, the position may be reposted as a RN/BN position. Where a CRN/Charge Nurse position has been filled by a LPN and the incumbent LPN leaves the position, such that it becomes vacant, the position shall first be reposted as a RN/BN position.

49. Reconnection of Seniority

A nurse who returns to employment from retirement or resignation (not currently holding a position with any Employer listed in Appendix D of the Collective Agreement), who has resigned or retired as of January 1, 2018 or later and agrees to resume employment in a position for a two (2) year commitment (ROSA required) at a minimum of a 0.4 EFT, they will be eligible to have their past seniority reinstated for the purposes of:

1. receiving their previous step on scale
2. receiving seniority for vacancies as if maintained continuous employment
3. receiving their vacation accrual rate at the time of retirement or resignation
4. ability to use seniority for vacation selection purposes.

If a nurse who has retired/resigned agrees to return to employment at a minimum of a 0.4 EFT but does not agree to return for a two (2) year commitment, they will be eligible for 1. 2. and 3. above only. They will not be entitled to utilize previous seniority for vacation selection purposes. For vacation selection purposes, the seniority utilized will be from their new hire date.

If a retired/resigned nurse agrees to resume employment in a position for a 2-year commitment (ROSA required) at a minimum of a 0.4 EFT, they will be eligible to receive 1., 2., 3, and 4. above.

If a nurse returns to a position eligible to reinstate seniority from a previous position, that is the same classification as the position they retired or resigned from, the nurse would be placed on the greater of;

(a) same step on the salary scale they were at as at the date of retirement/resignation or
(b) the step corresponding to previous nursing hours in accordance with Article 38. If the nurse returns to an eligible position that is a different classification, the provisions of the Collective Agreement with respect to promotion or other applicable provision would apply in determining their placement on scale, however it is understood that no nurse moving from a casual to an eligible position would be placed at a step with lesser compensation than provided in the casual position.

If a retired nurse already received their pre-retirement leave at the time of their retirement, their new hire date is the starting point for eligibility in accordance with the Collective Agreement. For clarity, the nurse's new hire date, unless otherwise specified herein, is the starting point for all other benefit eligibility.

For clarity, reconnection of seniority and service from one previous position can only be applied to one receiving position.

If a nurse, previously resigned or retired from a full time or part time position, as of January 1, 2018, or later, returned to casual status (with any eligible Employer), wishes to reconnect their previous seniority and service accrued under their former EFT (prior to retirement/resignation), they shall be eligible to do so, provided they meet all other criteria as described above.

This Memorandum of Understanding will continue for the duration of this Collective Agreement (April 1, 2024 to March 31, 2028). For further clarity, this MOU will expire upon ratification of the next Collective Agreement.

50. Re: HEB Re-Opener

WHEREAS, the parties agree;

That the wellness of nurses is a priority.

THEREFORE, the parties agree to explore, during the life of this collective agreement, the possibility of Extended Health benefits reopener for nurses currently not having access to such benefits.

It is understood that the exploration of the aforementioned options shall not constitute a commitment on the part of the employer to implement such options following the completion of the exploration initiative.

51. Re: Inter-facility Position(s) (Applicable @ WCHREO & SHEO)

Applicable within and between the Employers and Sites in the SHEO and WCHREO, excluding Churchill Health Centre site, Eden Mental Health Centre site and any sites outside the City of Winnipeg.

Where "facility" is used in this memorandum, it shall also mean "programs" of the WRHA system listed above.

Whereas, periodically it may be appropriate to create positions higher than a Nurse II which fall under the scope of this Collective Agreement which are inter-facility in nature; and

Whereas, the creation of inter-facility position(s) may include the existence of separate Collective Agreements;

The parties agree as follows:

1. Where an inter-facility position(s) is contemplated, the Employers commit to contacting MNU and the respective Local/Worksite(s). The affected parties shall meet to discuss the specifics of the situation, in keeping with the principles as outlined in the Memorandum.

2. Should there not be mutual agreement between the affected parties, the inter-facility position(s) will not be posted as an inter-facility position(s).

3. In the event there is mutual agreement on a specific inter-facility position(s), such agreement shall be set out in a separate Memorandum of Understanding between the affected parties.

4. The positions contemplated in this memorandum will be either:

   (i) a position(s) shared between two (2) or more Employers;
   (ii) a position primarily located at one (1) site but requiring the performance of duties at each of the facilities/sites/programs.

5. The position(s) shall be posted in accordance with the respective Collective Agreement of both parties.

"Both parties" in this case means all parties.

6. (a) For those position(s) outlined in 4 (i) above, all applicants from each of the facilities will be considered and shall be treated as internal candidates. Mobility seniority will be the seniority utilized for the purpose of selection into the shared position(s). An internal applicant awarded the position(s) will remain an employee of their current Employer.

   (b) Those positions outlined in 4 (ii) above shall be awarded in accordance with the Collective Agreement of the facility where the position is primarily located.

7. The affected parties will determine and commit to writing, in the separate memorandum, which facility will be considered the Employer of record, in the event the successful applicant is external to the facilities/sites/programs.

8. The successful applicant(s) will be required to comply with the policies and procedures of each facility/site/program in which they will practice. Resolution of professional practice and/or any other disputes arising under the Collective Agreement shall be the responsibility of the Employer of record.

9. To cover the cost of parking at each facility, one deduction from the nurse's pay cheque will be made by the Employer of record. A reciprocal pass will be provided, if possible. Additional parking costs shall be reimbursed or at the expense of the Employer

52. Re: Nurses in Inter-facility Positions (Applicable @ WCHREO & SHEO)

Where "facility" is used in this memorandum, it shall also mean "programs" of the WRHA system listed above.

The Employer and the Union agree they will work together to identify nurses who are currently in inter-facility positions. Memorandum(s) [as referenced in #49 of the Memo Re: Inter-facility Position(s)] will be developed to cover these nurses and the conditions that apply.

INDEPENDENT ASSESSMENT COMMITTEE (IAC)

IAC Chairpersons 1104 (a) (i)
Jan Currie
Kim Fraser
Donna McKenzie
Sandi Mowat
Carole Ohryn
Laurie Walus
Melody Muswaggon - Alternate

Although not incorporated into the Collective Agreement proper, the following Memoranda form part of the overall Memorandum of Settlement with respect to the ratification of this Collective Agreement.

MEMORANDUM OF UNDERSTANDING

between

THE MANITOBA NURSES UNION

(The "Union")

-and-

PROVINCIAL HEALTH LABOUR RELATIONS SERVICES

("PHLRS")

on behalf of

THE EMPLOYERS IN THE WINNIPEG-CHURCHILL HEALTH REGION, NORTHERN HEALTH REGION, PRAIRIE MOUNTAIN HEALTH REGION, SOUTHERN HEALTH – SANTÉ SUD HEALTH REGION, INTERLAKE-EASTERN HEALTH REGION and SHARED HEALTH EMPLOYER ORGANIZATIONS

(The "Employer")

RE: FULL-TIME HOURS SALARY ENHANCEMENT– 2015 ANNUAL HOURS

PREAMBLE:

The Provincial Healthcare System continues to experience a long standing and severe nursing shortage. The parties recognize the critical role nurses play in the provision of patient care. The nursing shortage has caused unprecedented challenges on a variety of aspects of the health care system and nurses.

The parties further recognize that the aforementioned nursing shortage has also caused financial hardship to the health care system by virtue of excessive overtime, and agency expenditures that ought instead be invested in Manitoba's public healthcare system.

As a result, the Employers and the Union have agreed to jointly establish an initiative on a trial basis with the goal of reducing the nursing shortage through recruitment and retention initiatives, addressing the challenges of excessive overtime and agency use, and thus enhancing consistency and continuity of the quality patient care provided.

Therefore, a Full-Time Hours Salary Enhancement (herein after referred to as "The Salary Enhancement") has been created as a two (2) year pilot project beginning on April 1, 2025 and ending March 31, 2027.

A. INCENTIVE PARAMETERS:

1. Nurses holding a full-time EFT (1.0) shall be entitled to The Salary Enhancement based on the following parameters:

    a) Full-time nurses must be employed in one of the following classifications: LPN, ORT I, ORT II Nurse II, Nurse III and CRN/Charge Nurse.
    b) Eligible nurses will be paid in the form of a pensionable hourly premium of $5.95 per hour for all hours paid at regular rates subject to paragraphs (f), (g) and (h) below.
    c) The Salary Enhancement will be paid on the basis of the adjusted salary scales as listed in Schedule "A" for illustration purposes only.
    d) The Salary Enhancement will not apply to overtime hours or overtime rates.
    e) The Salary Enhancement applies to a nurse who occupies a Full-Time Weekend Worker position, within the classifications noted in a) above, who has an annual hours base of 1872.
    f) The Salary Enhancement will apply to any full-time nurse for any period where the nurse is on an approved WCB claim during the eligible period.
    g) The Salary Enhancement is not provided to any full-time nurse for any periods of unpaid leave.
    h) Where a nurse is on a paid sick leave of four (4) weeks or less, The Salary Enhancement shall be applied. For clarity, where a nurse is on a paid sick leave of four (4) weeks or more, The Salary Enhancement shall be applied only to the first four (4) weeks of the leave.

2. Part time and/or casual nurses working up to the equivalent of a full time EFT shall be entitled to The Salary Enhancement based on the following parameters:

    a) Part time and/or casual nurses must be employed in one of the following classifications: LPN, ORT I, ORT II Nurse II, Nurse III and CRN/Charge Nurse.
    b) For part time and/or casual nurses working up to the equivalent of full-time hours, The Salary Enhancement will paid in the form of a pensionable hourly Salary Enhancement of $5.95 per hour for all hours paid at regular rates.
    c) The Salary Enhancement will not apply to overtime hours or overtime rates.
    d) Part time and/or casual nurses on an accepted WCB claim shall qualify for The Salary Enhancement, if prior to going on WCB they had worked sufficient hours to qualify for The Salary Enhancement in the preceding eight (8) weeks.

    The reconciliation for such compensation will be at the end of each six (6) month period (April 1st to September 30th, or October 1st to March 31st as the case may be) within the fiscal year and is in the form of a retroactive salary adjustment.

- A nurse holds a part time or casual position:

- The assessment of full-time equivalency will be based on 2015 annual hours, however the annual period will be split and subsequently calculated over two (2) separate six (6) month periods, with each six (6) month period consisting of 1007.5 paid hours.
- The two (2) six-month periods are as follows:
  - April 1st to September 30th – 1007.5 hours with payment being made first off cycle pay in December.
  - October 1st to March 31st –1007.5 hours with payment being made first off cycle pay in June.

- Part time Nurse (casual excluded) exceptions. The exceptions that are applied towards eligibility of The Salary Enhancement for a part-time nurse are as follows in each six (6) month period: *(reduces amount of The Salary Enhancement based on eligible paid hours but not eligibility)*
  a) A nurse is on an approved unpaid leave of absence of four (4) weeks or less.
  b) A nurse is on approved union leave of four (4) weeks or less.
  c) The aforementioned leaves can be taken individually or in combination of up to a maximum of four (4) weeks in the eligibility period.
  d) A nurse is on any period of approved WCB claim subject to 2 d) above.
  e) A nurse who has not achieved sufficient qualifying hours may choose to utilize accrued banked overtime to top up eligible hours to a maximum of 38.75 hours. Such request shall be made in writing within two (2) pay periods prior to the eligibility period end. The requested hours will be paid straight time rates.
  f) A nurse shall be granted an exception of up to 38.75 hours to supplement eligibility to achieve payment of The Salary Enhancement if unable to pick up additional shifts due to extenuating circumstances. Extenuating circumstances shall be given all reasonable consideration. The nurse shall make written application to the Employer to apply said hours two (2) weeks after the eligibility period end date.
  g) A nurse shall be granted an exception of 50 hours to address stat time off equivalent to full-time nurses. The nurse shall make written application to the Employer to apply said hours at the end of, but no later than two (2) weeks after, the eligibility period end date.
  h) Notwithstanding the above, the combination of exception hours as provided for in e), f), and g) shall not exceed a combined total of 110 hours.
  i) A part-time nurse shall receive The Salary Enhancement for all hours in receipt of standby premium, provided that the standby premium hours and the hours worked results in the nurse qualifying for The Salary Enhancement (subject and in addition to the exceptions a) through h) inclusive as listed above). Where a nurse is on standby on a day not scheduled for work (nonscheduled day), the nurse shall receive consideration as follows: the duration of the nurse's regular shift for each nonscheduled day on standby, less the number of hours

for which the nurse received the Salary Enhancement for the standby premium during the biweekly pay period. The nurse shall make written application to the Employer to apply said hours at the end of, but no later than two (2) weeks after, the eligibility period end date.

Examples:

Example 1- Scheduled for Standby on both days of work, and during days not scheduled

- Scheduled for standby 6 days in a row (a block of on call), 3 of which are not scheduled days of work
  - Day 1- worked 8 hour day; scheduled for standby for 16 hours (Eve & Night) – paid 4 hours standby premium
  - Day 2- worked 8 hour day; scheduled for standby for 16 hours (Eve & Night) – paid 4 hours standby premium
  - Day 3- worked 8 hour day; scheduled for standby for 16 hours (Eve & Night) – paid 4 hours standby premium
  - Day 4- 24 hours on call – paid 6 hours standby premium
  - Day 5- 24 hours on call – paid 6 hours standby premium
  - Day 6- 24 hours on call – paid 6 hours standby premium
- Total of 30 hours standby premium
- Could have worked 8 regular paid hours on Day 4, 5, and 6 = 3 Days x 8 hours = 24 hours
- 24 regular paid hours could have worked minus 30 hours standby premium paid = additional 6 hours paid over the 24 hours they could have worked; no additional hours to be credited.

Example 2- Scheduled for Standby on day(s) not scheduled to work

- Scheduled for standby Saturday and Sunday = 24 hours each day
  - Saturday on call 24 hours = paid 6 hours standby premium
  - Sunday on call 24 hours = paid 6 hours standby premium
- Total of 12 hours standby premium paid
- Could have worked 8 regular paid hours on Saturday and Sunday for a total of 16 hours
- Paid 12 hours standby premium
- 16 regular paid hours could have been worked – 12 hours standby premium paid = 4 additional hours credited

Example 3- Scheduled for Standby immediately following a scheduled shift

- Scheduled regular Day 8 on Saturday and Sunday
- Standby for Evening 8 on Saturday and Sunday
- Saturday and Sunday Standby for 16 hours = paid 4 hours standby premium
- As nurse worked both Saturday and Sunday days followed by standby (i.e., standby was not on an unscheduled day); no additional standby hours credited.

The nurse may make application to PHRSS to receive a report of the standby premiums paid to be applied to The Salary Enhancement no more than one (1) time per six (6) month qualifying period.

j) Where a part time nurse who has worked or has been working sufficient hours to otherwise qualify for The Salary Enhancement and

is allotted a period of vacation that has not accrued full time paid hours, the unpaid vacation period which reflects the shortage of hours would be eliminated from consideration for The Salary Enhancement and the remaining period of eligibility would be prorated to reflect the removal from consideration for the hours the nurse was short of full time paid hours, during the vacation period.

For example:
April 1-September 30
A .5 EFT nurse who did not earn any additional vacation pay in the previous year and works full time hours except for a 2-week period where they are on vacation. For those 2 weeks, they will be deemed to have worked full time however The Salary Enhancement eligibility threshold will be prorated as follows:

1007.5 less the shortage of hours in the vacation period (77.5 x .5) 38.75 = 968.75 hours

If the nurse achieves the 968.75 qualifying hours they would remain eligible for The Salary Enhancement, despite not achieving the 1007.5, however the amount of The Enhancement is prorated based upon $5.95 on eligible hours paid.

The nurse shall make written application to the Employer to apply said hours at the end of, but no later than two (2) weeks after, the eligibility period end date.

The Employer will provide reasonable opportunity for the nurse to be aware of any shortfall in qualifying for The Salary Enhancement and any reasonable opportunity to make application to use the matters here in to qualify for The Salary Enhancement.

The eligible hours at regular rate of pay that are applied towards The Salary Enhancement can be worked at, or in combination within, any site/Employer within the nurse's Employer Organization *(Exception #1: Provincial Travel Nurse Team hours will count towards eligibility in conjunction with the nurse's home position. Exception #2: a nurse holding a Shared Health EO position in the geographic Winnipeg region may work in a WCHREO facility in the geographic Winnipeg region and such hours will count towards eligibility in conjunction with the nurse's home position. Exception #3: a nurse holding a WCHREO position in the Winnipeg geographic region may work in a SHEO facility in the geographic Winnipeg region and such hours will count towards eligibility in conjunction with the nurse's home position).*

B. OBLIGATIONS OF THE PARTIES:

Notwithstanding the Incentive Criteria in A. above, the parties agree in general to the following principle relating to the application of The Salary Enhancement:

UNION WILL AGREE:

- Eligibility for The Salary Enhancement is only for hours paid at regular rates (overtime hours do not apply towards eligibility for The Salary Enhancement), subject to the terms and conditions identified in this MOU.

- The Salary Enhancement will be for a two (2) year trial period commencing April 1, 2025 and ending March 31, 2027.

- Any part-time and/or casual nurse qualified to perform the work at a site within the nurses Employer Organization (EO) *(unless otherwise specified herein e.g. HSC/Winnipeg)* who is not in an overtime position and has indicated in writing a desire to work an available shift, in order to qualify for the full-time incentive, shall have preference over the Employer scheduling any nurse at overtime rates whether the nurse is at the site or not.

- Where the Employer reassigns or temporarily transfers a part-time nurse, beyond the nurses regular EFT, they shall have the option to choose whether or not the hours accrued for the reassignment/transfer shall be eligible either for the reassignment/transfer premium or count towards eligibility for the full-time Salary Enhancement. If nurses choose to have the hours count towards eligibility for the full-time Salary Enhancement, the nurse must make that declaration in writing, the reassignment premium shall not be payable.

- Hours paid at regular rates include: vacation, income protection of less than four (4) weeks, and all other paid leaves approved by the Employer.

- For a nurse who holds a 1.0 EFT they shall still qualify for The Salary Enhancement if the nurse is on an unpaid leave of absence of less than four (4) weeks.

- Part-time and/or casual nurses off on WCB who would otherwise qualify for The Salary Enhancement by virtue of established EFT or previous established pattern of working sufficient, hours in the previous eight (8) weeks, to qualify on a consistent basis are eligible for qualification to the full-time Salary Enhancement.

- For the duration this full-time Salary Enhancement is in effect, income protection may not be utilized for shifts paid at overtime rates. For clarity, income protection can be utilized when a nurse is unable to attend work for a shift (or portions thereof) paid at regular rates or scheduled at regular rates of pay.

EMPLOYER WILL AGREE:

- Employer will establish a mechanism that allows for nurses to readily view and apply for all available shifts at any site/Employer within their Employer Organization (exception HSC/Winnipeg). This principle also applies to nurses in the Provincial Travel Nurse Team.

- The Employer will provide to the Union:
    - Agency hours and agency costs for the fiscal year 2023/24
    - Overtime hours and overtime cost for the fiscal years 2023/24

  - Total vacant positions (broken down by EFT for the qualifying classifications) as of an agreed to date
  - Most current vacancy rates for the qualifying classifications available as of an agreed to date.
  - Total vacant positions (broken down by EFT) as of March 31, 2025, March 31, 2026, March 31, 2027.
- The Employer and Union agree the information as contained in Schedule “B” is accurate.

- The Employer commencing fiscal year April 1, 2025 will provide quarterly reports to the Joint Nursing Council sub-committee. The following information will be provided:
  - Agency hours and agency cost;
  - Overtime hours and overtime cost (including a break out total of mandatory overtime);
  - Nurse vacancy rates;
  - Count of all vacant positions;
  - Net increase or decrease of EFTs (upon request the Union shall be provided specifics for a particular Employer site or unit within the EO);
  - Frequency and volume of reassignment;
  - Cost of implementation of the incentive vs. cost saved from reduction of agency and overtime.
  - Any information reasonably necessary to determine the efficacy of The Incentive in reducing overtime, agency usage and/or vacancy rates.
- The Salary Enhancement shall be applied to all hours paid at regular rates of pay for qualifying nurses beginning on April 1, 2025.

- Wherever reasonably possible, the Employer will provide the greatest opportunity for nurses to access The Salary Enhancement. For clarity, the Union retains the ability to grieve the reasonability of disqualification of a nurse from The Salary Enhancement due to an Employer imposed change.

C. MONITORING PARAMATERS FOR THE PILOT PROJECT:

THE PARTIES AGREE:

- The pilot project will be monitored quarterly by the Joint Nursing Council or designated sub-committee which will also include a representative of the Manitoba Government.

- The designated subcommittee shall consist of equal representation from each of the parties, three (3) from the Union and three (3) from the Employer/Government.

- All administrative systems and associated scheduling guidelines, allowing nurses maximal access to available shifts within their EO (exception HSC/Winnipeg) related to the project along with required orientation shall be implemented no later than April 1, 2025. (Initial Scheduling Guidelines in Schedule “C”)

- The committee shall continue to monitor the efficacy of The Salary Enhancement with regards to mitigating the challenges associated with the nursing shortage, reducing overtime and/or agency use.

- Modifications of the previously stated eligibility parameters may occur as a result of the impact on the above noted set of baseline data provided that such modifications are mutually agreed upon between the parties. Should The Salary Enhancement not achieve a measurable improvement confirmed via the set of baseline data above, the parties shall meet to consider, modification or revision of The Salary Enhancement and implement any necessary changes to better ensure effective alignment with the purposes of The Salary Enhancement. Any changes prior to the expiry of the trial period require mutual agreement of the parties.

- The Salary Enhancement may only be discontinued after the trial period, if it proves to be ineffective in reducing overtime and/or agency use to a significant degree.

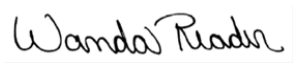
- If after the trial period, The Salary Enhancement is discontinued, the Employer agrees that it shall meet promptly with the Union to collaborate and develop alternative and meaningful enhancements that shall significantly and tangibly:
  (i) improve the retention and recruitment of nurses; and/or
  (ii) reduce or eliminate agency nurse use and/or excessive overtime; and/or address new challenge(s) that have arisen within the Healthcare Sector

- Where one party intends to assert The Salary Enhancement ought to be discontinued, they shall provide notice in writing to the other party no later than ninety (90) days prior to the expiry of the trial period. The parties shall meet no later than ten (10) days after such notice is provided, and thereafter as often as required in order to establish a new enhancement prior to the expiry of this incentive,

- The new Salary Enhancement program shall commence immediately upon expiry of the current Full Time Hours Incentive and the funds from the previous incentive (prior to The Salary Enhancement) equivalent to a maximum of the total amount of full-time incentives paid out during fiscal year 2024/2025 - approximately fifty (50) million dollars in relation to the Recruitment and Retention Memorandum of Agreement signed between the parties on December 7, 2022) shall be invested in, and reallocated to, the new incentive, which shall continue for the life of the current Collective Agreement.

Signed this 9th day of July 2024

FOR THE EMPLOYER:



Wanda Reader
Interim Executive Director
Provincial Health Labour Relations Services

FOR THE UNION:

Mike Sutherland
Executive Director
Manitoba Nurses Union

For the duration of the Full-Time Hours Salary Enhancement incentive as prescribed in the MOU, the parties agree that no income protection may be utilized for overtime shifts for any nurse in any classification. Nurses shall be entitled to utilize accrued income protection credits for additional shifts scheduled at regular rates of pay. For clarity, this applies to all classifications irrespective of whether or not covered by this MOU.

Note for Contract Interpretation purposes: *Pre-Retirement Leave hours do not qualify for the Full-Time Salary Enhancement.*

MOU#

SCHEDULE "A" - STANDARD REGION SALARIES ADJUSTED FOR FULL TIME HOURS SALARY ENHANCEMENT

FOR ILLUSTRATIVE PURPOSES ONLY

A1. Effective April 1, 2025

Hourly Rate calculated by adding $5.95 to the appropriate classification rate
Annual Salary is calculated as Hourly Rate x Annual Hours. Monthly is Annual Salary ÷ 12.

Row	Standard Grp No.	Note	Employer Classification	Annual Hours		Start	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 15	Year 20	Year 25
1	LPN		**Licensed Practical Nurse**	2015	Hourly	**39.184**	**40.273**	**41.346**	**42.652**	**43.845**	**45.184**	**46.578**	**47.798**	**48.636**	**49.490**	**50.796**
					Monthly	6,579.647	6,762.508	6,942.683	7,161.982	7,362.306	7,587.147	7,821.223	8,026.081	8,166.795	8,310.196	8,529.495
					Annual	78,955.760	81,150.095	83,312.190	85,943.780	88,347.675	91,045.760	93,854.670	96,312.970	98,001.540	99,722.350	102,353.940
2	LPN		**Weekend Worker - Licensed Practical Nurse**	2015	Hourly	**44.170**	**45.421**	**46.655**	**48.155**	**49.531**	**51.066**	**52.675**	**54.075**	**55.037**	**56.018**	**57.520**
					Monthly	7,416.879	7,626.943	7,834.152	8,086.027	8,317.080	8,574.833	8,845.010	9,080.094	9,241.630	9,406.356	9,658.567
					Annual	89,002.550	91,523.315	94,009.825	97,032.325	99,804.965	102,897.990	106,140.125	108,961.125	110,899.555	112,876.270	115,902.800
3	LPN		**Weekend Worker - Licensed Practical Nurse (PIO)**	1872	Hourly	**47.089**	**48.437**	**49.764**	**51.379**	**52.862**	**54.513**	**56.244**	**57.751**	**58.786**	**59.843**	**61.460**
					Monthly	7,345.884	7,556.172	7,763.184	8,015.124	8,246.472	8,504.028	8,774.064	9,009.156	9,170.616	9,335.508	9,587.760
					Annual	88,150.608	90,674.064	93,158.208	96,181.488	98,957.664	102,048.336	105,288.768	108,109.872	110,047.392	112,026.096	115,053.120
4	CRN		**CRN/Charge Nurse**	2015	Hourly	**50.191**	**51.710**	**53.262**	**54.828**	**56.322**	**57.908**	**59.230**	**60.294**	**61.381**	**62.489**	**64.185**
					Monthly	8,427.905	8,682.971	8,943.578	9,206.535	9,457.403	9,723.718	9,945.704	10,124.368	10,306.893	10,492.945	10,777.731
					Annual	101,134.865	104,195.650	107,322.930	110,478.420	113,488.830	116,684.620	119,348.450	121,492.410	123,682.715	125,915.335	129,332.775
5	CRN		**CRN/Charge Nurse (15-Year Scale)**	2015	Hourly	**51.077**	**52.625**	**54.209**	**55.806**	**57.329**	**58.947**	**60.296**	**61.381**			
					Monthly	8,576.680	8,836.615	9,102.595	9,370.758	9,626.495	9,898.184	10,124.703	10,306.893			
					Annual	102,920.155	106,039.375	109,231.135	112,449.090	115,517.935	118,778.205	121,496.440	123,682.715			
6	CRN		**CRN/Charge Nurse (20-Year Scale)**	2015	Hourly	**51.979**	**53.559**	**55.174**	**56.803**	**58.357**	**60.007**	**61.383**	**62.489**			
					Monthly	8,728.140	8,993.449	9,264.634	9,538.170	9,799.113	10,076.175	10,307.229	10,492.945			
					Annual	104,737.685	107,921.385	111,175.610	114,458.045	117,589.355	120,914.105	123,686.745	125,915.335			
7	CRN		**CRN/Charge Nurse (25-Year Scale)**	2015	Hourly	**53.361**	**54.987**	**56.650**	**58.329**	**59.929**	**61.629**	**63.045**	**64.185**			
					Monthly	8,960.201	9,233.234	9,512.479	9,794.411	10,063.078	10,348.536	10,586.306	10,777.731			
					Annual	107,522.415	110,798.805	114,149.750	117,532.935	120,756.935	124,182.435	127,035.675	129,332.775			
8	CRN		**Weekend Worker - CRN/Charge Nurse**	2015	Hourly	**56.829**	**58.572**	**60.358**	**62.159**	**63.877**	**65.702**	**67.221**	**68.447**	**69.696**	**70.972**	**72.923**
					Monthly	9,542.536	9,835.215	10,135.114	10,437.532	10,726.013	11,032.461	11,287.526	11,493.392	11,703.120	11,917.382	12,244.987
					Annual	114,510.435	118,022.580	121,621.370	125,250.385	128,712.155	132,389.530	135,450.315	137,920.705	140,437.440	143,008.580	146,939.845
9	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	2015	Hourly	**57.847**	**59.625**	**61.447**	**63.283**	**65.035**	**66.897**	**68.447**	**69.696**			
					Monthly	9,713.475	10,012.031	10,317.975	10,626.270	10,920.460	11,233.121	11,493.392	11,703.120			
					Annual	116,561.705	120,144.375	123,815.705	127,515.245	131,045.525	134,797.455	137,920.705	140,437.440			
10	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	2015	Hourly	**58.885**	**60.698**	**62.558**	**64.430**	**66.217**	**68.117**	**69.696**	**70.972**			
					Monthly	9,887.773	10,192.206	10,504.531	10,818.871	11,118.938	11,437.980	11,703.120	11,917.382			
					Annual	118,653.275	122,306.470	126,054.370	129,826.450	133,427.255	137,255.755	140,437.440	143,008.580			
11	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	2015	Hourly	**60.473**	**62.341**	**64.255**	**66.185**	**68.025**	**69.982**	**71.609**	**72.923**			
					Monthly	10,154.425	10,468.093	10,789.485	11,113.565	11,422.531	11,751.144	12,024.345	12,244.987			
					Annual	121,853.095	125,617.115	129,473.825	133,362.775	137,070.375	141,013.730	144,292.135	146,939.845			
12	CRN		**Weekend Worker - CRN/Charge Nurse (PIO)**	1872	Hourly	**60.715**	**62.593**	**64.515**	**66.452**	**68.302**	**70.267**	**71.903**	**73.221**	**74.566**	**75.938**	**78.037**
					Monthly	9,471.540	9,764.508	10,064.340	10,366.512	10,655.112	10,961.652	11,216.868	11,422.476	11,632.296	11,846.328	12,173.772
					Annual	113,658.480	117,174.096	120,772.080	124,398.144	127,861.344	131,539.824	134,602.416	137,069.712	139,587.552	142,155.936	146,085.264
13	CRN		**Weekend Worker - CRN/Charge Nurse (15-Year Scale) (PIO)**	1872	Hourly	**61.810**	**63.726**	**65.686**	**67.662**	**69.549**	**71.554**	**73.222**	**74.566**			
					Monthly	9,642.360	9,941.256	10,247.016	10,555.272	10,849.644	11,162.424	11,422.632	11,632.296			
					Annual	115,708.320	119,295.072	122,964.192	126,663.264	130,195.728	133,949.088	137,071.584	139,587.552			
14	CRN		**Weekend Worker - CRN/Charge Nurse (20-Year Scale) (PIO)**	1872	Hourly	**62.928**	**64.881**	**66.881**	**68.896**	**70.821**	**72.866**	**74.567**	**75.938**			
					Monthly	9,816.768	10,121.436	10,433.436	10,747.776	11,048.076	11,367.096	11,632.452	11,846.328			
					Annual	117,801.216	121,457.232	125,201.232	128,973.312	132,576.912	136,405.152	139,589.424	142,155.936			
15	CRN		**Weekend Worker - CRN/Charge Nurse (25-Year Scale) (PIO)**	1872	Hourly	**64.637**	**66.649**	**68.708**	**70.785**	**72.767**	**74.873**	**76.626**	**78.037**			
					Monthly	10,083.372	10,397.244	10,718.448	11,042.460	11,351.652	11,680.188	11,953.656	12,173.772			
					Annual	121,000.464	124,766.928	128,621.376	132,509.520	136,219.824	140,162.256	143,443.872	146,085.264			
16	ORTII		**ORT II**	2015	Hourly	**41.346**	**42.652**	**43.845**	**45.194**	**46.437**	**47.700**	**48.990**	**50.279**	**51.165**	**52.069**	**53.452**
					Monthly	6,942.683	7,161.982	7,362.306	7,588.826	7,797.546	8,009.625	8,226.238	8,442.682	8,591.456	8,743.253	8,975.482
					Annual	83,312.190	85,943.780	88,347.675	91,065.910	93,570.555	96,115.500	98,714.850	101,312.185	103,097.475	104,919.035	107,705.780
17	ORTII		**ORT II (Weekend Worker Rates)**	2015	Hourly	**46.655**	**48.155**	**49.531**	**51.080**	**52.511**	**53.962**	**55.445**	**56.930**	**57.949**	**58.989**	**60.580**
					Monthly	7,834.152	8,086.027	8,317.080	8,577.183	8,817.472	9,061.119	9,310.140	9,559.496	9,730.603	9,905.236	10,172.392
					Annual	94,009.825	97,032.325	99,804.965	102,926.200	105,809.665	108,733.430	111,721.675	114,713.950	116,767.235	118,862.835	122,068.700
18	ORTII		**ORT II (Weekend Worker Rates) (PIO)**	1872	Hourly	**49.764**	**51.379**	**52.862**	**54.527**	**56.067**	**57.629**	**59.225**	**60.823**	**61.921**	**63.041**	**64.753**
					Monthly	7,763.184	8,015.124	8,246.472	8,506.212	8,746.452	8,990.124	9,239.100	9,488.388	9,659.676	9,834.396	10,101.468
					Annual	93,158.208	96,181.488	98,957.664	102,074.544	104,957.424	107,881.488	110,869.200	113,860.656	115,916.112	118,012.752	121,217.616
19	N2		**Nurse II**	2015	Hourly	**47.683**	**49.141**	**50.602**	**52.123**	**53.615**	**55.158**	**56.141**	**57.146**	**58.171**	**59.215**	**60.812**
					Monthly	8,006.770	8,251.593	8,496.919	8,752.320	9,002.852	9,261.948	9,427.010	9,595.766	9,767.880	9,943.185	10,211.348
					Annual	96,081.245	99,019.115	101,963.030	105,027.845	108,034.225	111,143.370	113,124.115	115,149.190	117,214.565	119,318.225	122,536.180
20	N2		**Nurse II (15-Year Scale)**	2015	Hourly	**48.517**	**50.005**	**51.495**	**53.046**	**54.568**	**56.142**	**57.145**	**58.171**			
					Monthly	8,146.813	8,396.673	8,646.869	8,907.308	9,162.877	9,427.178	9,595.598	9,767.880			
					Annual	97,761.755	100,760.075	103,762.425	106,887.690	109,954.520	113,126.130	115,147.175	117,214.565			

