COLLECTIVE BARGAINING EXTENSION AGREEMENT

Between

NATIONAL NURSES ORGANIZING COMMITTEE

National Nurses United

NATIONAL NURSES UNITED

NATIONAL NURSES ORGANIZING COMMITTEE

And

APPROVED
BY THE BOARD OF COOK COUNTY COMMISSIONERS

NOV 2 n 2025

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COUNTY OF COOK

December 1, 2025 through November 30, 2027

Effective upon approval by the Cook County Board of Commissioners

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Extension Agreement between
Cook County and the National Nurses Organizing Committee/National Nurses United
to Extend the Current Collective Bargaining Agreement

Except as modified below: 1) the collective bargaining agreement between Cook County and the National Nurses Organizing Committee/National Nurses United (collectively the "Parties") originally for the term December 1, 2020 through November 30, 2024 (the "CBA"), as extended by the Parties through November 30, 2025; and 2) all Memoranda of Agreement and/or Understanding and Side Letters agreed to by the Parties during the term of the CBA as extended will continue in full force and effect.

1. The term of the CBA, as extended by the Parties, shall be extended until November 30, 2027.

2. The salary grades and steps applicable to each of the Union's bargaining units shall be increased as follows during the term of this Extension Agreement:

   a. Effective the first full pay period on or after December 1, 2025, all employees actively employed on December 1, 2025, shall receive a one-time lump sum payment in the amount of $2500.
   b. Effective the first full pay period on or after December 1, 2025, the pay rates for all job classifications shall be increased by 2%.
   c. Effective the first full pay period on or after June 1, 2026, the pay rates for all job classifications shall be increased by 2%.
   d. Effective the first full pay period on or after December 1, 2026, the pay rates for all job classifications shall be increased by 4.0%.

3. In recognition of this being the second extension of the original collective bargaining agreement, and further recognition that issues often arise during the term of a collective bargaining agreement that need to be addressed, the parties hereby commit to working to address such issues during the term of this extension.

4. In the event the County agrees to an Extension Agreement for the period December 1, 2025 through November 30, 2027 with greater lump-sum payments than those set forth in Paragraph 2.a. above or greater wage increases than those set forth in Paragraphs 2.b., 2.c. and 2.d. above, then the County will provide the greater lump sum payment and/or wage increase to the employees covered by this Extension Agreement.

EFFECTIVE DATE: upon ratification by the Cook County Board.

ARTICLE VI
Holidays

Effective FY25: Add an Additional Holiday: Casimir Pulaski

Section 6.1 **Regular Holidays:**

All full-time R.Ns will receive a day off with 8 hours of pay for each of the following holidays:

Christmas Day
New Year's Day
Martin Luther King's
Birthday Lincoln's Birthday
Presidents' Birthday
Casimir Pulaski
Memorial Day
Juneteenth
Fourth of July
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day

Other generally accepted religious holidays falling within four (4) months of any of the above- mentioned holidays may be substituted for such holiday (except at affiliates which are closed on the above holidays).

Section 10.11 Parental Leave:
All full-time Employees shall be eligible for Twelve (12) Week Paid Parental Leave as a result of the birth or adoption of a child or fostering ("Parental Leave") under the following conditions. To be eligible for Parental Leave, an employee must have been a full-time employee with the County for at least twelve (12) months prior to the first date of the leave request.

Eligible employees are entitled to receive the following Parental Leave:

- Non-birthing biological parent; or
- Intended parent of a gestational surrogacy; or
- Foster parent placed with a foster child age 17 or younger.

Parental Leave may be combined with other accrued paid time off such as vacation, personal, and/or sick time to achieve the maximum amount of paid time off while taking FMLA leave. However, employees cannot use Parental Leave prior to the date of birth/adoption and must use Parental Leave in a continuous block of time beginning on the day of birth or adoption. An employee who qualifies for Parental Leave may be entitled to additional time off pursuant to the FMLA. Health insurance benefits for an employee receiving Parental Leave shall be maintained and administered under the same conditions as for an employee covered by FMLA.

Parental Leave shall be considered an alternative to Maternity or Paternity Leave under the applicable Section, and an employee who chooses Parental Leave will not be eligible for additional Maternity or Paternity Leave.

Memorandum of Agreement between Cook County and the National Nurses Organizing Committee/National Nurses United

This Memorandum of Agreement ("MOA") is between the County of Cook ("County" or "Employer") and the National Nurses Organizing Committee/National Nurses United ("NNOC" or "Union"), collectively known as the "Parties." The purpose of this MOA is to reflect the Parties understanding as reflected in the tentative agreement regarding holiday pay for .9 full-time equivalent ("FTE") nurses.

AGREEMENT

The Parties agree that NNOC Bargaining unit members eligible for holiday pay pursuant to CBA Sections 3.2(C) and 6.2, who work a .9 FTE position shall receive eight (8) hours of holiday pay. The 36 hour per pay period requirement in Section 3.2(C) will satisfy the minimum work requirement of 6.2(B)

Signed and entered this _____ day of _____ 2025.

COUNTY OF COOK:

By: Toni Preckwinkle
Toni Preckwinkle, Cook County Board President

ATTEST: Monica Gordon
Monica Gordon , Cook County Clerk

UNION: NATIONAL NURSES ORGANIZING COMMITTEE

By:
Daniel Ritter, Midwest Coordinator

APPROVED
BY THE BOARD OF COOK COUNTY COMMISSIONERS

NOV 2 0 2025

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BY: RN NEGOTIATING COMMITTEE

APPENDIX A

National Nurses Organizing Committee

JOB CODE	GRADE	TITLE
1941	FA	Clinical Nurse I
1951	FA	Registered Nurse I
6627	FA	Patient Support Center Nurse
7015	FA	Clinical Nurse I, Bilingual
7152	FA	RHS Clinical Nurse I
7678	FA	Clinical Nurse I, Provident ICU
7693	FA	Clinical Nurse I, Labor & Delivery, Bilingual
7832	FA	Clinical Nurse I, Health Start Initiative
9062	FA	Float Pool Clinical Nurse-Operating Room
9063	FA	Float Pool Clinical Nurse-Cross Functional
9298	FA	Patient Care Support Nurse
1942	FB	Clinical Nurse II
1953	FB	Registered Nurse III
7016	FB	Public Health Nurse I, Bilingual
7679	FB	Clinical Nurse II, Provident ICU
7696	FB	Clinical Nurse II, Mammography
7697	FB	Clinical Nurse II, Peritoneal Dialysis, Bilingual
7698	FB	Clinical Nurse II, Hemodialysis
9894	FB	Behavioral Health Nurse
1943	FC	Nurse Clinician
1971	FC	Public Health Nurse I
1980	FC	Instructor
1972	FD	Public Health Nurse II
1981	FD	Instructor Senior
1944	FE	Nurse Epidemiologist
1973	FE	Public Health Nurse III
1982	FE	Master Instructor
5505	FE	Clinical Case Manager
6445	FE	Prior Authorization Nurses
6476	FE	Lactation Consultant
6795	FE	Community Based Nurse Care Coordinator
6883	FE	Nurse Care Coord-Brain Injury
6884	FE	Nurse Care Coordinator-Disability
6885	FE	Nurse Care Coordinator-Elderly
6886	FE	Nurse Care Coordinator-HIV/AIDS
6887	FE	Nurse Transitional Care Coordinator
7437	FE	Utilization Management Coordinator, Emergency Dept
7598	FE	Utilization Management Coordinator, Inpatient
7659	FE	Electrophysiology Nurse
8730	FE	Transfer Center Nurse
JOB CODE	**GRADE**	**TITLE**
9347	FE	Cardiac Catheterization Nurse
9505	FE	Vascular Access Specialist

1974	FF	Public Health Nurse IV
3990	FF	APN-Nurse Practitioner
3991	FF	APN Clinical Nurse Specialist
3992	FF	APN Certified Registered Nurse Midwife
3996	FF	PHN IV (APN-Nurse Practitioner)
3997	FF	APN Certified Registered Nurse Midwife (As Req.)
3998	FF	APN-Nurse Practitioner (As Req.)
7840	FF	APN-Nurse Practitioner, Nephrology
7859	FF	APN-NP, Surgery
7919	FF	Psychiatric, Advanced Practice Registered Nurse
7945	FF	APN-NP, Podiatry
3999	RG1	In-House Registry Nurse
6677	RG2	In-House Registry Nurse-Specialty

Effective December 1, 2025

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	37.454	38.740	39.950	41.240	42.785	44.256	45.885	47.721	49.615	51.040	54.085	55.166	56.270	57.395	58.543	59 714	60.908
	Bi-Weekly	2,996.34	3,099.16	3,196.01	3,299 22	3,422.78	3,540.45	3,670.77	3,817.67	3,969.21	4,083.22	4,326.77	4,413 31	4,501.57	4,591.60	4,683.44	4,777.11	4,872.65
	Annual	77,904	80,578	83,096	85,779	88,992	92,051	95,439	99,259	103,199	106,163	112,496	114,745	117,040	119,381	121,769	124,204	126,688
FB	Hourly	39.462	40.960	42.372	44.007	45.412	47.017	48.417	49.976	51.946	53 481	56.675	57.808	58.964	60.143	61.346	62.573	63.825
	Bi-Weekly	3,156.98	3,276.84	3,389.79	3,520.58	3,632.96	3,761.34	3,873.33	3,998.05	4,155.66	4,278.45	4,533.96	4,624.64	4,717.13	4,811.48	4,907.71	5,005.86	5,105.98
	Annual	82,081	85,197	88,134	91,535	94,456	97.794	100,706	103,949	108,047	111,239	117,882	120,240	122,645	125,098	127,600	130,152	132,755
FABM	Hourly	37 829	39.127	40.350	41.653	43.213	44.698	46.343	48.198	50 111	51,551	54.625	55.718	56.832	57.969	59.128	60.311	61.517
	Bi-Weekly	3,026.30	3,130.16	3,227.97	3,332.21	3,457.00	3,575.86	3,707.48	3,855.85	4,008.90	4,124.05	4,370.04	4,457.44	4,546.59	4,637.52	4,730.27	4,824.88	4,921.37
	Annual	78,683	81,384	83,927	86,637	89,882	92,972	96,394	100,252	104,231	107,225	113,621	115,893	118,211	120,575	122,987	125,446	127,955
FBBM	Hourly	39.857	41.370	42.796	44.447	45.866	47.487	48 901	50.475	52.465	54.015	57.241	58.386	59.554	60.745	61.960	63.199	64.463
	Bi-Weekly	3,188.55	3,309.61	3,423.69	3,555.79	3,669.29	3,798.95	3,912.06	4,038.03	4,197 21	4,321.23	4,579.30	4,670.89	4,764.30	4,859.59	4,956.78	5,055.92	5,157.04
	Annual	82,902	86,049	89,015	92,450	95,401	98,772	101,713	104,988	109,127	112,352	119,061	121,443	123,871	126,349	128,876	131,453	134,082
FC	Hourly	42.505	44 237	45.528	47 035	48.532	49.993	51,585	53.107	55.104	56.715	60.067	61.262	62.482	63.726	64.995	66.289	67 610
	Bi-Weekly	3,400.43	3,538 95	3,642.23	3,762.80	3,882.53	3,999 44	4,126.83	4,248.56	4,408.32	4,537.19	4,805.32	4,900 98	4,998 56	5,098.08	5,199.60	5,303.15	5,408 76
	Annual	88,411	92,012	94,697	97,832	100,945	103,985	107,297	110,462	114,616	117,966	124,938	127,425	129,962	132,550	135,189	137,881	140,627
FD	Hourly	44.756	47.245	49.461	51.208	53.224	55.251	57,262	59 266	61.470	63.291	67.035	68.370	69.732	71,121	72.538	73.983	75.458
	Bi-Weekly	3,580.46	3,779.58	3,956.87	4,096.64	4,257.93	4,420.10	4,580.97	4,741.28	4,917 59	5,063.25	5,362.82	5,469.64	5,578.58	5,689.71	5,803.06	5,918.67	6,036.60
	Annual	93,091	98,269	102,878	106,512	110,706	114,922	119,105	123,273	127,857	131,644	139,433	142,210	145,043	147,932	150,879	153,885	156,951
FE	Hourly	47.800	49.728	51.208	53.224	55.251	57.262	59.266	61.219	63.552	65.420	69.305	70.685	72 093	73.530	74.995	76.489	78.013
	Bi-Weekly	3,823.96	3,978.20	4,096.64	4,257.93	4,420.10	4,580 97	4,741.28	4,897.56	5,084.17	5,233.58	5,544.38	5,654.82	5,767.47	5,882.37	5,999.58	6,119.12	6,241.06
	Annual	99,423	103,433	106,512	110,706	114,922	119,105	123,273	127,336	132,188	136,073	144,153	147,025	149,954	152,941	155,988	159,097	162,267
FF	Hourly	49.499	51.980	53.967	55.841	57,823	59 769	61,626	64.212	66.085	67.709	70,004	71 398	72.821	74.272	75.751	77.261	78.801
	Bi-Weekly	3,959.88	4,158.41	4,317.33	4,467.26	4,625.81	4,781.48	4,930.07	5,136.94	5,286.82	5,416.76	5,600.30	5,711.86	5,825.66	5,941.72	6,060.11	6,180.87	6,304.04
	Annual	102,956	108,118	112,250	116,148	120,271	124,318	128,181	133,560	137,457	140,835	145,607	148,508	151,467	154,484	157,562	160,702	163,905

Effective June 1, 2026

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	38.203	39.514	40.749	42.065	43.640	45.141	46.802	48.675	50.607	52.061	55.166	56.270	57.395	58.543	59.714	60.908	62.126
	Bi-Weekly	3,056.27	3,161.15	3,259.93	3,365.20	3,491.23	3,611.26	3,744.18	3,894.03	4,048.59	4,164.88	4,413.31	4,501.57	4,591.60	4,683.44	4,777.11	4,872.65	4,970.10
	Annual	79,462	82,189	84,758	87,495	90,772	93,892	97,348	101,244	105,263	108,286	114,745	117,040	119,381	121,769	124,204	126,688	129,222
FB	Hourly	40.251	41.780	43.220	44.887	46.320	47.957	49.385	50.975	52.985	54.550	57.808	58.964	60.143	61.346	62.573	63.825	65.101
	Bi-Weekly	3,220.12	3,342.37	3,457.58	3,591.00	3,705.62	3,836.57	3,950.79	4,078.01	4,238.77	4,364.02	4,624.64	4,717.13	4,811.48	4,907.71	5,005.86	5,105.98	5,208.10
	Annual	83,723	86,901	89,897	93,365	96,346	99,750	102,720	106,028	110,208	113,464	120,240	122,645	125,098	127,600	130,152	132,755	135,410
FABM	Hourly	38.585	39.909	41.157	42.486	44.077	45.592	47.270	49.162	51.113	52.582	55.718	56.832	57.969	59.128	60.311	61.517	62.748
	Bi-Weekly	3,086.83	3,192.76	3,292.53	3,398.85	3,526.14	3,647.38	3,781.62	3,932.97	4,089.08	4,206.53	4,457.44	4,546.59	4,637.52	4,730.27	4,824.88	4,921.37	5,019.80
	Annual	80,257	83,011	85,605	88,370	91,679	94,831	98,322	102,257	106,315	109,369	115,893	118,211	120,575	122,987	125,446	127,955	130,514
FBBM	Hourly	40.654	42.197	43.652	45.336	46.783	48.437	49.879	51.485	53.514	55.096	58.386	59.554	60.745	61.960	63.199	64.463	65.752
	Bi-Weekly	3,252.32	3,375.80	3,492.16	3,626.91	3,742.67	3,874.93	3,990.30	4,118.79	4,281.16	4,407.66	4,670.89	4,764.30	4,859.59	4,956.76	5,055.92	5,157.04	5,260.18
	Annual	84,560	87,770	90,796	94,299	97,309	100,748	103,747	107,088	111,310	114,599	121,443	123,871	126,349	128,876	131,453	134,082	136,764
FC	Hourly	43.356	45.122	46.436	47.976	49.502	50.993	52.617	54.169	56.206	57.849	61.268	62.488	63.732	65.001	66.295	67.615	68.962
	Bi-Weekly	3,468.44	3,609.73	3,715.07	3,838.05	3,960.18	4,079.43	4,209.37	4,333.53	4,496.48	4,627.93	4,901.43	4,999.00	5,098.53	5,200.04	5,303.59	5,409.21	5,516.94
	Annual	90,179	93,852	96,591	99,789	102,964	106,065	109,443	112,671	116,908	120,326	127,437	129,974	132,561	135,201	137,893	140,639	143,440
FD	Hourly	45.651	48.190	50.450	52.232	54.289	56.356	58.407	60.451	62.699	64.556	68.376	69.738	71.127	72.544	73.989	75.463	76.967
	Bi-Weekly	3,652.07	3,855.18	4,036.01	4,178.57	4,343.09	4,508.50	4,672.58	4,836.10	5,015.94	5,164.52	5,470.08	5,579.03	5,690.15	5,803.50	5,919.12	6,037.05	6,157.33
	Annual	94,953	100,234	104,936	108,642	112,920	117,220	121,487	125,738	130,414	134,277	142,222	145,054	147,944	150,891	153,897	156,963	160,090
FE	Hourly	48.756	50.722	52.232	54.289	56.356	58.407	60.451	62.444	64.823	66.728	70.691	72.099	73.535	75.000	76.495	78.019	79.574
	Bi-Weekly	3,900.44	4,057.77	4,178.57	4,343.09	4,508.50	4,672.58	4,836.10	4,995.51	5,185.85	5,338.25	5,655.26	5,767.91	5,882.82	6,000.02	6,119.57	6,241.51	6,365.88
	Annual	101,411	105,501	108,642	112,920	117,220	121,487	125,738	129,883	134,832	138,794	147,036	149,965	152,953	156,000	159,108	162,279	165,512
FF	Hourly	50.489	53.020	55.046	56.958	58.979	60.984	62.858	65.496	67.407	69.064	71.404	72.826	74.277	75.757	77.266	78.806	80.377
	Bi-Weekly	4,039.08	4,241.58	4,403.68	4,556.60	4,718.32	4,877.11	5,028.67	5,239.68	5,392.55	5,525.09	5,712.31	5,826.10	5,942.17	6,060.56	6,181.32	6,304.49	6,430.12
	Annual	105,016	110,281	114,495	118,471	122,676	126,804	130,745	136,231	140,206	143,652	148,520	151,478	154,496	157,574	160,714	163,916	167,183