21	N2	**Nurse II (20-Year Scale)**	2015	Hourly	**49.369**	**50.887**	**52.406**	**53.989**	**55.540**	**57.146**	**58.170**	**59.215**			
				Monthly	8,289.878	8,544.775	8,799.841	9,065.653	9,326.092	9,595.766	9,767.713	9,943.185			
				Annual	99,478.535	102,537.305	105,598.090	108,787.835	111,913.100	115,149.190	117,212.550	119,318.225			
22	N2	**Nurse II (25-Year Scale)**	2015	Hourly	**50.672**	**52.235**	**53.800**	**55.430**	**57.028**	**58.682**	**59.737**	**60.812**			
				Monthly	8,508.673	8,771.127	9,033.917	9,307.621	9,575.952	9,853.686	10,030.838	10,211.348			
				Annual	102,104.080	105,253.525	108,407.000	111,691.450	114,911.420	118,244.230	120,370.055	122,536.180			
23	N2	**Weekend Worker - Nurse II**	2015	Hourly	**53.945**	**55.620**	**57.300**	**59.051**	**60.762**	**62.539**	**63.671**	**64.825**	**66.002**	**67.203**	**69.041**
				Monthly	9,058.265	9,339.525	9,621.625	9,915.647	10,202.953	10,501.340	10,691.422	10,885.198	11,082.836	11,284.504	11,593.135
				Annual	108,699.175	112,074.300	115,459.500	118,987.765	122,435.430	126,016.085	128,297.065	130,622.375	132,994.030	135,414.045	139,117.615
24	N2	**Weekend Worker - Nurse II (15-Year Scale)**	2015	Hourly	**54.904**	**56.614**	**58.328**	**60.114**	**61.858**	**63.670**	**64.826**	**66.002**			
				Monthly	9,219.297	9,506.434	9,794.243	10,094.143	10,386.989	10,691.254	10,885.366	11,082.836			
				Annual	110,631.560	114,077.210	117,530.920	121,129.710	124,643.870	128,295.050	130,624.390	132,994.030			
25	N2	**Weekend Worker - Nurse II (20-Year Scale)**	2015	Hourly	**55.883**	**57.627**	**59.376**	**61.197**	**62.976**	**64.825**	**66.003**	**67.203**			
				Monthly	9,383.687	9,676.534	9,970.220	10,275.996	10,574.720	10,885.198	11,083.004	11,284.504			
				Annual	112,604.245	116,118.405	119,642.640	123,311.955	126,896.640	130,622.375	132,996.045	135,414.045			
26	N2	**Weekend Worker - Nurse II (25-Year Scale)**	2015	Hourly	**57.382**	**59.178**	**60.979**	**62.854**	**64.687**	**66.591**	**67.804**	**69.041**			
				Monthly	9,635.394	9,936.973	10,239.390	10,554.234	10,862.025	11,181.739	11,385.422	11,593.135			
				Annual	115,624.730	119,243.670	122,872.685	126,650.810	130,344.305	134,180.865	136,625.060	139,117.615			
27	N2	**Weekend Worker - Nurse II (PIO)**	1872	Hourly	**57.612**	**59.415**	**61.223**	**63.107**	**64.949**	**66.862**	**68.080**	**69.322**	**70.590**	**71.883**	**73.861**
				Monthly	8,987.472	9,268.740	9,550.788	9,844.692	10,132.044	10,430.472	10,620.480	10,814.232	11,012.040	11,213.748	11,522.316
				Annual	107,849.664	111,224.880	114,609.456	118,136.304	121,584.528	125,165.664	127,445.760	129,770.784	132,144.480	134,564.976	138,267.792
28	N2	**Weekend Worker - Nurse II (15-Year Scale) (PIO)**	1872	Hourly	**58.645**	**60.485**	**62.329**	**64.250**	**66.129**	**68.081**	**69.322**	**70.590**			
				Monthly	9,148.620	9,435.660	9,723.324	10,023.000	10,316.124	10,620.636	10,814.232	11,012.040			
				Annual	109,783.440	113,227.920	116,679.888	120,276.000	123,793.488	127,447.632	129,770.784	132,144.480			
29	N2	**Weekend Worker - Nurse II (20-Year Scale) (PIO)**	1872	Hourly	**59.700**	**61.576**	**63.456**	**65.417**	**67.332**	**69.323**	**70.590**	**71.883**			
				Monthly	9,313.200	9,605.856	9,899.136	10,205.052	10,503.792	10,814.388	11,012.040	11,213.748			
				Annual	111,758.400	115,270.272	118,789.632	122,460.624	126,045.504	129,772.656	132,144.480	134,564.976			
30	N2	**Weekend Worker - Nurse II (25-Year Scale) (PIO)**	1872	Hourly	**61.312**	**63.244**	**65.181**	**67.200**	**69.173**	**71.224**	**72.529**	**73.861**			
				Monthly	9,564.672	9,866.064	10,168.236	10,483.200	10,790.988	11,110.944	11,314.524	11,522.316			
				Annual	114,776.064	118,392.768	122,018.832	125,798.400	129,491.856	133,331.328	135,774.288	138,267.792			
31	N3	**Nurse III**	2015	Hourly	**49.271**	**50.731**	**52.258**	**53.745**	**55.126**	**56.632**	**58.188**	**59.233**	**60.299**	**61.386**	**63.049**
				Monthly	8,273.422	8,518.580	8,774.989	9,024.681	9,256.574	9,509.457	9,770.735	9,946.208	10,125.207	10,307.733	10,586.978
				Annual	99,281.065	102,222.965	105,299.870	108,296.175	111,078.890	114,113.480	117,248.820	119,354.495	121,502.485	123,692.790	127,043.735
32	N3	**Nurse III (15-Year Scale)**	2015	Hourly	**50.138**	**51.626**	**53.184**	**54.701**	**56.109**	**57.647**	**59.233**	**60.299**			
				Monthly	8,419.006	8,668.866	8,930.480	9,185.210	9,421.636	9,679.892	9,946.208	10,125.207			
				Annual	101,028.070	104,026.390	107,165.760	110,222.515	113,059.635	116,158.705	119,354.495	121,502.485			
33	N3	**Nurse III (20-Year Scale)**	2015	Hourly	**51.021**	**52.540**	**54.128**	**55.676**	**57.112**	**58.680**	**60.299**	**61.386**			
				Monthly	8,567.276	8,822.342	9,088.993	9,348.928	9,590.057	9,853.350	10,125.207	10,307.733			
				Annual	102,807.315	105,868.100	109,067.920	112,187.140	115,080.680	118,240.200	121,502.485	123,692.790			
34	N3	**Nurse III (25-Year Scale)**	2015	Hourly	**52.373**	**53.937**	**55.574**	**57.168**	**58.647**	**60.263**	**61.929**	**63.049**			
				Monthly	8,794.300	9,056.921	9,331.801	9,599.460	9,847.809	10,119.162	10,398.911	10,586.978			
				Annual	105,531.595	108,683.055	111,981.610	115,193.520	118,173.705	121,429.945	124,786.935	127,043.735			
35	N3	**Weekend Worker - Nurse III**	2015	Hourly	**55.768**	**57.450**	**59.203**	**60.913**	**62.503**	**64.235**	**66.025**	**67.226**	**68.452**	**69.702**	**71.614**
				Monthly	9,364.377	9,646.813	9,941.170	10,228.308	10,495.295	10,786.127	11,086.698	11,288.366	11,494.232	11,704.128	12,025.184
				Annual	112,372.520	115,761.750	119,294.045	122,739.695	125,943.545	129,433.525	133,040.375	135,460.390	137,930.780	140,449.530	144,302.210
36	N3	**Weekend Worker - Nurse III (15-Year Scale)**	2015	Hourly	**56.765**	**58.480**	**60.269**	**62.012**	**63.634**	**65.401**	**67.226**	**68.452**			
				Monthly	9,531.790	9,819.767	10,120.170	10,412.848	10,685.209	10,981.918	11,288.366	11,494.232			
				Annual	114,381.475	117,837.200	121,442.035	124,954.180	128,222.510	131,783.015	135,460.390	137,930.780			
37	N3	**Weekend Worker - Nurse III (20-Year Scale)**	2015	Hourly	**57.781**	**59.530**	**61.355**	**63.133**	**64.788**	**66.590**	**68.452**	**69.702**			
				Monthly	9,702.393	9,996.079	10,302.527	10,601.083	10,878.985	11,181.571	11,494.232	11,704.128			
				Annual	116,428.715	119,952.950	123,630.325	127,212.995	130,547.820	134,178.850	137,930.780	140,449.530			
38	N3	**Weekend Worker - Nurse III (25-Year Scale)**	2015	Hourly	**59.336**	**61.137**	**63.017**	**64.849**	**66.553**	**68.410**	**70.327**	**71.614**			
				Monthly	9,963.503	10,265.921	10,581.605	10,889.228	11,175.358	11,487.179	11,809.075	12,025.184			
				Annual	119,562.040	123,191.055	126,979.255	130,670.735	134,104.295	137,846.150	141,708.905	144,302.210			
39	N3	**Weekend Worker - Nurse III (PIO)**	1872	Hourly	**59.574**	**61.384**	**63.271**	**65.112**	**66.822**	**68.688**	**70.614**	**71.906**	**73.226**	**74.572**	**76.631**
				Monthly	9,293.544	9,575.904	9,870.276	10,157.472	10,424.232	10,715.328	11,015.784	11,217.336	11,423.256	11,633.232	11,954.436
				Annual	111,522.528	114,910.848	118,443.312	121,889.664	125,090.784	128,583.936	132,189.408	134,608.032	137,079.072	139,598.784	143,453.232
40	N3	**Weekend Worker - Nurse III (15-Year Scale) (PIO)**	1872	Hourly	**60.647**	**62.492**	**64.418**	**66.296**	**68.040**	**69.943**	**71.907**	**73.226**			
				Monthly	9,460.932	9,748.752	10,049.208	10,342.176	10,614.240	10,911.108	11,217.492	11,423.256			
				Annual	113,531.184	116,985.024	120,590.496	124,106.112	127,370.880	130,933.296	134,609.904	137,079.072			
41	N3	**Weekend Worker - Nurse III (20-Year Scale) (PIO)**	1872	Hourly	**61.741**	**63.624**	**65.587**	**67.503**	**69.282**	**71.223**	**73.227**	**74.572**			
				Monthly	9,631.596	9,925.344	10,231.572	10,530.468	10,807.992	11,110.788	11,423.412	11,633.232			
				Annual	115,579.152	119,104.128	122,778.864	126,365.616	129,695.904	133,329.456	137,080.944	139,598.784			

42	N3	**Weekend Worker - Nurse III (25-Year Scale) (PIO)**	1872	Hourly	**63.415**	**65.354**	**67.376**	**69.350**	**71.182**	**73.181**	**75.245**	**76.631**			
				Monthly	9,892.740	10,195.224	10,510.656	10,818.600	11,104.392	11,416.236	11,738.220	11,954.436			
				Annual	118,712.880	122,342.688	126,127.872	129,823.200	133,252.704	136,994.832	140,858.640	143,453.232			
43	N3	**Nurse III - WRHA Community (PIO)**	2015	Hourly	**48.437**	**49.861**	**51.382**	**52.834**	**54.182**	**55.633**	**57.181**	**58.206**	**59.251**	**60.316**	**61.947**
				Monthly	8,133.380	8,372.493	8,627.894	8,871.709	9,098.061	9,341.708	9,601.643	9,773.758	9,949.230	10,128.062	10,401.934
				Annual	97,600.555	100,469.915	103,534.730	106,460.510	109,176.730	112,100.495	115,219.715	117,285.090	119,390.765	121,536.740	124,823.205
44	LPN	**Weekend Worker - Licensed Practical Nurse**	1872	Hourly	**45.299**	**46.590**	**47.861**	**49.406**	**50.819**	**52.404**	**54.055**	**55.500**	**56.491**	**57.503**	**59.050**
				Monthly	7,066.644	7,268.040	7,466.316	7,707.336	7,927.764	8,175.024	8,432.580	8,658.000	8,812.596	8,970.468	9,211.800
				Annual	84,799.728	87,216.480	89,595.792	92,488.032	95,133.168	98,100.288	101,190.960	103,896.000	105,751.152	107,645.616	110,541.600
45	CRN	**Weekend Worker - CRN/Charge Nurse**	1872	Hourly	**58.333**	**60.131**	**61.969**	**63.824**	**65.591**	**67.470**	**69.035**	**70.295**	**71.581**	**72.894**	**74.902**
				Monthly	9,099.948	9,380.436	9,667.164	9,956.544	10,232.196	10,525.320	10,769.460	10,966.020	11,166.636	11,371.464	11,684.712
				Annual	109,199.376	112,565.232	116,005.968	119,478.528	122,786.352	126,303.840	129,233.520	131,592.240	133,999.632	136,457.568	140,216.544
46	CRN	**Weekend Worker - CRN/Charge Nurse (15-Year Scale)**	1872	Hourly	**59.381**	**61.215**	**63.090**	**64.981**	**66.783**	**68.701**	**70.297**	**71.582**			
				Monthly	9,263.436	9,549.540	9,842.040	10,137.036	10,418.148	10,717.356	10,966.332	11,166.792			
				Annual	111,161.232	114,594.480	118,104.480	121,644.432	125,017.776	128,608.272	131,595.984	134,001.504			
47	CRN	**Weekend Worker - CRN/Charge Nurse (20-Year Scale)**	1872	Hourly	**60.450**	**62.320**	**64.232**	**66.162**	**68.000**	**69.956**	**71.584**	**72.895**			
				Monthly	9,430.200	9,721.920	10,020.192	10,321.272	10,608.000	10,913.136	11,167.104	11,371.620			
				Annual	113,162.400	116,663.040	120,242.304	123,855.264	127,296.000	130,957.632	134,005.248	136,459.440			
48	CRN	**Weekend Worker - CRN/Charge Nurse (25-Year Scale)**	1872	Hourly	**62.084**	**64.011**	**65.981**	**67.968**	**69.861**	**71.876**	**73.553**	**74.903**			
				Monthly	9,685.104	9,985.716	10,293.036	10,603.008	10,898.316	11,212.656	11,474.268	11,684.868			
				Annual	116,221.248	119,828.592	123,516.432	127,236.096	130,779.792	134,551.872	137,691.216	140,218.416			
49	ORTII	**ORT II (Weekend Worker Rates)**	1872	Hourly	**47.861**	**49.406**	**50.819**	**52.416**	**53.887**	**55.382**	**56.910**	**58.437**	**59.486**	**60.556**	**62.194**
				Monthly	7,466.316	7,707.336	7,927.764	8,176.896	8,406.372	8,639.592	8,877.960	9,116.172	9,279.816	9,446.736	9,702.264
				Annual	89,595.792	92,488.032	95,133.168	98,122.752	100,876.464	103,675.104	106,535.520	109,394.064	111,357.792	113,360.832	116,427.168
50	N2	**Weekend Worker - Nurse II**	1872	Hourly	**55.362**	**57.090**	**58.819**	**60.620**	**62.386**	**64.213**	**65.378**	**66.567**	**67.781**	**69.017**	**70.909**
				Monthly	8,636.472	8,906.040	9,175.764	9,456.720	9,732.216	10,017.228	10,198.968	10,384.452	10,573.836	10,766.652	11,061.804
				Annual	103,637.664	106,872.480	110,109.168	113,480.640	116,786.592	120,206.736	122,387.616	124,613.424	126,886.032	129,199.824	132,741.648
51	N2	**Weekend Worker - Nurse II (15-Year Scale)**	1872	Hourly	**56.351**	**58.112**	**59.876**	**61.713**	**63.516**	**65.379**	**66.566**	**67.780**			
				Monthly	8,790.756	9,065.472	9,340.656	9,627.228	9,908.496	10,199.124	10,384.296	10,573.680			
				Annual	105,489.072	108,785.664	112,087.872	115,526.736	118,901.952	122,389.488	124,611.552	126,884.160			
52	N2	**Weekend Worker - Nurse II (20-Year Scale)**	1872	Hourly	**57.359**	**59.155**	**60.955**	**62.828**	**64.668**	**66.567**	**67.779**	**69.017**			
				Monthly	8,948.004	9,228.180	9,508.980	9,801.168	10,088.208	10,384.452	10,573.524	10,766.652			
				Annual	107,376.048	110,738.160	114,107.760	117,614.016	121,058.496	124,613.424	126,882.288	129,199.824			
53	N2	**Weekend Worker - Nurse II (25-Year Scale)**	1872	Hourly	**58.901**	**60.751**	**62.605**	**64.535**	**66.429**	**68.386**	**69.633**	**70.909**			
				Monthly	9,188.556	9,477.156	9,766.380	10,067.460	10,362.924	10,668.216	10,862.748	11,061.804			
				Annual	110,262.672	113,725.872	117,196.560	120,809.520	124,355.088	128,018.592	130,352.976	132,741.648			
54	N3	**Weekend Worker - Nurse III**	1872	Hourly	**57.244**	**58.971**	**60.780**	**62.541**	**64.176**	**65.959**	**67.801**	**69.039**	**70.300**	**71.588**	**73.557**
				Monthly	8,930.064	9,199.476	9,481.680	9,756.396	10,011.456	10,289.604	10,576.956	10,770.084	10,966.800	11,167.728	11,474.892
				Annual	107,160.768	110,393.712	113,780.160	117,076.752	120,137.472	123,475.248	126,923.472	129,241.008	131,601.600	134,012.736	137,698.704
55	N3	**Weekend Worker - Nurse III (15-Year Scale)**	1872	Hourly	**58.269**	**60.031**	**61.877**	**63.673**	**65.341**	**67.159**	**69.039**	**70.300**			
				Monthly	9,089.964	9,364.836	9,652.812	9,932.988	10,193.196	10,476.804	10,770.084	10,966.800			
				Annual	109,079.568	112,378.032	115,833.744	119,195.856	122,318.352	125,721.648	129,241.008	131,601.600			
56	N3	**Weekend Worker - Nurse III (20-Year Scale)**	1872	Hourly	**59.315**	**61.113**	**62.996**	**64.828**	**66.528**	**68.383**	**70.300**	**71.588**			
				Monthly	9,253.140	9,533.628	9,827.376	10,113.168	10,378.368	10,667.748	10,966.800	11,167.728			
				Annual	111,037.680	114,403.536	117,928.512	121,358.016	124,540.416	128,012.976	131,601.600	134,012.736			
57	N3	**Weekend Worker - Nurse III (25-Year Scale)**	1872	Hourly	**60.916**	**62.769**	**64.708**	**66.594**	**68.346**	**70.256**	**72.231**	**73.556**			
				Monthly	9,502.896	9,791.964	10,094.448	10,388.664	10,661.976	10,959.936	11,268.036	11,474.736			
				Annual	114,034.752	117,503.568	121,133.376	124,663.968	127,943.712	131,519.232	135,216.432	137,696.832			

LETTER OF AGREEMENT

Between the

Government of Manitoba

And

Provincial Health Labour Relations Service ("the Employer")
(ON BEHALF OF THE EMPLOYERS IN SHARED HEALTH, WINNIPEG-CHURCHILL HEALTH REGION, NORTHERN HEALTH REGION, PRAIRIE MOUNTAIN HEALTH REGION, SOUTHERN HEALTH-SANTÉ SUD HEALTH REGION AND INTERLAKE-EASTERN HEALTH REGION EMPLOYERS ORGANIZATIONS)

And

Manitoba Nurses' Union ("the Union")

RE: SUB-COMMITTEE ON NURSE PATIENT RATIOS

WHEREAS the Government, the Manitoba Nurses' Union and the Provincial Health Labour Relations Services (PHLRS) on behalf of Employer Organizations party to central bargaining, hereinafter referred to collectively as "the Parties", acknowledge their respective commitments to quality health care and patient safety, and agree that Nurses play a pivotal role in the quality of the health care system;

AND WHEREAS the Parties are committed to establishing minimum Nurse Patient Ratios ("NPRs") as part of team-based care, hospital-based care, long term and residential care, and community and non-hospital care (collectively, "the identified areas of patient care");

NOW THEREFORE THE PARTIES AGREE THAT:

The Parties shall work collaboratively to develop NPRs. The development of such NPRs shall be assigned to a Sub-Committee as follows:

1. Within three (3) months sixty (60) days of the Union and the Employer ratifying a Collective Agreement, a Sub-Committee, falling under the umbrella of the Joint Nursing Council (JNC), will be formed consisting of Government of Manitoba representatives and an equal number of both Union and Employer representatives.

2. The Sub-Committee will be charged with the responsibility of defining a "Made in Manitoba" approach for the establishment of NPRs that factor in the uniqueness of Manitoba and the population served. However, the Sub-Committee should exercise due and reasonable diligence in considering related actions and nurse patient ratio

recommendations that are acted upon in other jurisdictions which provide health care to a similar standard of that which exists in Manitoba.

3. The Government of Manitoba will provide funding to ensure adequate administrative support is provided to the Sub-Committee, and to engage a Research Project Coordinator to facilitate and support the Sub-Committee.

4. The Sub-Committee will make recommendations for appropriate NPRs by considering the overall skills mix of staff providing patient care on a unit, the complexity of care, acuity of care, nurse expertise, multi-disciplinary team supports, safety and physical layout.

5. The Sub-Committee will use continuous improvement methodology in the development of recommendations for a “Made in Manitoba” approach to NPRs.

6. The Sub-Committee will determine evaluation metrics and indicators to be utilized to measure outcomes.

7. The Sub-Committee will develop a plan of priority areas of focus no later than January 1st, 2025.

8. The Sub-Committee will be charged to develop a process that promotes selection of positions rather than the deletion of positions, should rotation changes be required to meet the objectives of the Sub-Committee.

9. The Sub-Committee will provide their agreed upon recommendations with respect to NPRs to the Minister of Health, Seniors and Long Term Care (“the Minister”) no later than May 1st 2026 January 1st, 2026, unless otherwise mutually agreed to extend the date to no later than March 1st, 2026.

The Minister will review and consider the recommendations from the Sub-Committee and the Minister will make a determination on the implementation of such recommendations.

In the event the Sub-Committee is not able to agree on appropriate NPR recommendations, or if any other issues arising out of this Letter of Agreement remain in dispute, the parties shall initiate the dispute resolution process no later than one hundred and twenty (120) days prior to May 1st 2026 January 1st, 2026, unless otherwise mutually agreed to extend the date to no later than March 1st, 2026.

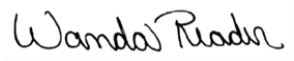
The dispute resolution process is as follows:

Step 1: the Executive Director of Provincial Health Labour Relations Service (PHLRS) and the Executive Director of the Union shall meet in good faith to resolve any dispute arising under this Letter of Agreement.

Step 2: Should a dispute remain after Step 1, either the Union or the Employer may refer the matter(s) for final resolution by an arbitration panel. The panel will be constituted as per the provisions of Article 13 of the Collective Agreement between the Union and the Employer. The panel shall have the authority to make a final determination with respect to NPR recommendations to be presented to the Minister.

Signed this 9th day of July 2024

FOR THE EMPLOYER:



Wanda Reader
Interim Executive Director
Provincial Health Labour Relations Services

FOR THE UNION:

Mike Sutherland
Executive Director
Manitoba Nurses Union

MEMORANDUM OF AGREEMENT

Between

THE MANITOBA NURSES UNION

(The "Union")

-and-

PROVINCIAL HEALTH LABOUR RELATIONS SERVICES

("PHLRS")

on behalf of

THE EMPLOYERS IN THE WINNIPEG-CHURCHILL HEALTH REGION, NORTHERN HEALTH REGION, PRAIRIE MOUNTAIN HEALTH REGION, SOUTHERN HEALTH – SANTÉ SUD HEALTH REGION, INTERLAKE-EASTERN HEALTH REGION and SHARED HEALTH EMPLOYER ORGANIZATIONS

(The "Employer")

RE: COVID REACTIVATION

That the parties agree that although the COVID Memoranda dated March 16, 2020 and December 1, 2020 and the Binding Order by a Mediator dated August 26, 2021 will end for all Employer Organizations that have ratified the tentative contract offer, effective May 17, 2024, it will be reactivated under the following conditions:

1 – Should the Chief Provincial Medical Officer of Health declare a public health emergency related to COVID under the Public Health Act during the life of this agreement, the terms and provisions of the previous COVID Memoranda (see attached) will immediately take force and effect.

2 – At time of declaration, or anytime thereafter the parties may also, by mutual agreement only, expand or increase any provision to the previous COVID Memoranda or add any new provision as mutually agreed upon.

3 – The parties agree that should the COVID Memoranda return to be in force and effect by virtue of an Emergency declaration, any and all provisions, incentives, premiums etc. shall be over and above any compensation provided therein the Collective Agreement or any other active Memoranda, unless otherwise agreed by the parties. It is understood that at no time will a nurse receive duplicate premiums or payments for the same purpose.

4 – For the Shared Health Employer Organization bargaining unit, unless the Pandemic is declared over by the Minister of Health upon recommendation of the Chief Public Health Officer as prescribed in the COVID Memoranda, the COVID Memoranda shall continue to be in effect for the Shared Health Bargaining Unit, until such time as a new Collective Agreement is ratified or otherwise imposed.

5 – This agreement will end upon expiry of the Collective Agreement (March 31st, 2028).

Signed this 9th day of July 2024

FOR THE EMPLOYER:	*FOR THE UNION:*
Wanda Reader *Interim Executive Director* *Provincial Health Labour Relations Services*	*Mike Sutherland* *Executive Director* *Manitoba Nurses Union*

ATTACHMENT #1

EXCERPT FROM MNU HANDBOOK

HARASSMENT AND ABUSE BETWEEN MEMBERS - PROTOCOL REGARDING UNION REPRESENTATION (ARTICLE 7A.04)

The Workplace Safety and Health Act mandates that employers protect workers from violence and harassment in the workplace. The provisions address psychological harassment, such as intimidation, bullying and humiliation. Employers are required to put in place measures to prevent harassment and address it if it occurs.

These measures must include a harassment prevention policy and the employer must make sure that all workers know to follow this policy at all times. The harassment prevention policy must explain how to make a formal complaint about harassment, how the complaint will be investigated, and how the complainant and person accused of harassment will be informed of the results of the investigation. The employer is required to take corrective action respecting any person under the employer's direction who subjects a worker to harassment.

Two main types of harassment are covered under the regulation:

1. The first type is defined as any inappropriate conduct, comment, display, action or gesture by a person that is made on the basis of race, creed, religion, colour, sex, sexual orientation, gender determined characteristics, marital status, family status, source of income, political belief, political association, political activity, disability, physical size or weight, age, nationality, ancestry or place of origin.

2. The second type relates to what is sometimes referred to as "bullying". This may involve severe, repeated conduct that adversely affects a worker's psychological or physical well-being if it could reasonably cause a worker to be humiliated or intimidated, or a single occurrence, if it is shown to have a lasting, harmful effect on a worker.

The MNU Collective Agreement, Article 7A.04, states:

The Employer and the Union agree that no form of abuse of nurses will be condoned in the workplace. Both parties will work together in recognizing, facilitating the reporting of alleged abuse and resolving such problems as they arise.

Any nurse who believes a situation may become or has become abusive shall report this to the immediate supervisor. The Employer shall notify the Union as soon as reasonably possible after the receipt of the report. Every reasonable effort will be made to rectify the abusive situation to the mutual satisfaction of the parties.

MNU and its representatives bear a duty to fair representation of all members. This obligation continues to apply in the case when one member of the bargaining unit alleges that they have been harassed and/or abused by another member of the same bargaining unit. In this event, to make every reasonable effort to ensure that there is no perception of unfair representation and/or of bias against one member over another, the following protocol shall apply:

(a) In order for a nurse who feels that they have been abused and/or harassed to have a grievance under the Collective Agreement, the nurse must first report their concerns to their immediate supervisor. This should be done in writing in accordance with the applicable Respectful Workplace Policy.

(b) Local/Worksite Leaders may refer the nurse(s) to the Labour Relations Officer (LRO) assigned to the Local/Worksite. The complainant and the respondent will each be offered separate representation by a different LRO during the investigation and resolution process.

(c) The role of each LRO will be to provide representation for the member at any investigative, disciplinary and/or mediation meetings in accordance with the principles of the duty to fair representation.

(d) The employer must then investigate the complaint. MNU representatives will not participate in any form of joint investigation with the employer.

(e) However, the MNU representatives may conduct their own individual investigation, separate and apart from the employer. This is similar to the form of investigation that the MNU would conduct prior to considering the filing of any grievance.

(f) The employer must then make a decision as to whether it intends to take any action in response to the complaint of abuse. The MNU shall not participate in the determination of any penalty or recommendations in regard to such alleged abuse/harassment, in order to avoid a perception that the representative(s) have had any part in the imposition of any form of sanction, recommendation, or discipline.

(g) Any further action by the MNU will depend upon the actions taken by the employer in response to the complaint and investigation of alleged abuse/harassment:

i. The MNU may file a grievance on behalf of the complainant if the employer is perceived to have condoned and/or failed to end the harassment/abuse.
ii. The MNU may file a grievance on behalf of the respondent if it is perceived that the discipline imposed is unfair and unreasonable.
iii. If the grievance filed on behalf of the complainant is successful, and the employer subsequently imposes some harsher form of discipline or sanction upon the abusing/harassing nurse, then the MNU would only consider filing a grievance on behalf of the abusing/harassing nurse if the penalty imposed is far too severe or extreme. So long as the penalty or sanction imposed is within the bounds of reasonableness, the MNU would not consider filing a second grievance contesting the discipline imposed by the employer on the abusing nurse, since the employer was only responding to the first grievance filed by the Union demanding that the employer take some action against the abusing/harassing nurse.

The aforementioned protocol would be applicable where one member of the bargaining unit is accusing another member of the bargaining unit of abuse/harassment. If a member of the MNU bargaining unit is alleging abuse/harassment by a person outside of the bargaining unit, then the normal and usual procedure involved in processing any potential grievance will be followed.