Effective December 1, 2026

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	39.731	41.095	42.379	43.748	45.386	46 946	48.674	50.622	52.632	54 143	57.373	58 520	59.691	60.885	62.102	63.344	64.611
	Bi-Weekly	3,178 52	3,287.59	3,390.32	3,499.81	3,630.88	3,755.71	3,893.95	4,049.79	4,210.53	4,331.48	4,589.84	4,681.64	4,775.27	4,870.77	4,968.19	5,067.55	5,168.90
	Annual	82,641	85,477	88,148	90,994	94,402	97,648	101,242	105,294	109,473	112,618	119,335	121,722	124,156	126,640	129,172	131,756	134,391
FB	Hourly	41.862	43.451	44.949	46.683	48.173	49.875	51.360	53.014	55.104	56.732	60.120	61.323	62.549	63.800	65.076	66.378	67.705
	Bi-Weekly	3,348.92	3,476.07	3,595.89	3,734.64	3,853.84	3,990.03	4,108.83	4,241.13	4,408.32	4,538.58	4,809.63	4,905 82	5,003.94	5,104.01	5,206.09	5,310.22	5,416.42
	Annual	87,072	90,377	93,493	97,100	100,199	103,740	106,829	110,269	114,616	118,002	125,050	127,551	130,102	132,704	135,358	138,065	140,826
FABM	Hourly	40,129	41.506	42.803	44.185	45 840	47.416	49.161	51.129	53.158	54.685	57.947	59.106	60 288	61.494	62.723	63.978	65.257
	Bi-Weekly	3,210 30	3,320.47	3,424.23	3,534.81	3,667.19	3,793.27	3,932.89	4,090.28	4,252.64	4,374.79	4,635.74	4,728.45	4,823.02	4,919.48	5,017.87	5,118.23	5,220.59
	Annual	83,467	86,332	89,029	91,904	95,346	98,625	102,255	106,347	110,568	113,744	120,529	122,939	125,398	127,906	130,464	133,073	135,735
FBBM	Hourly	42 280	43.885	45,398	47 150	48.655	50.374	51.874	53.544	55.655	57.300	60.722	61.936	63.175	64.438	65.727	67.041	68.382
	Bi-Weekly	3,382 41	3,510.83	3,631.85	3,771.98	3,892.36	4,029.93	4,149.91	4,283.54	4,452.40	4,583.96	4,857.72	4,954.88	5,053.97	5,155.05	5,258.15	5,363 32	5,470.58
	Annual	87,942	91,281	94,428	98,071	101,201	104,778	107,897	111,372	115,762	119,183	126,300	128,826	131,403	134,031	136,712	139,446	142,235
FC	Hourly	45.090	46.926	48.296	49.895	51.482	53.033	54.722	56 336	58.454	60.163	63.719	64.987	66.281	67.601	68.947	70.320	71.720
	Bi-Weekly	3,607.18	3,754.12	3,863.67	3,991.57	4,118.59	4,242.61	4,377.74	4,506.87	4,676.34	4,813.05	5,097.48	5,198.96	5,302.47	5,408.05	5,515.73	5,625.58	5,737.62
	Annual	93,786	97,607	100,455	103,780	107,083	110,307	113,821	117,178	121,584	125,139	132,534	135,173	137,864	140,609	143,409	146,265	149,178
FD	Hourly	47.477	50.117	52.468	54.321	56.460	58.610	60.744	62.869	65.207	67.139	71.111	72 527	73.972	75.446	76.949	78.482	80.045
	Bi-Weekly	3,798.15	4,009.38	4,197.45	4,345.72	4,516.81	4,688.84	4,859.49	5,029.55	5,216.58	5,371 10	5,688.88	5,802.19	5,917.76	6,035.64	6,155.88	6,278.53	6,403.63
	Annual	98,751	104,243	109,133	112,988	117,437	121,909	126,346	130,768	135,631	139,648	147,910	150,856	153,861	156,926	160,052	163,241	166,494
FE	Hourly	50.706	52.751	54.321	56.460	58.610	60.744	62.869	64.942	67.416	69.397	73.518	74.983	76.477	78.000	79.554	81.140	82.756
	Bi-Weekly	4,056.46	4,220.08	4,345.72	4,516.81	4,688.84	4,859.49	5,029.55	5,195.33	5,393.28	5,551.78	5,881.47	5,998.63	6,118.13	6,240.02	6,364.35	6,491.17	6,620.52
	Annual	105,467	109,721	112,988	117,437	121,909	126,346	130,768	135,078	140,225	144,346	152,918	155,964	159,071	162,240	165,473	168,770	172,133
FF	Hourly	52.508	55 141	57 248	59.236	61.338	63.402	65.373	68.116	70.103	71.826	74.260	75.739	77.248	78.787	80.357	81 958	83.592
	Bi-Weekly	4,200.65	4,411.24	4,579.83	4,738.87	4,907.06	5,072.20	5,229.81	5,449.26	5,608.26	5,746.09	5,940.80	6,059.14	6,179.86	6,302.98	6,428.57	6,556.67	6,687.33
	Annual	109,216	114,692	119,075	123,210	127,583	131,877	135,975	141,680	145,814	149,398	154,460	157,537	160,676	163,877	167,142	170,473	173,870

SCHEDULE II

BUREAU OF HUMAN RESOURCES

IN-HOUSE REGISTRY NURSES AND SPECIALTY CARE

6/1/2021	RG1	Hourly	$49.634
	RG2	Hourly	$52.800
12/1/2021	RG1	Hourly	$51.371
	RG2	Hourly	$54.648
6/1/2022	RG1	Hourly	$52.655
	RG2	Hourly	$56.015
6/1/2023	RG1	Hourly	$53.971
	RG2	Hourly	$57.415
6/1/2024	RG1	Hourly	$55.051
	RG2	Hourly	$58.563
6/1/2025	RG1	Hourly	$57.803
	RG2	Hourly	$61.491
12/1/2025	RG1	Hourly	$58.959
	RG2	Hourly	$62.721
6/1/2026	RG1	Hourly	$60.139
	RG2	Hourly	$63.976
12/1/2026	RG1	Hourly	$62.544
	RG2	Hourly	$66.535

Memorandum of Agreement between
Cook County and NNOC

This Memorandum of Agreement ("Agreement") is entered into by and between the County of Cook ("County") and the National Nurses Organizing Committee ("NNOC"), collectively "the parties."

1. The County and NNOC are parties to a collective bargaining agreement that has a term from December 1, 2020 and are scheduled to expire on November 30, 2024.

2. The parties wish to extend the term of the collective bargaining agreement by one (1) year.

3. The term of that extension shall be December 1, 2024 through November 30, 2025.

4. The Rates of Pay provision in each noted respective collective bargaining agreement shall be amended as follows:

   (a) effective the first full pay period on or after June 1, 2021 the pay rates for all classifications shall be increased 1.50%; and

   (b) effective the first full pay period on or after December 1, 2021, the pay rates for all job classifications shall be increased by 3.50%; and

   (c) effective the first full pay period on or after June 1, 2022, the pay rates for all job classifications shall be increased by 2.50%; and

   (d) effective the first full pay period on or after June 1, 2023, the pay rates for all job classifications shall be increased by 2.50%; and

   (e) effective the first full pay period on or after June 1, 2024, the pay rates for all job classifications shall be increased by 2.00%; and

   (f) effective the first full pay period on or after June 1, 2025, the pay rates for all job classifications shall be increased by 5.00%.

5. Parental Leave. The collective bargaining agreement shall be amended to add a new Section 10.11 that states as follows:

   Section 10.11 – Paid Parental Leave
   An eligible employee shall be entitled to all benefits provided by applicable federal statute and Cook County ordinance and/or policy.

   The intent of Section 10.11 (i.e., "Request for extension beyond twelve (12) weeks of leave will not be approved."), refers specifically to "paid parental leave" and does not apply to additional unpaid requests and or other leave, if eligible and approved.

6. This agreement is subject to ratification by the union membership and the Cook County Board of Commissioners. Should either the union membership or the Cook County Board of Commissioners fail to ratify this agreement, the agreement shall be null and void.

7. To the extent that any provision in this agreement and the collective bargaining agreement conflict, this agreement shall control through November 30, 2025.

8. Any dispute as to the application or interpretation of the agreement shall be resolved exclusively pursuant to the respective CBAs grievance procedures.

9. The Union agrees to release and hold the County harmless from any class action grievance or any other claims concerning wages or other economic terms and conditions of employment known or unknown to the parties as of the date of this agreement.

10. The following grievances BHR 23.08.17, BHR 22.09.22, BHR 23.05.10 will be excluded from this agreement and advance per the usual grievance procedures found within the CBA.

11. The ongoing general discussions between the parties regarding extra shift bonuses and CCDPH upgrades will continue unimpeded and be excluded from this agreement.

EFFECTIVE DATE: upon ratification by the Cook County Board.

Effective June 1, 2021

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	31.530	32.612	33.631	34.717	36.017	37.256	38.627	40.173	41.767	42.967	45.530	46.440	47.369	48.317	49.283	50.269	51.274
	Bi-Weekly	2,522.40	2,608.96	2,690.48	2,777.36	2,881.36	2,980.45	3,090.15	3,213.81	3,341.38	3,437.36	3,642.39	3,715.24	3,789.54	3,865.33	3,942.64	4,021.49	4,101.92
	Annual	65,582	67,832	69,952	72,211	74,915	77,491	80,343	83,559	86,876	89,371	94,702	96,596	98,527	100,498	102,508	104,558	106,649
FB	Hourly	33.220	34.482	35.670	37.046	38.229	39.580	40.758	42.071	43.729	45.021	47.710	48.664	49.638	50.630	51.643	52.676	53.729
	Bi-Weekly	2,657.63	2,758.53	2,853.61	2,963.72	3,058.32	3,166.39	3,260.67	3,365.66	3,498.34	3,601.71	3,816.81	3,893.14	3,971.00	4,050.43	4,131.43	4,214.06	4,298.34
	Annual	69,098	71,721	74,193	77,056	79,518	82,326	84,777	87,506	90,956	93,644	99,237	101,221	103,246	105,311	107,417	109,565	111,756
FABM	Hourly	31.845	32.938	33.967	35.064	36.377	37.628	39.013	40.574	42.185	43.397	45.985	46.905	47.843	48.800	49.776	50.771	51.787
	Bi-Weekly	2,547.62	2,635.05	2,717.39	2,805.14	2,910.20	3,010.25	3,121.05	3,245.95	3,374.79	3,471.73	3,678.81	3,752.39	3,827.44	3,903.99	3,982.06	4,061.71	4,142.94
	Annual	66,238	68,511	70,651	72,933	75,664	78,266	81,147	84,394	87,745	90,264	95,649	97,582	99,513	101,503	103,533	105,604	107,716
FBBM	Hourly	33.553	34.626	36.027	37.417	38.611	39.976	41.166	42.491	44.167	45.472	48.187	49.151	50.134	51.137	52.159	53.203	54.267
	Bi-Weekly	2,684.20	2,786.11	2,882.15	2,993.36	3,088.90	3,198.06	3,293.27	3,399.32	3,533.32	3,637.72	3,854.97	3,932.07	4,010.72	4,090.93	4,172.75	4,256.20	4,341.33
	Annual	69,789	72,438	74,936	77,826	80,311	83,149	85,625	88,361	91,866	94,580	100,229	102,233	104,278	106,364	108,491	110,661	112,874
FC	Hourly	35.782	37.240	38.326	39.595	40.855	42.085	43.426	44.707	46.388	47.744	50.566	51.572	52.599	53.646	54.714	55.804	56.915
	Bi-Weekly	2,862.57	2,979.18	3,066.12	3,167.62	3,268.42	3,366.83	3,474.07	3,576.55	3,711.04	3,819.52	4,045.24	4,125.77	4,207.91	4,291.70	4,377.16	4,464.33	4,553.24
	Annual	74,427	77,459	79,719	82,356	84,979	87,538	90,326	92,990	96,487	99,308	105,176	107,270	109,406	111,584	113,806	116,072	118,384
FD	Hourly	37.677	39.772	41.637	43.108	44.805	46.512	48.205	49.892	51.747	53.280	56.432	57.556	58.702	59.872	61.065	62.281	63.522
	Bi-Weekly	3,014.12	3,181.75	3,331.00	3,448.66	3,584.43	3,720.95	3,856.38	3,991.33	4,139.76	4,262.38	4,514.56	4,604.48	4,696.20	4,789.74	4,885.16	4,982.49	5,081.77
	Annual	78,367	82,726	86,606	89,665	93,195	96,745	100,266	103,775	107,634	110,822	117,379	119,716	122,101	124,533	127,014	129,545	132,126
FE	Hourly	40.239	41.862	43.108	44.805	46.512	48.205	49.892	51.536	53.500	55.072	58.342	59.505	60.690	61.899	63.132	64.390	65.674
	Bi-Weekly	3,219.11	3,348.95	3,448.66	3,584.43	3,720.95	3,856.38	3,991.33	4,122.89	4,279.98	4,405.76	4,667.40	4,760.37	4,855.21	4,951.93	5,050.60	5,151.24	5,253.89
	Annual	83,697	87,073	89,665	93,195	96,745	100,266	103,775	107,195	111,280	114,550	121,352	123,770	126,235	128,750	131,316	133,932	136,601
FF	Hourly	41.669	43.758	45.431	47.008	48.677	50.315	51.878	54.055	55.632	57.000	58.931	60.105	61.302	62.524	63.769	65.040	66.336
	Bi-Weekly	3,333.53	3,500.66	3,634.44	3,760.65	3,894.13	4,025.18	4,150.26	4,324.41	4,450.58	4,559.97	4,714.48	4,808.39	4,904.19	5,001.90	5,101.56	5,203.22	5,306.91
	Annual	86,672	91,017	94,495	97,777	101,247	104,655	107,907	112,435	115,715	118,559	122,576	125,018	127,509	130,049	132,641	135,284	137,980

***RECEIVE AN ADDITIONAL EIGHTY DOLLARS ($80.00) PER MONTH FOR A MASTERS DEGREE FOR THOSE EMPLOYEES WHO WERE RECEIVING IT PRIOR TO DECEMBER 1, 1980.**
NOT ELIGIBLE FOR ADDITIONAL COMPENSATION FOR A BACHELORS OR MASTERS DEGREE

Effective December 1, 2021

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	32.634	33.753	34.808	35.932	37.276	38.560	39.979	41.579	43.229	44.471	47.123	48.066	49.027	50.008	51.008	52.028	53.069
	Bi-Weekly	2,610.68	2,700.27	2,784.65	2,874.57	2,982.23	3,084.76	3,198.30	3,326.30	3,458.33	3,557.67	3,769.87	3,845.27	3,922.17	4,000.62	4,080.63	4,162.24	4,245.49
	Annual	67,877	70,207	72,400	74,738	77,537	80,203	83,155	86,483	89,916	92,499	98,016	99,977	101,976	104,016	106,096	108,218	110,382
FB	Hourly	34.383	35.688	36.919	38.343	39.567	40.965	42.185	43.543	45.260	46.597	49.380	50.368	51.375	52.402	53.450	54.519	55.610
	Bi-Weekly	2,750.64	2,855.07	2,953.49	3,067.45	3,165.36	3,277.22	3,374.79	3,483.46	3,620.78	3,727.77	3,950.39	4,029.40	4,109.99	4,192.19	4,276.03	4,361.55	4,448.79
	Annual	71,516	74,231	76,790	79,753	82,299	85,207	87,744	90,569	94,140	96,921	102,710	104,764	106,859	108,996	111,176	113,400	115,668
FABM	Hourly	32.960	34.091	35.156	36.291	37.651	38.945	40.379	41.995	43.661	44.916	47.595	48.547	49.517	50.508	51.518	52.548	53.599
	Bi-Weekly	2,636.79	2,727.27	2,812.49	2,903.32	3,012.05	3,115.61	3,230.29	3,359.56	3,492.91	3,593.24	3,807.57	3,883.72	3,961.40	4,040.62	4,121.44	4,203.87	4,287.94
	Annual	68,558	70,909	73,124	75,486	78,313	81,005	83,987	87,348	90,815	93,424	98,996	100,976	102,996	105,056	107,157	109,300	111,486
FBBM	Hourly	34.727	36.045	37.288	38.727	39.963	41.375	42.607	43.979	45.712	47.063	49.874	50.871	51.889	52.926	53.985	55.065	56.166
	Bi-Weekly	2,778.15	2,883.63	2,983.02	3,098.12	3,197.01	3,309.99	3,408.54	3,518.29	3,656.99	3,765.04	3,989.90	4,069.70	4,151.09	4,234.11	4,318.79	4,405.17	4,493.27
	Annual	72,231	74,974	77,558	80,551	83,122	86,059	88,621	91,475	95,081	97,891	103,737	105,812	107,928	110,086	112,288	114,534	116,825
FC	Hourly	37.035	38.543	39.668	40.981	42.265	43.558	44.946	46.272	48.012	49.415	52.335	53.377	54.440	55.524	56.629	57.757	58.908
	Bi-Weekly	2,962.76	3,083.45	3,173.43	3,278.49	3,382.61	3,484.67	3,595.66	3,701.73	3,840.92	3,953.21	4,186.83	4,270.18	4,355.19	4,441.91	4,530.36	4,620.58	4,712.60
	Annual	77,031	80,169	82,509	85,240	87,953	90,601	93,487	96,244	99,863	102,783	108,857	111,024	113,234	115,489	117,789	120,134	122,527
FD	Hourly	38.995	41.164	43.095	44.617	46.374	48.140	49.892	51.638	53.556	55.144	58.407	59.570	60.757	61.967	63.202	64.461	65.745
	Bi-Weekly	3,119.61	3,293.11	3,447.58	3,569.36	3,709.89	3,851.18	3,991.35	4,131.03	4,284.65	4,411.56	4,672.57	4,765.64	4,860.56	4,957.39	5,056.15	5,156.88	5,259.63
	Annual	81,109	85,620	89,637	92,803	96,457	100,130	103,775	107,406	111,400	114,700	121,486	123,906	126,374	128,892	131,459	134,078	136,750
FE	Hourly	41.647	43.327	44.617	46.374	48.140	49.892	51.638	53.340	55.372	57.000	60.384	61.587	62.814	64.066	65.342	66.644	67.972
	Bi-Weekly	3,331.78	3,466.17	3,569.36	3,709.89	3,851.18	3,991.35	4,131.03	4,267.19	4,429.78	4,559.97	4,830.76	4,926.89	5,025.14	5,125.25	5,227.37	5,331.53	5,437.77
	Annual	86,626	90,120	92,803	96,457	100,130	103,775	107,406	110,946	115,174	118,559	125,599	128,101	130,653	133,256	135,911	138,619	141,382
FF	Hourly	43.128	45.290	47.021	48.653	50.380	52.076	53.694	55.947	57.579	58.995	60.994	62.209	63.448	64.712	66.001	67.317	68.658
	Bi-Weekly	3,450.21	3,623.18	3,761.65	3,892.28	4,030.42	4,166.06	4,295.52	4,475.76	4,606.35	4,719.56	4,879.49	4,976.69	5,075.83	5,176.96	5,280.11	5,385.33	5,492.65
	Annual	89,705	94,202	97,802	101,199	104,790	108,317	111,683	116,369	119,765	122,708	126,866	129,393	131,971	134,601	137,282	140,018	142,808

***RECEIVE AN ADDITIONAL EIGHTY DOLLARS ($80.00) PER MONTH FOR A MASTERS DEGREE FOR THOSE EMPLOYEES WHO WERE RECEIVING IT PRIOR TO DECEMBER 1, 1980.**
NOT ELIGIBLE FOR ADDITIONAL COMPENSATION FOR A BACHELORS OR MASTERS DEGREE

Effective June 1, 2022

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	33.449	34.597	35.678	36.830	38.210	39.524	40.978	42.618	44.310	45.583	46.301	49.268	50.253	51.258	52.283	53.329	54.395
	Bi-Weekly	2,675.95	2,767.78	2,854.26	2,946.44	3,056.79	3,161.86	3,278.26	3,409.46	3,544.79	3,646.61	3,864.12	3,941.40	4,020.23	4,100.63	4,182.65	4,266.30	4,351.63
	Annual	69,574	71,962	74,210	76,607	79,476	82,208	85,234	88,645	92,164	94,811	100,467	102,476	104,525	106,616	108,748	110,923	113,142
FB	Hourly	35.243	36.581	37.842	39.302	40.556	41.989	43.240	44.632	46.391	47.762	50.614	51.627	52.659	53.712	54.787	55.882	57.000
	Bi-Weekly	2,819.41	2,926.45	3,027.33	3,144.14	3,244.49	3,359.15	3,459.16	3,570.54	3,711.30	3,820.96	4,049.15	4,130.14	4,212.74	4,298.99	4,382.93	4,470.59	4,560.01
	Annual	73,304	76,087	78,710	81,747	84,356	87,337	89,938	92,834	96,493	99,344	105,276	107,383	109,531	111,721	113,958	116,235	118,560
FABM	Hourly	33.784	34.943	36.035	37.199	38.592	39.919	41.388	43.044	44.753	46.038	48.784	49.760	50.755	51.771	52.806	53.862	54.939
	Bi-Weekly	2,702.71	2,795.45	2,882.81	2,975.90	3,087.35	3,193.50	3,311.04	3,443.55	3,580.23	3,683.07	3,902.75	3,980.82	4,060.43	4,141.64	4,224.47	4,308.96	4,395.14
	Annual	70,270	72,681	74,952	77,373	80,271	83,030	86,087	89,532	93,086	95,759	101,471	103,501	105,571	107,682	109,836	112,033	114,273
FBBM	Hourly	35.595	36.946	38.220	39.695	40.962	42.409	43.672	45.078	46.855	48.240	51.121	52.143	53.186	54.250	55.335	56.441	57.570
	Bi-Weekly	2,847.60	2,955.72	3,057.60	3,175.58	3,276.94	3,392.74	3,493.75	3,606.25	3,748.41	3,859.17	4,089.65	4,171.44	4,254.87	4,339.96	4,426.76	4,515.30	4,605.61
	Annual	74,037	76,848	79,497	82,564	85,200	88,211	90,837	93,762	97,458	100,336	106,330	108,457	110,628	112,839	115,095	117,397	119,745
FC	Hourly	37.960	39.507	40.960	42.006	43.342	44.647	46.069	47.428	49.212	50.650	53.644	54.712	55.801	56.912	58.045	59.201	60.380
	Bi-Weekly	3,036.83	3,160.54	3,252.77	3,360.45	3,467.38	3,571.79	3,685.56	3,794.27	3,936.94	4,052.04	4,291.50	4,376.93	4,464.07	4,552.95	4,643.62	4,736.09	4,830.42
	Annual	78,957	82,174	84,572	87,371	90,151	92,866	95,824	98,651	102,360	105,352	111,578	113,800	116,065	118,376	120,734	123,138	125,590
FD	Hourly	39.970	42.193	44.172	45.732	47.533	49.343	51.139	52.929	54.897	56.523	59.867	61.060	62.276	63.517	64.782	66.073	67.389
	Bi-Weekly	3,197.61	3,375.44	3,533.77	3,658.59	3,802.64	3,947.46	4,091.13	4,234.30	4,391.76	4,521.85	4,789.39	4,884.78	4,982.08	5,081.32	5,182.55	5,285.80	5,391.12
	Annual	83,137	87,761	91,878	95,123	98,868	102,634	106,369	110,091	114,185	117,568	124,524	127,004	129,533	132,114	134,746	137,430	140,169
FE	Hourly	42.688	44.410	45.732	47.533	49.343	51.139	52.929	54.673	56.757	58.425	61.894	63.127	64.385	65.667	66.976	68.310	69.671
	Bi-Weekly	3,415.07	3,552.82	3,658.59	3,802.64	3,947.46	4,091.13	4,234.30	4,373.87	4,540.53	4,673.96	4,951.53	5,050.16	5,150.77	5,253.38	5,358.05	5,464.82	5,573.72
	Annual	88,791	92,373	95,123	98,868	102,634	106,369	110,091	113,720	118,053	121,523	128,739	131,304	133,919	136,587	139,309	142,085	144,916
FF	Hourly	44.206	46.422	48.196	49.870	51.640	53.378	55.036	57.346	59.019	60.469	62.518	63.764	65.034	66.330	67.651	69.000	70.375
	Bi-Weekly	3,536.46	3,713.76	3,855.69	3,989.58	4,131.18	4,270.21	4,402.90	4,587.66	4,721.51	4,837.55	5,001.47	5,101.11	5,202.73	5,306.39	5,412.12	5,519.96	5,629.96
	Annual	91,948	96,557	100,247	103,729	107,410	111,025	114,475	119,279	122,759	125,776	130,038	132,628	135,270	137,966	140,715	143,519	146,379