21 March 2024

bilingual version (HTML)

Table of Contents

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

DEFINITIONS

Definitions

1 In this Act, unless otherwise specified,

"advisory council" means the Advisory Council on Workplace Safety and Health appointed under section 15;

"agency of the government" means any board, commission, association, or other body, whether incorporated or unincorporated, all the members of which, or all the members of the board of management or board directors of which,

(a) are appointed by an Act of the Legislature or by the Lieutenant Governor in Council, or

(b) if not so appointed, are, in the discharge of their duties, public officers or servants of the Crown, or, for the proper discharge of their duties are, directly or indirectly, responsible to the Crown;

"Board" means The Manitoba Labour Board established under The Labour Relations Act;

"branch" means the Workplace Safety and Health Branch;

"chief occupational medical officer" means the person designated as Chief Occupational Medical Officer under this Act;

"committee" means a workplace safety and health committee established under section 40;

"construction project" means

(a) the construction, demolition, repair, alteration or removal of a structure, building, complex, street, road, highway, pipeline, sewage system or electrical telecommunication or transmission line,

(b) the digging of, working in or filling a trench or excavation,

(c) the installation, modification, repair or removal of any equipment or machinery, or

(d) any work prescribed by regulation as a construction project;

"construction project site" means a workplace where work is performed on a construction project;

"contractor" means a person who, pursuant to one or more contracts, directs the activities of one or more employers or self-employed persons involved in work at a workplace;

"department" means such department of the government of Manitoba as may be designated by the Lieutenant Governor in Council for the purpose of this Act;

"director" means the Director of the Workplace Safety and Health Branch appointed under subsection 14(4.1);

"employer" includes

(a) every person who, by himself or his agent or representative employs or engages one or more workers, and

(b) the Crown and every agency of the government;

"health" means the condition of being sound in body, mind and spirit, and shall be interpreted in accordance with the objects and purposes of this Act;

"improvement order" means an order made under section 26;

"minister" means the member of the Executive Council charged by the Lieutenant Governor in Council with the administration of this Act;

"occupational health nurse" means a practising registered nurse under The Regulated Health Professions Act;

"occupational health service" means a service organized in or near a workplace for the purposes of

(a) protecting workers against any health hazard that may arise out of their work or the conditions under which it is carried on,

(b) ensuring the physical and mental adjustment of workers in their employment and ensuring their assignment to jobs for which they are suited, and

(c) contributing to the establishment and maintenance of a high degree of physical and mental well-being of the workers;

"owner", in relation to any land or premises used or to be used as a workplace, includes

(a) a trustee, receiver, mortgagee in possession, tenant, lessee, licensee or occupier of the land or premises, and

(b) a person who acts for or on behalf of an owner as an agent or delegate,

but does not include a person who occupies premises used as a private residence, unless that person carries on a business, profession or trade at that residence;

"person" includes a partnership or an unincorporated association;

"physician" means a duly qualified medical practitioner;

"prime contractor" means the prime contractor for a construction project referred to in section 7;

"representative" means a worker safety and health representative designated or appointed under section 41;

"reprisal" means any act or omission by an employer or any person acting under the authority of the employer or any union which adversely affects any term or condition of employment, or of membership in a union, and without restricting the generality of the foregoing includes lay-off, suspension, dismissal,

loss of opportunity for promotion, demotion, transfer of duties, change of location of workplace, reduction in wages, or change in working hours but does not include the temporary relocation of a worker to other similar or equivalent work without loss of pay or benefits until a condition that threatens the safety or health of the worker is remedied;

"safety" means the prevention of physical injury to workers and the prevention of physical injury to other persons arising out of or in connection with activities in the workplace;

"safety and health officer" means a person designated as a safety and health officer under this Act;

"stop work order" means an order made under section 36;

"supervisor" means a person who has charge of a workplace or authority over a worker;

"supplier" means a person who supplies, sells, leases, installs or provides

(a) any tool, equipment, machine or device, or

(b) any biological substance or chemical substance,

to be used in a workplace;

"union" means a union as defined under The Labour Relations Act;

"welfare" means the conditions or facilities, in or near a workplace, provided for the feeding, rest, hygiene or sanitary requirements of a worker;

"worker" includes

(a) any person who is employed by an employer to perform a service whether for gain or reward, or hope of gain or reward or not,

(b) any person engaged by another person to perform services, whether under a contract of employment or not

(i) who performs work or services for another person for compensation or reward on such terms and conditions that he is, in relation to that person, in a position of economic dependence upon that person more closely resembling the relationship of any employee than that of an independent contractor, and

(ii) who works or performs services in a workplace which is owned or operated by the person who engages him to perform services,

(c) any person undergoing training or serving an apprenticeship at an educational institution or at any other place;

"worker safety and health representative" means the person designated as a worker safety and health representative under this Act;

"workplace" means any building, site, workshop, structure, mine, mobile vehicle, or any other premises or location whether indoors or outdoors in which one or more workers, or self-employed persons, are engaged in work or have worked.

S.M. 2002, c. 33, s. 3; S.M. 2009, c. 15, s. 251; S.M. 2013, c. 9, s. 2; S.M. 2018, c. 8, s. 28; S.M. 2021, c. 16, s. 2; S.M. 2024, c. 11, s. 2.

PURPOSE OF THIS ACT

General objects and purposes

2(1) The objects and purposes of this Act are

(a) to secure workers and self-employed persons from risks to their safety, health and welfare arising out of, or in connection with, activities in their workplaces; and

(b) to protect other persons from risks to their safety and health arising out of, or in connection with, activities in workplaces.

Specific objects and purposes

2(2) Without limiting the generality of subsection (1), the objects and purposes of this Act include

(a) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;

(b) the prevention among workers of ill health caused by their working conditions;

(c) the protection of workers in their employment from factors promoting ill health;

(d) the placing and maintenance of workers in an occupational environment adapted to their physiological and psychological condition; and

(e) the promotion of workers' rights

(i) to know about safety and health hazards in their workplaces,

(ii) to participate in safety and health activities at their workplaces,

(iii) to refuse dangerous work, and

(iv) to work without being subject to a reprisal.

S.M. 2013, c. 9, s. 3; S.M. 2021, c. 16, s. 3.

APPLICATION OF THIS ACT

Application of Act

3 This Act applies to

(a) the Crown in right of Manitoba and every agency of the government;

(b) every employer, worker and self-employed person whose workplace safety, health and welfare standards are ordinarily within the exclusive jurisdiction of the Legislature to regulate; and

(c) the Crown in right of Canada, every agency of the government of Canada, and every other person whose workplace safety, health and welfare standards are ordinarily within the jurisdiction of the

Parliament of Canada, to the extent that the Crown in right of Canada may submit to the application of this Act.

DUTIES OF EMPLOYERS

General duties of employers

4(1) Every employer shall in accordance with the objects and purposes of this Act

(a) ensure, so far as is reasonably practicable, the safety, health and welfare at work of all his workers; and

(b) comply with this Act and regulations.

Further duties of employer

4(2) Without limiting the generality of an employer's duty under subsection (1), every employer shall

(a) provide and maintain a workplace, necessary equipment, systems and tools that are safe and without risks to health, so far as is reasonably practicable;

(b) provide to all his workers such information, instruction, training, supervision and facilities to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all his workers;

(c) ensure that all his workers, and particularly his supervisors, foremen, chargehands or similar persons, are acquainted with any safety or health hazards which may be encountered by the workers in the course of their service, and that workers are familiar with the use of all devices or equipment provided for their protection;

(d) conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons who are not in his service are not exposed to risks to their safety or health arising out of, or in connection with activities in his workplace;

(e) consult and co-operate with the workplace safety and health committee where such a committee exists, regarding the duties and matters with which that committee is charged under this Act;

(f) consult and co-operate with the worker safety and health representative where such a representative has been designated, regarding the duties and matters with which that representative is charged under this Act;

(g) co-operate with any other person exercising a duty imposed by this Act, or the regulations;

(h) ensure that all of the employer's workers are supervised by a person who

(i) is competent, because of knowledge, training or experience, to ensure that work is performed in a safe manner, and

(ii) is familiar with this Act and the regulations that apply to the work performed at the workplace;

(i) if the employer's workers are working on a construction project that has a prime contractor, advise the prime contractor of the name of the supervisor of the employer's workers on the project.

Employer as supervisor

4(3) For the purposes of clause (2)(h), an employer may supervise his or her workers if he or she satisfies the criteria set out in that clause.

Employer's duty re training

4(4) Without limiting the generality of clause (2)(b), every employer shall provide information, instruction and training to a worker to ensure, so far as is reasonably practicable, the safety, and health of the worker, before the worker

(a) begins performing a work activity at a workplace;

(b) performs a different work activity than the worker was originally trained to perform; or

(c) is moved to another area of the workplace or a different workplace that has different facilities, procedures or hazards.

Performing work activity during training

4(5) Notwithstanding subsection (4), a worker may perform a work activity while being trained if the worker is under the direction of a supervisor or another person who is fully trained and has sufficient experience in performing that work activity to ensure that the safety or health of the worker and any other person is not at risk.

Wages and benefits during training

4(6) A worker is entitled to the same wages and benefits for any time spent in training that he or she would be entitled to had the worker been performing his or her regular work duties during that time.

S.M. 2002, c. 33, s. 7.

DUTIES OF SUPERVISORS

Duties of supervisors

4.1 Every supervisor shall

(a) so far as is reasonably practicable,

(i) take all precautions necessary to protect the safety and health of a worker under his or her supervision,

(ii) ensure that a worker under his or her supervision works in the manner and in accordance with the procedures and measures required by this Act and the regulations, and

(iii) ensure that a worker under his or her supervision uses all devices and wears all clothing and personal protective equipment designated or provided by the employer or required to be used or worn by this Act or the regulations;

(b) advise a worker under his or her supervision of all known or reasonably foreseeable risks to safety and health in the area where the worker is performing work;

(c) co-operate with any other person exercising a duty imposed by this Act or the regulations; and

(d) comply with this Act and the regulations.

S.M. 2002, c. 33, s. 7.

DUTIES OF WORKERS

General duties of workers

5 Every worker while at work shall, in accordance with the objects and purposes of this Act,

(a) take reasonable care to protect his safety and health and the safety and health of other persons who may be affected by his acts or omissions at work;

(b) at all times, when the nature of his work requires, use all devices and wear all articles of clothing and personal protective equipment designated and provided for his protection by his employer, or required to be used and worn by him by the regulations;

(c) consult and co-operate with the workplace safety and health committee, where such a committee exists, regarding the duties and matters with which that committee is charged under this Act;

(d) consult and co-operate with the worker safety and health representative, where such a representative has been designated, regarding the duties and matters with which that representative is charged under this Act;

(e) comply with this Act and the regulations; and

(f) co-operate with any other person exercising a duty imposed by this Act or the regulations.

DUTIES OF SELF-EMPLOYED PERSONS

General duties of self-employed persons

6 Every self-employed person shall, in accordance with the objects and purposes of this Act,

(a) conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that he or any other person is not exposed to risks to his or that person's safety or health, arising out of, or in connection with, activities in his workplace;

(a.1) when he or she is working on a construction project that has a prime contractor, advise the prime contractor that he or she is working on the project;

(b) comply with this Act and the regulations; and

(c) co-operate with any other person exercising a duty imposed by this Act or the regulations.

S.M. 2002, c. 33, s. 10.

DUTIES OF PRIME CONTRACTORS

Requirement for prime contractor

7(1) There shall be a prime contractor for a construction project if more than one employer or self-employed person is involved in work at the construction project site at the same time.

Prime contractor for construction project

7(2) The prime contractor for a construction project is

(a) the person who enters into a contract to serve as the prime contractor with the owner of the construction project site; or

(b) if there is no contract referred to in clause (a), or if that contract is not in effect, the owner of the construction project site.

Duties of prime contractor

7(3) The prime contractor for a construction project shall

(a) ensure, so far as is reasonably practicable, that every person involved in work on the project complies with this Act and the regulations;

(b) co-ordinate, organize and oversee the performance of all work at the construction project site and conduct his or her own activities in such a way as to ensure, so far as is reasonably practicable, that no person is exposed to risks to his or her safety or health arising out of, or in connection with activities at the construction project site;

(c) co-operate with any other person exercising a duty imposed by this Act or the regulations; and

(d) comply with this Act and the regulations.

S.M. 2002, c. 33, s. 11.

DUTIES OF CONTRACTORS

Duties of contractors

7.1 Every contractor shall

(a) ensure, so far as is reasonably practicable,

(i) that every workplace where an employer, employer's worker or self-employed person works pursuant to a contract with the contractor, and

(ii) that every work process or procedure performed at a workplace by an employer, employer's worker or self employed person pursuant to a contract with the contractor,

that is not in the direct and complete control of that employer or self-employed person does not create a risk to the safety or health of any person;

(b) if the contractor is involved in work on a construction project that has a prime contractor, advise the prime contractor of the name of every employer or self-employed person with whom the contractor has contracted to perform work on the project;

(c) co-operate with any other person exercising a duty imposed by this Act or the regulations; and

(d) comply with this Act and the regulations.

S.M. 2002, c. 33, s. 12.

DUTIES OF OWNERS

Duties of owners

7.2 Every owner of a workplace shall

(a) ensure, so far as is reasonably practicable, that the land or premises used as a workplace that is under his or her control is provided and maintained in a manner that does not create a risk to the safety or health of any person;

(b) co-operate with any other person exercising a duty imposed by this Act or the regulations; and

(c) comply with this Act and the regulations.

S.M. 2002, c. 33, s. 12.

DUTIES OF SUPPLIERS

Duties of suppliers

7.3 Every supplier shall

(a) ensure, so far as is reasonably practicable, that any tool, equipment, machine, device or chemical or biological substance provided by the supplier for use at a workplace

(i) is safe when used in accordance with the instructions provided by the supplier, and

(ii) conforms with the requirements of this Act and the regulations;

(b) when prescribed by regulation, provide written instructions and information prescribed by regulation to every employer, self-employed person, contractor or prime contractor to whom the supplier supplies any tool, equipment, machine, device or chemical or biological substance; and

(c) comply with this Act and the regulations.

S.M. 2002, c. 33, s. 12.

WORKPLACE SAFETY AND HEALTH PROGRAM

Establishment of workplace safety and health program

7.4(1) An employer shall establish a written workplace safety and health program for each workplace where 20 or more workers of that employer are regularly employed.

Determining number of workers

7.4(2) For the purposes of subsection (1), the number of workers employed at a workplace shall be determined by averaging, over the previous 12 months, the number of full-time and part-time workers present each working day.

Program for multiple workplaces

7.4(3) Notwithstanding subsection (1), the director may issue a written order permitting an employer to establish a workplace safety and health program for more than one workplace or parts of more than one workplace.

Considerations of director

7.4(4) In determining whether to make an order under subsection (3), the director shall take into account

(a) the nature of the work performed at the workplace;

(b) any request for an order by an employer, worker or union representing workers at the workplace; and

(c) the frequency of injury or illness in the workplace or in the industry in question.

Content of program

7.4(5) A workplace safety and health program must include

(a) a statement of the employer's policy with respect to the protection of the safety and health of workers at the workplace;

(b) the identification of existing and potential dangers to workers at the workplace and the measures that will be taken to reduce, eliminate or control those dangers, including procedures to be followed in an emergency;

(c) the identification of internal and external resources, including personnel and equipment, that may be required to respond to an emergency at the workplace;

(d) a statement of the responsibilities of the employer, supervisors and workers at the workplace;

(e) a schedule for the regular inspection of the workplace and of work processes and procedures at the workplace;

(f) a plan for the control of any biological or chemical substance used, produced, stored or disposed of at the workplace;

(g) a statement of the procedures to be followed to protect safety and health in the workplace when another employer or self-employed person is involved in work at the workplace that includes

(i) criteria for evaluating and selecting employers and self-employed persons to be involved in work at the workplace, and

(ii) procedures for regularly monitoring employers and self-employed persons involved in work at the workplace;

(h) a plan for training workers and supervisors in safe work practices and procedures;

(i) a procedure for investigating accidents, dangerous occurrences and refusals to work under section 43;

(j) a procedure for worker participation in workplace safety and health activities, including inspections and the investigation of accidents, dangerous occurrences and refusals to work under section 43;

(k) a procedure for reviewing and revising the workplace safety and health program every three years or more often if circumstances at a workplace change in a way that poses a risk to the safety or health of workers at the workplace; and

(l) any other requirement prescribed by regulation.

Requirement for consultation

7.4(6) The employer shall design the workplace safety and health program in consultation with

(a) the committee for the workplace; or

(b) if there is no committee, the representative for the workplace.

Program available on request

7.4(7) The employer shall make a workplace safety and health program available to the following persons on request:

(a) the committee;

(b) if there is no committee, the representative;

(c) a worker at the workplace;

(d) a safety and health officer.

Co-ordination of programs by prime contractor

7.4(8) If workers from two or more employers that have workplace safety and health programs are working at a construction project site that has a prime contractor, the prime contractor shall co-ordinate the programs of those employers.

S.M. 2002, c. 33, s. 12; S.M. 2013, c. 9, s. 4.

DUTY TO PROVIDE REQUIRED INFORMATION

Definition: "required information"

7.5(1) In this section, "required information" means any information

(a) that may affect the safety and health of a person at a workplace;

(b) that is necessary to identify and control any existing or potential hazards with respect to a workplace or any process, procedure or biological or chemical substance used at a workplace; or

(c) prescribed by regulation as required information.

Required information by prime contractor

7.5(2) Every prime contractor for a construction project shall provide, so far as is reasonably practicable, all required information that he or she knows or may reasonably be expected to know to

(a) the owner of the construction project site; and

(b) every contractor, employer and self-employed person who is involved in work on the project.

Required information by contractor

7.5(3) Every contractor shall provide, so far as is reasonably practicable, all required information that he or she knows or may reasonably be expected to know to

(a) every owner of a workplace with whom the contractor has a contract;

(b) every employer and self-employed person at a workplace with whom the contractor has a contract; and

(c) the prime contractor for a construction project, if the contractor is involved in work on a construction project for which there is a prime contractor.

Required information by owner

7.5(4) Every owner of a workplace shall provide, so far as is reasonably practicable, all required information that he or she knows or may reasonably be expected to know to

(a) every employer who employs workers at the workplace; and

(b) every self-employed person who works at the workplace.

Required information by owner of construction project

7.5(5) Despite subsection (4), if a workplace is a construction project site where work is performed on a construction project that is required to have a prime contractor, an owner of that workplace shall provide, so far as is reasonably practicable, all required information that he or she knows or may reasonably be expected to know only to the prime contractor.

S.M. 2002, c. 33, s. 12.

PERSONS WITH MULTIPLE FUNCTIONS

Definition: "function"

7.6(1) In this section, "function" means the function of employer, supervisor, worker, self-employed person, prime contractor, contractor, owner or supplier under this Act and the regulations.

Multiple functions

7.6(2) If a person has two or more functions under this Act in respect of one workplace, that person shall satisfy the duties imposed by this Act and the regulations for each function.

S.M. 2002, c. 33, s. 12.

Responsibility if duties apply to more than one person

7.7 If

(a) one or more provisions in this Act or the regulations imposes the same duty on more than one person; and

(b) one of the persons subject to that duty complies with the applicable provision;

the other persons subject to that duty are relieved of their duty only during the time when

(c) simultaneous compliance of that duty by more than one person would result in unnecessary duplication of effort and expense; and

(d) the safety and health of any person at the workplace is not put at risk by compliance with that duty by only one person.

S.M. 2002, c. 33, s. 12.

RELATIONSHIP OF THIS ACT TO THE WORKERS COMPENSATION ACT

Effect on compensation

8 The failure to comply with any provision of this Act or the regulations does not affect the right of a worker to compensation under The Workers Compensation Act.

Effect on liabilities

9 The liabilities and obligations of any person under The Workers Compensation Act are not decreased, reduced, or removed, by reason only of his compliance with the provisions of this Act or the regulations.

10 [Renumbered as subsection 14(4)]

11(1) [Repealed] S.M. 1991-92, c. 36, s. 65.

11(2) [Renumbered as subsection 14(5)]

S.M. 1991-92, c. 36, s. 65.

DUTIES AND POWERS OF THE DIRECTOR

Duties of director

12 The director shall, in accordance with the objects and purposes of this Act,

(a) be concerned with workplace safety and health generally, and with the maintenance of reasonable standards for the protection of the safety and health of workers and self-employed persons in Manitoba;

(b) be responsible for the administration of this Act and the regulations;

(c) submit from time to time to the minister such recommendations as he considers appropriate for the making of regulations;

(d) ensure that persons and organizations concerned with the purposes of this Act are provided with information and advice pertaining to its administration and to the protection of the safety and health of workers generally;

(e) prepare and maintain or cause to be prepared and maintained illness, death and accident statistics relating to workers and self-employed persons, and do so either alone or in conjunction with The Workers Compensation Board, the Department of Health, Healthy Living and Seniors, or any other department, agency or commission; and

(f) do such other things in connection with safety and health in the workplace as the minister may direct, for the purposes of carrying out the provisions of this Act and the regulations and the provisions of any other Act or regulations assigned to the minister for administration.

S.M. 2013, c. 9, s. 5; S.M. 2014, c. 32, s. 38.

Powers of director

13 The director may, in accordance with the objects and purposes of this Act,

(a) provide assistance to persons concerned with safety and health in the workplace, and provide services to assist workplace safety and health committees, employers and workers in maintaining reasonable standards for the protection of the safety and health of workers;

(b) carry out studies and research, or cause studies and research to be carried out, and make arrangements for the publication of results of research, in matters relating to the safety and health of workers;

(c) encourage, develop and conduct, either alone or in co-operation with organizations concerned with the purposes of this Act, education and information programs for promoting the safety and health of workers and for improving the qualifications of persons concerned with workplace safety and health;

(d) make recommendations to the minister regarding grants of moneys for any of the purposes referred to in this section;

(d.1) make recommendations to the minister regarding workplace safety and health and the prevention of workplace injury and illness;

(d.2) coordinate examinations and investigations

(i) for determining the cause and particulars of any accident or ill health occurring to a worker, or self-employed person, and arising out of or in connection with activities in the workplace, or

(ii) for the prevention of accidents or ill health arising out of or in connection with activities in the workplace; and

(e) perform such other functions as the minister may direct for the proper administration of this Act and the regulations.

S.M. 2013, c. 9, s. 6.

Public reporting of orders and penalties

13.1 The director may issue public reports disclosing details of improvement orders, stop work orders and administrative penalties made or imposed under this Act. The reports may disclose personal information as defined in The Freedom of Information and Protection of Privacy Act.

S.M. 2013, c. 9, s. 7.

DUTIES AND POWERS OF THE MINISTER

Powers of minister

14(1) The minister may, in accordance with the objects and purposes of this Act,

(a) authorize the director or any other person to investigate and make a special report to him on any accident, occurrence, or any matter of safety and health in the workplace;

(b) appoint the director or any other person to conduct a public inquiry into any matter of safety or health in the workplace, and the director or the person so appointed, for the purpose of an inquiry, has all the powers of a commissioner under Part V of The Manitoba Evidence Act;

(c) appoint consultants and advisors who are professionally or technically qualified to advise him in the making of regulations, or to advise him on the administration of this Act or regulations;

(d) call meetings of the advisory council;

(e) approve, with or without modifications, any recommendation submitted to the minister by the advisory council; and

(f) do such other things as he deems necessary for the proper carrying out of this Act.

Remuneration and expenses

14(2) Subject to the approval of the Lieutenant Governor in Council, members of the advisory council and consultants or advisors may be paid such remuneration and out-of-pocket expenses as may be authorized by the minister.

Payment of certain costs

14(3) The minister may authorize the payment of certain costs

(a) for investigative and consultative services; and

(b) for medical examinations and reports made under this Act, the costs of which are not payable from public funds;

that may be carried out or rendered for the purposes of this Act.

Administration of Act

14(4) This Act is to be administered through the Workplace Safety and Health Branch of the department.

Appointment

14(4.1) A Director of Workplace Safety and Health must be appointed under Part 3 of The Public Service Act.

Consolidated Fund

14(5) To assist in defraying the expenses incurred in the administration of this Act moneys may be paid from the Consolidated Fund, if authorized by an Act of the Legislature to be so paid and applied.

S.M. 2002, c. 33, s. 14 and 15; S.M. 2013, c. 9, s. 8; S.M. 2018, c. 8, s. 28; S.M. 2021, c. 11, s. 137; S.M. 2021, c. 16, s. 4; S.M. 2024, c. 11, s. 3.

14.1 [Repealed]

S.M. 2018, c. 8, s. 28; S.M. 2024, c. 11, s. 4.

ADVISORY COUNCIL

Advisory council

15(1) The minister must appoint an Advisory Council on Workplace Safety and Health.

Composition

15(2) The advisory council is to consist of

(a) a chair appointed by the minister; and

(b) at least six but not more than 12 additional members, of whom

(i) 1/3 are to be appointed by the minister after consultations with organizations representing workers,

(ii) 1/3 are to be appointed by the minister after consultations with organizations representing employers, and

(iii) 1/3 are to be appointed by the minister after consultations with technical and professional bodies whose members are concerned with the general purposes of this Act.

Chair

15(3) The chair is a member of the advisory council but does not have a vote in the affairs of the council.

Term of office

15(4) A member of the advisory council holds office for the term set by the minister, which must not exceed three years, and continues to hold office after their term expires until the member is re-appointed, the appointment is revoked or a successor is appointed.

Quorum

15(5) A majority of the members of the advisory council that includes at least two members appointed under subclause (2)(b)(i) and at least two members appointed under subclause (2)(b)(ii) constitutes a quorum.

S.M. 2024, c. 11, s. 5.

Meetings of council

16(1) The advisory council must meet at the call of the minister or the chair, but in any case at least once a year.

Role

16(2) The advisory council may advise or make recommendations to the minister on the following matters:

(a) workplace safety and health generally, and the protection of workers in specific workplace situations;

(b) the appointment of consultants and advisors by the minister;

(c) any matter relating to workplace safety and health on which the minister seeks the council's opinion.

Review every five years

16(3) At least once every five years, the advisory council must review this Act and its administration and report its findings and recommendations, if any, to the minister.

Review at request of minister

16(4) The advisory council must review any matter relating to this Act and its administration when requested to do so by the minister and report its findings and recommendations, if any, to the minister.

Terms of reference

16(5) A review under subsection (3) or (4) must be conducted in accordance with any terms of reference determined by the minister and issued to the advisory council.

S.M. 2024, c. 11, s. 5.

CHIEF OCCUPATIONAL MEDICAL OFFICER

Chief occupational medical officer

17(1) The minister shall appoint as chief occupational medical officer for the purpose of this Act, a person who is a duly qualified medical practitioner and who has training and experience in occupational medicine.

Powers of chief occupational medical officer

17(2) The chief occupational medical officer has all the powers of a workplace safety and health officer as set out in this Act, and such other powers as may be conferred upon him by the minister or the regulations.

Authorization for occupational health nurse

17(3) The chief occupational medical officer may provide written authority to a person who is an occupational health nurse to enter a workplace for the purpose of enforcing provisions of this Act, and a person so authorized shall have such duties and powers as are prescribed for the person by the chief occupational medical officer, but the duties and powers prescribed shall not include any duties and powers that are not prescribed for a person who is appointed as a safety and health officer under this Act.

17.1 [Repealed]

S.M. 2013, c. 9, s. 9; S.M. 2021, c. 16, s. 5.

REGULATIONS, CODES AND STANDARDS

Regulations

18(1) The Lieutenant Governor in Council may make regulations

(a) respecting standards and practices to be established and maintained by employers, supervisors, self-employed persons, prime contractors, contractors, owners and suppliers to protect the safety and health of any person at a workplace;

(b) respecting procedures, measures and precautions that are required, or prohibited, when performing any work activity;

(c) imposing requirements respecting conditions at workplaces, including such matters as the structural condition and stability of premises, available exits from premises, cleanliness, temperature, lighting, ventilation, overcrowding, noise, vibrations, ionizing and other radiations, dust and fumes;

(c.1) respecting the prohibition of smoking and e-cigarette use at workplaces, including deeming a contravention of The Smoking and Vapour Products Control Act relating to workplaces to be a contravention of this Act for the purpose of issuing an improvement order under section 26;

(d) prescribing minimum standards of welfare facilities at workplaces, including the supply of water, sanitary conveniences and facilities for washing, bathing, changing, storing personal property, breaks and refreshment;

(e) regulating or prohibiting the manufacture, supply, or use of any plant, tool, equipment, machine or device;

(f) respecting the design, construction, guarding, siting, installation, commissioning, examination, repair, maintenance, alteration, adjustment, dismantling, testing, inspection, use, or approval prior to installation or use, of any plant, tool, equipment, machine or device;

(g) prescribing requirements with respect to the marking of any plant, tool, equipment, machine or device used or manufactured in any workplace, and regulating or restricting the use of specified markings;

(h) regulating or prohibiting the manufacture, supply, keeping, handling or use of any substance or material that may adversely affect the safety or health of any person at a workplace;

(i) respecting the testing, labelling and examination of any substance or material that may affect the safety or health of any person at a workplace;

(j) respecting the prevention, study and treatment of industrial diseases, including arrangements for medical examinations and health surveillance of persons involved in work at a workplace;

(k) respecting the monitoring of atmospheric and other conditions in workplaces;

(l) respecting the instruction, training and supervision of workers;

(m) respecting the provision by employers, and the use by workers, of protective clothing or devices, including clothing affording protection against the weather;

(n) prohibiting the performance of specified functions by any person who does not possess specified qualifications or experience;

(o) respecting licences, certificates or designations required by persons performing specified functions at a workplace, and the fees and conditions required to obtain a licence, certificate or designation;

(p) requiring a person to obtain a permit to carry on a specified activity affecting the safety or health of any person at a workplace, including the terms and conditions and the fee for the permit;

(q) respecting the suspension or cancellation of any licence, certificate or permit issued under this Act;

(r) respecting the preparation, maintenance and submission of records and reports dealing with accidents, industrial diseases and workplace safety and health standards;

(s) restricting, prohibiting or requiring any activity if an accident or any other specified dangerous occurrence has occurred, or may occur;

(t) respecting committees, including but not limited to

(i) the operation of committees,

(ii) the frequency of meetings of committees, including more frequent meetings for specified classes of workplaces,

(iii) the participation of committees members in inspections, investigations and other related matters, and

(iv) the submission of committee records to the director;

(u) respecting representatives, including but not limited to

(i) the participation of representatives in inspections, investigations and other related matters, and

(ii) the submission of representatives' records to the director;

(v) respecting workplace safety and health programs;

(w) prescribing the persons to whom, circumstances in which, and methods by which specified information concerning safety and health shall be communicated;

(x) prescribing the fees payable for examinations required under this Act;

(y) respecting arrangements for ambulance service and first-aid treatment at workplaces;

(z) respecting the employment or the provision of alternate employment to

(i) a pregnant or nursing worker, and

(ii) a worker whose safety or health is put at risk by exposure to a chemical or biological substance;

(aa) respecting the establishment of policies and procedures in workplaces or classes of workplaces to prevent and respond to potentially violent situations;

(bb) respecting measures that employers shall take to prevent harassment in the workplace;

(bb.1) for the purpose of section 21, respecting the criteria to be used and the procedures to be followed when determining whether to make an order, or to reconsider an order, exempting a person or class of persons from any provision of a regulation;

(bb.2) for the purpose of section 40,

(i) respecting the procedures to be followed in determining whether to issue an order, or to reconsider an order, under subsection 40(6) or (7.1), and

(ii) respecting any additional criteria to be considered by the director under subsection 40(7);

(cc) for the purpose of section 53.1,

(i) specifying the form and content of notices of administrative penalties,

(i.1) prescribing provisions of this Act or the regulations for the purposes of subclauses 53.1(1)(a)(ii) and (2)(a)(ii),

(ii) respecting the determination of amounts of administrative penalties, which may vary according to the number of workers affected by, or the nature or frequency of, the matter that gave rise to the issuance of the notice of administrative penalty, and

(iii) respecting any other matter necessary for the administration of a system of administrative penalties provided for under this Act;

(dd) defining the meaning of any word or phrase used but not defined in this Act;

(ee) respecting any matter required or authorized by this Act to be prescribed or dealt with by regulation;

(ff) respecting any matter that the Lieutenant Governor in Council considers necessary or advisable to carry out the purposes of this Act.

Application of regulations

18(2) A regulation made under subsection (1) may be made applicable generally to all workplaces, or particularly to one or more workplaces, or to such classes thereof as may be specified therein.

S.M. 2002, c. 33, s. 22; S.M. 2004, c. 17, s. 10; S.M. 2013, c. 9, s. 10; S.M. 2015, c. 36, s. 20; S.M. 2018, c. 18, s. 14.

Approval of codes of practice

19(1) For the purpose of providing practical guidance with respect to the requirements of any provision of the regulations, the director may approve and issue such codes of practice or any amendment or revision thereof as in his opinion are suitable for that purpose.

Notice in Gazette

19(2) Where a code of practice is approved by the director under subsection (1), he shall cause to be published in the Manitoba Gazette a notice identifying the code, specifying the provisions of the regulations to which it applies and stating the effective date of the approval.

Failure to observe code, no offence

20(1) The failure by any person to observe any provision of an approved code of practice is not of itself an offence.

Admissibility of codes as evidence

20(2) Where a person is charged with a breach of any provision of the regulations in respect of which the director has issued a code of practice, that code is admissible as evidence in a prosecution for the violation of the provision of the regulation.

Certified copy of code required

20(3) A copy of a code of practice, or any amendment or revision thereto as approved by the director, certified to be a true copy by the director shall be received as evidence in any court without proof of the signature or of the official character of the person purporting to have signed the certificate.

Onus

20(4) Where a code of practice is admitted as evidence under subsection (2), and a prima facie case of non-compliance with the code of practice is established, the onus is on the accused to prove that he has complied with the regulation.

Exemption from regulation

21(1) After consulting with any parties he or she considers appropriate, the director may, in accordance with the regulations, make a written order exempting a person or class of persons from any provision of a regulation to meet the special circumstances in a particular case.

Considerations on exemptions

21(2) The director may make an order under subsection (1) only if he or she is satisfied that no worker's health or safety is materially affected by the exemption and any criteria set out in the regulations are met.

Terms and conditions of order

21(3) The director may impose any terms or conditions in connection with the order that the director considers necessary to maintain the safety or health of a worker.

Reconsideration of exemption order

21(4) If, after making an order under this section, additional information comes to the attention of the director, the director may, in accordance with the regulations, reconsider the order and

(a) confirm the order; or

(b) vary, suspend or revoke the order if the director believes that

(i) he or she would have come to a different decision if the information had been known when the order was made, or

(ii) a worker's safety or health is materially affected by the order.

S.M. 2002, c. 33, s. 23; S.M. 2013, c. 9, s. 11.

SAFETY AND HEALTH OFFICERS

Appointment of safety and health officers

22(1) The minister may appoint persons as safety and health officers for the purpose of enforcing this Act and the regulations.

Agreements with other provinces

22(2) The minister may enter into an agreement with any province authorizing a person employed by that province to act as a safety and health officer for the purpose of this Act.

Inspections for other jurisdictions

22(3) The minister may consent to have a safety and health officer carry out safety and health inspections or other work on behalf of another province or the Government of Canada upon such terms and conditions as he deems advisable.