***RECEIVE AN ADDITIONAL EIGHTY DOLLARS ($80.00) PER MONTH FOR A MASTERS DEGREE FOR THOSE EMPLOYEES WHO WERE RECEIVING IT PRIOR TO DECEMBER 1, 1980.**
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Effective June 1, 2023

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	34.286	35.462	36.570	37.751	39.165	40.512	42.003	43.684	45.418	46.722	49.509	50.499	51.509	52.539	53.590	54.662	55.755
	Bi-Weekly	2,742.85	2,836.97	2,925.62	3,020.10	3,133.21	3,240.93	3,360.22	3,494.69	3,633.41	3,737.77	3,960.72	4,039.94	4,120.73	4,203.15	4,287.21	4,372.96	4,460.42
	Annual	71,314	73,761	76,066	78,522	81,463	84,264	87,365	90,861	94,488	97,182	102,978	105,038	107,139	109,281	111,467	113,696	115,970
FB	Hourly	36.124	37.495	38.788	40.284	41.670	43.039	44.320	45.748	47.551	48.956	51.880	52.917	53.976	55.055	56.156	57.279	58.425
	Bi-Weekly	2,889.90	2,999.61	3,103.01	3,222.74	3,325.60	3,443.13	3,545.64	3,659.81	3,804.08	3,916.49	4,150.38	4,233.39	4,318.06	4,404.42	4,492.51	4,582.36	4,674.01
	Annual	75,137	77,989	80,678	83,791	86,465	89,521	92,186	95,154	98,906	101,828	107,909	110,068	112,269	114,514	116,805	119,141	121,524
FABM	Hourly	34.628	35.817	36.936	38.129	39.557	40.917	42.423	44.120	45.872	47.169	50.004	51.004	52.024	53.065	54.126	55.209	56.313
	Bi-Weekly	2,770.27	2,865.34	2,954.88	3,050.30	3,164.54	3,273.34	3,393.82	3,529.64	3,669.74	3,775.15	4,000.33	4,080.34	4,161.94	4,245.18	4,330.08	4,416.69	4,505.02
	Annual	72,027	74,498	76,826	79,307	82,277	85,106	88,239	91,770	95,413	98,153	104,008	106,088	108,210	110,374	112,582	114,833	117,130
FBBM	Hourly	36.485	37.870	39.175	40.687	41.986	43.469	44.764	46.205	48.027	49.446	52.399	53.447	54.515	55.606	56.718	57.852	59.009
	Bi-Weekly	2,918.79	3,029.61	3,134.04	3,254.97	3,358.85	3,477.56	3,581.10	3,696.40	3,842.12	3,955.65	4,191.89	4,275.72	4,361.24	4,448.46	4,537.43	4,628.18	4,720.75
	Annual	75,888	78,769	81,484	84,629	87,330	90,416	93,108	96,106	99,895	102,846	108,989	111,168	113,392	115,660	117,973	120,332	122,739
FC	Hourly	38.909	40.494	41.676	43.058	44.426	45.764	47.221	48.614	50.442	51.917	54.985	56.079	57.196	58.335	59.496	60.681	61.890
	Bi-Weekly	3,112.75	3,239.55	3,334.09	3,444.46	3,554.07	3,661.08	3,777.69	3,889.13	4,035.37	4,153.34	4,398.79	4,486.35	4,575.67	4,666.78	4,759.71	4,854.49	4,951.18
	Annual	80,931	84,228	86,686	89,555	92,405	95,188	98,220	101,117	104,919	107,986	114,368	116,645	118,967	121,336	123,752	126,216	128,730
FD	Hourly	40.969	43.248	45.276	46.876	48.721	50.577	52.418	54.252	56.269	57.936	61.364	62.586	63.833	65.104	66.401	67.724	69.074
	Bi-Weekly	3,277.55	3,459.83	3,622.11	3,750.08	3,897.70	4,046.15	4,193.41	4,340.16	4,501.56	4,634.89	4,909.12	5,006.90	5,106.63	5,208.35	5,312.11	5,417.95	5,525.90
	Annual	85,216	89,955	94,174	97,501	101,340	105,199	109,028	112,844	117,040	120,507	127,637	130,179	132,772	135,417	138,114	140,866	143,673
FE	Hourly	43.756	45.521	46.876	48.721	50.577	52.418	54.252	56.040	58.175	59.885	63.441	64.705	65.994	67.309	68.650	70.018	71.413
	Bi-Weekly	3,500.45	3,641.64	3,750.08	3,897.70	4,046.15	4,193.41	4,340.16	4,483.22	4,654.04	4,790.81	5,075.32	5,176.41	5,279.54	5,384.72	5,492.01	5,601.44	5,713.06
	Annual	91,011	94,682	97,501	101,340	105,199	109,028	112,844	116,563	121,005	124,561	131,958	134,586	137,267	140,002	142,792	145,637	148,539
FF	Hourly	45.311	47.583	49.401	51.117	52.931	54.712	56.412	58.779	60.494	61.981	64.061	65.358	66.660	67.988	69.343	70.725	72.134
	Bi-Weekly	3,624.87	3,806.60	3,952.08	4,089.32	4,234.46	4,376.97	4,512.98	4,702.35	4,839.55	4,958.49	5,126.51	5,228.63	5,332.80	5,439.05	5,547.42	5,657.96	5,770.71
	Annual	94,246	98,971	102,754	106,322	110,095	113,801	117,337	122,261	125,828	128,920	133,289	135,944	138,652	141,415	144,232	147,106	150,038

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Effective June 1, 2024

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	34.971	36.171	37.302	38.506	39.948	41.322	42.843	44.557	46.326	47.657	50.499	51.509	52.539	53.590	54.662	55.755	56.870
	Bi-Weekly	2,797.70	2,893.71	2,984.13	3,080.50	3,195.87	3,305.75	3,427.42	3,564.59	3,706.07	3,812.59	4,039.94	4,120.73	4,203.15	4,287.21	4,372.96	4,460.42	4,549.62
	Annual	72,740	75,236	77,587	80,092	83,092	85,949	89,112	92,679	96,357	99,125	105,038	107,139	109,281	111,467	113,696	115,970	118,290
FB	Hourly	36.846	38.245	39.563	41.090	42.401	43.900	45.207	46.663	48.502	49.935	52.917	53.976	55.055	56.156	57.279	58.425	59.594
	Bi-Weekly	2,947.69	3,059.61	3,165.07	3,287.19	3,392.12	3,511.99	3,616.55	3,733.00	3,880.17	3,994.81	4,233.39	4,318.06	4,404.42	4,492.51	4,582.36	4,674.01	4,767.49
	Annual	76,640	79,549	82,291	85,467	88,195	91,311	94,030	97,058	100,864	103,865	110,068	112,269	114,514	116,805	119,141	121,524	123,954
FABM	Hourly	35.321	36.533	37.675	38.891	40.348	41.735	43.271	45.003	46.789	48.133	51.004	52.024	53.065	54.126	55.209	56.313	57.439
	Bi-Weekly	2,825.68	2,922.65	3,013.97	3,111.30	3,227.83	3,338.80	3,461.69	3,600.23	3,743.14	3,850.65	4,080.34	4,161.94	4,245.18	4,330.08	4,416.69	4,505.02	4,595.12
	Annual	73,467	75,988	78,363	80,893	83,923	86,808	90,004	93,606	97,321	100,116	106,088	108,210	110,374	112,582	114,833	117,130	119,473
FBBM	Hourly	37.215	38.628	39.959	41.501	42.825	44.339	45.659	47.129	48.987	50.435	53.447	54.515	55.606	56.718	57.852	59.009	60.190
	Bi-Weekly	2,977.17	3,090.20	3,196.72	3,320.07	3,426.04	3,547.11	3,652.72	3,770.33	3,918.97	4,034.76	4,275.72	4,361.24	4,448.46	4,537.43	4,628.18	4,720.75	4,815.16
	Annual	77,406	80,345	83,114	86,321	89,076	92,224	94,970	98,028	101,893	104,903	111,168	113,392	115,660	117,973	120,332	122,739	125,194
FC	Hourly	39.688	41.304	42.510	43.917	45.314	46.679	48.166	49.586	51.451	52.955	56.085	57.201	58.340	59.501	60.686	61.895	63.127
	Bi-Weekly	3,175.01	3,304.34	3,400.77	3,513.35	3,625.15	3,734.31	3,853.25	3,966.91	4,116.08	4,236.40	4,486.76	4,576.08	4,667.19	4,760.11	4,854.90	4,951.58	5,050.20
	Annual	82,550	85,912	88,420	91,347	94,253	97,091	100,184	103,139	107,017	110,146	116,655	118,978	121,346	123,762	126,227	128,741	131,305
FD	Hourly	41.789	44.113	46.182	47.813	49.696	51.588	53.466	55.337	57.395	59.095	62.591	63.838	65.110	66.407	67.729	69.079	70.455
	Bi-Weekly	3,343.10	3,529.02	3,694.56	3,825.06	3,975.66	4,127.07	4,277.28	4,426.96	4,591.59	4,727.59	5,007.31	5,107.04	5,208.76	5,312.52	5,418.35	5,526.31	5,636.42
	Annual	86,920	91,754	96,058	99,451	103,367	107,303	111,209	115,101	119,381	122,917	130,189	132,782	135,427	138,125	140,877	143,683	146,546
FE	Hourly	44.631	46.491	47.813	49.696	51.588	53.466	55.337	57.161	59.339	61.083	64.710	65.999	67.314	68.655	70.023	71.418	72.842
	Bi-Weekly	3,570.48	3,714.47	3,825.06	3,975.66	4,127.07	4,277.28	4,426.96	4,572.88	4,747.12	4,886.63	5,176.82	5,279.94	5,385.13	5,492.41	5,601.85	5,713.47	5,827.32
	Annual	92,831	96,576	99,451	103,367	107,303	111,209	115,101	118,894	123,425	127,052	134,597	137,278	140,013	142,802	145,647	148,550	151,510
FF	Hourly	46.217	48.534	50.389	52.139	53.989	55.806	57.640	59.955	61.704	63.221	65.363	66.665	67.993	69.348	70.730	72.139	73.577
	Bi-Weekly	3,697.37	3,882.74	4,031.12	4,171.11	4,319.15	4,464.50	4,609.24	4,796.39	4,936.34	5,057.66	5,229.04	5,333.21	5,439.45	5,547.83	5,658.37	5,771.12	5,886.13
	Annual	96,131	100,951	104,809	108,448	112,297	116,077	119,884	124,706	128,344	131,499	135,955	138,663	141,425	144,243	147,117	150,049	153,039

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BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	36.720	37.980	39.167	40.432	41.946	43.388	44.985	46.785	48.642	50.039	53.024	54.085	55.166	56.270	57.395	58.543	59.714
	Bi-Weekly	2,937.59	3,038.40	3,133.34	3,234.52	3,356.66	3,471.03	3,598.79	3,742.82	3,891.38	4,003.15	4,241.93	4,326.77	4,413.31	4,501.57	4,591.60	4,683.44	4,777.11
	Annual	76,377	78,998	81,466	84,097	87,247	90,246	93,568	97,313	101,175	104,082	110,290	112,496	114,745	117,040	119,381	121,769	124,204
FB	Hourly	38.688	40.157	41.542	43.144	44.522	46.095	47.487	48.996	50.927	52.432	55.563	56.675	57.808	58.964	60.143	61.346	62.573
	Bi-Weekly	3,095.08	3,212.59	3,323.32	3,451.55	3,561.72	3,687.59	3,797.38	3,919.65	4,074.17	4,194.56	4,445.06	4,533.96	4,624.64	4,717.13	4,811.48	4,907.71	5,005.86
	Annual	80,472	83,527	86,406	89,740	92,604	95,877	98,731	101,910	105,928	109,058	115,571	117,882	120,240	122,645	125,098	127,600	130,152
FABM	Hourly	37.087	38.360	39.558	40.836	42.365	43.822	45.435	47.253	49.129	50.540	53.554	54.625	55.718	56.832	57.969	59.128	60.311
	Bi-Weekly	2,966.96	3,068.75	3,164.67	3,266.87	3,389.22	3,505.74	3,634.78	3,780.24	3,930.29	4,043.19	4,284.35	4,370.04	4,457.44	4,546.59	4,637.52	4,730.27	4,824.88
	Annual	77,141	79,788	82,281	84,938	88,119	91,149	94,504	98,286	102,187	105,122	111,393	113,621	115,893	118,211	120,575	122,987	125,446
FBBM	Hourly	39.075	40.559	41.957	43.576	44.967	46.556	47.942	49.486	51.436	52.956	56.119	57.241	58.386	59.554	60.745	61.960	63.199
	Bi-Weekly	3,126.03	3,244.71	3,356.56	3,486.07	3,597.34	3,724.46	3,835.35	3,958.85	4,114.92	4,236.50	4,489.51	4,579.30	4,670.89	4,764.30	4,859.59	4,956.78	5,055.92
	Annual	81,276	84,362	87,270	90,637	93,530	96,836	99,719	102,930	106,987	110,149	116,727	119,061	121,443	123,871	126,349	128,876	131,453
FC	Hourly	41.672	43.370	44.635	46.113	47.580	49.013	50.574	52.066	54.023	55.603	58.889	60.061	61.257	62.477	63.721	64.990	66.284
	Bi-Weekly	3,333.76	3,469.56	3,570.81	3,689.02	3,806.41	3,921.02	4,045.91	4,165.25	4,321.88	4,448.22	4,711.10	4,804.88	4,900.55	4,998.12	5,097.65	5,199.16	5,302.71
	Annual	86,677	90,208	92,841	95,914	98,966	101,946	105,193	108,296	112,368	115,653	122,488	124,926	127,414	129,951	132,538	135,178	137,870
FD	Hourly	43.878	46.318	48.491	50.204	52.180	54.168	56.139	58.104	60.265	62.050	65.721	67.030	68.365	69.727	71.116	72.533	73.978
	Bi-Weekly	3,510.25	3,705.47	3,879.28	4,016.31	4,174.44	4,333.43	4,491.14	4,648.31	4,821.17	4,963.97	5,257.67	5,362.39	5,469.26	5,578.15	5,689.27	5,802.62	5,918.24
	Annual	91,266	96,342	100,861	104,424	108,535	112,669	116,769	120,856	125,350	129,063	136,699	139,422	142,199	145,031	147,921	150,868	153,874
FE	Hourly	46.862	48.752	50.204	52.180	54.168	56.139	58.104	60.019	62.306	64.137	67.946	69.299	70.680	72.088	73.524	74.989	76.484
	Bi-Weekly	3,748.98	3,900.20	4,016.31	4,174.44	4,333.43	4,491.14	4,648.31	4,801.53	4,984.48	5,130.96	5,435.66	5,543.94	5,654.38	5,767.03	5,881.94	5,999.14	6,118.69
	Annual	97,473	101,405	104,424	108,535	112,669	116,769	120,856	124,839	129,596	133,404	141,327	144,142	147,013	149,942	152,930	155,977	159,085
FF	Hourly	48.528	50.961	52.908	54.746	56.689	58.597	60.417	62.953	64.789	66.382	68.631	69.998	71.393	72.815	74.266	75.746	77.255
	Bi-Weekly	3,882.24	4,076.87	4,232.68	4,379.66	4,535.11	4,687.73	4,833.40	5,036.21	5,183.15	5,310.55	5,490.49	5,599.87	5,711.43	5,825.22	5,941.29	6,059.68	6,180.43
	Annual	100,938	105,998	110,049	113,871	117,912	121,880	125,668	130,941	134,762	138,074	142,752	145,596	148,497	151,455	154,473	157,551	160,691

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SCHEDULE II

BUREAU OF HUMAN RESOURCES

IN-HOUSE REGISTRY NURSES AND SPECIALTY CARE

6/1/2021	RG1	Hourly	$49.634
	RG2	Hourly	$52.800
12/1/2021	RG1	Hourly	$51.371
	RG2	Hourly	$54.648
6/1/2022	RG1	Hourly	$52.655
	RG2	Hourly	$56.015
6/1/2023	RG1	Hourly	$53.971
	RG2	Hourly	$57.415
6/1/2024	RG1	Hourly	$55.051
	RG2	Hourly	$58.563
6/1/2025	RG1	Hourly	$57.803
	RG2	Hourly	$61.491

COLLECTIVE BARGAINING AGREEMENT

Between

NATIONAL NURSES ORGANIZING COMMITTEE

National Nurses United

NATIONAL NURSES UNITED

NATIONAL NURSES ORGANIZING COMMITTEE

And

COUNTY OF COOK

APPROVED BY THE BOARD OF
COOK COUNTY COMMISSIONERS

SEP 23 2021

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December 1, 2020 through November 30, 2024

Effective upon approval by the Cook County Board of Commissioners

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COLLECTIVE BARGAINING AGREEMENT

This Agreement is made and entered into by and between the NATIONAL NURSES ORGANIZING COMMITTEE, hereinafter referred to as the "NNOC", and the County of Cook, hereinafter referred to as the "County".

PREAMBLE

To the extent that policies and practices exist which further define but do not contradict specific provisions of this Agreement, the parties intend to provide equal treatment for registered nurses in this Agreement without imposing the policies and practices of one health affiliate upon another. The NNOC and County have worked out this Agreement in order to promote cooperation between the County, the registered nurses and the NNOC to the end that the best possible nursing care will be provided.

ARTICLE I
Recognition

Section 1.1 Representation:

The County recognizes the NNOC as the sole and exclusive representative for all Registered Nurses employed by the County at the following institutions which, plus the Cook County Department of Public Health ("CCDPH"), hereafter in this Agreement individually shall be referred to as "affiliate" and collectively shall be referred to as "affiliates" - John H. Stroger, Jr. Hospital, Blue Island Health Center, Provident Hospital, Cermak Health Services, Juvenile Temporary Detention Center, Ambulatory and Community Health Network (ACHN) and the Ruth M. Rothstein CORE Center, ("CORE Center"), but excluding supervisory and management registered nurses and all other employees. Such recognition is for the purpose of setting wages, hours and working conditions. Hereafter, "RNs" refers to registered nurses in the unit of employees represented by the NNOC who perform the duties of the following classifications: Clinical Nurse I (license pending), Clinical Nurse I & II, Advanced Practice Nurse (Clinical Specialist, Nurse Midwife, and Nurse Practitioner), Nurse Clinician, Nurse Epidemiologist, Clinical Case Managers, Community Based Nurse Care Coordinator, Instructor, Senior Instructor and Master Instructor.