Credentials to be provided to safety and health officer

22(4) The minister shall provide each safety and health officer with written credentials of his appointment which the officer shall produce upon request when exercising or seeking to exercise any of the powers conferred on him under this Act.

Duties of safety and health officers

23 A safety and health officer shall

(a) make such inspections and inquiries, and carry out such tests, as he deems necessary to ascertain whether compliance is being made with the provisions of this Act and the regulations; and

(b) carry out such other duties as may be assigned to safety and health officers under this Act or the regulations.

Powers of safety and health officers

24(1) For the purpose of enforcing this Act and the regulations, a safety and health officer may, at any reasonable time, or where in his opinion a situation exists that is or may be dangerous at any time

(a) without a warrant and without prior notification enter any place or premises in which he has reason to believe workers or self-employed persons are working or were working, other than premises used for personal residential purposes;

(b) under the authority of an order made under subsection (2), enter any premises used for personal residential purposes in which he has reason to believe workers or self-employed persons are working or were working;

(c) take with him any other person, and such equipment and materials, as he needs to assist him; and arrange with the employer, or person in charge of the place or premises, for that other person to re-enter alone to perform specified duties;

(d) make such examinations and investigations as he deems necessary for determining the cause and particulars of any accident or ill health occurring to a worker, or self-employed person, and arising out of or in connection with activities in the workplace, or for the prevention of accidents or ill health arising out of or in connection with activities in the workplace;

(e) take such measurements and photographs, make such tests and recordings, and take such samples of articles or substances found in the place or premises, or of the atmosphere in or near the place or premises as he deems necessary;

(f) test or cause to be tested any equipment in the place or premises, or for the purposes of testing, require the equipment to be removed to a place designated by the director;

(f.1) require the employer or a person designated by the employer to demonstrate the use of any machinery, equipment, appliance or thing at a workplace;

(g) cause any article, substance or sample taken pursuant to clause (e), to be dismantled or subjected to any process or test but not in such manner as to damage or destroy it unless under the circumstances damage thereto is unavoidable or necessary;

(h) in the case of any article, substance or equipment mentioned in clauses (e) and (g), to take possession thereof and detain it for so long as is necessary for use as evidence in any proceedings or prosecution under this Act;

(i) require any documents, books, or records that relate in any way to the safety and health in workplaces of workers, or self-employed persons, to be produced for inspection and to make copies thereof or take extracts therefrom;

(j) require any person to provide him with facilities or assistance with respect to any matters or things within that person's control, or in relation to which that person has responsibilities;

(k) in conducting any inspection, inquiry, investigation, or examination under this section, or under section 23 require any person, whom the officer has reasonable cause to believe to possess any information respecting the conditions of workplace safety, health and welfare, to attend an interview and to provide full and correct answers, either orally or in writing, to such questions as the officer thinks fit to ask; and the interview shall take place in the absence of persons other than a person nominated by the person being interviewed to be present, and any other person whom the officer may allow to be present;

(l) direct that any workplace, or part thereof, or anything therein, be left undisturbed for such time as is reasonably necessary for any of the purposes specified in clauses (d), (e) and (g);

(m) do such other things as may be authorized by the minister.

Order for entry into residential premises

24(2) A safety and health officer may apply to a judge of the Court of King's Bench for an order requiring the person in possession of any residential premises in which the safety and health officer has reason to believe workers or self-employed workers are working or were working to permit the safety and health officer to enter the residential premises for the purposes of inspecting them and, if the judge is satisfied that it is reasonable and necessary for the administration of the Act to grant such an order, he may grant the order.

S.M. 2002, c. 33, s. 25.

Power of commissioner under Evidence Act

25 A safety and health officer, for the purpose of conducting an inspection, inquiry or investigation under this Act or the regulations, has all the powers of a commissioner under Part V of The Manitoba Evidence Act.

IMPROVEMENT ORDERS

Improvement orders

26(1) Where a safety and health officer is of the opinion that a person

(a) is contravening any provision of this Act or the regulations; or

(b) has contravened any provision of this Act or the regulations in circumstances which make it likely that the contravention will continue or be repeated;

the officer may make an improvement order against that person, requiring that person to remedy the contravention within such period as may be specified in the order and stating the reasons for making the order and requiring the person to maintain compliance with the improvement order.

Stop work warning

26(2) Where the officer believes that the contravention referred to in clause (1)(a) or (b), involves or is likely to involve a serious risk to the safety or health of any person in or about the workplace, he may, in the improvement order specify that if the contravention is not remedied within the period mentioned therein, a stop work order may be issued in accordance with section 36.

S.M. 2013, c. 9, s. 12.

27 to 31 [Repealed]

S.M. 2002, c. 33, s. 27.

32 [Renumbered as section 36.3]

Remedial measures

33 An improvement order may, but need not, include directions as to the measures to be taken to remedy any contravention or matter to which the order relates, and those directions

(a) may be made by reference to any approved code of practice; and

(b) may set out different ways of remedying the contravention or matter.

Period for compliance with improvement orders

34 Where an improvement order provides a period for compliance therewith

(a) the period shall begin at the time the order is communicated to the person against whom it is made;

(b) the order may be withdrawn by the safety and health officer at any time before the end of the specified period; or

(c) the period may be extended by the safety and health officer, unless an appeal against the order is made and not finally disposed of.

Reporting compliance with improvement orders

35(1) The person against whom an improvement order is made shall

(a) within seven days after the expiry of the period specified in the order or any extension thereof prepare a written report on the measures taken to remedy the contravention and on any measures yet to be taken;

(b) send a copy of the report to the workplace safety and health officer who made the order;

(c) provide a copy of the report to the workplace safety and health committee for the workplace with respect to which the order was made or to the worker safety and health representative, if no safety and health committee exists; and

(d) post in a prominent place at or near the workplace a copy of the report if there is no safety and health committee or a worker safety and health representative for the workplace.

Achieving compliance with improvement orders

35(2) Despite the submission of a report under subsection (1), the report is not determinative of whether or not the improvement order has been complied with. The person against whom an improvement order is made only achieves compliance with the order when an officer determines that compliance has been achieved.

S.M. 2002, c. 33, s. 29; S.M. 2013, c. 9, s. 13.

STOP WORK ORDERS

Stop work order

36(1) Where a safety and health officer is of the opinion that activities that involve, or are likely to involve, an imminent risk of serious physical or health injury are being carried on, or are about to be carried on, in a workplace, or where a contravention specified in an improvement order was not remedied and a warning was given in accordance with subsection 26(2), the officer may make a stop work order providing for any one or more of the following matters:

(a) the cessation of those activities;

(b) that all or part of the workplace be vacated;

(c) that no resumption of those activities be permitted by the employer.

Stop work order — multiple workplaces

36(1.1) Where a safety and health officer is of the opinion that activities that involve, or are likely to involve, an imminent risk of serious physical or health injury are being carried on, or are about to be carried on, by workers of the same employer at more than one workplace, the officer may make a stop work order providing for any one or more of the following matters:

(a) the cessation of those activities;

(b) that all or part of any of the employer's workplaces be vacated;

(c) that no resumption of those activities be permitted by the employer at any of the employer's workplaces.

Improvement work not affected

36(2) A stop work order does not prevent the doing of any work or thing that may be necessary in order to remove the risk of injury referred to in subsection (1) or (1.1).

36(3) [Repealed] S.M. 2002, c. 33, s. 31.

Duration of stop work order

36(4) A stop work order remains in effect until it is

(a) withdrawn or discontinued by the safety and health officer who issued it; or

(b) set aside or varied by the director or the Board under subsection 37(4) or 39(5).

Duration of varied order

36(5) When the director or the Board varies a stop work order, the varied order remains in effect until a safety and health officer withdraws or discontinues it.

Workers must be paid

36(6) While a stop work order is in effect,

(a) any worker who is directly affected by the order is entitled to the same wages and benefits that he or she would have received had the stop work order not been issued; and

(b) the employer may re-assign the worker to alternate work.

If alternate work not available

36(7) If the employer provides satisfactory evidence to the director that alternate work is not available, the director may order that clause 6(a) does not apply for any period that the director specifies in the order, but until the director makes an order the employer is required to provide a worker with all wages and benefits under that clause.

Appeal

36(8) A person affected by an order of the director under subsection (7) may appeal it to the Board. In that case, section 39 applies with necessary changes.

S.M. 2002, c. 33, s. 31; S.M. 2013, c. 9, s. 14.

COMMUNICATING IMPROVEMENT ORDERS AND STOP WORK ORDERS

Communication of orders

36.1(1) Subject to subsection (2), an improvement order or stop work order may be communicated to the person against whom the order is made

(a) by delivering a copy of the order to the person or an agent of the person;

(b) by sending a copy of the order by registered mail to the last known address of the person; or

(c) if, despite reasonable efforts, the order cannot be communicated by delivery or mail under clause (a) or (b), by posting a copy of the order in a conspicuous place at or near the workplace with respect to which the order was made.

Communication to worker and self-employed person

36.1(2) An improvement order or a stop work order against a worker or self-employed person may be communicated

(a) by delivering a copy of the order to the worker or the self-employed person; or

(b) if, despite reasonable efforts, the order cannot be delivered to the worker or self-employed person, by sending a copy of the order by registered mail to the last known address of the worker or self-employed person.

Communication of improvement order

36.1(3) If an improvement order is posted at a workplace under subsection (1), it is deemed to have been communicated to the person against whom the order was made 24 hours after the order was posted.

Communication of stop work order

36.1(4) A stop work order is deemed to have been communicated at the time it is delivered, received or posted in accordance with this section and takes effect immediately upon delivery, receipt or posting.

Directions for communication

36.1(5) Despite subsections (1) and (2), the director may direct that an order be communicated to a person in a manner not described in this section and may direct when the order is deemed to have been communicated.

S.M. 2002, c. 33, s. 31.

Communication of orders to prime contractor

36.2 If a safety and health officer makes an order against any person involved in work on a construction project that has a prime contractor, the officer shall provide a copy of the order to the prime contractor.

S.M. 2002, c. 33, s. 31.

Communication to workplace committees

36.3(1) A copy of every improvement order shall be provided by the safety and health officer to

(a) the workplace safety and health committee for the workplace with respect to which the order was made; or

(b) the worker safety and health representative, if no safety and health committee exists for the workplace.

Posting improvement order

36.3(2) Where there is no workplace safety and health committee or a worker safety and health representative for the workplace, the officer shall post in a prominent place at or near the workplace a copy of every improvement order.

S.M. 2002, c. 33, s. 28.

APPEALS

Appeal can be made to director

37(1) A person directly affected by an order or decision of a safety and health officer made under

(a) section 26 (improvement order);

(b) section 36 (stop work order);

(c) section 42.1 (reprisal); or

(d) section 43.1 (right to refuse dangerous work);

may appeal the order or decision to the director.

How to appeal

37(2) The person appealing shall send a written appeal notice to the director within 14 days after the date of the order or decision, or within any further period that the director may allow. The notice must state the reasons for the appeal and list the persons interested in the appeal.

Submissions from interested persons

37(2.1) The director must give the interested persons listed in the notice of appeal an opportunity to provide oral or written submissions, as determined by the director, about the matter that is the subject of the appeal.

Hearing not required

37(3) The director is not required to hold a hearing before deciding an appeal.

Decision

37(4) On an appeal, the director may

(a) make an order confirming, varying or setting aside the order or decision; or

(b) make any other order the director considers reasonable.

Reasons

37(5) The director must make a decision about the appeal, and give written reasons, within a reasonable time after receiving the appeal notice, unless the appeal has been referred to the Board under section 38.

Original decision remains in effect pending appeal

37(6) Unless the director orders otherwise, an appeal under this section does not suspend the operation of the order or decision under appeal.

S.M. 1995, c. 33, s. 23; S.M. 2002, c. 33, s. 32; S.M. 2013, c. 9, s. 15; S.M. 2021, c. 16, s. 6.

Confirmation of order or decision

37.1 Despite section 37, the director may make an order confirming an order or decision of a safety and health officer at any time after receiving a notice of appeal if

(a) the director is of the opinion that the matter under appeal is frivolous or vexatious; or

(b) in the case of an appeal of a reprisal, the director determines that the reprisal was not referred to a safety and health officer in the time period required by subsection 42.1(1.1).

S.M. 2021, c. 16, s. 7.

Referring an appeal to Board

38(1) Instead of deciding an appeal under section 37, the director may refer it to the Board. In that case, subsections 39(2) to (8) apply to the appeal, with necessary changes.

Reasons

38(2) The director must give written reasons for a decision to refer an appeal to the Board under subsection (1).

Director to give information to Board

38(3) On referring an appeal to the Board, the director shall

(a) inform the person appealing that the appeal has been referred to the Board;

(b) give the Board

(i) the appeal notice under section 37,

(ii) any written information the director has that is relevant to the appeal, and

(iii) a list of persons who the director thinks are directly affected by the order or decision under appeal; and

(c) give each person on that list a copy of the appeal notice and any written information the director has that is relevant to the appeal.

S.M. 2002, c. 33, s. 32.

Appeal to Board

39(1) Any person directly affected by an order or decision of the director under section 37 may appeal it to the Board, but an order or decision of the director under section 37.1 is final and cannot be appealed to the Board.

How to appeal

39(2) The person appealing must send a written appeal notice to the Board within 14 days after the date of the order or decision, or within any further period that the Board may allow. The notice must state the reasons for the appeal and must be in the form and contain the information the Board requires.

Notice of hearing date

39(3) On receiving a notice of appeal, the Board shall

(a) fix a date, time and place for hearing the appeal; and

(b) give written notice of the hearing to the person appealing, the director and any other person directly affected, at least five days before the hearing date.

Director is party

39(4) The Director is a party to an appeal under this section.

Right to be heard

39(5) At the hearing, the Board shall give any interested person an opportunity to be heard, to present evidence and to make presentations.

Decision

39(6) After hearing an appeal, the Board may make an order confirming, varying or setting aside the order or decision appealed from. It may also make any other order it considers necessary that is mentioned in subsection 31(4) of The Labour Relations Act (remedies for unfair labour practice).

Order remains in effect pending appeal

39(7) Unless otherwise ordered by the Board chairperson, an appeal to the Board under this section does not suspend the operation of the order or decision under appeal.

Order filed in King's Bench

39(8) An order of the Board may be filed in the Court of King's Bench and enforced in the same manner and to the same extent as a judgment of that court.

Appeal to Court of Appeal

39(9) A person who is a party to an order of the Board made under subsection (6) may appeal the order to The Court of Appeal, but only on a question of law or jurisdiction and by leave of a judge of the Court.

S.M. 2002, c. 33, s. 32; S.M. 2013, c. 9, s. 16; S.M. 2021, c. 16, s. 8.

WORKPLACE SAFETY AND HEALTH COMMITTEES AND REPRESENTATIVES

Workplace safety and health committee

40(1) An employer must establish a workplace safety and health committee

(a) for each workplace where

(i) in the case of a seasonal workplace, at least 20 of the employer's workers are involved, or are expected to be involved, in work and the work is expected to continue for at least 90 days, and

(ii) in the case of any other workplace, at least 20 of the employer's workers are regularly employed; and

(b) for any other individual workplace or class of workplace designated by a written order of the director.

Exception for construction project with prime contractor

40(2) Subsection (1) does not apply to a construction project site that is required to have a prime contractor.

Committee for construction project site

40(3) A prime contractor shall establish a committee at a construction project site if

(a) at least 20 workers are involved, or expected to be involved, in work on a construction project; and

(b) the project is expected to require more than 90 days to complete.

Determining number of workers

40(4) For the purposes of subsection (1), the number of workers employed at a workplace shall be determined by averaging, over the previous 12 months, the number of full-time and part-time workers present each working day.

More than one committee in a workplace

40(5) The director may issue a written order requiring an employer or prime contractor to establish more than one committee for a workplace. The order may provide for the composition, practice and procedures of those committees.

Committee for multiple workplaces

40(6) Notwithstanding subsections (1) and (3), the director may, in accordance with the regulations, issue a written order permitting an employer or prime contractor to establish one committee for more than one workplace or parts of more than one workplace. The order may provide for the composition, practice and procedures of that committee.

Considerations of director

40(7) In determining whether to make an order under subsection (5) or (6), the director shall take into account

(a) the nature of the work performed at the workplace;

(b) any request for an order by an employer, prime contractor, worker or union representing workers at the workplace;

(c) the frequency of injury or illness in the workplace or in the industry in question; and

(d) with respect to an order under subsection (6), any additional criteria set out in the regulations.

Reconsideration re one committee for multiple workplaces

40(7.1) If, after making an order under subsection (6), additional information comes to the attention of the director, the director may, in accordance with the regulations, reconsider the order and

(a) confirm the order; or

(b) vary, suspend or revoke the order if the director believes that

(i) he or she would have come to a different decision if the information had been known when the order was made, or

(ii) a worker's safety or health is materially affected by the order.

Membership of committee

40(8) A committee

(a) shall consist of not fewer than four or more than 12 persons, of whom at least 1/2 shall be persons

(i) representing workers who are not associated with the management of the workplace, and

(ii) appointed in accordance with the constitution of the union that is the certified bargaining agent or that has acquired bargaining rights on behalf of those workers, or where no such union exists, persons elected by the workers they represent; and

(b) shall have two co-chairpersons — one chosen by the employer members on the committee, and the other chosen by the worker members on the committee — who shall alternate in serving as chairperson at meetings of the committee and shall participate in all decisions of the committee.

Posting of names of members

40(9) The employer or prime contractor shall ensure that the names of the committee members are posted conspicuously in the workplace.

Duties of committee

40(10) The duties of a committee include

(a) the receipt, consideration and disposition of concerns and complaints respecting the safety and health of workers;

(b) participation in the identification of risks to the safety or health of workers or other persons, arising out of or in connection with activities in the workplace;

(c) the development and promotion of measures to protect the safety and health and welfare of persons in the workplace, and checking the effectiveness of such measures;

(d) co-operation with the occupational health service, if such a service has been established within the workplace;

(e) co-operation with a safety and health officer exercising duties under this Act or the regulations;

(f) the development and promotion of programs for education and information concerning safety and health in the workplace;

(g) the making of recommendations to the employer or prime contractor respecting the safety and health of workers;

(h) the inspection of the workplace at regular intervals;

(i) the participation in investigations of accidents and dangerous occurrences at the workplace;

(j) the maintenance of records in connection with the receipt and disposition of concerns and complaints and the attendance to other matters relating to the duties of the committee; and

(k) such other duties as may be specified in this Act or prescribed by regulation.

Time off for committee work

40(11) A member of a committee is entitled to take the following time off from his or her regular duties:

(a) one hour or such longer period of time as the committee determines is necessary to prepare for each committee meeting;

(b) the time required to attend each meeting of the committee;

(c) the time required to attend workplace safety and health training in accordance with section 44, as approved by the committee and the employer;

(d) such time as the committee determines is necessary to carry out his or her duties as a committee member under this Act and the regulations.

Entitlement to pay for work as committee member

40(12) A member of a committee is deemed to be at work during the times described in subsection (11) and is entitled to be paid for those times by his or her employer at the member's regular or premium pay, as applicable.

Training of committee members

40(13) The employer or prime contractor must ensure that committee members are trained to competently fulfill their duties as committee members.

S.M. 2002, c. 33, s. 32; S.M. 2013, c. 9, s. 17.

Workplace safety and health representative

41(1) Each employer shall cause a worker not associated with management to be designated as the worker safety and health representative

(a) at a workplace, other than a construction project, where a safety and health committee is not required but where five or more workers are regularly employed;

(b) at a construction project, notwithstanding the requirements for a safety and health committee; and

(c) at any other individual workplace or classes of workplaces designated by a written order of the director.

Appointment of representative

41(2) The worker safety and health representative shall be appointed in accordance with the constitution of the union which is the certified bargaining agent or has acquired bargaining rights on behalf of those workers, or if no such union exists, shall be elected by the workers he represents.

Posting of name of representative

41(3) The employer shall cause the name of the representative to be posted prominently in the workplace.

41(4) [Repealed] S.M. 2002, c. 33, s. 33.

Duties of representative

41(5) The worker representative shall, in co-operation with a representative of the employer, perform the same duties as set out for the workplace safety and health committees in section 40.

Time off for work as representative

41(6) A representative is entitled to take the following time off from his or her regular duties:

(a) one hour to prepare for each safety and health meeting with the employer;

(b) the time required to attend each safety and health meeting with the employer;

(c) the time required to attend workplace safety and health training in accordance with section 44, as approved by the employer;

(d) such time as is necessary to carry out his or her duties as a representative under this Act and the regulations.

Entitlement to pay for work as representative

41(7) A representative is deemed to be at work during the times described in subsection (6) and is entitled to be paid for those times by his or her employer at the representative's regular or premium pay, as applicable.

Training of representative

41(8) The employer must ensure that the representative is trained to competently fulfill his or her duties as a representative.

S.M. 2002, c. 33, s. 33; S.M. 2013, c. 9, s. 18.

Definition: "employer"

41.1(1) In this section, "employer" means an employer or prime contractor who is required to establish a committee or to designate a representative.

Recommendation by co-chair of committee

41.1(1.1) If a committee has failed to reach a decision about whether or not to make a recommendation under clause 40(10)(g) after attempting in good faith to do so, either co-chairperson may make written recommendations to the employer.

Employer response to recommendations

41.1(2) Within 30 days after receiving a recommendation from a representative, a committee or a committee co-chairperson that identifies anything that may pose a danger to the safety or health of any person, the employer must respond in writing to the representative, committee or committee co-chairperson who made the recommendation.

Contents of employer response

41.1(3) The response of an employer must

(a) contain a timetable for implementing the recommendations that the employer accepts;

(a.1) contain any interim control measures that the employer will implement to address the danger posed to the safety or health of a person; and

(b) give reasons why the employer disagrees with any recommendations that the employer does not accept.

Referral to safety and health officer

41.1(4) If no agreement can be reached regarding the response of an employer under subsection (3), any of the following may refer the matter to a safety and health officer:

(a) the employer;

(b) the committee;

(c) a member of the committee;

(d) if there is no committee, the representative.

Order from officer

41.1(5) If a dispute regarding a recommendation is referred to a safety and health officer, the officer may issue an order or a decision in accordance with this Act.

No limitation

41.1(6) Nothing in this section limits the right of a worker to refer any matter respecting safety and health directly to a safety and health officer.

S.M. 2002, c. 33, s. 33; S.M. 2013, c. 9, s. 19.

Information on request

41.2 If requested by a committee or a representative, or a worker if there is no committee or representative, the employer or prime contractor must disclose the following to the committee, representative or worker:

(a) information concerning the testing of any equipment, device or chemical or biological substance used at a workplace;

(b) an inspection or investigation report respecting safety and health at the workplace, other than a harassment investigation report;

(c) a report respecting workplace safety and health monitoring or audits;

(d) a report providing summary information on the results of a harassment investigation, without disclosing the circumstances relating to the complaint or any information that could identify a worker or other person involved with the matter.

S.M. 2002, c. 33, s. 33; S.M. 2013, c. 9, s. 20.

Accompanying an officer

41.3(1) A safety and health officer who conducts an inspection or investigation at a workplace, may request that he or she be accompanied by

(a) the worker co-chairperson of the committee or his or her designate;

(b) if there is no committee at the workplace, the representative;

(c) if there is no committee or representative at the workplace, a worker selected by the union; or

(d) if there is no committee, representative or union representing workers at the workplace, a worker not associated with the management of the workplace.

Employer co-operation

41.3(2) If a safety and health officer makes a request under subsection (1), the employer shall permit the person requested to accompany the officer on the inspection or investigation and shall pay the person in accordance with subsection 40(11).

S.M. 2002, c. 33, s. 33.

REPRISALS

Reprisals prohibited

42(1) No employer, union or person acting on behalf of an employer or union shall take or threaten a reprisal against a worker for

(a) exercising a right under or carrying out a duty in accordance with this Act or the regulations;

(b) testifying in a proceeding under this Act;

(c) giving information about workplace conditions affecting the safety, health or welfare of any worker to

(i) an employer or a person acting on behalf of an employer,

(ii) a safety and health officer or another person concerned with the administration of this Act,

(iii) another worker or a union representing a worker, or

(iv) a committee or a representative;

(d) performing duties or exercising rights as a member of a committee or as a representative;

(e) refusing to do dangerous work under section 43;

(f) taking reasonable action at the workplace to protect the safety or health of another person;

(g) complying with this Act or the regulations or a code of practice under this Act, or an order or decision made under this Act; or

(h) attempting to have this Act or the regulations enforced.

Failure to pay wages or benefits

42(2) In addition to the circumstances giving rise to a reprisal as set out in subsection (1), an employer who fails to pay wages or benefits to a worker when required to do so by this Act is deemed to have taken a reprisal against the worker under this section.

S.M. 2002, c. 33, s. 34; S.M. 2013, c. 9, s. 21; S.M. 2021, c. 16, s. 9.

Referring a complaint to an officer

42.1(1) A worker who believes on reasonable grounds that the employer or union has taken a reprisal against him or her for a reason described in section 42 may refer the matter to a safety and health officer.

Time limit

42.1(1.1) A referral under subsection (1) must be made within six months after the date of the alleged reprisal.

Order

42.1(2) If a safety and health officer decides that an employer or union has taken a reprisal against a worker for a reason described in section 42, the officer shall make an order requiring the employer or union to do one or more of the following:

(a) stop the reprisal;

(b) reinstate the worker to his or her former employment on the same terms and conditions on which the worker was formerly employed;

(c) pay the worker any wages the worker would have earned had he or she not been wrongfully subjected to a reprisal and compensate the worker for loss of any benefits;

(d) remove any reprimand or other reference to the matter from any employment records the employer maintains about the worker.

Officer to advise if no reprisal

42.1(3) If a safety and health officer decides that no reprisal was taken against a worker for a reason described in section 42, the officer shall inform the worker in writing of the reasons for that decision.

Onus on employer or union

42.1(4) If, in a prosecution or other proceeding under this Act, a worker establishes

(a) that a reprisal was taken against him or her; and

(b) that the worker conducted himself or herself in a manner described in section 42;

it shall be presumed that the reprisal was taken because of the worker's conduct. The onus is then on the employer or union to prove that the decision to take the reprisal was not influenced by the conduct.

Court order to reinstate, etc.

42.1(5) If an employer or union is convicted of taking a reprisal against a worker contrary to this Act, the convicting justice shall order the employer or union to do one or more of the following:

(a) stop the reprisal;

(b) reinstate the worker to his or her former employment on the same terms and conditions on which the worker was formerly employed;

(c) pay the worker any wages the worker would have earned had he or she not been wrongfully subjected to a reprisal and compensate the worker for loss of any benefits;

(d) remove any reprimand or other reference to the matter from any employment records the employer maintains about the worker.

S.M. 2002, c. 33, s. 34; S.M. 2021, c. 16, s. 10.

RIGHT TO REFUSE DANGEROUS WORK

Right to refuse dangerous work

43(1) Subject to this section, a worker may refuse to work or do particular work at a workplace if he or she believes on reasonable grounds that the work constitutes a danger to his or her safety or health or to the safety or health of another worker or another person.

Reporting the refusal

43(2) A worker who refuses to work or do particular work under subsection (1) shall promptly report the refusal and the reasons for it to his or her employer or immediate supervisor, or to any other person in charge at the workplace.

Inspecting dangerous conditions

43(3) If the employer does not remedy the dangerous condition immediately, the person who receives the report of refusal to work, or a person designated by that person, shall immediately inspect the dangerous condition in the presence of the worker and one of the following persons:

(a) if there is a committee under section 40, the worker co-chairperson of the committee or, if that person is unavailable, a committee member who represents workers;

(b) if there is a representative designated under section 41, that representative or, if he or she is unavailable, another worker selected by the worker refusing to do the work;

(c) if there is no committee or representative, another worker selected by the worker who is refusing to work.

Remedial action

43(4) The person required to inspect the dangerous condition shall take any action necessary to remedy any dangerous condition, or ensure that such action is taken.

Worker may continue to refuse

43(5) Until the dangerous condition is remedied, the worker who reported it may continue to refuse to work or do particular work.

Other workers not to be assigned

43(6) When a worker has refused to work or do particular work under subsection (1), the employer shall not request or assign another worker to do the work unless

(a) the employer has advised the other worker, in writing, of

(i) the first worker's refusal,

(ii) the reasons for the refusal,

(iii) the other worker's right to refuse dangerous work under this section, and

(iv) the reason why, in the opinion of the employer, the work does not constitute a danger to the safety or health of the other worker, another worker or any person;

(b) where practicable, the first worker has advised the other worker of

(i) the first worker's refusal, and

(ii) the reasons for the refusal; and

(c) the actions required by subsections (3) and (4) have been taken.

S.M. 2002, c. 33, s. 34; S.M. 2013, c. 9, s. 22.

Report of dangerous condition to an officer

43.1(1) If the dangerous condition is not remedied after an inspection under subsection 43(3), any of the persons present during the inspection may notify a safety and health officer of the refusal to work and the reasons for it.

Investigation by officer

43.1(2) On receiving a notice under subsection (1), the officer shall investigate the matter and decide whether the work the worker has refused to do constitutes a danger to the safety or health of the worker or any other worker or person at the workplace.

Order by officer

43.1(3) If the officer decides that the work is dangerous, he or she shall

(a) make a written report stating the officer's findings;

(b) make any improvement order under section 26 or stop work order under section 36 that the officer considers necessary or advisable; and

(c) give a copy of the report and any order to

(i) the worker who refused to do the work,

(ii) the employer, and

(iii) the co-chairpersons of the committee, or the representative.

Decision not to issue an order

43.1(4) If the officer decides that the work is not dangerous, he or she shall, in writing,

(a) inform the employer and the worker of that decision; and

(b) inform the worker that he or she is no longer entitled to refuse to do the work.

S.M. 2002, c. 33, s. 34; S.M. 2013, c. 9, s. 23.

Worker entitled to be paid despite refusal

43.2 If a worker has refused to work or do particular work under section 43,

(a) the worker is entitled to the same wages and benefits that he or she would have received had the worker continued to work; and

(b) the employer may re-assign the worker temporarily to alternate work.

S.M. 2002, c. 33, s. 34.

Employer not to make worker work in unsafe conditions

43.3(1) When the employer at a workplace or his or her agent, or the supervisor or another person representing the employer at the workplace in a supervisory capacity, knows or ought to know of a condition at the workplace that is or is likely to be dangerous to the safety or health of a worker, he or she shall not require or permit any worker to do that work until the dangerous condition is remedied.

Employer may remedy dangerous condition

43.3(2) Subject to subsection 43(5), nothing in subsection (1) prevents the doing of any work or thing at a workplace that may be necessary to remedy a condition that is or is likely to be dangerous to the safety or health of a worker.

S.M. 2002, c. 33, s. 34.

EDUCATIONAL LEAVE

Educational leave

44(1) Subject to this section, every employer at a workplace where there is a committee or a representative, must allow each member of the committee, the representative, or their respective

designates, to take educational leave each year, without loss of pay or benefits, for the purpose of attending workplace safety and health training seminars, programs or courses of instruction

(a) offered by the Workers Compensation Board;

(b) approved by the committee; or

(c) provided for in the current collective bargaining agreement respecting the workers at the workplace.

Time allowed for educational leave

44(1.1) The amount of time allowed for educational leave under subsection (1) is the greater of

(a) 16 hours; and

(b) the number of hours the worker normally works during two shifts.

Total number of safety and health committee members

44(2) The total number of safety and health committee members for whom the employer is required to provide educational leave in accordance with subsection (1) during any year is equal to the number of members constituting the normal size of the committee.

Pay while attending educational leave programming

44(2.1) The employer must pay a committee member, representative or designate who attends a workplace safety and health training program referred to in subsection (1) at the worker's regular or premium pay, as applicable, for the greater of

(a) the actual number of hours spent attending the training; and

(b) the number of hours the worker normally works during a normal shift.

Exception

44(2.2) Subsection (1) does not apply to an employer on a construction project or an employer at a seasonal workplace as described in subclause 40(1)(a)(i).

Education program on construction sites

44(3) On a construction project, each employer who employs five or more workers on that project shall institute a safety and health education program at the worksite at which all workers shall attend without loss of pay or other benefits for a period or periods equivalent to 30 minutes every two weeks, of which no period shall be less than 15 minutes.

Education program at seasonal workplace

44(4) At a seasonal workplace as described in subclause 40(1)(a)(i), each employer must institute a safety and health education program at the workplace. All workers must attend the program without loss of pay or other benefits for a period or periods equivalent to 30 minutes every two weeks, of which no period may be less than 15 minutes, for the duration of the seasonal workplace.

S.M. 2002, c. 33, s. 36; S.M. 2013, c. 9, s. 24; S.M. 2021, c. 5, s. 27.

45 [Repealed]

S.M. 2002, c. 33, s. 37.

NEEDLES IN MEDICAL WORKPLACES

Use of safety-engineered needles

45.1(1) When hollow-bore or intravenous needles are used in a medical workplace, the employer must ensure

(a) so far as is reasonably practicable, that workers use only safety-engineered needles; and

(b) that safe work procedures and practices relating to the use of those safety-engineered needles are implemented in the workplace.

If safety-engineered needles not practicable

45.1(2) If it is not reasonably practicable to use safety-engineered needles in a medical workplace, the employer must ensure that safe work procedures and practices relating to the use of hollow-bore or intravenous needles are implemented in the workplace.