The County recognizes the NNOC as the sole and exclusive representative for all Registered Nurses in the Cook County Department of Public Health (CCDPH) who perform the duties of RN I, Public Health Nurse I, II, III (except for District Nursing Supervisors), and PHN IVs who are Advanced Practice Nurses.

Section 1.2 NNOC Membership:

The County does not object to NNOC membership by its registered nurses, and believes that certain benefits may inure from such membership. For the purpose of this Section, an RN shall be considered to be a member of the NNOC if he/she timely tenders the dues required as a condition of membership. The County will provide the NNOC with such opportunities as are necessary to orient new employees and other non-members to the responsibilities and benefits of NNOC

membership. Appropriate Hospital officials will cooperate with the NNOC in effecting these orientation sessions. Upon request, a representative of management will attend these orientation conferences to confirm and clarify management's interest in constructive relationships with RN employees and the NNOC. Orientation conferences may be on duty time for employees subject to orientation and for NNOC representatives who are employees.

Section 1.3 Dues Check-off:

With respect to any RN from whom the County receives individual written authorization in a form agreed upon by the NNOC and the County, the County shall deduct from the wages of the RN the dues required as a condition of membership, or a representation fee, and shall forward such amount to the NNOC within thirty (30) calendar days after close of the pay period for which the deductions are made.

Section 1.4 "Fair Share":

1. The County shall grant "Fair Share" to the NNOC in accordance with Sections 6 (e)-(g) of the Illinois Public Labor Relations Act upon satisfactory demonstration to the County that the NNOC has more than 50% of the eligible employees in the bargaining unit signed up as dues paying members. Once this condition has been met, all employees covered by this Agreement will within 30 days of the NNOC meeting said condition or within 30 days of their employment by the County either (1) become members of the NNOC and pay to the NNOC regular NNOC dues and fees or (2) will pay to the NNOC each month their fair share of the costs of the collective bargaining process, contract administration and pursuing matters affecting employee wages, hours, and other conditions of employment.

2. Such fair share payment by non-members shall be deducted by the County from the earnings of the non-member employees and remitted to the NNOC provided, however, that the NNOC shall certify to the County the amount constituting said fair share, not exceeding the dues uniformly required of members of the NNOC, and shall certify that said amount constitutes the non-members' proportionate share of his NNOC's costs of the collective bargaining process, contract administration and pursuing matters affecting employee wages, hours and other conditions of employment.

3. Upon receipt of such certification, the County shall cooperate with the NNOC to ascertain the names of and addresses of all employee non-members of the NNOC from whose earnings the fair share payments shall be deducted and their work locations.

4. Upon the NNOC's receipt of notice of an objection by a non-member to the fair share amount, the NNOC shall deposit in an escrow account, separate from all other NNOC funds, 50% of all fees being collected from non-NNOC employees. The NNOC shall furnish objectors and the County with verification of the terms of the escrow arrangement and, upon request, the status of the Fund as reported by the bank. The escrow fund will be established and maintained by a reputable independent bank or trust company and the agreement therefore shall provide that the escrow accounts be interest bearing at the highest

possible rate; that the escrowed funds be outside of the NNOC's control until the final disposition of the objection; and that the escrow fund will terminate and the fund therein be distributed by the terms of an ultimate award, determination, or judgment including any appeals or by the terms of a mutually agreeable settlement between the NNOC and an objector or group of objectors.

5. If an ultimate decision in any proceeding under the state or federal law directs that the amount of the fair share should be different than the amount fixed by the NNOC, the NNOC shall promptly adopt said determination and notify the County to change deductions from the earnings of non-members to said prescribed amount.

Section 1.5 Religious Exemption:

Employees who are members of a church or religious body having a bona fide religious tenet or teaching which prohibits the payment of a fair share contribution to an NNOC shall be required to pay an amount equal to their fair share of NNOC dues, as described in Section 1.4 (4), to a non-religious charitable organization mutually agreed upon by the NNOC, and the affected employees as set forth in Section (6) of the Illinois Public Labor Relations Act.

Section 1.6 Indemnification:

The NNOC shall indemnify and save the County harmless against any and all claims, demands, suits or other forms of liability that may arise out of or by mason of any action taken by the County for the purpose of complying with any provisions of this Agreement. If an incorrect deduction is made, the NNOC shall refund any such amount directly to the involved employee.

Section 1.7 Integrity of Bargaining Unit:

A. The parties agree that competent performance of the essential functions of bargaining unit Registered Nurses as determined by registered nursing and hospital licensing laws and regulations requires the application of scientific knowledge and technical skill in the physical, social and biological sciences and the exercise of independent, discretionary judgment by the direct care Registered Nurse in carrying out her patient care duties.

B. The Employer agrees it will not challenge the bargaining unit status of a bargaining unit position(s) covered by this Agreement by assigning additional duties to or removing direct patient care duties and responsibilities from Registered Nurse currently in the bargaining unit for the purpose of removing that Registered Nurse from the bargaining unit.

ARTICLE II
County and NNOC Rights and Obligations

Section 2.1 County Rights:

The NNOC recognizes that the County has the full authority and responsibility for directing its operations and determining policy. The County reserves these rights, powers, authority, duties and responsibilities; and in the adoption and application of such rules, regulations and policies as it

may deem necessary to carry them out, it shall be limited only by the specific and express terms of this Agreement to the extent permitted by law.

Section 2.2 County Obligation:

The NNOC recognizes that this Agreement does not empower the County to do anything that it is prohibited from doing by law.

Section 2.3 NNOC and County Meetings:

For the purpose of conferring on matters of mutual interest which are not appropriate for consideration under the grievance procedure, the NNOC and County agree to meet through their respectively designated representatives at the request of either party to hold Labor Management meetings. These meetings shall be held at mutually agreed upon times and locations. The party requesting the meeting shall prepare a written agenda one week prior to meeting if so asked by the other party. The NNOC and County shall each designate not more than three (3) representatives to a labor-management committee for this purpose.

Section 2.4 Gender:

Wherever the female gender is used in the Agreement, it shall be construed to include both male and female employees.

Section 2.5 Paid Negotiation Time:

Up to 20 employees who are on the negotiating team will be released for negotiations, including the hour before and the hour after negotiations, and to the extent that they were scheduled to work during those hours they shall be paid for up to 18 negotiation sessions. Such paid time shall not be considered for calculation of overtime premiums.

ARTICLE III
Hours of Work and Overtime

Section 3.1 Purpose of Article:

The provisions of this Article are intended to provide the basis for calculating overtime pay, and shall not be construed as a guarantee of hours of work per day or days per week, or pay in lieu thereof; or as a limitation upon the maximum hours per day or per week which may be required.

Section 3.2 Work Periods:

A. An RN who is scheduled to work and reports for work shall have the opportunity to work a full shift. The regular pay period shall consist of two (2) regular work weeks, and the regular work week shall commence with a shift beginning at or after 12:00 a.m. on Sunday. The regular work day for nurses on eight (8) hour shifts shall consist of eight and one-half (8-1/2) consecutive hours of work (including a one (1) hour lunch period, thirty (30) minutes of which will be paid and one (1) fifteen (15) minute paid break). However, for ACHN RNs, CORE Center RNs and Nurse Epidemiologists, QA RNs, EHS RNs, Clinical

Specialists, Nurse Practitioners, Discharge Planners, Nurse Educators/Instructors, Cardiac Cath Lab RNs, Psychiatric RNs except for those at Cermak, JTDC and anywhere else where Psychiatric RNs are on multiple shifts, and Specialty Procedure RNs except for those in Stroger Dialysis, Cermak and anywhere else where Specialty Procedure RNs are on multiple shifts, the regular work day for nurses on eight (8) hour shifts shall consist of eight and one-quarter (8-1/4) consecutive hours of work (including a forty-five (45) minute lunch period, thirty (30) minutes of which will be paid and one (1) fifteen (15) minute paid break). Notwithstanding the above, for RNs who do not give shift report, the regular work day shall consist of eight (8) consecutive hours of work (including a thirty (30) minute lunch period and one (1) fifteen (15) minute paid break. Throughout this Agreement, these shifts -- whether they last eight and one-half (8-1/2) hours, eight and one-quarter (8-1/4) hours, or eight (8) hours -- shall be referred to as eight (8) hour shifts.

The practice of scheduling ten (10) work days in each fourteen (14) day pay period will continue, and the County will also continue its present policy of not ordinarily scheduling its nursing staff for more than five (5) consecutive work days with consecutive days off.

B. The County may also post and fill RN positions in particular areas for ten and one-half (10-1/2) consecutive hours of work (including a one (1) hour lunch period, thirty (30) minutes of which will be paid and one (1) fifteen (15) minute paid break) on eight (8) work days in a fourteen (14) day period, and not ordinarily scheduling such work for individual RNs on more than four (4) consecutive work days with consecutive days off. If the County decides to implement such a schedule in any area, it will first discuss with the affected RNs the impact of the planned schedule and any hardships which it may impose on particular nurses. Insofar as practicable, the County will accommodate preferences of RNs for ten and one-half (10-1/2) and eight (8) hour shifts if both are scheduled in the same area. Otherwise, RNs so affected may exercise their rights under the job posting procedures in Article IV, Section 4.4, of this Agreement, or also may be assigned temporarily by the health facility to other positions, without loss of pay, until a position of the same grade and shift is available to them. Notwithstanding the above, for RNs who work ten (10) hour shifts who do not give shift reports, the regular work day shall consist of ten (10) consecutive hours of work including a thirty (30) minute paid lunch and an additional fifteen (15) minute paid break.

Hours worked in excess of ten and one-half (10-1/2) in one day or forty (40) in a week shall be paid for at the rate of time and one-half the applicable rate.