Procedures — needlestick injuries

45.1(3) The employer must develop procedures to be followed in a medical workplace when a worker suffers a needlestick injury, including instructions for the worker suffering the injury.

Investigation and report required

45.1(4) The employer must investigate and prepare a report on every needlestick injury to a worker in a medical workplace.

Definitions

45.1(5) The following definitions apply in this section.

"medical workplace" means

(a) a hospital, a personal care home, a psychiatric facility, a medical clinic, a medical laboratory, a community health centre and CancerCare Manitoba;

(b) a physician's office;

(c) if prescribed by regulation, a registered dentist's office;

(d) an ambulance as defined in The Ambulance Services Act; and

(e) any other workplace where physical or mental health treatment or care is provided to a person.

"needlestick injury" means an injury caused by a hollow-bore or intravenous needle puncturing a person's skin or mucous membrane.

"safety-engineered needle" includes a shielded needle device, a retractable needle system and a needleless device.

S.M. 2005, c. 15, s. 2.

INAPPROPRIATE OR UNSAFE FOOTWEAR

Inappropriate or unsafe footwear

45.2 An employer must not require a worker to wear footwear that

(a) is not of a design, construction and material appropriate to the protection required for the worker's work; or

(b) does not allow the worker to safely perform their work.

S.M. 2018, c. 22, s. 2.

ACCESS TO WASHROOMS

Duties of owners — washroom access

45.3(1) Subject to subsection (2), the owner of a workplace must ensure that access to a washroom is provided, on request, to a person who is present at the workplace to deliver anything to the workplace, or to collect anything from the workplace for delivery elsewhere.

Exceptions

45.3(2) The owner is not required to provide access to a washroom at a workplace under subsection (1) if

(a) the owner is able to demonstrate that providing access to the washroom would

(i) pose a risk to the safety or health of any person in the workplace, including the person who requests to use the washroom, or

(ii) require the owner to take steps or implement measures that would constitute an undue hardship on the owner, given the activities carried out at the workplace, the security required by those activities and the layout of the workplace; or

(b) the washroom is in or can be accessed only through a dwelling.

S.M. 2023, c. 36, s. 2.

GENERAL PROVISIONS

Obtaining information

46 To obtain information that the director needs to perform duties or exercise powers under this Act or the regulations, the director may require a person to provide any information in the manner and within the time period that the director may specify.

S.M. 2002, c. 33, s. 38.

Order to conduct tests

46.1(1) The director may, by order, require an employer to do the following at the employer's expense:

(a) have tests conducted by a person who has the professional knowledge, experience or qualifications specified by the director;

(b) give the director a report or assessment prepared by that person;

and to do so in the manner and within the time period specified in the order.

Service of order

46.1(2) The order must be served on the employer personally or be sent by registered mail to the employer's last known address.

S.M. 2002, c. 33, s. 38.

47 [Repealed]

S.M. 2002, c. 33, s. 39.

Confidential information

48(1) No person shall disclose any information with respect to any manufacturing or trade secret obtained by him by virtue of the exercise of any power conferred by this Act, except for the purpose of administering this Act and the regulations, or as required by law.

Names to remain confidential

48(2) No person by whom information is obtained in confidence by virtue of any power conferred by this Act shall divulge the name of the informant to any person except for the purposes of this Act or the regulations.

Exemption from liability

49(1) No action lies or shall be instituted against any person whether in his public or private capacity, where the person is acting under the authority of this Act or the regulations for any loss or damage suffered by any person by reason of anything done or omitted to be done by him in good faith, in the exercise of the powers given to him by this Act or the regulations.

No exemption in case of negligence

49(2) Subsection (1) does not apply where the person exercising any of the powers given to him under this Act or the regulations is negligent in the performance thereof.

Officials cannot be compelled to testify

49.1 A safety and health officer, a person assisting a safety and health officer, the chief occupational medical officer, the director, or any other person acting under the authority of this Act or the regulations, is not a compellable witness in a civil action or proceeding — other than an inquest or inquiry under The Fatality Inquiries Act — respecting any document, information, or test obtained, received or made under this Act or the regulations, and may not be compelled to produce any such document.

S.M. 2002, c. 33, s. 40.

Medical examinations and health surveillance

50(1) The chief occupational medical officer may carry out, or may arrange for another physician or other qualified person to carry out, any medical examinations or health surveillance of workers or former workers as he or she considers desirable for the purpose of administering this Act and the regulations. But no medical examination of a worker may be carried out without the worker's consent.

Examinations during working hours

50(2) Medical examinations shall, wherever reasonably practicable, be conducted during working hours without loss in pay to the worker being examined and the employer shall, if required by the physician or other qualified person, provide suitable accommodation for such examinations at the workplace, and otherwise facilitate the conduct of those examinations.

Health surveillance

50(3) Health surveillance during working hours must be conducted without loss of pay to the workers who participate. In addition, the employer shall facilitate and provide suitable accommodation at the workplace for health surveillance, if required to do so by the chief occupational medical officer or a physician or other qualified person.

S.M. 2002, c. 33, s. 41.

Reports

51(1) Every physician or other qualified person attending or consulted respecting a person who,

(a) became ill or injured while employed at a workplace or while being otherwise engaged as a worker; or

(b) who has been examined pursuant to section 50;

shall furnish to the chief occupational medical officer upon request of the officer such reports concerning the condition of the person as the chief occupational medical officer may require for the purposes of this Act and the regulations.

Reports by hospitals

51(2) Notwithstanding the provisions of any other Act, where a worker referred to in clause (1)(a) or (b) is, or has been, a patient in a hospital, the person in charge of the administrative affairs of that hospital shall furnish without charge to the chief occupational medical officer upon request such reports concerning the condition of the person as the chief occupational medical officer may require for the purposes of this Act and the regulations.

Information confidential

51(3) Unless disclosed in a form calculated to prevent the information from being identified as relating to a particular person or case or unless disclosed as required by law, any information obtained by the chief occupational medical officer pursuant to section 50 and this section shall not be disclosed without the consent of the person examined or attended.

Power to require alternative work

52 Where it appears to the director upon the advice of the chief occupational medical officer that a worker has been over-exposed to a harmful substance and that a temporary removal from the hazard will enable the worker to resume his usual work, the director may by order require the employer to provide without loss of pay to the worker temporary alternative work which in the opinion of the director is suitable, for such period of time as the director may specify.

Requirement of occupational health service

53(1) The minister may designate a workplace, or a class of workplaces, as requiring an occupational health service, having regard to the type of work being carried on therein, the number of workers employed thereat, and the degree or uncertainty of hazard thereof; and upon such designation, the employer shall cause an occupational health service to be established and maintained for the workplace in accordance with this section.

Minister may specify health services to be provided

53(2) The minister may specify the services that are to be provided by the occupational health service for any workplace, or for any class of workplaces designated under subsection (1).

Continued operation of health service

53(3) The establishment and continued operation of an occupational health service is subject to the approval of the minister.

ADMINISTRATIVE PENALTIES

Administrative penalty

53.1(1) If a person

(a) has failed to comply with

(i) an improvement order within the period specified in the order, or

(ii) a prescribed provision of this Act or the regulations, and a safety and health officer is of the opinion that the failure involves, or is likely to involve, an imminent risk of serious physical or health injury to a worker or other person;

(b) has failed to maintain compliance with an improvement order after initially complying with it;

(c) has resumed an activity that previously was the subject of a stop work order which was discontinued because the person had complied with it; or

(d) was ordered to take action under section 42.1 because the person took a reprisal against a worker;

the officer shall provide evidence of the matter to the director.

Imposing a penalty

53.1(2) When the director determines that a person

(a) has failed to comply with

(i) an improvement order within the period specified in the order, or

(ii) a prescribed provision of this Act or the regulations, and the director is of the opinion that the failure involves, or is likely to involve, an imminent risk of serious physical or health injury to a worker or other person;

(b) has failed to maintain compliance with an improvement order after initially complying with it;

(c) has resumed an activity that previously was the subject of a stop work order but was discontinued because the person had complied with it; or

(d) was ordered to take action under section 42.1 because the person took a reprisal against a worker;

the director may issue a notice in writing requiring the person to pay an administrative penalty in the amount set out in the notice.

When penalty may be imposed

53.1(3) Notice of an administrative penalty may be issued only after any period for appealing the matter that gave rise to the notice under subsection (2) has expired or, if an appeal has been filed, after a decision has been made on appeal.

Maximum amount

53.1(4) An administrative penalty may not exceed $5,000.

Notice

53.1(5) A notice of administrative penalty must set out

(a) the amount of the penalty determined in accordance with the regulations;

(b) when and how the penalty must be paid; and

(c) a statement that the person may appeal the matter to the board within 14 days after being served with the notice.

Serving the notice

53.1(6) A notice of administrative penalty must be served on the person required to pay the penalty. The notice may be served personally or may be sent by registered mail to the person's last known address.

Appeal to the board

53.1(7) Within 14 days after being served with a notice, the person required to pay the administrative penalty may appeal the matter to the board by sending the board a notice of the appeal together with reasons for the appeal. The requirement to pay the penalty is stayed until the board decides the matter.

Notice of hearing

53.1(8) On receiving a notice of appeal, the board shall

(a) fix a date, time and place for hearing the appeal; and

(b) give the person appealing, and the director, written notice of the hearing at least five days before the hearing date.

Decision of the board

53.1(9) After hearing the appeal, the board shall decide the matter and

(a) confirm or revoke the administrative penalty; or

(b) vary the amount of the penalty if the board considers that it was not established in accordance with the regulations.

Payment

53.1(10) Subject to an appeal under subsection (7), a person named in a notice of administrative penalty shall pay the amount of the penalty within 30 days after the notice is served. The government must use the amounts paid for the purpose of educating the public on matters relating to workplace safety and health.

Debt due to the government

53.1(11) If an administrative penalty is not paid within 30 days after notice of the penalty is served, or, if the penalty is appealed to the board, within 30 days after the board's decision, the amount of the penalty is a debt due to the government.

Certificate registered in court

53.1(12) The director may certify a debt referred to in subsection (11), or any part of such a debt that has not been paid. The certificate may be registered in the Court of King's Bench and, once registered, may be enforced as if it were a judgment of the Court.

No offence to be charged if penalty is paid

53.1(13) A person who pays an administrative penalty under this section may not be charged with an offence in respect of the matter that gave rise to the issuance of the notice of administrative penalty unless the matter continues after the penalty is paid.

Lien for debt

53.1(14) The government has, in addition to any other remedy it has for the recovery of a debt arising under this section, a lien and charge on every estate or interest in real property and personal property of the person required to pay the debt (referred to in this section as the "debtor"), including property acquired by the debtor after the debt arose.

Extent of security

53.1(15) The lien secures the payment of

(a) the amount of the debt when the lien takes effect;

(b) interest on the debt from the time the debt arose until it is paid in full, as determined under The Financial Administration Act and the regulations under that Act; and

(c) costs reasonably incurred by the director

(i) for the registration and discharge of the lien, and

(ii) in retaking, holding, repairing, processing, preparing for disposition or disposing of property in respect of which the lien is registered.

When lien takes effect

53.1(16) The lien takes effect

(a) in relation to the debtor's interest in real property, when a certificate in respect of the lien is registered against specific lands of the debtor; and

(b) in relation to the debtor's personal property, when a financing statement in respect of the lien is registered in the Personal Property Registry.

Registration and enforcement of lien

53.1(17) Subsections 28(6) to (14) of The Pension Benefits Act apply, with necessary changes, to the registration and enforcement of a lien arising under this section as if

(a) the references in those provisions to "employer" were references to the debtor under this section; and

(b) the references in those provisions to "the superintendent" were references to the director under this Act.

S.M. 2002, c. 33, s. 42; S.M. 2013, c. 9, s. 25; S.M. 2021, c. 16, s. 11.

OFFENCES AND PENALTIES

Offences

54 Every person who

(a) contravenes this Act or the regulations;

(b) fails to comply with an order made under this Act or the regulations;

(c) knowingly obstructs or makes a false statement to a safety and health officer engaged in the exercise or performance of his or her powers or duties; or

(d) knowingly makes or causes to be made a false entry in any register, book, notice or other document to be kept by him under the Act or the regulations, or deletes or destroys or causes to be deleted or destroyed any true or proper entry in any such document;

is guilty of an offence and is liable on summary conviction to the penalties set out in section 55.

S.M. 2002, c. 33, s. 44.

Penalty

55(1) A person guilty of an offence is liable

(a) for a first offence to a fine of not more than $500,000 and, in the case of a continuing offence to a further fine not exceeding $50,000 for each day during which the offence continues; and

(b) for a second or subsequent offence to a fine of not more than $1,000,000 and, in the case of a continuing offence to a further fine not exceeding $100,000 for each day during which the offence continues.

55(2) [Repealed] S.M. 2002, c. 33, s. 45.

Additional penalty

55(3) Where a person is convicted for an offence under this Act, in addition to the penalties set out in subsection (1), he may be imprisoned for a term not exceeding six months.

Further penalty

55(4) If a person is convicted of an offence for a contravention of subsection 43.3(1), he or she shall not work in a supervisory capacity at any workplace for a six month period after the date of conviction.

Time limit for prosecution

55(5) A prosecution under this Act may be commenced not later than two years after the day the alleged offence was committed.

S.M. 1997, c. 32, s. 2; S.M. 2002, c. 33, s. 45; S.M. 2010, c. 3, s. 2; S.M. 2021, c. 16, s. 12.

Additional penalties

55.1(1) When a person is convicted of an offence under this Act, the court may, having regard to the nature of the offence and the circumstances surrounding its commission, order the offender to pay to the minister an amount that the government must use for the purpose of educating the public on matters relating to workplace safety and health. Such a penalty may be required in addition to any other penalty that may be imposed under this Act.

Limit

55.1(2) The total of

(a) any additional amount required to be paid under subsection (1); and

(b) any penalty required to be paid under section 55;

must not exceed the amount of the maximum penalty for which the offender could be liable under section 55.

Unpaid additional penalties

55.1(3) If an amount is ordered to be paid under subsection (1), the director may file the order in the Court of King's Bench, and on being filed the order may be enforced in the same manner and to the same extent as a judgment of that court.

S.M. 2002, c. 33, s. 45; S.M. 2021, c. 16, s. 13.

Offences by directors, etc., of corporations

56 Where a corporation commits an offence under this Act, any officer, director or agent of the corporation, who directed, authorized, assented to, acquiesced in or participated in the commission of the offence is a party to and guilty of the offence and liable, on summary conviction, to the penalty provided for the offence.

Onus

57(1) In any proceedings for an offence under any of the provisions of this Act or regulations consisting of a failure to comply with a duty or requirement to do something so far as is practicable or so far as is reasonably practicable, or to use the best practicable means to do something, it shall be for the accused to prove that it was not practicable or not reasonably practicable to do more than was in fact done to satisfy the duty or requirement, or that there was no better practicable means than was in fact used to satisfy the duty or requirement.

Person deemed to be employer

57(2) Where a person is charged as an employer in respect of an offence under this Act he shall be deemed to be an employer within the meaning of this Act unless it is otherwise proven.

Application of subsection (1)

57(3) Subsection (1) applies with such modifications as the circumstances require to any appeal involving an improvement order or a stop work order.

S.M. 2002, c. 33, s. 46.

Laying of information

58 Any person may lay an information in respect of any offence or alleged offence against this Act or the regulations.

59 [Repealed]

ATTACHMENT #2A

For further information:
https://www.safemanitoba.com/Page%20Related%20Documents/resources/GD_PreventingHarassmentWorkplace_15SWMB.pdf

PREVENTING WORKPLACE HARASSMENT

Introduction

For the purpose of this guide and in relation to a worker's safety and health in the workplace:

Two main types of harassment are covered under the regulation.

1. The first type is defined as inappropriate conduct by a person that is made on the basis of:
   - race, creed, religion, colour
   - sex, sexual orientation, gender-determined characteristics
   - marital status, family status, source of income
   - political belief, political association, political activity
   - disability, physical size or weight
   - age, nationality, ancestry or place of origin
2. The second type relates to what is sometimes referred to as bullying. This may involve:
   - severe, repeated conduct that adversely affects a worker's psychological or physical well-being if it could reasonably cause a worker to be humiliated or intimidated
   - a single occurrence, if it is shown to have a lasting, harmful effect on a worker

Harassment may be written, verbal, physical, a gesture or display, or any combination of these. It may happen only once, but often happens repeatedly.

Reasonable conduct is not harassment

Reasonable actions by managers or supervisors to help manage, guide or direct workers or the workplace are not harassment. Appropriate employee performance reviews, counselling or discipline by a supervisor or manager are not harassment. Harassment can take place in the workplace or outside of it in a situation connected to work.

HARASSMENT PREVENTION POLICY

A harassment prevention policy outlines procedures for alleged victims of harassment in the workplace and for employers to deal with a harassment complaint.

All workplaces need a policy

Part 10 of Manitoba Workplace Safety and Health Regulation, M.R. 217/2006, requires employers to develop and implement a written harassment prevention policy in consultation with the workplace safety and health committee or representative. If there is no committee or representative, the employees at the workplace should be consulted.

Your harassment prevention policy must include the following statements:

- Every employee is entitled to work free of harassment.
- The employer must ensure, as much as is practical, that no employees are subjected to harassment in the workplace.
- The employer will take corrective action regarding any employee who harasses another employee.
- The employer will not disclose the name of a complainant or an alleged harasser or the circumstances of the complaint to anyone, except where disclosure is:
  - necessary to investigate the complaint or take corrective action or
  - required by law
- Employees have the right to file a complaint with the Manitoba Human Rights Commission.
- The employer's harassment prevention policy is not intended to discourage or prevent complainants from exercising any other legal rights under any other law.

The harassment prevention policy must provide information on the following:

- how to make a harassment complaint
- how a harassment complaint will be investigated
- how the complainant and alleged harasser will be informed of the results of the investigation

Employers must post a copy of the policy in a prominent location at the workplace.
(Note: not all workplaces are enclosed buildings.)

Implementing the harassment prevention policy

- The employer must ensure that all employees are trained in the harassment prevention policy.
- Employers must also ensure all employees follow the harassment prevention policy.

There is a sample harassment prevention policy at the end of this guide. Be sure to add, remove or change the information in this sample to make it specific to the needs of your workplace.

DEVELOPING A HARASSMENT PREVENTION POLICY

Policy statement

Make a clear statement that harassment is not tolerated in the workplace and that management is committed to and supports a harassment-free workplace.

The law

This section should include a brief overview of the law on harassment.

Description of harassment

Explain what is meant by harassment, including examples of behaviors or actions that may be considered harassment at the workplace.

Workers' rights and responsibilities

- the right to a harassment-free workplace
- the responsibility to treat other employees with respect
- the responsibility to speak up when harassment occurs
- the responsibility to report harassment to the appropriate person as soon as possible
- the right to file a complaint with the Manitoba Human Rights Commission

Supervisors', managers', employers' responsibilities

- treat all employees, clients, suppliers and contractors with respect
- report or investigate all complaints
- set a good example
- refuse to tolerate harassment - put a stop to it immediately
- deal with harassment allegations seriously, speedily and confidentially

Procedures to deal with a complaint

Describe the steps for responding to a harassment complaint; the roles and responsibilities of the people involved; and the possible results for the victim and harasser, including:

- practical guidelines for employees and management
- informal and formal ways of proceeding (encourage employees to choose the informal approach first)
- mediation as an option
- detailed steps to be taken in complaints
- time frames
- who is responsible for decisions
- appeals
- information about other agencies that deal with harassment

Corrective action, safeguards and remedies

- outline the range of penalties for the harasser
- state whether information about the complaint will be included in a harasser's personnel file
- list possible remedies
- information about the complaint will not be put in the complainant's personnel file when complaint is in good faith
- protect against victimization or retaliation for workers who complain of harassment, or who give evidence in an investigation
- state how employer will inform the complainant and alleged harasser of the results of the investigation

Education

Employers must circulate the policy to all employees and managers through:

- orientation or information sessions
- staff meetings
- memos, emails, or pay slip notices

films/videos, posters/brochures

Education of staff on policy requirements

Employers must:

- train managers to react appropriately, handle cases appropriately
- maintain an anti-harassment atmosphere
- train employees to respect each other
- train harassment counsellors and investigators to perform their roles
- make ongoing harassment training part of other training sessions, such as: management training, induction programs for new employees, courses for union-management committees, social skills training for employees, assertiveness training for employees

Monitoring

Employers must make a commitment to periodic review of the policy by:

- being open to employees' comments
- requesting feedback from counsellors, managers and employees
- conducting exit interviews with personnel leaving the organization
- adjusting policy and procedures as needed/required

Note:

The sections on developing a harassment prevention policy and the sample harassment prevention policy were adapted from: *Anti-Harassment Policies for the Workplace: An Employer's Guide – Canadian Human Rights Commission* in cooperation with Human Resources Development Canada and Status of Women Canada, October 2002.

In developing a harassment prevention program, employers must also be aware of the requirements of *The Human Rights Code.* An effective policy will include remedies for the harassed worker and corrective action for the harasser.

ATTACHMENT #2B

For further information see:
https://www.safemanitoba.com/Page%20Related%20Documents/resources/GD_PreventingViolenceInWorkplace_16SWMB.pdf

PREVENTING WORKPLACE VIOLENCE

Introduction

"Violence" is the attempted or actual exercise of physical force against anyone, or any threatening statement or behaviour that gives a person reason to believe that physical force will be used against them.

Examples of threats of violence or acts of violence include:

- physical and sexual assault
- property damage and vandalism
- swearing and verbal abuse
- threats or intimidation.

The negative impact of workplace violence is signifcant. Some of the costs of workplace violence include:

- increased absenteeism and turnover
- anxiety, depression and decreased morale
- increased stress and burnout
- reduced or negative public image
- injury costs and increased health expenses
- increased insurance premiums
- reduced productivity and lost earnings
- liability issues, should harm occur at the workplace.

The frst step in addressing workplace violence is to assess your workplace for areas, people or tasks that have an increased risk of violence associated with them.

If your assessment identifes a risk of violence, your next step is to develop a violence prevention policy and put it into action at your workplace, in consultation with your workplace safety and health committee or representative, or workers.

ASSESSING THE RISK OF VIOLENCE

The risk assessment at your workplace must be completed in consultation with:

- the safety and health committee at the workplace, or
- the safety and health representative at the workplace, or
- the workers at the workplace, when there is no committee or representative.

What to consider during a risk assessment

A risk assessment for violence will be unique to each workplace. This is due to the nature and circumstances of the work performed, and the interactions between workers and others at the workplace, including clients, patients and the public.

The risk assessment should consider the risk factors associated with violence, the work design and layout, the type of work performed, the people at the workplace and a review of any previous incidents of violence at the workplace:

Violence Risk Factors

- Working alone or in small groups
- Working in isolated locations
- Working with the public
- Handling money or valuables, including drugs, liquor or tobacco
- Working at night or early in the morning
- Working with drugs, liquor or tobacco
- Working in public buildings or areas
- Having young or inexperienced staff
- Working in areas with a history of violence or crime
- Previous incidents of violence in the workplace

Work Design and Layout

- Location of the workplace or where specifc tasks are performed
- Lighting and security
- Design of structure or furniture
- Hours of operation and number of staff

Type of Work Performed

- Type of work generally performed
- Specifc occupations within the workplace

Specifc tasks performed within the workplace

People at the Workplace

- Workers, clients or patients, public or visitors, workers' families
- Age and gender
- Personalities and attitudes
- Nature of the interactions between people
- Physical and mental status of people

History of Workplace Violence

- Number and frequency of violent incidents
- Type and severity
- Nature of the incidents (between workers or between workers and others)
- Occupations of those involved
- Tasks being performed at the time of the incident
- Location of the incident
- Time of day, season or shift
- Cause or trigger for the incidents
- Investigations and recommendations resulting from previous incidents

There is a **sample** violence assessment checklist at the end of this guide. It may help you to think about some of the risks for violence at your workplace. *Be sure to add, remove or change items to make the checklist specifc to the risks for violence at your workplace.*

More ideas to help you gather information to assess the risk of violence in your workplace

1. Review old fles to identify any prior incidents of violence at your workplace. This review should include medical and frst aid records, any records of investigations into violent incidents and corrective measures taken as a result, and minutes of safety and health committee meetings.

2. Review violence prevention information that may be available from industry associations, businesses who perform similar work and local police or law enforcement agencies.

3. Conduct a worker survey to ask about:
   - the type, severity and frequency of workplace violence they have been exposed to, if any
   - descriptions of past incidents of violence in the workplace, if any
   - knowledge of current workplace policies or procedures regarding violence prevention
   - concerns and recommendations regarding violence prevention at the workplace.

There is a **sample** worker survey at the end of this guide. *Be sure to add, remove or change items to make the survey apply to your workplace.*

Family violence and the workplace

Another factor that may need to be considered when assessing the risk for violence at your workplace is family violence.

Family violence means violence inflicted by one family member against another. It can be violence between spouses or intimate partners, between parents and their children, between siblings or between extended family members. The type that most often appears in workplaces is abuse in intimate partner relationships.

When family violence enters the workplace it can affect the safety and well-being of everyone at the workplace. A supportive work environment can help a worker deal with family violence and reduce the possibility of harm to the worker, co-workers and others. Creating security and stability in the work environment is important, particularly for those dealing with family violence.

Promoting safety and well-being for all workers reduces workplace costs associated with family violence. The costs include reduced productivity, increased absenteeism, lost earnings, decreased morale, strained relations between co-workers and higher health expenses. There may also be liability issues should harm occur in the workplace. Ensuring that workers have access to help for problems such as family violence makes good business sense.

The *Workplace Initiative to Support Employees (WISE) on Family Violence* is a Manitoba initiative to deliver family violence training in all workplaces. *WISE on Family Violence* resources include:

- printed information and resources for employers
- electronic resources online at www.manitoba.ca/fs/fvpp_toolkit
- workshops for workplaces.

WISE on Family Violence training helps employers recognize and respond to workers affected by family violence. It will help employers:

- recognize signs of abuse in the workplace
- understand why they should care about family violence
- talk to workers about family violence
- understand family violence and the law
- approach problems safely and appropriately.

It is important to note that family violence is complex and requires intervention by trained professionals, including counsellors, healthcare workers and legal counsel. *WISE on Family Violence* training stresses the importance of encouraging workers affected by family violence to use resources like those listed at www.manitoba.ca/fs/fvpp/pubs/brochure.pdf.

For more information about family violence training in the workplace, contact:

The Family Violence Prevention Program
phone: 204-945-1709 (in Winnipeg)
toll free: 1-800-282-8069, ext 1709 (in Manitoba) email: fvpp@gov.mb.ca

DEVELOPING A VIOLENCE PREVENTION POLICY

Who needs a policy?

You must have a violence prevention policy if:

1. Your workplace involves any of the following services or businesses:
   - healthcare
   - pharmaceutical dispensing
   - education
   - fnancial services
   - police, corrections or other law enforcement
   - security
   - crisis counselling and intervention
   - taxi cab service and transit bus service
   - retail sales (between 11 p.m. and 6 a.m.)
   - a licensed premises (within the meaning of *The Liquor Control Act*).

2. If your workplace does not provide the services or businesses listed above, you are required to assess the risk for violence at your workplace. If this assessment shows a risk of violence occurring in your workplace, you must have a violence prevention policy in place.

Developing a violence prevention policy

The violence prevention policy must be developed in consultation with:

- the safety and health committee at the workplace, or
- the safety and health representative at the workplace, or
- the workers at the workplace, when there is no committee or representative.

Content of the violence prevention policy

A violence prevention policy provides information about how the employer will eliminate or control the risks of violence that were identifed by the violence risk assessment. The policy must include the following information and statements:

- descriptions of the areas in the workplace where violence has occurred, or is likely to occur
- descriptions of the jobs or tasks where workers have encountered or are likely to encounter violence
- measures taken by the employer to eliminate or control the risk of violence in the workplace
- measures and procedures the employer has in place for getting immediate assistance if a violent or threatening incident occurs or is likely to occur
- procedures for workers to follow to report a violent incident, including how and when to report the incident to the employer
- steps the employer will take to document and investigate incidents of violence
- procedures the employer will use to implement control measures identifed through an investigation that will eliminate or control the risk of violence to workers
- a recommendation that workers harmed as a result of an incident of workplace violence consult their healthcare providers for treatment or referral to post-incident counselling, if appropriate
- a statement indicating that the name of a complainant, or the circumstances of a complaint, will not be released to anyone unless it is necessary to investigate the complaint or to take corrective action, or it is required by law
- a statement that the personal information disclosed (as above) will be the minimum amount necessary for the purpose
- a statement indicating the violence prevention policy does not discourage or prevent someone from exercising any other rights, actions or remedies available under any other law.

Implementing a violence prevention policy

- The employer must ensure that all workers are trained in the violence prevention policy.
- Employers must also ensure all workers follow the violence prevention policy.

There is a **sample** violence prevention policy at the end of this guide. *Be sure to add, remove or change the information in this sample to make it specifc to the type of work conducted at your workplace and the results of your risk assessment.*

PROVIDING INFORMATION TO WORKERS

What information must be provided to workers?

Violence prevention policy

The employer must post a copy of the policy in an area of the workplace that allows all workers to access it. If posting the policy is not practical, the employer must provide a copy of the violence prevention policy to each worker.

Nature and extent of the risk of violence

Each worker must be informed about the nature and extent of the risk of violence they may encounter. This means that workers should be made aware of the type of violence they may be exposed to and the risk of exposure.

Unless otherwise prohibited by law, the employer must provide any information they have, including personal information, about the risk of violence from a person with a history of violent behaviour, if a worker is likely to encounter that person while working.

However, any information that an employer provides about a person with a history of violent behaviour must be the minimum amount necessary for the purpose.

INVESTIGATING A VIOLENT INCIDENT

Investigations are an important part of addressing workplace violence. If a violent incident occurs in the workplace, the employer is required to conduct an investigation to determine the cause and the measures that will be put into place to prevent similar incidents from happening again.

Reporting workplace violence

The violence prevention policy must set out a procedure for the worker to follow to report an incident or threat of violence. Employers must make sure that employees know how to report threats or acts of violence, and are reporting threats and acts of violence as soon as possible so appropriate controls can be put into place to prevent similar incidents in the future.

The employer's violence prevention policy must include information on how and when to report incidents of violence.

There is a **sample** form for reporting violence at the end of this guide. *Be sure to add, remove or change the information* in the sample to make it specifc to your workplace.

Who participates in the investigation?

In Part 2 of the *Workplace Safety and Health Regulation,* M.R. 217/2006, it states that the employer must ensure that each of the following is investigated as soon as possible after it occurs:

- serious incidents (as defned under Part 2)
- incidents or dangerous occurrences that require medical treatment
- incidents that had the potential to cause a serious incident.

If the violent incident being investigated meets this criteria, the following people **must conduct** the investigation:

- the safety and health committee co-chairs (or their designates), or
- the employer and the safety and health representative at the workplace, or
- the employer and a worker at the workplace who is not associated with the management of the workplace (when there is no committee or representative).

Note: If the violent incident meets the defnition of a "serious incident" under Part 2 of the *WSH Regulation,* it **must also be reported to the Workplace Safety and Health Branch immediately**, and by the fastest means of communication possible.

If the violent incident does not meet the criteria outlined in Part 2 of the *WSH Regulation, M.R. 217/2006*, the employer is still required to complete an investigation. The violence prevention policy should outline who will be involved in completing the investigation.

Developing procedures for violent incident investigations

Investigations must take place as soon as reasonably practicable after an incident or threat of violence. The following information may help you develop investigation procedures for your workplace. The people who conduct workplace investigations should be trained on how to conduct them.

Preparing for an investigation

It is a good idea to create an investigation kit that contains the items needed to conduct an investigation (e.g., pens, paper, recording forms, tape measure, camera and personal protective equipment needed for the work area).

Your attitude could affect the way you look at and understand the evidence and information you gather during the investigation, so never assume anything.

Gathering information

You will need the following information:

- the name, address, date of birth and status of the injured worker
- the name of the person who threatened the worker or committed the violent act (if known)
- a brief overview of the incident and/or a violence report
- the name of the worker's supervisor
- the names of all witnesses.

Inspecting the area

Inspect the area to fnd the direct and indirect cause(s) of the incident. Ask questions to help identify all of the factors involved (e.g., ask questions about the risk assessment, employee training, safe work procedures, security measures, and policies and procedures for working alone or in isolation). Take measurements, draw sketches or take photographs to help determine what contributed to the incident.

Conducting interviews

Conducting interviews is an important part of collecting information to understand what happened. Depending on the circumstances, you may be able to interview the complainant and the person alleged to have threatened or committed an act of violence, as well as witnesses to the incident.

Here are a few things to keep in mind when taking witness statements:

- Separate the witnesses immediately and interview each one in private.
- Inform all persons about the investigation procedures and why they are being interviewed, what will be done with the information and who may receive a copy of the investigation report.
- Explain that the company will not permit any retaliation against the complainant, and that if the person alleged to have threatened or committed an act of violence or other persons tries to retaliate, there will be disciplinary action.
- Remind all persons interviewed that confdentiality must be maintained.
- Whenever possible, have the people being interviewed write their reports. During the interview, you can ask for more detail. If this is not possible, the interviewer may take notes during the interview.

- If it is not possible to have the interviewees write their statements, have two people conduct the interview (i.e., one person asks questions, and the second person takes notes).
- Document the name of the person being interviewed, the date and time of the interview and who was present during the interview.
- Have the person tell you their story, and get as many details as you can using open-ended questions. Questions that you may want to ask include:
  - What happened?
  - When and where did the incident happen?
  - Who was present?
  - Who did and said what to whom?
  - Was the incident an isolated event or part of a pattern?
  - Is there anyone else who might have relevant information?
  - What action(s) could be taken?
- Inform the interviewee that you are looking for facts only.
- Don't lead the witnesses or ask questions that might change how they remember the incident.
- Watch body language and keep in mind that witnesses or others may have been traumatized by the incident.
- At the end of the interview, review the information gathered with the interviewee(s). This will confrm the accuracy of the information gathered and allow the interviewee(s) to add more information if necessary. Have the interviewee sign the statement. All interviews and notes are to be attached to the fnal report.

Violent incident investigation report

If the violent incident required the committee co-chairs, the representative or the workers to help conduct the investigation, the employer must prepare an investigation report. The investigation report must be developed in consultation with the committee, the representative or the workers.

The investigation report must include the following:

- the name of any person injured or killed
- the date, time and place of the incident or dangerous occurrence
- the description of the incident or dangerous occurrence
- graphics, photographs or evidence
- an explanation of the incident, including any factors or events that indirectly contributed to it occurring
- immediate corrective actions taken
- long term actions that will be taken to prevent a similar incident or dangerous occurrence
- reasons why no corrective action will be taken, if that turns out to be the case.

If an incident did not require the committee co-chairs, the representative or the workers to help conduct the investigation, the employer must share the report results with the safety and health committee or representative, if requested.

PREPARING AN ANNUAL VIOLENCE REPORT

Tracking violent incidents is another important component in addressing workplace violence. Tracking the violent incidents that occur within a workplace helps to determine the level of risk associated with particular tasks or areas in the workplace, and will enable you to identify patterns or trends. This knowledge makes it easier to identify control measures that may eliminate or reduce the risk of violence in your workplace.

Employers are required to prepare an annual report that compiles the incidents of violence in the workplace.

Once complete, this report must be provided to the safety and health committee, the representative or the workers at the workplace, if there is no committee or representative.

Content of the report

The annual report must contain the following:

- records of the incidents of violence to workers that occurred at the workplace
- results of any investigations into violent incidents, including recommendations for control measures or for changes to the violence prevention policy, and any report prepared under section 2.9 (Part 2) of the *WSH Regulation*
- information on control measures in place as a result of an investigation into a violent incident at the workplace.

ATTACHMENT #2C

	POLICY CATEGORY/NUMBER	***HCS 215.5***
POLICY TITLE Violence Prevention Program for Health Care Workers in Manitoba	**Date Approved**	April 29, 2013
	Applicable to	Regional Health Authorities Health Corporations CancerCare Manitoba Diagnostic Services Manitoba
BRANCH/DIVISION HEALTH WORKFORCE	**Next Review Date**	
	Date Reviewed	
RESPONSIBLE AUTHORITY ASSISTANT DEPUTY MINISTER, HEALTH WORKFORCE	**Date Revised**	
	# of Pages	3

1.0 POLICY STATEMENT

1.1. Every reasonable effort will be made to mitigate, eliminate or reduce all forms of violence in workplaces where healthcare services are provided. Where it is not reasonably practicable to eliminate the risk of violence, actions and measures will be taken to control that risk.

2.0 PURPOSE

2.1. To implement a systematic and comprehensive program for the prevention of healthcare related violence toward health care workers in Manitoba.

3.0 DEFINITIONS

3.1 **Act** – The Manitoba Workplace Safety and Health Act, R.S.M. 1987, c. W210.

3.2 **Client** – Patients, residents, clients.

3.3 **Contractor** – A person who, pursuant to one or more contracts, directs the activities of one or more employers or self-employed persons involved in work at a workplace.

3.4 **Hazard** – Any condition, activity, material, or substance that can cause injury or illness to a person.

3.5 **Regulation** – The Manitoba Workplace Safety and Health Regulation, M.R. 217/2006 (including all current and future amendments).

3.6 **Risk** – The potential that a chosen action or activity (including the choice of inaction) will lead to a loss (an undesirable outcome).

3.7 **Supervisor** – A person who has charge of a workplace or authority over a worker. A supervisor is not a job title but rather a position of responsibility, accountability, and authority. Job title examples may include, but not limited to, lead-hand, foreman, supervisor, charge nurse, manager, or director, etc.

3.8 **Violence** – any act that results in injury or threat of injury, real or perceived, by an individual, including but not limited to:

3.8.1 Acts of aggression (whether intentional or not).

3.8.2 Verbal or written threats.

3.8.3 Vandalism of personal property.

3.9 **Violence, Types of** –

3.9.1 Type I (Criminal Intent): Results while a criminal activity is being committed and the perpetrator has no legitimate relationship to the workplace.

3.9.2 Type II (Customer/client): The perpetrator is a customer or client at the workplace (e.g., health care client) and becomes violent while being served by the worker.

3.9.3 Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators.

3.9.4 Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

3.10 **Visitor** – Any person who is attending the site on a temporary basis and that is not an employee, volunteer, contractor, or client.

3.11 **Volunteer** – A person who performs a charitable service or helpful work willingly and without pay.

3.12 **Worker/Staff**:

3.12.1 Any person who is employed by an employer to perform a service whether for gain or reward, or hope of gain or reward or not,

3.12.2 Any person engaged by another person to perform services, whether under a contract of employment or not,

3.12.3 Any person undergoing training or serving an apprenticeship at an educational institution or at any other place.

3.13 Workplace – any building, site, workshop, structure, mobile vehicle, or any other premises or location whether indoors or outdoors in which one or more workers, or self-employed persons, are engaged in work or have worked.

4.0 POLICY

4.1 Every reasonable effort will be made to mitigate, eliminate or reduce all forms of workplace violence and to ensure that:

4.1.1 A violence-free workplace for all individuals' health, safety, welfare, and dignity is respected, protected and promoted.

4.1.2 Risks of violence are identified and appropriate prevention measures, controls, and practices are established that eliminate or minimize those risks.

4.1.3 Documented procedures are established to identify and address specific hazards and the associated risks for each workplace or area.

4.1.4 Workers are trained in and follow the safety procedures to prevent and respond to violence-related incidents.

4.1.5 Workers are empowered to make and act on decisions regarding the risk of violence to protect themselves and others.

4.1.6 Critical incident debriefing and other supports to workers affected by a workplace violence incident is available and accessible.

4.1.7 All individuals including workers, contractors, volunteers, and management understand their roles and responsibilities related to violence prevention in the health care environment and are held accountable.

4.1.8 All clients and visitors are expected to follow the violence-free workplace program.

4.1.9 Employers and its supervisors comply with this policy and its requirements.

4.1.10 At a minimum, compliance with The Workplace Safety and Health Act and Regulations, Accreditation Standards, and applicable Collective Agreements is maintained.

4.1.11 The program will be evaluated at appropriate intervals and sustainability measures are implemented.

5.0 PROCEDURES

5.1 Procedures to support the implementation of this policy will be established.

6.0 Policy Documents

The Workplace Safety and Health Act, R.S.M. 1987, c. W210

Manitoba Workplace Safety and Health Regulation, M.R. 217/2006

ATTACHMENT #3

Health care workers

Health care workers (HCW), including hospital employees, other staff who work or study in hospitals (e.g., students in health care disciplines, contract workers, volunteers) and other health care personnel (e.g., those working in clinical laboratories, nursing homes, home care agencies and community settings) are at risk of exposure to communicable diseases because of their contact with patients/clients (diagnosed or undiagnosed) or their environment. There is also a risk that HCW could transmit an undiagnosed vaccine-preventable disease to others. Some health care institutions and jurisdictions are moving towards making vaccination a condition of employment for HCW.

HCW require assessment of immunization status, completion of routinely recommended vaccine series, and booster doses as necessary. In addition, HCW may require additional doses or booster doses of routine immunizations, or a change in the routine immunization schedule. Unimmunized or incompletely immunized HCW should receive routine immunizations as appropriate for age as well as vaccines recommended because of specific occupational risks. Refer to Table 1 for a summary of recommended immunizations for HCW.

Bacille Calmette-Guérin (BCG)

In general, HCW do not need BCG vaccine. Appropriate personal protection, environmental controls, treatment of the source, and tuberculosis (TB) screening and chemoprophylaxis of the exposed person as indicated are the typical approaches to TB control in HCW. If early identification and treatment of latent TB infection are not available, BCG vaccine may be considered for HCW who may be repeatedly exposed to persons with untreated, inadequately treated or drug-resistant active TB or tubercle bacilli in conditions where protective measures against infection are not feasible. Consultation with a TB and/or infectious disease expert is recommended. Refer to Bacille Calmette-Guérin (BCG) Vaccine in Part 4 for additional information.

Diphtheria, tetanus

All HCW should have received a primary series of tetanus toxoid-diphtheria toxoid-containing vaccine. Tetanus toxoid-reduced diphtheria toxoid vaccine (Td) booster doses are indicated every 10 years. Tdap vaccine should be administered if a pertussis-containing vaccine was not received in adulthood. Tdap vaccine can be given even if Td vaccine was recently administered.

Hepatitis B

Immunization with hepatitis B (HB) vaccine and post-immunization serologic testing to assess vaccine response within 1 to 6 months of completion of the vaccine series are recommended for all HCW due to potential occupational exposure to blood, blood products and bodily fluids that may contain HB virus. Refer to Hepatitis B Vaccine in Part 4 for additional information on management of non-responders.

Influenza

Influenza vaccination provides benefits to HCW and to the patients/clients they care for. Transmission of influenza between infected HCW and their vulnerable patients/clients results in significant morbidity and mortality. Randomized controlled trials conducted in geriatric long-term care settings have demonstrated that vaccination of HCW is associated with substantial decreases in morbidity and mortality in the residents. Influenza vaccination of HCW who have direct patient contact (i.e., activities that allow opportunities for influenza transmission between a HCW and a patient) is an essential component of the standard of care for the protection of patients. HCW who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. Refer to Influenza Vaccine in Part 4 for additional information.

Measles

It is recommended that all HCW be immune to measles. HCW, regardless of their year of birth, should receive two doses of measles-mumps-rubella (MMR) vaccine if they do not have one or more of the following: documented evidence of receiving two doses of measles-containing vaccine on or after their first birthday or laboratory evidence of immunity; or a history of laboratory confirmed measles disease. Refer to Measles Vaccine in Part 4 for additional information.

Meningococcal

Clinical laboratory personnel who handle Neisseria meningitidis specimens should be offered immunization with one dose of quadrivalent conjugate meningococcal vaccine. Re-vaccination is generally recommended every 5 years. Good laboratory practices should be employed at all times to minimize the risk of exposure in laboratory workers and post-exposure prophylaxis should be offered after recognized exposures. There is no evidence to recommend routine meningococcal immunization of other HCW. Nosocomial transmission of invasive meningococcal disease is very uncommon. Post-exposure chemoprophylaxis may be indicated for HCW who are close contacts of cases of invasive meningococcal disease. HCW are considered as close contacts only if they have had intensive, unprotected contact (without wearing a mask) with infected patients (e.g., intubating, resuscitating or closely examining the oropharynx). It is recommended that HCW use barrier precautions to avoid direct contact with respiratory secretions of patients with meningococcal disease until the patient has completed 24 hours of effective antibiotic therapy. Refer to Meningococcal Vaccine in Part 4 for additional information.

Mumps

It is recommended that all HCW be immune to mumps. HCW, regardless of their year of birth, should receive two doses of MMR vaccine if they do not have one or more of the following: documented evidence of receiving two doses of mumps-containing vaccine on or after their first birthday; or laboratory evidence of immunity; or a history of laboratory confirmed mumps disease. Refer to Mumps Vaccine in Part 4 for additional information.

Pertussis

All adult HCW, regardless of age, should receive a single dose of tetanus toxoid-reduced diphtheria toxoid-reduced acellular pertussis-containing vaccine (Tdap) for pertussis protection if not previously received in adulthood. The adult dose is in addition to the routine adolescent booster dose. Adolescent volunteers in health care settings should receive their routine booster dose of Tdap vaccine. Refer to Pertussis Vaccine in Part 4 for additional information.

Polio

All HCW who have not received a primary series of poliomyelitis vaccine should receive a primary series of inactivated poliomyelitis vaccine.

Health care workers at highest risk for polio exposure, including those who have close contact with patients who might be excreting wild type virus (e.g., from travel abroad) or vaccine type poliovirus (e.g., infants who received oral polio vaccine abroad) and laboratory workers handling specimens that may contain poliovirus, should be particularly targeted for polio vaccination. HCW at highest risk for polio exposure should receive a single lifetime booster dose of inactivated poliomyelitis vaccine. If these HCW have not received a primary series, they should receive a full primary series and then receive a single lifetime booster dose after 10 years. Refer to Poliomyelitis Vaccine in Part 4 for additional information.

Rubella

It is recommended that all HCW be immune to rubella. HCW, regardless of age, should receive one dose of MMR vaccine if they do not have one or more of the following: documented evidence of receiving one dose of rubella-containing vaccine on or after their first birthday; or laboratory evidence of immunity; or a history of laboratory confirmed rubella disease. Refer to Rubella Vaccine in Part 4 for additional information.

Travel vaccines for health care providers working abroad
Health care providers working in cholera-endemic countries or areas where hepatitis A, typhoid, Japanese encephalitis, tick-borne encephalitis, or yellow fever are present may be at significantly increased risk of exposure and should be appropriately vaccinated. Re-vaccination may be recommended if risk of exposure is ongoing. Consultation with a travel medicine expert is advised. Refer to Immunization of Travellers in Part 3 and vaccine-specific chapters in Part 4 for additional information.

Varicella

It is recommended that all HCW be immune to varicella. HCW are considered to be immune to varicella if they have documented evidence of immunization with 2 doses of a varicella-containing vaccine or laboratory evidence of immunity. For HCW who are currently or have previously been employed in a Canadian health care setting, a self-reported history or health care provider diagnosis is considered a reliable correlate of immunity if varicella infection occurred before the year of a one-dose vaccine program implementation (refer to Varicella (Chickenpox) Vaccine in Part 4). In general, healthy adults 50 years of age and older, are

presumed to be immune to varicella, even if the person does not remember having had chickenpox or herpes zoster (shingles, HZ). All HCW should be immunized with two doses of univalent varicella vaccine when there is uncertainty about immunity to varicella.

Following the exposure of HCW to varicella within health care settings, verification of susceptibility to infection should be a part of post-exposure protocols. Refer to Varicella (Chickenpox) Vaccine in Part 4 for additional information.

Table 1: Recommended immunization, health care workers

Refer to text and vaccine-specific chapters in Part 4 for additional information.

Vaccine	Recommendation(s)
BCG	Consider use only in specified high-risk circumstances
Diphtheria Tetanus	All HCW should be immune Primary series if no previous immunization [1] Booster doses of Td vaccine every 10 years
Hepatitis B	If no evidence of immunity [2]
Influenza	Annually
Measles	If no evidence of immunity (refer to text), regardless of age - 2 doses
Meningococcal	Not routinely for HCW Quadrivalent conjugate meningococcal vaccine for clinical laboratory workers who handle N. meningitidis specimens - 1 dose with a booster every 5 years if at ongoing risk
Mumps	If no evidence of immunity (refer to text), regardless of age - 2 doses
Pertussis	A single dose of Tdap vaccine if not previously received in adulthood.
Polio	Primary series if no previous immunization - 3 doses. Unvaccinated HCW at highest risk of exposure should be particularly targeted for primary immunization. A single lifetime booster dose for HCW at highest risk of exposure.
Rubella	If no evidence of immunity (refer to text) - 1 dose
Travel vaccines	For HCW planning to work abroad, consider hepatitis A, cholera, Japanese encephalitis, tick-borne encephalitis, typhoid, and yellow fever vaccines prior to departure Re-vaccination for some vaccines if ongoing risk.
Varicella	If no evidence of immunity (refer to text) - 2 doses

1 Available as Td or Tdap or Tdap-IPV. Tdap is indicated if an adult pertussis dose is needed. Tdap-IPV is indicated if both pertussis and polio vaccinations are needed.

2 Post-immunization serologic testing within 1 to 6 months of completion of primary series.

ATTACHMENT #4

MNU VACATION SCHEDULING PROCEDURE

Note: Employer Policies cannot contain provisions which are contrary to the provisions of the Collective Agreement. For example, the Employer cannot limit the number of vacation blocks a nurse can request (if a nurse has 4 or 5 weeks of vacation, the nurse can request 4 or 5 blocks of vacation) and cannot limit the number of weeks that a nurse may request at any one time (a nurse with 4 or 5 weeks of vacation can request them all together during the summer or over Christmas if they choose and has the seniority to have their request granted.)

1. As required by Article 2109 of the MNU Collective Agreement, vacation entitlement lists are to be posted by March 1st of each year and shall reflect each nurse's projected vacation entitlement as at April 30th of that year ***(dates vary between facilities)***.

    1.1 Vacation entitlement lists shall be prepared in seniority order and shall include the following:
    - Number of nurses in each occupational classification (i.e. Nurse II, III, IV, LPN, ORT) for each unit/site/facility, or number of nurses for each unit/site/facility (e.g. any one nurse regardless of classification) that may be scheduled for vacation at any one time
    - Number of projected vacation hours
    - Number of vacation entitlement weeks.
        - The projected vacation entitlement **must** include the additional week of vacation earned on completion of 20, 25, 30, 35, 40 etc years of continuous service. These days are taken during the vacation year in which they are earned (Article 2104)
        - The projected vacation entitlement will include any unpaid weeks earned when a nurse has been off on an unpaid leave during the vacation accrual year

2. Beginning * **March 15th** of each year, the Employer shall arrange an appointment with each nurse, in order of seniority, so that the nurse may indicate their choice of vacation dates including any unpaid vacation they are requesting, in writing. This process must be completed by April 30th of each year ***(dates vary between facilities)***.

    2.1 It is imperative that nurses are provided with sufficient notice of their respective vacation scheduling appointment.

    2.2 **Note:** It is also imperative that nurses on LOA, Income Protection, D & R, WCB, Vacation, etc. are notified of their respective vacation scheduling appointment.

2.3 Nurses in term positions shall also indicate their vacation requests at this time on the unit where they occupy the term position. However, if a nurse's term position ends prior to the start of the vacation year, the nurse shall schedule the next year's vacation on the unit they are returning/going to.

2.4 These appointments shall take place in person, unless otherwise mutually agreed, and shall include reviewing the vacation selected/approved to date.

It is mandatory for nurses to attend their respective vacation scheduling appointment. This appointment should take place in person or by telephone or by making other arrangements with the Employer if the nurse is out of town. **Except in extenuating circumstances, a nurse who fails to attend their appointment to indicate their choice of vacation dates shall be placed at the bottom of the seniority list for that unit/facility/site. Accordingly, when the schedule of appointments is completed, the Manager/ designate will meet with the nurse(s) who failed to attend their scheduled appointment and in consultation with the nurse will schedule said vacation within the time periods remaining. This is the only opportunity that nurses have to request vacation for the upcoming vacation year. The vacation scheduling process is not interrupted because a nurse has failed to show up for their appointment.

Extenuating circumstances include but are not limited to a motor vehicle accident on the way to the appointment, death in the family, etc. Extenuating circumstances **do not include – "I forgot", "my car did not start", etc. If the nurse misses their appointment due to extenuating circumstances, they do not go to the bottom of the list but their appointment is rescheduled as soon as possible.

The nurse is to come to the appointment prepared to indicate in writing their choice of vacation dates.

2.4 All of the nurse's earned vacation, including unpaid vacation and the "Bonus Week" as per 2104, must be chosen at their respective vacation scheduling appointment, except for the three (3) days as per Article 2101 of the Collective Agreement. If nurses do not select these three (3) days during their vacation scheduling appointment, seniority will not be considered when these dates are requested at a later date. A nurse must request to use these vacation days in accordance with Article 1501 of the Collective Agreement.

NOTE: MOU # 19 - **For former Civil Service** nurses who have maintained their pension with the Civil Service Superannuation Plan, vacation days may be reserved in accordance with the Memorandum of Understanding Supplementary to the Collective Agreement

MOU NEW Re Former Civil Service Nurses who have Maintained Their Pension with the Civil Service Superannuation Plan

1. Nurses who have maintained their pension with the Civil Service Superannuation Plan, may elect to accrue vacation benefits for retirement purposes.

2. For purposes of retirement, a nurse may request to carry over up to a maximum of one (1) year of vacation entitlement to be cashed out upon retirement. A maximum of up to 50

vacation days may be counted as pensionable service in accordance with the terms and conditions of the Civil Service Superannuation Act.

3. Nurses electing to carry over vacation entitlement for retirement purposes shall:

3.1 Provide a written letter of retirement intent with a specified retirement day within the next four (4) fiscal years.

Example:

Nurse submits retirement notice on March 1, 2012
4 fiscal years = the fiscal year of 2016/2017
Nurse must retire prior to March 31, 2017

3.2 Indicate the intended number of vacation days per year to be reserved prior to retirement (during the last four fiscal years).

3.3 Indicate the total number of vacation days to be cashed out upon retirement.

3.4 Receive approval from their Manager for vacation carry over for retirement purposes.

4. Nurses may request to extend their retirement date and provide an alternate date provided that they give the Employer ninety (90) days notice of their intention to do so. Such requests shall be subject to the reasonable discretion of the Employer. Should the request to extend the retirement date be approved by the Employer, the nurse may be required to utilize a portion of the accrued vacation referenced in 2. in accordance with Province of Manitoba rules.

   If requested a nurse may retire earlier than the retirement date indicated and as approved by their Manager.

2.5 The selected vacation schedule shall be updated on an ongoing basis and shall be posted in an accessible location to allow nurses to remain current on what vacation periods have already been selected. The selected vacation schedule should be updated immediately following each nurse's vacation selection.

2.6 Once a nurse's vacation selection has been approved, it shall not be changed unless by mutual agreement and without displacing the request of another nurse. This request to change vacation can only occur after all nurses have selected vacation in seniority order and the completed vacation schedule is posted.

2.7 The approved vacation schedule will be posted no later than May 1st (dates vary between facilities).

2.8 A nurse must use current annual vacation, (which was earned during the previous vacation year), during the current vacation year (See 2.4 above for exception for former Civil Service Nurses, see 3.4 for nurses on Parenting Leave and see 3.5 for nurses on D&R/WCB/MPI). If the current annual vacation is not used or scheduled by January 15th, the Employer has the right to schedule the vacation prior to the end of the current vacation year. This scheduling of vacation not requested by a nurse must be completed prior to April 30th because all vacation, except for the three (3) days as per Article 2101, must be scheduled prior to April 30th. Vacation may be paid out only in extenuating circumstances (dates vary between facilities).

2.9 Article 2104- Bonus Week of Vacation

The nurse is provided an extra vacation bonus in recognition of long service as a nurse. Five extra paid days are granted in the vacation year in which the full-time nurse completes 20 years of continuous service (as clarified in Article 2105). Part-time nurses' paid vacation is prorated based on regular paid hours in the preceding vacation year. The 5 days are granted for that vacation year and in each vacation year that a subsequent 5th anniversary occur. The 5 days are taken at any time during the vacation year in which these anniversaries occur. The 5 days can be taken prior to the anniversary date if the nurse so requests in accordance with 2109, however if the nurse terminates employment prior to the actual anniversary date, any of the bonus week vacation taken must be repaid.

****NOTE Any nurse who has been off on an unpaid leave of absence during the vacation accrual year immediately preceding their anniversary date is still entitled to the paid "bonus week" of vacation.**

If the nurse is on an unpaid leave of absence for the entire vacation year that they would otherwise qualify for this bonus week, the nurse is not entitled to this bonus week. It does not carry over.

2.10 **Moving to Next Level of Entitlement**

When a nurse moves to the next level of vacation entitlement ie. From 3 to 4 weeks, depending on when their vacation entitlement date falls they may not have enough for the full entitlement (4 weeks) in the first vacation year in which the change occurs.

Employees can only take the earned vacation.

For example, if vacation entitlement date is in October (half way through the vacation year), the employee will have only earned 3½ weeks rather than 4 weeks.

3. Vacation is to be requested in weeks (7 day blocks), indicating the day of the week vacation is requested to begin as per Article 2101, e.g. the request is for 3 weeks starting Wednesday, July 6th.

3.1 Part-time nurses who request one week of vacation which includes their entire EFT shall be advised that this is 2 weeks of vacation as per Article 3405 (a) and (b). This means a nurse will be away from the workplace for 14 continuous days which is equivalent to 2 weeks off for a full-time nurse. This may require adjustments to the nurse's shift schedule prior to or following these vacation weeks.

- One week of vacation is equivalent to half of the nurse's EFT
- Two weeks vacation is equivalent to the entire EFT

EFT	7.75 Hours/1 Week Vacation	11.63 Hours/1 Week Vacation	7.75 Hours/2 Weeks Vacation	11.63 Hours/2 Weeks Vacation
1.0	5 days	3.3 days	10 days	6.7 days
0.9	4.5 days	3 days	9 days	6 days
0.8	4 days	2.7 days	8 days	5.3 days
0.7	3.5 days	2.3 days	7 days	4.6 days

0.6	3 days	2 days	6 days	4 days
0.5	2.5 days	1.7 days	5 days	3.3 days
0.4	2 days	1.3 days	4 days	2.7 days
0.3	1.5 days	1 day	3 days	2 days
0.2	1 day	0.6 days	2 days	1.3 days
0.1	½ day	3.5 hours	1 day	7 hours

*** NOTE: It is not possible to schedule partial days of vacation for nurses who work 8 or 12 hour shifts. Therefore the number of days of vacation is balanced over the number of weeks of entitlement the nurse receives. See attached tables (Vacation by EFT) at the end of this document for the distribution of shifts based on the nurses EFT)

If the nurse chooses to take one week of vacation during a week where they normally works more than half of their EFT, the nurse will have those excess days rescheduled as soon as possible surrounding the vacation period to ensure their EFT is maintained. It is understood that the posted hours for that period for the nurse going on vacation may differ from their master rotation to accommodate their rescheduled shifts. If the nurse chooses to take one week of vacation during a week where they normally work less than their EFT, the nurse may have a day from the previous week or the following week rescheduled into this short week in order to ensure that they receive their EFT in vacation time.

3.2 Excess vacations are those hours earned by part-time nurses working occasional additional available shifts above their EFT. Part-time nurses shall receive their entitled vacation over a period of time equivalent to the vacation period of a full-time nurse and shall be paid their earned vacation pay proportionately during each week of scheduled vacation. Therefore, the nurse may receive more vacation pay than what their EFT is during each week of vacation. The nurse cannot use this excess vacation to request additional weeks of vacation that she/his is not entitled to.

3.3 A. Nurses who request to retain up to three (3) 7.75 hour vacation days (two 12 hour shifts) for personal use shall have their number of weeks of vacation reduced as follows:

Listed below is a table that identifies the amount of vacation taken if three 7.75 hour vacation days are retained.

EFT	= Vacation Taken
1.0	½ week vacation
0.9	½ week vacation
0.8	¾ week vacation
0.7	1 week vacation
0.6	1 week vacation
0.5	1 week vacation
0.4	2 weeks vacation
0.3	2 weeks vacation
0.2	3 weeks vacation
0.1	6 weeks vacation

B. Should a nurse reserve five (5) vacation days (or four 10 hour shifts or three 12 hour shifts), the number of vacation blocks is reduced as identified in the table listed below:

EFT	= Vacation Taken
1.0	1 week vacation
0.9	1 week vacation
0.8	1.25 weeks vacation
0.7	1.5 weeks vacation
0.6	2 weeks vacation
0.5	2 weeks vacation
0.4	2.5 weeks vacation
0.3	3 weeks vacation
0.2	5 weeks vacation
0.1	10 weeks vacation

To determine number of days off for partial weeks, a partial week is scheduled as a block that is reduced. Nurses can use banked time to supplement the unpaid portion of the week up to their annual allotment.

In situations where a nurse has saved five (5) days (or four 10 hour shifts or three 12 hour shifts) and this request results in the nurse having a partial week of vacation, it is understood that the nurse may request to use banked time in accordance with Article 1501 to complete this partial week of vacation. The chart below summarizes how many days to book off during the partial weeks.

Partial Week of Vacation	Number of Days to book off (12 hours)	Number of Days to book off (8 hours)
.1	.5	.5
.2	.5	1
.3	1	1.5
.4	1.5	2
.5	2	2.5
.6	2	3
.7	2.5	3.5
.8	3	4
.9	3	5

3.4 When a nurse is granted a parenting LOA and is not anticipated to return prior to ***April 30th**, every reasonable effort will be made to schedule their vacation prior to the leave. The nurse may retain 5 paid vacation days to utilize upon return from parenting LOA as per Article 2408(c). ***(dates vary between facilities)***.

3.5 A nurse who is on D&R/WCB/MPI prior to the commencement of their vacation shall, upon their request, have their vacation displaced and such vacation shall be re-scheduled at a time mutually agreed between the nurse and the Employer within the available time periods remaining during that vacation year. If the nurse's current annual vacation cannot be reasonably scheduled by the end of the current vacation year the nurse may elect to carry over to the next vacation year up to five

(5) paid days of current annual vacation (pro-rated for part-time based on their EFT).

3.6 All vacation hours for all nurses shall be assigned, approved and posted on May 1st as per Article 2109 ***(dates vary between facilities)***.

Exception: The "up to 3 vacation days" requested for personal use shall be included on the approved vacation schedule and shall be awarded in order of seniority provided the specific dates are included in the request prior to April 30th. If no specific dates are attached, these days will be granted as long as adequate notice is given in order to accommodate scheduling in accordance with Article 1501.

NOTE: ALL VACATION HOURS MUST BE APPROVED AND POSTED BY MAY 1ST *(DATES VARY BETWEEN FACILITIES)* REGARDLESS OF WHETHER OR NOT THE EMPLOYER HAS VACATION RELIEF IN PLACE. IT IS NOT THE PART-TIME NURSES' RESPONSIBILITY TO AGREE TO WORK ADDITIONAL AVAILABLE SHIFTS DURING VACATION PERIODS BEFORE THE EMPLOYER APPROVES VACATION REQUESTS.

4. Vacation to be taken shall be calculated as follows:

4.1 **Full-time Nurses**

Vacation must be requested in weeks. One week's vacation is equal to 5 paid days (38.75 hours) as per Article 2101. If a Recognized Holiday falls within a vacation request, vacation will be assigned and the Recognized Holiday will be banked or scheduled.

4.2 **Part-Time Nurses - Excess Vacation Earned by Working Additional Shifts**

Vacation must be requested in weeks. One week of vacation is equal to 5 paid days (prorated) as per Article 3405 (a). Excess vacations are those hours earned by part-time nurses working occasional additional available shifts above their EFT. To ensure that the part-time nurses are treated similarly to full-time nurses with respect to vacation weeks, the following formula is used to calculate vacation hours to be paid within each vacation week requested.

$$\frac{\text{Total Vacation Hrs. Earned}}{\text{Vacation Weeks Earned}} = \text{\# of hours vacation paid per week regardless of EFT}$$

e.g. $\frac{100 \text{ hours}}{4 \text{ weeks}} = 25$ hours paid/week of vacation requested

5. **Vacation Allocation for Nurses on Leave During Accrual Year:**

During an approved leave of absence, employment is considered continuous. Nurses are still employed, but not earning wages while on the leave. Nurses who return from leave are entitled to their full vacation time (# of weeks as per Article 2103) but not full vacation pay.

Vacation pay for nurses who have taken a leave is calculated on the same basis as part-time nurses (Article 3405) as follows:

$$\frac{\text{Hours Paid at Regular Rate of Pay (during vacation year)}}{\text{Full-time Hours}} \times \text{Entitlement of a Full-time Nurse}$$

While on leave, nurses are still employed. The time they are away on leave **does** count toward their years of service when determining how much vacation they are entitled to.

For example: A nurse who is on unpaid leave for 6 months during the vacation accrual year is entitled to all of the vacation accrual, i.e. if they are earning vacation at the 4 week rate, they are entitled to 2 weeks of paid vacation and 2 weeks of unpaid vacation. The nurse may choose to take only full paid vacation weeks, (e.g. this nurse could just take 2 weeks). The nurse shall not be forced to take any unpaid vacation in order to be off for the entire vacation weeks, (e.g. this nurse could choose not to take two unpaid weeks).

6. **New Hires**

As per Article 2102 of the Collective Agreement "A nurse who has completed less than one (1) year of employment as at the cut-off date shall be entitled to a paid vacation at the rate of one and one-quarter (1.25) days per month worked, however, unless otherwise mutually agreed, the Employer is not obliged to permit earned vacation to be taken until a nurse has completed six (6) months of employment."

This applies to all new hires that start at a facility and have come from out of province/country or new graduates.

7. **Nurses Who Change EFT's from Accrual Year to Vacation Year**:

The rate of vacation accrual determines the vacation weeks, not the hours of vacation earned as per Article 2103.

For Example:

(i) A part-time nurse worked 0.5 EFT position, earned vacation at the 4 week rate and earned 116.25 hours of vacation. The nurse has requested one vacation period of 3 weeks and one of 1 week. They have moved to a full-time position in the interim. So, 4 weeks vacation now equals 155 hours. The nurse is granted their request even though they have inadequate vacation hours for all the scheduled shifts in the three week and one week vacation periods. However, the nurse may choose to take only full paid vacation weeks, (e.g. this nurse could just take 3 weeks). The nurse shall not be forced to take any unpaid vacation in order to be off for the entire vacation weeks, (e.g. this nurse could choose not to take one unpaid week).

(ii) The full-time nurse who has earned 155 hours vacation (4 weeks) and goes to a .5 EFT part-time position will be paid 4 weeks vacation (77.5 hours). The remaining 77.5 hours will be paid as vacation excess during the vacation period as per 4.2 of this document.

8. **Nurses Who Transfer Between Units/Sites With the Same Employer**:

A nurse who transfers to another unit/site after their vacation request has been approved, shall have their vacation scheduled by the Manager of the new unit/site in consultation with the nurse within the time periods remaining during that vacation year.

9. **Article 30A Nurse Initiated Mobility**
Vacation earned at the sending facility shall not be paid out upon transfer unless the nurse requests. If a nurse elects to have vacation transferred, it does not mean that the previously approved vacation dates will be honored at the receiving facility. Only the amount of time which has to be taken in accordance with the new facility's Collective Agreement will be honored and operational requirements will be taken into account.

10. ***Applicable to NOR-MAN & BURNTWOOD***

Travel Time Article 2103

Two (2) additional paid days travel are granted each year. The hours paid per day are pro-rated for part-time nurses. The travel days are to be requested with one of the "blocks" of vacation chosen by the nurse (i.e the day before and the day after one of the nurse's vacation blocks).

11. ***Applicable to CHURCHILL HEALTH CENTRE ONLY***

Travel Time and Travel Assistance Article 2103

Vacation travel assistance shall be paid once annually commencing with the nurse's second (2^{nd}) year of employment, and shall consist of economy return airfare, or its equivalent from Churchill to Winnipeg. Commencing in the nurse's sixth (6^{th}) year of employment and each year thereafter, the amount of vacation travel assistance shall consist of two (2) times economy return airfare, or its equivalent from Churchill to Winnipeg.

Travel assistance shall be provided for nurses only and shall be issued not later than the nurse's last day of work prior to taking vacation. Unused travel assistance shall not be paid on termination of employment.

In the event of the discontinuation of scheduled commercial flights between Churchill and Winnipeg, the amounts referred to above shall be equal to the rates in effect prior to such discontinuation.

It is understood that Vacation Travel Assistance shall be used solely for the purpose of aiding a nurse leaving the Churchill area utilizing commercial transportation when on vacation, banked time off, and/or any combination of the two, and such assistance shall not be paid for any other purpose

MNU 12 Hour

MNU VACATIONS BY EFT

EFT	Total Wks	Total Hours	Total Shifts	Shifts Per Week Block							Total Hours	Balance Of Hrs
EFT	Wks of Vac	Total Hours	12 Hr Shifts	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Used	
1.00	7	271.25	24	4	4	4	3	3	3	3	279.000	-7.75
	6	232.50	20	4	4	3	3	3	3	0	232.500	0.000
	5	193.75	17	4	4	3	3	3	0	0	197.625	-3.875
	4	155.00	14	4	4	3	3	0	0	0	162.750	-7.75
	3	116.25	10	4	3	3	0	0	0	0	116.250	0.000
	2	77.50	7	4	3	0	0	0	0	0	81.375	-3.875
	1	38.75	4	4	0	0	0	0	0	0	46.500	-7.75
0.90	7	244.125	21	3	3	3	3	3	3	3	244.125	0.000
	6	209.25	18	3	3	3	3	3	3		209.250	0.000
	5	174.375	15	3	3	3	3	3			174.375	0.000
	4	139.50	12	3	3	3	3	0	0	0	139.500	0.000
	3	104.625	9	3	3	3	0	0	0	0	104.625	0.000
	2	69.75	6	3	3	0	0	0	0	0	69.750	0.000
	1	34.875	3	3	0	0	0	0	0	0	34.875	0.000
0.80	7	217.00	18	3	3	3	3	2	2	2	209.250	+7.75
	6	186.00	16	3	3	3	3	2	2	0	186.000	0.000
	5	155.00	13	3	3	3	2	2	0	0	151.125	+3.875
	4	124.00	10	3	3	2	2	0	0	0	116.250	+7.75
	3	93.00	8	3	3	2	0	0	0	0	93.000	0.000
	2	62.00	5	3	2	0	0	0	0	0	58.125	+3.875
	1	31.00	2	2	0	0	0	0	0	0	23.250	+7.75
0.70	7	189.875	16	3	3	2	2	2	2	2	186.000	+3.875
	6	162.75	14	3	3	2	2	2	2	0	162.750	0.000
	5	135.625	11	3	2	2	2	2	0	0	127.875	+7.75
	4	108.50	9	3	2	2	2	0	0	0	104.625	+3.875
	3	81.375	7	3	2	2	0	0	0	0	81.375	0.000
	2	54.25	4	2	2	0	0	0	0	0	46.50	+7.75
	1	27.125	2	2	0	0	0	0	0	0	23.25	+3.875
0.60	7	162.75	14	2	2	2	2	2	2	2	162.750	0.000
	6	139.50	12	2	2	2	2	2	2	0	139.500	0.000
	5	116.25	10	2	2	2	2	2	0	0	116.250	0.000
	4	93.00	8	2	2	2	2	0	0	0	93.000	0.000
	3	69.75	6	2	2	2	0	0	0	0	69.750	0.000
	2	46.50	4	2	2	0	0	0	0	0	46.500	0.000
	1	23.25	2	2	0	0	0	0	0	0	23.250	0.000

EFT	Total Wks	Total Hours	Total Shifts	Shifts Per Week Block							Total Hours Used	Balance Of Hours
EFT	Wks of Vac	Total Hours	12 Hr Shifts	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7		
0.50	7	135.625	11	2	2	2	2	1	1	1	127.875	+7.75
	6	116.25	10	2	2	2	2	1	1	0	116.250	0.000
	5	96.875	8	2	2	2	1	1	0	0	93.000	+3.875
	4	77.50	6	2	2	1	1	0	0	0	69.750	+7.75
	3	58.125	5	2	2	1	0	0	0	0	58.125	0.000
	2	38.75	3	2	1	0	0	0	0	0	34.875	+3.875
	1	19.375	1	1	0	0	0	0	0	0	11.625	+7.75
0.40	7	108.50	9	2	2	1	1	1	1	1	104.625	+3.875
	6	93.00	8	2	2	1	1	1	1	0	93.000	0.000
	5	77.50	6	2	1	1	1	1	0	0	69.750	+7.75
	4	62.00	5	2	1	1	1	0	0	0	58.125	+3.875
	3	46.50	4	2	1	1	0	0	0	0	46.500	0.000
	2	31.00	2	1	1	0	0	0	0	0	23.250	+7.75
	1	15.50	1	1	0	0	0	0	0	0	11.625	+3.875
0.30	7	81.375	7	1	1	1	1	1	1	1	81.375	0.000
	6	69.75	6	1	1	1	1	1	1	0	69.750	0.000
	5	58.125	5	1	1	1	1	1	0	0	58.125	0.000
	4	46.50	4	1	1	1	1	0	0	0	46.500	0.000
	3	34.875	3	1	1	1	0	0	0	0	34.875	0.000
	2	23.25	2	1	1	0	0	0	0	0	23.230	0.000
	1	11.625	1	1	0	0	0	0	0	0	11.625	0.000
0.20	7	54.25	4	1	1	1	1	0	0	0	46.50	+7.75
	6	46.50	4	1	1	1	1	0	0	0	46.500	0.000
	5	38.75	3	1	1	1	0	0	0	0	34.875	+3.875
	4	31.00	2	1	1	0	0	0	0	0	23.250	+7.75
	3	23.25	2	1	1	0	0	0	0	0	23.250	0.000
	2	15.50	1	1	0	0	0	0	0	0	11.625	+3.875
	1	7.75	1	1	0	0	0	0	0	0	11.625	-3.875

When a nurse chooses to save up to three 7.75 hour vacation days (23.25 hours total) the number of shifts assigned and vacation weeks scheduled are reduced accordingly

NOTE for - balance as per last column: For full-time nurses, when there is a negative balance remaining as per the last column above, the nurse may use banked overtime or STAT time

NOTE for + balance as per last column: For part-time nurses, when there is a positive balance remaining as per the last column above, the balance is paid as excess vacation pay in accordance with Article 3405 (b).

MNU 8 Hour

MNU VACATIONS BY EFT

EFT	Total Wks	Total Hours	Total Shifts	Shifts Per Week Block							Total Hours	Balance Of Hrs
EFT	Wks of Vac	Total Hours	8 Hr Shifts	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Used	
1.00	7	271.25	35	5	5	5	5	5	5	5	271.25	0.000
	6	232.50	30	5	5	5	5	5	5		232.50	0.000
	5	193.75	25	5	5	5	5	5			193.75	0.000
	4	155.00	20	5	5	5	5				155.00	0.000
	3	116.25	15	5	5	5					116.25	0.000
	2	77.50	10	5	5						77.50	0.000
	1	38.75	5	5							38.75	0.000
0.90	7	244.125	31	5	5	5	4	4	4	4	240.25	+3.875
	6	209.25	27	5	5	5	4	4	4		209.25	0.000
	5	174.375	22	5	5	4	4	4			170.50	+3.875
	4	139.50	18	5	5	4	4				136.50	0.000
	3	104.625	13	5	4	4					100.75	+3.875
	2	69.75	9	5	4						69.75	0.000
	1	34.875	4	4							31.00	+3.875
0.80	7	217.00	28	4	4	4	4	4	4	4	217.00	0.000
	6	186.00	24	4	4	4	4	4	4		186.00	0.000
	5	155.00	20	4	4	4	4	4			155.00	0.000
	4	124.00	16	4	4	4	4				124.00	0.000
	3	93.00	12	4	4	4					93.00	0.000
	2	62.00	8	4	4						62.00	0.000
	1	31.00	4	4							31.00	0.000
0.70	7	189.875	24	4	4	4	3	3	3	3	186.00	+3.875
	6	162.75	21	4	4	4	3	3	3		162.75	0.000
	5	135.625	17	4	4	3	3	3			131.75	+3.875
	4	108.50	14	4	4	3	3				108.50	0.000
	3	81.375	10	4	3	3					77.50	+3.875
	2	54.25	7	4	3						54.25	0.000
	1	27.125	3	3							23.25	+3.875
0.60	7	162.75	21	3	3	3	3	3	3	3	162.75	0.000
	6	139.50	18	3	3	3	3	3	3		139.50	0.000
	5	116.25	15	3	3	3	3	3			116.25	0.000
	4	93.00	12	3	3	3	3				93.00	0.000
	3	69.75	9	3	3	3					69.75	0.000
	2	46.50	6	3	3						46.50	0.000
	1	23.25	3	3							23.25	0.000

EFT	Total Wks	Total Hours	Total Shifts	Shifts Per Week Block							Total Hours Used	Balance of Hours
EFT	Wks of Vac	Total Hours	8 Hr Shifts	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7		
0.50	7	135.625	17	3	3	3	2	2	2	2	131.75	+3.875
	6	116.25	15	3	3	3	2	2	2		116.25	0.000
	5	96.875	12	3	3	2	2	2			93.00	+3.875
	4	77.50	10	3	3	2	2				77.50	0.000
	3	58.125	7	3	2	2					54.25	+3.875
	2	38.75	5	3	2						38.75	0.000
	1	19.375	2	2							15.50	+3.875
0.40	7	108.50	14	2	2	2	2	2	2	2	108.50	0.000
	6	93.00	12	2	2	2	2	2	2		93.00	0.000
	5	77.50	10	2	2	2	2	2			77.50	0.000
	4	62.00	8	2	2	2	2				62.00	0.000
	3	46.50	6	2	2	2					46.50	0.000
	2	31.00	4	2	2						31.00	0.000
	1	15.50	2	2							15.50	0.000
0.30	7	81.375	10	2	2	2	1	1	1	1	77.50	+3.875
	6	69.75	9	2	2	2	1	1	1		69.75	0.000
	5	58.125	7	2	2	1	1	1			54.25	+3.875
	4	46.50	6	2	2	1	1				46.50	0.000
	3	34.875	4	2	1	1					31.00	+3.875
	2	23.25	3	2	1						23.25	0.000
	1	11.625	1	1							7.75	+3.875
0.20	7	54.25	7	1	1	1	1	1	1	1	54.25	0.000
	6	46.50	6	1	1	1	1	1	1		46.50	0.000
	5	38.75	5	1	1	1	1	1			38.75	0.000
	4	31.00	4	1	1	1	1				31.00	0.000
	3	23.25	3	1	1	1					23.25	0.000
	2	15.50	2	1	1						15.50	0.000
	1	7.75	1	1							7.75	0.000

When a nurse chooses to save up to three 7.75 hour vacation days (23.25 hours total) the number of shifts assigned and vacation weeks scheduled are reduced accordingly

NOTE for - balance as per last column: For full-time nurses, when there is a negative balance remaining as per the last column above, the nurse may use banked overtime or STAT time

NOTE for + balance as per last column: For part-time nurses, when there is a positive balance remaining as per the last column above, the balance is paid as excess vacation pay in accordance with Article 3405 (b).

ATTACHMENT #5

EXCERPT FROM MNU HANDBOOK (March 2, 2024)

3. OUT OF SCOPE MANAGEMENT POSITIONS

"MNU MEMBER IN A TEMPORARY MANAGEMENT POSITION WITH THE SAME EMPLOYER"

If a MNU member makes application to the Employer for a term (temporary) management position of sixty (60) weeks or less, or up to a maximum of eighty (80) weeks to replace an employee who is on Parenting Leave or Parental Leave, the following applies.

In addition to the direction in the Collective Agreement including Article 25 during the period of their leave, the incumbent:

(a) Will not accrue seniority (they will retain all seniority accrued to the date of leave of absence);
(b) Will not attend Union meetings and will not receive Union mailings;
(c) Will not be deducted Union dues during the time of the leave of absence;
(d) Will not be allowed to use their seniority to apply for/be awarded any "inscope" position within the bargaining unit during the leave of absence;
(e) At the conclusion of the position, the incumbent will be returned to the bargaining unit in accordance with Article 2403 and resume all Union rights which pertain to them;
(f) The Union cannot represent the incumbent during their period of leave of absence from their "in-scope" position, on any and all matters pertaining to their "management" position.
(g) The vacancy created by the incumbent taking the leave of absence will be posted as a term position for the period of the leave of absence.

A letter outlining the above will be sent to the nurse by the Local/Worksite President.

ATTACHMENT #6

EMPLOYER'S RIGHT TO MEDICAL INFORMATION

Key Points to Remember

1. By virtue of the employer/employee relationship, the employer has the right to seek confirmation of illness whether or not there is any wording in the Collective Agreement concerning the provision of medical notes or certificates. The key is that the employer is only entitled to medical information to sufficiently answer the question as to whether or not the individual should be away from work and nothing more. This concept comes from the principle that an employer can only intrude upon the privacy of an employee if it has a legitimate business purpose tied to the employer/employee relationship which justifies the intrusion.

2. Broadly speaking, there are four circumstances under which an employer is entitled to medical information about an employee:

   (a) To verify that time away from the workplace was due to illness
   (b) To prove eligibility conditions are satisfied for disability benefits (including sickness benefits)
   (c) To facilitate accommodation of a disability
   (d) An employer is entitled to confirmation that the employee is recovered (but not what from) and fit for work - even when there is no accommodation in play.

3. The employer is entitled to a general statement as to the nature of the illness from the doctor but the doctor is not required to provide a specific diagnosis. For example, the doctor should say "a medical condition" or "cannot attend work due an injury or illness" and not "patient suffers from depression and suicidal ideation".

4. The employer is entitled to know whether a treatment plan has been prescribed by the doctor and whether the patient is following it. The employer is not normally entitled to know what the actual treatment plan is. Also, a treatment plan may trigger the duty to accommodate, e.g. schedule changes.

5. The employer is entitled to ask and be advised as to the doctor's prognosis for assessing when the employee may return to work.

6. Where it is contemplated that the employee may have some restrictions on return to work, either temporarily or permanently, then the duty to accommodate normally requires the employee to disclose more medical information than when there is no accommodation needed in order to allow the employer to assess the employee's ability to assume job duties or to allow the employer to modify job duties to accommodate any ongoing disability. However, following the need to know principle, parties should still avoid providing more information than is necessary. For example, a discussion of breaks needed for stretching or a lifting restriction does not require the employer to know someone has a herniated disk. Focus on the need that is the result of the injury e.g. lifting restriction, not the cause e.g. Dx - herniated disk.

7. When an employer receives medical information about an employee there is an implied obligation that the employer shares that information with only those on a "need to know basis". Human Resources, and OSH if they exist, can receive the details of injury or illness. The supervisor doesn't need to know the details, they only need to be told that the employee needs extra breaks, for example.

8. The Union's role in the duty to accommodate process may require it to get involved in the provision of and sharing of the employee's medical information to determine such questions as extent of disability, length of disability, restriction on job duties, etc.

9. There is no duty on the employee to submit to an independent medical examination or a medical examination with the "company doctor" unless it is in the Collective Agreement. (Note: Article 3701 of the MNU Collective Agreement allows the Employer to require a medical examination at the employer's expense.)

10. The employee should never let the employer have direct access to their doctor/health practitioner in writing or by telephone. The Union can be of assistance to the employee in channelling the appropriate questions to the doctor and asking for a report.

11. Whether or not the employer is using an outside consultant to manage its sick program, the information that the employer must require is the same.

12. If, however, the sick leave is being paid by an insurance carrier, there may be provisions in the insurance contract that require greater disclosure to the insurance carrier. Beware however that the insurance carrier does not obtain the employee's consent to provide all of that extra information back to the employer.

13. As to who pays for the medical certificate, look to the Collective Agreement. If there is nothing in the Collective Agreement then at common law the employee probably has to pay for the certificate. (Note: In the case of an independent medical examination with a physician of the Employers choice, the Employer is responsible to pay. When nurses are on a graduated return to work, and the Employer requires/requests updated information, it is the Employer's responsibility to pay.)

14. An employer who demands that a particular employee provide sickness notes or medical certificates "for all future absences from work" may be discriminating against the employee and/or imposing discipline without just cause.

MNU thanks Garth H. Smorang, K.C. of Myers Weinberg L.L.P. for allowing us to access the notes from his presentation at the Mel Myers Labour Conference entitled Employers Who Like to Play Doctor: Protecting Worker's Health Information for the purposes of composing this summary.

ATTACHMENT #7

PREMIUMS ON OVERTIME

The following clarifies the Union's position on how premiums are paid when a nurse is called into work less than four (4) hours prior to their regularly scheduled shift:

1. The Night shift premium is paid to a nurse who is called in to work less than four (4) hours prior to their regularly scheduled Night shift. No premium is paid to a nurse who is called in to work less than four (4) hours prior to their regular scheduled Day shift. The Evening shift premium is paid to a nurse who is called in to work less than four (4) hours prior to their regularly scheduled Evening shift.

2. In accordance with Article 1702, the Evening shift premium is applicable to each hour worked after 1600 hours on a "modified" Day or Evening shift during which at least two (2) hours are worked between 1600 hours and the termination of the shift. For example, if a "modified" shift starts at 1130 hours and finishes at 1930 hours, the Evening shift premium is paid on all hours after 1600 to the end of the shift at 1930 hours.

3. All double shifts receive the applicable shift premium i.e. Evening or Night shift premium. Day shift does not have a premium. [To clarify, the overtime received on double shifts is paid at 2.0 X the rate of pay for 7.75 hours for each shift except on Recognized Holidays when overtime is paid at 2.5 X the rate of pay.]

4. A nurse who is scheduled on the Night shift and works overtime into the Day shift continues to receive the Night shift premium for all hours worked because it is a continuation of the Night shift unless the overtime worked is the majority of the day shift i.e. 4 hours or a double in which case the nurse would not receive any premium because the Day shift does not draw a premium.

5. A nurse who is scheduled on the Day shift and works overtime into the Evening shift does not receive any premium because it is a continuation of the Day shift and the Day shift does not draw a premium unless the majority of the overtime worked falls after 1800 hours i.e. the nurse works four (4) hours after 1800 hours or works a double shift in which case the nurse would receive the Evening shift premium.

6. A nurse who is scheduled on the Evening shift and works overtime into the Night shift will continue to receive the Evening shift premium for all hours worked because it is a continuation of the Evening shift unless the majority of the overtime worked (i.e. 4 hours) falls between 2400 hours and 0600 hours or the nurse works a double shift in which case the nurse would receive the Night shift premium. If the regular Evening shift ends at 2300 hours, the nurse would still have to work four (4) hours between 2400 hours and 0600 hours in order to receive the Night shift premium.

7. The Weekend premium is paid on all hours worked providing the majority of the overtime worked falls after 0001 on the Friday and 2400 hours on the following Sunday, i.e. the nurse would have to work four (4) or more hours on the Night shift (between 2400 – 0600) in order to receive the Weekend premium; four (4) or more hours on the Day shift; four (4) or more hours after 1800 hours on the Evening shift.

ATTACHMENT #8

Professions 5 Except for Divisions 5 (annual vacations and vacation allowances), 9 (unpaid leaves) and 13 (equal wages) and subdivisions 1 and 3 of Division 10 (termination of employment), Part 2 does not apply to an employee who (a) is qualified to practise and is practising or employed in a profession that is governed under (i) an Act of the Legislature that applies solely to the profession, or (ii) The Regulated Health Professions Act; or (b) is registered or enrolled and employed as a student-in-training in respect of such a profession.

DIVISION 5

ANNUAL VACATIONS AND VACATION ALLOWANCES

Employee entitlement to annual vacation

34(1) **An employee is entitled to an annual vacation of at least**

(a) two weeks after each of the first four years of employment; and

(b) three weeks after five consecutive years of employment and each year of employment after that.

Annual vacation does not include general holiday

34(2) **The annual vacation referred to in subsection (1) does not include a general holiday that falls on a day during the employee's vacation and that the employee is entitled to.**

When annual vacation to be given

35 **An employer shall give an employee an annual vacation not later than 10 months after the employee becomes entitled to it.**

Setting dates for annual vacation

36 **If an employer and an employee are unable to agree on when the employee will take the annual vacation, the employer shall give the employee at least 15 days' notice of the date on which the vacation is to begin, and the employee must take the vacation at that time.**

Period of vacation not to be less than a week

37 **An employer shall not require an employee who is entitled to an annual vacation to take less than a week at a time.**

Vacation may be required during annual shut-down

38 **Despite section 37, where the business of an employer customarily shuts down for an extended period in each year, the employer may require the employees to take their annual vacations during that period.**

Meaning of "wages"

39(1) **In clause (2)(a),** "wages" **does not include**

(a) overtime wages;

(b) a wage in lieu of notice payable under clause 61(1)(b); or

(c) any vacation allowance.

Amount of vacation allowance

39(2) **An employer shall pay to an employee who is entitled to an annual vacation, for each week of the vacation, a vacation allowance consisting of**

(a) 2% of the wages that the employee earned in the year of employment in respect of which the employee is entitled to the annual vacation; and

(b) if the employer provides board and lodging, or pays an allowance in lieu of board and lodging, as part of the usual remuneration of the employee, an amount equal to 2% of the cash value of the board and lodging or allowance that the employee received in the year of employment in respect of his or her regular hours of work.

Time of payment of vacation allowance

39(3) Unless the employee otherwise agrees, the employer shall pay the vacation allowance to the employee not later than the last working day before the employee's annual vacation begins.

Determining the cash value of board and lodging

39(4) For the purpose of clause (2)(b), the cash value of board and lodging is the amount deducted from the wages of the employee by the employer for the board and lodging or, where no deduction is made,

(a) the amount agreed upon by the employer and the employee; or

(b) where no amount is agreed upon, the amount calculated in accordance with the regulations.

Certain payments do not affect vacation entitlement

40 The payment of a bonus or other pecuniary benefit by an employer to an employee does not affect the employee's entitlement to an annual vacation or vacation allowance.

Effect of previous year or vacation taken in advance

41 An employee's entitlement to an annual vacation and vacation allowance is not affected by his or her having received in a previous year an annual vacation or vacation allowance that was greater than the employee's entitlement, but this section does not apply in respect of an annual vacation or vacation allowance, or any part of a vacation or allowance, that an employee receives in advance of being entitled to it.

Employer may use common anniversary date

42(1) Despite sections 34 (annual vacation) and 39 (vacation allowance), an employer may establish a common anniversary date for all employees or a group of employees for the purpose of calculating their annual vacations and vacation allowances.

Director may prohibit common anniversary date

42(2) Despite subsection (1), the director may, on application by a bargaining agent for employees or, where the employees do not have a bargaining agent, an employee affected by a common anniversary date established under subsection (1), by order

(a) revoke the establishment of the date and prohibit the employer from establishing such a date for such time as may be specified in the order; or

(b) set terms and conditions for the use of the date, including setting a time period for its use and limiting its application to certain employees.

Employer to give proportion of entitlements

42(3) Where an employee is subject to a common anniversary date and has not on that date completed a year of employment, the employer shall give the employee an annual vacation and vacation allowance in the proportion that his or her time of employment in the year is to the entitlements under sections 34 and 39.

Effect of notice of termination

43 Where an employer or employee gives notice of termination of the employee's employment,

(a) no part of the employee's annual vacation may be used to calculate the required notice period unless, in the case of an employee giving notice, the employer otherwise agrees; and

(b) the payment of a vacation allowance to the employee does not affect any other amount payable to the employee in respect of the termination.

Meaning of "wages"

44(1) **In subsection (2),** "wages" **does not include**

(a) overtime wages;

(b) a wage in lieu of notice payable under clause 61(1)(b); or

(c) any vacation allowance.

Payment of vacation allowance on termination

44(2) **If an employee's employment terminates before he or she is entitled to an annual vacation, the employer shall pay the employee a vacation allowance equal to**

(a) if the employee has not completed five consecutive years of employment with the employer, 4% of the wages earned since the date the employee became employed by the employer or the date the employee last became entitled to an annual vacation, whichever is later; and

(b) if the employee has completed five consecutive years of employment with the employer, an additional 2% of the wages earned from the date the employee last became entitled to an annual vacation to the date of termination.

DIVISION 9

UNPAID LEAVES

MATERNITY LEAVE

Definitions

52 **In this Division,**

"date of delivery" **means the date when the pregnancy of an employee terminates with the birth of a child; (« date d'accouchement »)**

"medical certificate" **means the signed statement of a duly qualified medical practitioner. (« certificat médical »)**

Eligibility for maternity leave

53 **A pregnant employee who has been employed by the same employer for at least seven consecutive months is eligible for maternity leave.**

Length of maternity leave

54(1) **Subject to subsection (3), an employee who is eligible for maternity leave is entitled to the following maternity leave:**

(a) if the date of delivery is on or before the date estimated in a medical certificate, a period of not more than 17 weeks; or

(b) if the date of delivery is after the estimated date, 17 weeks and a period of time equal to the time between the estimated date and the date of delivery.

Beginning and end of maternity leave

54(2) **A maternity leave must begin not earlier than 17 weeks before the date of delivery estimated in the medical certificate and end not later than 17 weeks after the date of delivery.**

Employee to provide certificate and give notice

54(3) **An employee who is eligible for maternity leave shall**

(a) as soon as practicable, provide the employer with a medical certificate giving the estimated date of delivery; and

(b) give the employer not less than four weeks' written notice of the date she will start her maternity leave.

Maternity leave if notice given after stopping work

55(1) **An employee who is eligible for maternity leave but does not give notice under clause 54(3)(b) before leaving the employment is still entitled to maternity leave if, within two weeks after stopping work, she gives notice and provides her employer with a medical certificate**

(a) giving the date of delivery or estimated date of delivery; and

(b) stating any period or periods of time within the 17 weeks before the date of delivery or estimated date of delivery that the normal duties of the employment could not be performed because of a medical condition arising from the pregnancy.

Length of maternity leave

55(2) **The maternity leave to which the employee is entitled under subsection (1) is**

(a) any time, within the time referred to in clause (1)(b), that she does not work; and

(b) the difference between that time and the time she would receive if she were entitled under subsection 54(1).

Maternity leave where notice not given

56 **An employee who is eligible for maternity leave but who does not give notice under clause 54(3)(b) or subsection 55(1) is still entitled to maternity leave for a period not exceeding the time she would receive if she were entitled under subsection 54(1).**

End of maternity leave where notice not given

57 **The maternity leave of an employee referred to in subsection 55(1) or section 56 terminates not later than 17 weeks after the date of delivery.**

End of maternity leave

57.1(1) **An employee's maternity leave ends**

(a) 17 weeks after it began; or

(b) if clause 54(1)(b) applies, 17 weeks after it began plus the additional time provided for in that clause.

Ending leave early

57.1(2) **An employee may end her maternity leave earlier than the day set out in subsection (1) by giving her employer written notice at least two weeks or one pay period, whichever is longer, before the day she wishes to end the leave.**

PARENTAL LEAVE

Employee entitled to parental leave

58(1)

An employee who adopts or becomes a parent of a child is entitled to unpaid parental leave to a maximum of 63 continuous weeks if

(a) the employee has been employed by the employer for at least seven consecutive months;

(b) the employee gives written notice to the employer at least four weeks before the day specified in the notice as the day on which the employee intends to begin the leave; and

(c) in the case of an adoption, the adoption occurs or is recognized under Manitoba law.

Effect of late notice on parental leave

58(2)

An employee who gives less notice than is required under clause (1)(b) is entitled to the 63 weeks of parental leave less the number of days by which the notice given is less than four weeks.

Commencement of parental leave

58(3)

A parental leave must commence not later than 18 months after the date on which the child is born or adopted or comes into the care and custody of the employee.

Maternity and parental leaves must be continuous

59

An employee who takes maternity leave and parental leave shall take them in one continuous period, unless the employee and the employer otherwise agree or a collective agreement otherwise provides.

End of parental leave
59.1(1)
An employee's parental leave ends
(a) 63 weeks after it began; or
(b) if subsection 58(2) applies, 63 weeks after it began less the number of days provided for in that subsection.

Transitional
59.1(1.1)
Despite subsection (1), if the child for whom the employee takes parental leave was born or adopted or came into the employee's care and custody before the day this section came into force, the employee's parental leave ends
(a) 37 weeks after it began; or
(b) if subsection 58(2) applies, 37 weeks after it began less the number of days provided for in that subsection.

Ending leave early
59.1(2)
An employee may end his or her parental leave earlier than the day set out in subsection (1) by giving the employer written notice at least two weeks or one pay period, whichever is longer, before the day the employee wishes to end the leave.

COMPASSIONATE CARE LEAVE

Definitions
59.2(1)
The following definitions apply in this section.
"common-law partner" of a person means a person who, not being married to the other person, is cohabiting with him or her in a conjugal relationship of some permanence. (« conjoint de fait »)
"family member", in relation to an employee, means
(a) a spouse or common-law partner of the employee;
(b) a child of the employee or a child of the employee's spouse or common-law partner;
(c) a parent of the employee or a spouse or common-law partner of the parent; and
(d) any other person who is a member of a class of persons prescribed in the regulations for the purpose of this definition. (« membre de la famille »)
"physician" means a physician who provides care to a family member and who is entitled to practise medicine under the laws of the jurisdiction in which the care is provided. (« médecin »)

Registered common-law relationship
59.2(1.1)
For the purpose of the definition "common-law partner" in subsection (1), while they are cohabiting, persons who have registered their common-law relationship under section 13.1 of *The Vital Statistics Act* are deemed to be cohabiting in a conjugal relationship of some permanence.

Entitlement to leave
59.2(2)
Subject to subsections (3) to (8), an employee who has been employed by the same employer for at least 90 days is entitled to unpaid compassionate care leave of up to 28 weeks to provide care or support to a seriously ill family member.

Physician's certificate
59.2(3)
For an employee to be eligible for leave, a physician must issue a certificate stating that:
(a) a family member of the employee has a serious medical condition with a significant risk of death within 26 weeks from
(i) the day the certificate is issued, or
(ii) if the leave was begun before the certificate was issued, the day the leave began; and
(b) the family member requires the care or support of one or more family members.

No additional certificate required
59.2(3.1)
For certainty, a leave under this section may be taken after the end of the 26-week period set out in the physician's certificate, and no additional certificate is required.

Employee to give notice to employer

59.2(4)

An employee who wishes to take a leave under this section must give the employer notice of at least one pay period, unless circumstances necessitate a shorter period.

Employee to provide physician's certificate

59.2(5)

The employee must give the employer a copy of the physician's certificate as soon as possible.

When leave may be taken

59.2(6)

An employee may take no more than two periods of leave totalling no more than 28 weeks, which must end no later than 52 weeks after the day the first period of leave began.

Minimum period of leave

59.2(7)

No period of leave may be less than one week's duration.

Ending leave early

59.2(8)

Unless the employee and employer agree otherwise, an employee may end a leave earlier than the expiry of 28 weeks by giving the employer at least 48 hours' notice of his or her expected date of return.

FAMILY LEAVE

Unpaid leave for family responsibilities

59.3(1) An employee who has been employed for at least 30 days may take up to three days of unpaid leave each year, but only to the extent that the leave is necessary

(a) for the health of the employee; or

(b) for the employee to meet his or her family responsibilities in relation to a family member as defined in subsection 59.2(1).

Notice to employer

59.3(2) An employee wishing to take a leave under subsection (1) must give the employer as much notice as is reasonable and practicable in the circumstances. The employer may require the employee to provide reasonable verification of the necessity of the leave.

Leave for part day

59.3(3) If an employee takes any part of a day as leave under this section, the employer may count that day as a day of leave for the purpose of this section.

BEREAVEMENT LEAVE

Unpaid bereavement leave

59.4(1) An employee who has been employed for at least 30 days may take up to three days of unpaid leave on the death of a family member as defined in subsection 59.2(1).

Notice to employer

59.4(2) Before taking a leave under this section, the employee must give the employer notice of the amount and timing of the leave to be taken and of the death to which it relates. If requested by the employer, the employee must also provide evidence of his or her entitlement to the leave.

Leave for part day

59.4(3) If an employee takes any part of a day as leave under this section, the employer may count that day as a day of leave for the purpose of this section.

UNPAID LEAVE FOR RESERVISTS

Definitions

59.5(1)

The following definitions apply in this section.

"Reserves" means the component of the Canadian Forces referred to in the *National Defence Act* (Canada) as the reserve force. (« Réserve »)

"service" means

(a) active duty;

(b) military skills training; or

(c) treatment, recovery or rehabilitation in respect of a physical or mental health problem that results from active duty or military skills training. (« service »)

Unpaid leave for reservist

59.5(2)

An employee who

(a) is a member of the Reserves;

(b) has been employed by the same employer in civilian employment for at least three consecutive months; and

(c) is required to be absent from work for the purpose of service;

is entitled, subject to the regulations, to an unpaid period of leave for the purpose of that service.

Length of leave

59.5(3)

Subject to the regulations, the period of leave for the purpose of service is the period necessary to accommodate the period of service.

Notice of leave for service

59.5(4)

An employee wishing to take a leave under this section must give the employer, in writing, as much notice as is reasonable and practicable in the circumstances. The employer may require the employee to provide reasonable verification of the necessity of the leave, including a certificate from an official with the Reserves stating

(a) that the employee is a member of the Reserves and is required for service; and

(b) if possible, the expected start and end dates for the period of service.

Return to work after notice

59.5(5)

An employee on a leave under this section must give the employer written notice of the expected date of return to work. The employer may defer the employee's return to work by up to two weeks or one pay period, whichever is longer, after receiving the notice.

GENERAL

No termination or lay-off

60(1)

No employer shall lay off or terminate the employment of an employee entitled to take a leave under this Division because the employee is pregnant or intends to take a leave or takes a leave allowed by this Division.

Reinstatement

60(2)

At the end of an employee's leave under this Division, the employer shall reinstate the employee to the position the employee occupied when the leave began or to a comparable position, with not less than the wages and any other benefits earned by the employee immediately before the leave began.

Exception

60(3)

Subsections (1) and (2) do not apply if the employer lays off the employee, terminates his or her employment or fails to reinstate for reasons unrelated to the leave.

Requests for physician's certificate and medical certificate

60(3.1)

On or after March 1, 2020, for a leave under

(a) section 54 or 55 (maternity leave);

(b) section 59.2 (compassionate care leave);

(c) section 59.6 (unpaid leave for organ donation);

(d) section 59.8 (leave related to critical illness);

(e) section 59.10 (long-term leave for serious injury or illness);

(f) section 59.12 (public health emergency leave); or

(g) section 59.13 (COVID-19 vaccination leave);

an employer may require an employee to provide a physician's certificate or a medical certificate only if permitted to do so by regulation.

Employment deemed continuous

60(4)

For the purpose of pension and other benefits, the employment of an employee with the same employer before and after a leave under this Division is deemed to be continuous.

Vacation deferred because of leave

60(4.1)

An employee on a leave under this Division may defer taking vacation. Section 36 applies to the deferred vacation.

Vacation and leave entitlements not reduced

60(4.2)

An employee's leave under this Division does not reduce his or her vacation entitlement, and an employee's vacation entitlement does not reduce his or her entitlement to a leave under this Division.

Right to file complaint

60(5)

An employee who claims

(a) that he or she has been laid off or that his or her employment has been terminated contrary to subsection (1);

(b) that he or she has not been reinstated as required by subsection (2); or

(c) that he or she has not been paid for a paid day of leave in accordance with subsection 59.11(6);

may file a complaint with an officer under section 92.

Complaint to be filed within six months

60(6)

A complaint must be filed within six months after the date of the lay-off, termination or paid day of leave, or within six months after the date the employee should have been reinstated.

Confidentiality of information

60(7)

An employer must

(a) maintain confidentiality in respect of all matters that come to the employer's knowledge in relation to a leave taken by an employee under this Division; and

(b) not disclose information relating to the leave to any person except

(i) to employees or agents who require the information to carry out their duties,

(ii) as required by law, or

(iii) with the consent of the employee to whom the leave relates.

Restriction on further disclosure

60(8)

A person to whom information is disclosed under clause (7)(b) must not disclose it to any other person unless it is to be used for the purpose for which it was originally disclosed or for a different purpose authorized by clause (7)(b).

DIVISION 10

TERMINATION OF EMPLOYMENT

Period of employment

60.1 **For the purpose of this Division, a period of employment is to be determined in accordance with the regulations and the following rules:**

1. Consecutive periods of employment, including periods of employment that began before this section came into force, are to be treated as a continuous period of employment.

2. Subject to the regulations, a person's period of employment includes the period of a temporary interruption in employment, including a temporary interruption that began before this section came into force,

(a) immediately before and after which the person was employed by the same employer;

(b) during which the person was not working for the employer, whether or not the person remained an employee during the period; and

(c) during which the person

(i) was entitled to return to work for the employer,

(ii) could be required to return to work for the employer, or

(iii) had a reasonable expectation of returning to work for the employer.

SUBDIVISION 1

TERMINATION OF THE EMPLOYMENT OF AN INDIVIDUAL

Termination by employer — notice or wage in lieu of notice

61(1) **Subject to section 62, an employer who terminates an employee's employment must**

(a) give the employee notice of the termination

(i) in accordance with subsection 67(1) (notice period for group termination), if that subsection applies, or

(ii) in any other case, in accordance with the applicable notice period in subsection (2); or

(b) pay the employee a wage in lieu of notice, in accordance with sections 77 (amount of wage in lieu of notice) and 86 (wages to be paid within certain time).

Notice period — termination by employer

61(2) **For the purpose of subclause (1)(a)(ii), the notice period for terminating the employment of an employee is the applicable notice period set out in the following table for the employee's period of employment with the employer.**

Period of employment	Notice period
less than one year	1 week
at least one year and less than three years	2 weeks
at least three years and less than five years	4 weeks
at least five years and less than 10 years	6 weeks
at least 10 years	8 weeks

Exceptions to notice requirements

62(1)

Section 61 does not apply in any of the following circumstances:

(a) the employee's period of employment with the employer is less than

(i) the probationary period specified in a collective agreement that applies to the employee, if that period is one year or less, or

(ii) in any other case, 30 days;

(b) the employment is for a fixed term and terminates at the end of the term;

(c) the employee is employed for a specific task and for a period not exceeding 12 months, on completion of which the employment terminates;

(d) the employee is employed in construction;

(e) the employee is employed under an arrangement by which the employee may choose to work or not to work for a temporary period when requested to work by the employer;

(f) the employee is employed under an agreement or contract of employment that is impossible to perform or has been frustrated by a fortuitous or unforeseeable circumstance;

(g) the employee is on strike or has been locked out and the termination meets the requirements prescribed by regulation;

(h) when the employment of the employee is terminated for just cause;

(i) the employee has given the employer written notice of his or her intent to retire or quit on a specific date, and the employment is terminated on that date;

(j) the employer's business or the part of the business in which the employee is employed is sold or transferred, and the employee is immediately re-employed in the same business on terms and conditions that, as a whole, are equivalent to or better for the employee than those that applied to the employee before the sale or transfer;

(k) any other circumstances prescribed by regulation.

Application: temporary help employees

62(1.1)

Subject to the regulations, a temporary help employee is not subject to the exception described in clause (1)(e).

Termination by receiver-manager

62(2)

If a receiver-manager, upon taking control of an employer's business, terminates the employment of an employee of the employer, the employer is deemed for the purpose of this Division

(a) to have terminated the employment; and

(b) to have given any termination notice that was given by the receiver-manager.

Termination by employee

62.1(1) Subject to subsection (2), an employee who terminates his or her employment must give the employer notice of the termination at least

(a) one week before the termination, if the employee's period of employment is less than one year; or

(b) two weeks before the termination, if the employee's period of employment is one year or more.

Termination without notice by employee

62.1(2) Subsection (1) does not apply in the following circumstances:

(a) any of the circumstances described in clauses 62(1)(a) to (g);

(b) the employer acts in a manner that is improper or violent toward the employee;

(c) any other circumstances prescribed by regulation.

63 to 65 Repealed.

SUBDIVISION 3

WORKING CONDITIONS AFTER NOTICE, PAYMENT IN LIEU OF NOTICE, LAY-OFFS AND COMPLAINTS

Employer not to change conditions after notice

76 After an employer or employee gives the other notice of termination of employment, the employer must not change the employee's working conditions or wage rates except

(a) in accordance with a collective agreement; or

(b) in the case of a termination to which section 67 applies, with the written consent of the bargaining agent for the employee or, if the employee does not have a bargaining agent, with the written consent of the employee.

Wage in lieu of notice

77(1)

The wage in lieu of notice payable under clause 61(1)(b) must not be less than the wage the employee would have earned during

(a) the applicable notice period under subsection 61(2) or 67(1); or

(b) if a termination notice was given for less than the applicable notice period, the portion of the notice period for which notice was not given;

if the employee had worked his or her regular hours of work for the period.

Payment required despite other employment, etc.

77(2)

The requirement to pay a wage in lieu of notice under clause 61(1)(b) applies whether or not the employee has obtained other employment during the notice period.

Termination by employer after employee gives notice

77.1(1) If an employee gives an employer a termination notice and the employer wishes to terminate the employment before it would otherwise be terminated by the employee,

(a) the employer must comply with section 61; and

(b) in applying sections 61 and 77, the applicable notice period is

(i) the applicable notice period under subsection 61(2) or 67(1), or

(ii) the period beginning when the employer gives notice of the termination and ending when the employment would otherwise be terminated by the employee,

whichever is shorter.

Termination by employee after employer gives notice

77.1(2) If an employer gives an employee a termination notice and the employee wishes to terminate the employment before it would otherwise be terminated by the employer, section 62.1 applies to the employee.

78 and 79 Repealed.

DIVISION 13

EQUAL WAGES

Discrimination in wage scales prohibited

82(1)

No employer shall discriminate between male employees and female employees by paying one sex on a different scale of wages than applies to the other sex if the kind or quality of work and the amount of work required of, and done by, the employees is the same or substantially the same.

Complaint respecting equal wages

82(2)

Where an employer fails to pay wages to an employee in accordance with this section, the employee may, within six months after the failure to pay, file a complaint under section 92.

ATTACHMENT #9

RAND FORMULA

The *Rand* case determined that all employees had to pay union dues even if they did not belong to a union.

The case arose out of a dispute between the Ford Motor Company and the United Auto Workers. A strike took place and as part of the settlement an arbitrator, Mr. Justice Ivan Rand, was appointed to bring the union and employer together. The payment of dues by all workers was one of the terms of the subsequent agreement reached by the union and employer. The rational for the principle was that every employee benefited from union representation. The principle became generally accepted and is now known as the *Rand* formula. One of the immediate benefits to unions was an improved degree of financial security.

Rand formula

In Canadian labour law, the **Rand formula** (also referred to as *automatic check-off*) is a workplace situation where the payment of trade union dues is mandatory regardless of the worker's union status. This formula is designed to ensure that no employee will opt out of the union simply to avoid dues yet reap the benefits of the union's accomplishments (such as ensuring higher wages, better job security or other benefits). Supreme Court of Canada Justice Ivan Rand, the eponym of this law, introduced this formula in 1946 as an arbitration decision ending the strike of Ford Motor Company's employees in Windsor, Ontario. The Canada Labour Code and the labour relations laws of a majority of provinces contain provisions requiring the Rand formula when certain conditions are met. In those provinces where the labour relations laws do not make the Rand formula mandatory, the automatic check-off of union dues may become part of the collective bargaining agreement if both parties (i.e., the employer and the trade union) agree. Importantly, the union dues do not have to go to the union, but instead the employee can elect to donate said dues to a charitable organization.

It has been argued that the Rand formula forces a person to join an association, thus violating their freedom of association. The Supreme Court of Canada determined that the Rand formula was indeed a violation of a person's freedom of association if the union does not use the fees it collects for the collective negotiation process (example : donations to a union in another country). This violation has although been, so far, determined as being justified under section 1 of the Canadian Charter of Rights and Freedoms.

ATTACHMENT #10

LIST OF APPROVED "PROGRAMS OF STUDY" ELIGIBLE FOR AN ACADEMIC ALLOWANCE - MNU

Review Date 1/23/2022

COURSE / PROGRAM / DEGREE	ALL AREAS	RELEVANT TO SPECIFIC AREA OF PRACTICE
$252 / Month* (1.50/hr)		
Applicable to Nurse Practitioner positions only	X	
$150 / Month* (.893/hr) also applicable to CNS		
Masters of Nursing	X	
Masters in Nursing from Athabasca University - distance education	X	
Masters in Health Studies from Athabasca University - distance education	X	
Masters of Science Applied MSc (A) Direct-Entry from McGill University	X	
Masters of Nursing (outside of Canada – IQAS/WES/NNAS equivalent)	X	
Masters of Public Health	X	
$100 / Month* (.596/hr)		
Bachelor of Nursing (including Charles Sturt Honours -Australia)	X	
Non-Nursing Masters Degree		
BSc in Nursing (from a recognized University) - 4 year program	X	
Bachelor of Psychiatric Nursing	X	
Bachelor of Science in Nursing Degree outside of Canada with IQAS/WES/NNAS wording as follows: Degree generally compares to the completion of a ***four- year*** Bachelor of Science degree with a focus in Nursing.	X	
$50 / Month* (.298/hr)		
Bachelor Degree (all including Charles Sturt pass - Australia)	X	
Bachelor of Science in Nursing Degree outside of Canada with IQAS/WES/NNAS wording as follows: Degree generally compares to the completion of a ***three-year*** Bachelor of Science degree with a focus in Nursing.	X	
RRCC certificate in Nursing Health Administration	X	
Nursing Health Administration (U of M)	X	
CDN Hospital Association Introduction to Nursing Management - distance education program (NMP)	X	
U of SK's Health Care Admin. certification program	X	
Wpg Critical Care Nursing Education Program {this prog has replaced the Adult Intensive Care Nrsg Prog & the Neonatal/Pediatric Critical Care Nrsg Prog (HSC)}	X	

COURSE / PROGRAM / DEGREE	ALL AREAS	RELEVANT TO SPECIFIC AREA OF PRACTICE
Adult Intensive Care Nursing Program (replaced by Wpg Critical Care Nrsg Educ Prog)	X	
Neonatal and Pediatric Care Nursing Program - HSC (replaced by the Wpg Critical Care Nrsg Educ Prog)		Including any area with Peds Pop
Advanced Studies in Critical Care Nursing from Mount Royal College, Calgary	X	
Infection Control in Health Care certificate	X	
Adult Education certificate	X	
RN/RPN Combination (dually registered)	X	
Registered Psychiatric Nurse (Advanced Psychiatric Nursing Administration)		X
Gerontology certificate	X	Excluding any area of Peds Pop
WRHA Emergency Nursing course (does not include orientation program)	X	
Emergency Nursing course (Red River)	Grandfather only	
Perioperative Nursing certificate, SBGH	Grandfather only	X
Oncology certificate	X	
Occupational Health certificate		X
MB Nephrology Nursing course		X
Midwifery certificate		X
Advanced Practical Obstetrical program		X
Lactation Consultation certificate Program		X
Diag. Medical Sonographer (for Fetal Assessment Unit)		X
CNA certification		X
RRCC Maternity Nurse course		X
Hospital Dept. Mgt. course	X	
Out of Province/Country Critical Care course (equivalent)	X	
Perioperative program (WRHA & SIAST)		X & NFA/ED/Day surgery areas
Hospice Palliative Care certificate	X	
Palliative Care certificate	X	
Neurosciences program (Montreal)	X	
Canadian Diabetic Educator course	X	
Respiratory Educator Certification (Canadian Network for Respiratory Care)	X	
Foot Care Certification		X
BCIT - Diploma in Cardiovascular Technology		Cardiology

* Note: Academic Allowances are non-cumulative

** Applicable only if working in the functional area.

ATTACHMENT #11

What Should Appear on a Standard Job Posting

Job postings should contain a clear indication of what the position entails and detail the skills and education necessary to complete the job requirements. On occasion Employers may disseminate job postings listing qualifications that are unreasonable or unfairly exclude nurses. The following is a general guide for the content of job postings for most positions and classifications. Worksite leaders are advised to check each job posting and compare with the checklist below. Job postings for similar positions ought reflect consistency of qualifications. Worksite leaders should question why variations exist and if necessary, contact the Labour Relations Officer for assistance.

Minimum Qualifications:

- Licensure with the appropriate registering body.
- If the position is NIII or higher, employers may require applicants to have a BN or Masters depending on the occupation classification.
- In specialty areas, employers may require training related to the specialty.
- Any certificates required for the position such as CPR, non-violent crisis intervention etc. Employers must be able to demonstrate the need for such certification to complete the job duties of the position.
- Employers may indicate a minimum number of years of experience.
- Personal characteristics such as leadership qualities are acceptable provided they are reasonable and related to the duties required by the position. References to attendance, attitude and work ethic are not appropriate for a job posting.

Other Information

- All job postings must include:
    - The EFT;
    - The unit/site/office;
    - The occupation classification and title of the position;
    - The shift length (8, 10 or 12 hrs) and rotation pattern (D/N or D/E, permanent evenings or permanent nights);
    - Date of closing of the competition.

Please note the following labour relations principles:

1) If a nurse is currently working in the unit where the vacancy occurs, the nurse is deemed to be qualified.

2) All qualifications listed by the employer must be reasonable and defensible. worksites are advised to monitor all job postings for compliance and consistency.

3) If monitoring shows inconsistency, worksites are advised to have this issue appear on NAC/Union Management agendas and to advise the Labour Relations Officer.

ATTACHMENT #12

ONLINE WORKLOAD STAFFING REPORT
FACT SHEET

QUICK FACTS:
Submitting WSRs Online

- Online system automatically generates a unique WSR form number.
- Online system has some mandatory fields that must be filled out to submit the report. The nurse must select their Health Region and enter their work email and the manager email.
- If the nurse does not have an employer-issued email account, they may enter a personal email address.
- If unable to complete online submission for any reason, the nurse should complete a paper form instead.
- Form sections are not numbered and are in a slightly different order from paper version.
- Some sections of the form will auto-populate.
- Completed form is automatically sent electronically to named manager (email address must be included) and MNU local/worksite.
- After manager response submitted, the nurse author receives an email notification that manager has responded and may log into the online system to view the response.
- Manager and MNU local/worksite also receive emails with an electronic copy of the completed WSR.
- WSR is automatically logged at MNU provincial office throughout process, starting with nursesubmission of form.
- Users can "Save Draft" of the form by clicking on the "Save Draft" button.
- The online process maintains a record of individual nurse author's WSR drafts, submissions and manager responses.

BACKGROUNDER

- **WSRs are part of the MNU Collective Agreement, a joint tool for problem-solving unresolved issues.**
- **The nurse initiates the workload staffing problem-solving process when they feel their ability to provide safe patient/resident/client care is at risk.**
- **The designated out of scope manager is part of the problem-solving process, prior to the nurse completing a WSR.**
- **All WSRs are discussed at Nursing Advisory Committee meetings.**

QUESTIONS?

Contact your local/worksite representative.

ONLINE WORKLOAD STAFFING REPORTS:

THE PROCESS

SUBMIT WSR

Nurse discusses issue at unit/ward/program level

IF UNRESOLVED:

Nurse discusses with manager

IF UNRESOLVED:

IF RESOLVED, NO WSR IS COMPLETED

SUBMIT WSR

NURSE COMPLETES AND SUBMITS ONLINE WSR

WSR IS AUTOMATICALLY LOGGED WITH MNU PROVINCIAL OFFICE

WSR automatically emailed to identified manager and MNU local/worksite

Manager submits response to nurse using online system within 14 days

Nurse receives email notification and logs in to read manager response

Fully completed WSR automatically emailed to manager and MNU local/worksite

WSR discussed at Nursing Advisory Committee (NAC)

NAC co-chairs provide follow-up to nurse*

WSR AUTOMATICALLY LOGGED WITH MNU PROVINCIAL OFFICE

MANAGER FORWARDS EMAIL TO DIRECTOR/CNO

*See MNU Collective Agreement, Article 11 for more details concerning WSRs and NAC.

ONLINE WSRS ARE COMPLETED AT: workloadstaffing.manitobanurses.ca

Last Revised: July 11, 2025

ATTACHMENT #13

EMPLOYMENT SECURITY PROCESS

[NAME OF EMPLOYER]
AND
MANITOBA NURSES UNION (MNU)

Whereby the Employer served Employment Security Notice to the MNU on [enter appropriate date notice served] outlining the transition of applicable services within the [enter name of sending Employer] and to the [enter name of receiving Employer], and all affected nurses will be offered employment with the new Employer or Site, the following process is in accordance with Article 2701 and 2708 of the Collective Agreement.

In keeping with the Employer's commitment to ensure that any affected nurse shall retain employment with the receiving Employer, if the Offer of Employment with the new Site or Employer is not accepted, the affected nurse shall be deleted and entitled to exercise their seniority rights, subject to the nurse meeting the qualifications of the position, to displace (bump) a nurse in a position of equal or lower classification under the following terms and conditions:

1. The same cut-off date for the calculation of seniority and the date of implementation are established for all affected [name of Employer] Sites.

    a. The effective seniority cut-off date: [enter appropriate date]
    b. The effective implementation date: [enter appropriate date]

2. All affected nurses in a permanent and term position will continue to work in their current position until 2400 hours, of the last prior to the implementation date ([enter appropriate date] at 2400hrs).

3. Any nurse who elects to displace another nurse or is displaced by a more senior nurse, is entitled to continue working in their current EFT and position until [enter appropriate date] at 2400 hrs (or transition shift within this time frame) or the effective start date of layoff.

4. It is the incumbent or "owner" of the transferred position that is notified and has the rights afforded by Article 27, even if they are on a leave of absence or temporarily in a term position.

    If a nurse is occupying a transferred position on a temporary basis, the term will expire at 2400 hours of the last day prior to the implementation date, and at that time the nurse occupying the term will revert to their previous position or status in accordance with Article 3006.

5. Should it be required, newly created positions are posted and filled in accordance with Article 30 with the new Employer. A nurse who declined to accept the offer of employment with the new Employer or new Site, has the right to apply and is encouraged to apply for one or more vacant positions with the Employer or sending Site.

6. All nurses in the sending Employer/Site/Program/Facility are welcome to apply for vacancies whether their position has been deleted or not. Jobs are also posted in the other Sites/Programs/Facilities of the [name of the Employer or Employer Organization].

7. Approved leaves of absence continue during and after the notice period. The nurse on leave exercises all of their rights to obtain a new position and the resulting term position will be posted in accordance with Article 30.

8. Vacation- Vacation accrual rates and vacation banks will be transferred. There shall be no loss of vacation accrual as a result of a different vacation year resulting from the program transfer. It is understood that all employees shall be permitted to take all entitled vacation time. Vacation scheduling shall occur by seniority by site. Every reasonable effort will be made to honour previously approved vacation for the current vacation year.

9. Although this process takes place during the notice period, in actuality, the key day that is applicable to the application of Article 27 is the first day that the newly selected position commences.

10. All occupied positions in the facility or Site are available to nurses when exercising their right to displace another nurse as outlined above. When bumping starts, the occupied positions available to the nurses who are exercising their right to bump are all of the positions in the facility/Site whether they are long-standing or new. Nurses will be provided a maximum of 24 hours to make their final decision.

    [Name of Employer] Direct Operations Only- See "Appendix A" below

    a. Where it is not possible due to seniority level or where there are no positions available within 0.2 of the EFT of the position occupied by the nurse at the time of the deletion, the nurse shall be entitled to exercise their seniority rights, subject to meeting the qualifications of the position, to displace a nurse in a position of equal or lower classification within any of the other Sites* comprising the Employer. Any nurse thus displaced shall also be entitled to a like exercise of seniority rights.

11. If a newly hired nurse is subsequently displaced, their seniority will be as calculated on the day they were displaced.

12. A nurse who is displaced because of this process is entitled to exercise the same seniority rights in Article 2708 as the nurses whose positions have been deleted.

13. If a nurse applies for and is awarded and accepts a position, they do not get the opportunity to change their mind later and displace another nurse.

14. If a nurse whose position was transferred is unsuccessful in securing a position by either the posting process or by displacing another nurse, then that nurse would be laid-off. Such notice must be issued four (4) weeks prior to the date it takes effect. Laid off nurses will be issued a Redeployment Number to allow them to apply for and receive preferential consideration for new and vacant in-scope positions at another participating Employers Organization, in accordance with the Redeployment Principles.

    a. Nurses shall be recalled in seniority order to available positions in equal or lower paid occupational classifications at the originating site provided they are qualified to perform the required work.

    b. ***Direct Operations Only*** – Nurses shall be recalled in seniority order to available positions in equal or lower paid occupational classifications at the originating site or at other Employer Sites within a fifty (50) kilometre radius of the originating site provided they are qualified to perform the required work.

Signed this ____day of _____, 20__.

Manitoba Nurses Union: _____

_____

[Name of Employer]: _____

_____

APPENDIX "A" –[name of Employer] DIRECT OPERATIONS ONLY

1. Each [name of Employer] Direct Operations Site is responsible for posting a [name of Employer] Direct Operations seniority list as per the agreed to cut off date. The list must be posted in an accessible location and/or accessible format.

2. The [name of Employer] is responsible for posting a combined seniority list (in order of seniority of all nurses within the [name of Employer] Direct Operations) as per the agreed to cut off date. The list must be posted in an accessible location and/or accessible format.

3. Each [name of Employer] Direct Operations Site is responsible for posting all nursing positions in seniority order, applicable EFT, Position Description and Unit/Program of the position in an accessible location and/or accessible format.

4. A nurse who was unsuccessful in securing a position by the posting process will be met with in order of seniority as per paragraph 2 in order to displace a less senior nurse in the following order:

    a. Any EFT at their current Site in a position of equal or lower classification; or
    b. If no position is available within 0.2 EFT at their current Site in a position of equal or lower classification, the nurse may elect to select a position external to their applicable Site at any EFT of equal or lower classification.

5. A nurse electing to select a position may select any EFT, however is not permitted to select a position in a higher classification.

    a. In the event the nurse selects a position at a Site where they currently occupy a position, Memorandum of Understanding #12 Re: Provisions for Part-time Nurses Occupying More Than One Position Within Sites Comprising the Employer shall apply.

6. The Nurse must be able to meet the required minimum qualifications for the position being selected.

7. The Employer agrees that provisions for a familiarization period will be dealt with at the receiving [name of Employer] Direct Operations Site.

ATTACHMENT #14

Employment Security: Process for Implementation of New Rotation/Positions

1. Once the 90-Day notice is served, the new rotations are developed by the Employer in consultation with the Union and the nurses concerned.

2. A cut-off date for the calculation of seniority and the date of implementation are established.

3. The nurses whose current positions do not exist in the new rotation are identified and served notice that their positions will be deleted and the date the deletion is to take effect (implementation date).

4. All nurses, whether in a permanent or a term position, will continue to work in their current position until 2400 hours of the last day of the notice period.

5. It is the incumbent or "owner" of the deleted position that is notified and has the rights afforded by Article 27, even if the nurse is on a leave of absence or temporarily in a term position.

6. If a nurse is occupying a deleted position as a term, the term will expire at 2400 hours of the last day of the notice period, and at that time the nurse occupying the term will revert to their previous position/status in accordance with Article 3006.

7. The newly created positions are posted and filled in accordance with Article 30.

8. All nurses in the site/facility are welcome to apply for the new vacancies whether their position has been deleted or not. In the RHAs and Shared Health, the jobs are also posted in the other sites of the RHA and Shared Health, but nurses from within the site (for a list of sites see Appendix D of the Collective Agreement) get preference in the selection process.

9. A nurse who has received notice that their position will be deleted has the right to apply/is encouraged to apply for one or more of the new positions, and providing all qualifications are met equally, seniority will be the deciding factor. If a nurse who has received notice that their position will be deleted chooses not to apply, the nurse runs the risk of the vacant position(s) being filled by a more senior nurse from another site who would not be able to bump.

10. Resulting vacancies will be posted accordingly. It sometimes takes several rounds of postings until all falls into place.

11. Approved leaves of absence continue during and after the notice period. The nurse on leave exercises all of their rights to obtain a new position and the resulting term position will be posted in accordance with Article 30.

12. Nurses occupying a term position at the time of the posting and selection process are considered as current employees of the site/facility for the purposes of the selection process, in accordance with Article 30.

13. Although the posting, selection and bumping process takes place during the notice period, in actuality, the key day that is applicable to the application of Article 27 is the first day that the new rotation actually takes effect (implementation date).

14, Once the posting and selection process is completed, the nurses impacted by the restructuring who have been unable to secure a new position via the vacancy selection process will have the ability to exercise their seniority rights to displace (bump) a nurse with lower seniority in a position of equal or lower classification.

15. When bumping starts, the occupied positions available to the nurses who are exercising their right to bump are all of the positions in the facility/site whether they are long-standing or new.

16. If a newly hired nurse is subsequently displaced, their seniority will be as calculated on the day of the bump.

17. Nurses working in transferred sites in the RHAs and Shared Health may be able to bump outside of their worksite (Article 2708), if necessary, to maintain their occupational classification, shift description and E.F.T.

18. A nurse who is displaced because of this process is entitled to exercise the same seniority rights in Article 2708 as the nurses whose positions have been deleted.

19. If a nurse applies for and is awarded and accepts a position, they do not get the opportunity to change their mind later and bump.

20. If a nurse whose position will be deleted is unable to secure a position by either the posting or bumping process, then that nurse would be laid-off. Such notice must be issued four weeks prior to the date it takes effect.

Transfer of HEB Benefits Between Employers For Nurse Initiated Mobility Under Article 30A

When a nurse terminates their employment with one employer; the MNU Collective Agreement allows a period of six weeks to start another position. If the new position is started within this six week window, the nurse is able to "mobilize" their accruals (vacation time, sick time, seniority, pre-retirement leave, etc.).

Note: Casual employees are not eligible for Life, H&D or D&R coverage.

However for HEB benefits the following HEB rules and policies apply:

Life Insurance:

The Life Insurance coverage ends on the last day worked with the sending Employer and commences on the first day of employment with the receiving Employer. If the member had Life Insurance at the previous Employer, coverage is in effect for 31 days for the member and spouse should a death occur. A new enrollment form is required at the receiving Employer. Nurses must indicate new elections of coverage as well as indicate beneficiaries at the new Employer as nothing from the previous Employer records transfers to the new Employer.

Pension:

A new enrolment form required, if already contributing the member must continue to contribute if starts at another HEB facility within 31 days. If starting after 31 days they can decide to join or waive for first two years.

D&R:

D&R coverage end on the last day worked. To apply the transfer of coverage provision, the Employer Representative ensures the start of employment with the new Participating Employer will occur:

1. Within 30 days of termination of employment/coverage.
2. Within 42 days where specifically provided for in a Collective Agreement applicable to the Covered Employee.

It is the sending Employer's responsibility to calculate and obtain the required D&R premium for the period of time between termination of employment at the sending Employer and start of employment at the receiving Employer.

Within 10 business days from the employee's last day worked, HEB Manitoba must receive:

- The original completed Disability & Rehabilitation Plan Transfer of Coverage Form.
- The required D&R premiums.
- A copy of the Employment Agreement.

HEB administers the plan (with or without a written agreement) requiring the form be completed and submitted within 10 days from the 31 or 42 days as per #1 or #2 above.

Important note* After 10 business days from the employee's last day worked – the employee is not eligible to transfer D&R coverage, a new enrolment form is required and a new D&R effective date applies.

Enrolment in the D&R Plan is mandatory for all eligible employees and is a condition of employment. Participation in the D&R Plan is not optional for eligible employees. D&R coverage starts on the day an employee commences active service – there is no waiting period. Both the employee and employer representative must sign the D&R Plan Enrolment form within 60 days from the date they are eligible for D&R coverage – if not completed, the employee may be late applicant and health evidence is require.

Health & Dental:

Health & dental coverage at the first HEB Participating Employer will stop at the end of the month following the month of the last premium deduction. Members cannot prepay benefits to cover the six week period. A new enrolment form required. The member must maintain same coverage as at the previous Employer if starts at another HEB participating Employer within 31 days. Health Spending will still be in effect at receiving Employer if they had.

Important note* If starting after 31 days, no transfer of coverage and no Health Spending until they have worked for one year.