C. The County may post and fill RN positions for twelve and one-half (12-1/2) consecutive hours of work (including a one (1) hour meal period, forty-five (45) minutes of which will be paid, and a fifteen (15) minute paid break in the eight (8) hour segment of their work day, and a thirty (30) minute break, fifteen (15) minutes of which will be paid, in the four (4) hour segment of their work day) on six (6) work days in a fourteen (14) day period. Three shifts will be scheduled in each week. Job postings for these positions shall indicate on the shift bid or job posting ".9FTE." RNs working this schedule will be considered full-time employees, except to the extent to which the Cook County Pension Fund may limit pension credit to 90%. During the time a nurse is working a .9 FTE position, benefit time

accruals under sections 7.1 and 8.2 of this Agreement will be at 0.9 times the current applicable rate. For purposes of vacation accrual, a .9 FTE nurse will accrue vacation credit each week that an RN is paid for at least thirty-six (36) hours. A .9 FTE nurse will accrue sick leave for each month in which an RN is in pay status for at least 9 days. During the time a nurse is working a .9 FTE position, holiday pay under sections 6.1 and 6.5 of this Agreement will be made at 0.9 times the current applicable rate. To receive holiday pay, nurses working a .9 FTE position must have worked at least thirty-six (36) hours during the pay period in which the holiday occurs, unless on vacation or on paid sick leave during such period. Notwithstanding the above, for RNs who work twelve (12) hour shifts and who also do not give shift report, the regular work day shall consist of twelve (12) consecutive hours of work including a forty-five (45) minute paid lunch break in the eight (8) hour segment of their work and one (1) fifteen (15) minute paid break in the remaining four (4) hour segment of their work.

These RNs will not be required to work more than three (3) consecutive twelve and one-half (12-1/2) work days without consecutive days off.

D. All RNs working twelve (12) hour work days shall be paid one and one-half times their regular hourly rate (including any shift differential) for all hours worked in excess of twelve (12) in any regular twelve (12) hour work day, or over forty (40) in a week.

E. Four (4) week schedules at the hospitals and monthly schedules at CCDPH and JTDC shall be posted electronically two (2) weeks in advance of the beginning of the period covered by the schedule. Requests by RNs for time off on specified days of work will be received by management up to three (3) weeks prior to the date the schedule is posted. Such requests will not be unreasonably denied. Once posted, work schedules shall thereafter be changed only by mutual agreement between the RN and supervisor or due to emergency staffing needs as determined by the nursing supervisor, or an RN may mutually agree to change schedules with another RN subject to the supervisor's approval. Disagreements as to the application of this section can be taken up at Step 2 of the grievance procedure where prompt action will be taken. The County agrees to inform the nurse of changes in her work schedule in advance.

The RNs and APRNs in each in-patient unit and clinic will have the opportunity to submit a balanced schedule request to their supervisor at least three weeks prior to the date by which the supervisor must finalize and post the schedule.

1. Although the regular workday consists of eight (8) hour shifts, on some units the twelve and a half (12 ½) hour workday schedule is in effect and on some units a combination of eight (8) and twelve and a half hour (12 ½) shifts is in effect.

   Where these practices exist, not counting ACHN, they will continue, except as described in paragraph 2 below. The length of the shift of each bargaining unit position will be specified on the job posting and will not be changed unless there is mutual agreement to do so between the affected manager and RN or according to 2., below.

2. If the County decides that a different shift length than currently exists on a unit would better serve the operational needs of the unit, the County will first inform the nurses and the NNOC of the needed change at least four (4) weeks prior to the posting of the schedule in which the change will occur. The bargaining unit nurses on a unit may also request to meet regarding a change of shift length and the County will meet with NNOC and the nurses. In either case, the parties will meet no later than fourteen (14) days after receiving notice of the proposed change.

The parties will meet to discuss the need for the change, the impact of the change on the affected nurses and any hardships the change would impose. Insofar as reasonable, the County will accommodate the preferences of nurses. Special consideration will be given to using combinations of eight (8) and twelve (12) hour shifts on the unit. NNOC and the affected nurses will be made aware of the County's decision regarding any change or the denial of a request to change at least fourteen (14) days before the schedule is posted. RNs so affected may exercise their rights under the job posting procedures in Article IV, Section 4.4.

F. Notwithstanding any other language contained in this Agreement, the County may post positions that utilize shifts and combinations of shifts of from four (4) to twelve (12) hours in length to accommodate the operational needs, except that no nurse will be required to work more than five (5) days in a workweek. RNs will receive overtime for greater than forty (40) hours in a week

The County will notify a nurse whose schedule pattern will be changed significantly as soon as the need for the change is known, but at least one (1) week prior to the posting of the schedule during which the change will occur. If a nurse has a problem with the planned schedule change, the manager will discuss the impact of the change with her. The operational needs of the County will prevail on the posted schedule.

G. The usual work schedule for CCDPH RNs is 8:30 a.m. to 4:30 p.m. Those who report to work later in order to cover a P.M. clinic will have an equivalent schedule and such late schedules will be equitably distributed among all clinic RNs in the district office.

Section 3.3 <u>Overtime Pay</u>:

A. An RN shall be paid one and one-half times the average of the regular hourly rate (including any differentials) for all hours worked in excess of eight (8) in any regular work day, or over eighty (80) hours worked in any regular pay period. For purposes of calculating overtime, an employee's regular eight (8) hour shift shall be counted as eight (8) hours worked. Once scheduled, RNs regular hours or days of work shall not be altered to avoid payment of overtime to that nurse.

B. Nurse Clinicians, Instructors, Senior Instructors, Master Instructors, Advance Practice Nurses, and Nurse Epidemiologists may work Flextime Schedules, per departmental procedures, provided that a Flextime and Alternative Work Schedule Request Form is

submitted by the employee to his or her supervisor and such a request is approved before the Flextime Schedule goes into effect. Nurse Clinicians, Instructors, Senior Instructors, Master Instructors, Advance Practice Nurses and Nurse Epidemiologists whose normal work duties may occasionally require work outside their regularly scheduled work hours may, with the approval of their supervisor, flex their schedule within the same work week as the work performed outside their regularly scheduled work hours such that the employee does not work more than forty (40) hours in the affected work week.

C. When an RN works a double shift or an additional half shift, the RN will begin receiving overtime pay at the time that her regularly scheduled shift ends.

Section 3.4 No Duplication of Overtime Pay:

There shall be no pyramiding or duplicating of overtime pay. Hours compensated for at overtime rates under one provision of this Agreement shall be excluded as hours worked in computing overtime pay under any other provision.

Section 3.5 Overtime in Holiday Week:

A. The number of hours for which an RN is paid but which are not worked on a regular holiday (including a compensating day off), as defined in this Agreement, shall be considered as hours worked for the purpose of computing overtime unless this time is taken as part of a Family and Medical Leave as set forth in Section 10.5 of this Agreement.

B. RNs, who are denied the use of their compensatory time accrued for holidays worked within the forty-five (45) calendar days specified, will have this time counted as time worked for computing eligibility for overtime unless this time is taken as part of a Family and Medical Leave as set forth in Section 10.5 of this Agreement.

Section 3.6 Overtime Work:

A. There shall be no mandatory overtime except in an emergency as provided by the Hospital Licensing Act, as amended. In the event of such a state of emergency, the Affiliate/Affiliates will take all reasonable steps to utilize volunteers and to obtain coverage from other sources prior to mandating overtime. In such cases when mandatory overtime must be utilized the County will ensure the following guidelines have been met:

1. The steps for offering the needed overtime to RNs in and out of the scheduling unit on a voluntary basis shall have been taken;

2. Hardship to any individual RN shall have been considered;

3. Any such required overtime shall be reasonable in amount; and

4. Any such required overtime shall be equitably distributed among all eligible RNs.

The System will apply the overtime language that is contained in this Agreement in conformance with applicable state law.

B. Notice of overtime will be given as far in advance as practicable. Each affiliate will equitably distribute reasonable amounts of overtime first among bargaining unit RNs who desire to work overtime and who normally and customarily perform the same or related work in the scheduling unit. If more overtime is to be assigned than these RNs are willing or able to accept, it will be offered first to bargaining unit RNs on other units.

C. In order to work out solutions to any problems of involuntary overtime and related staff scheduling, upon request, the Professional Practice Committee will meet in an attempt to resolve any such issues.

D. No Affiliate shall discipline, discharge, or take any other adverse employment action against a nurse solely because the nurse refused to work mandated overtime if prohibited under subsection A.

Section 3.7 Overtime Exemption:

CCDPH RNs will be exempt from the overtime premium provisions of the Agreement. When operational need and financial conditions warrant, the County, at its sole discretion, may elect to provide CCDPH nurses with monetary compensation in lieu of compensatory time for overtime work performed. CCDPH will inform nurses regarding the method of compensation when issuing the notice of overtime work available. All such paid overtime will be computed as straight time up to forty (40) hours worked and at one and one-half time any hours worked in excess of forty (40) hours in a week.

Section 3.8 Overtime Limit:

For as long as Cook County Resolution 05-R, approved and adopted May 3, 2005, is in effect, Employees will be limited to no more than twenty (20) hours of overtime in any work week and no more than six hundred and twenty four (624) hours of overtime in any fiscal year.

However, to ensure appropriate standards of care, when persistent staffing shortages exist on a specific unit or units, emergencies, changes to operations, and the addition of clinical programs, as determined by CCHHS and in accordance with Section 17.1.(C) of this Agreement, CCHHS will allow employees to exceed these overtime limits in order to provide safe patient care following the procedures set forth below:

1. CCHHS will notify the Union of the removal of the overtime limitation, including the affected unit or units.

2. Upon providing such notice, CCHHS may post vacant positions in the affected unit(s) both internally and externally simultaneously. Except as set forth below, all other provisions of Sections 4.3 and 4.4 will remain in full force and effect.

3. Postings posted pursuant to paragraph 2 above, will clearly identify that internal applicants accepting these positions will waive their right to the sixty (60) day trial period set forth in Section 4.4(N) of this Agreement and RNs who apply for positions in response to such postings waive their right to the sixty (60) day trial period. RNs who apply for positions

in response to postings without notice of the Section 4.4(N) waiver will retain their rights under Section 4.4(N).

4. When staffing in the identified unit(s) reaches an appropriate level such that appropriate standards of care are met, CCHHS will notify the Union, will resume the overtime limit, and resume posting and filling positions in accordance with the procedure in Sections 4.3 and 4.4.

Section 3.9 Weekends:

A. A weekend is defined as beginning with the day shift Saturday and continuing through the night shift Sunday.

B. Insofar as practicable, when weekends are being worked at an affiliate the nursing supervisory staff will schedule RNs off duty for both days of every other weekend, except for RNs who make written requests for weekend work. The County will pay an additional $2.75 per hour for all weekend hours worked. Differences over what is practicable will be reviewed by the Professional Practice Committee created by Article XV of this Agreement, and this may be concurrent with the processing of a grievance on the same matter.

C. Supervisors will use cyclical scheduling patterns so that each nurse is off duty every other weekend and can therefore know in advance which weekends she can expect to be off duty, provided that:

1. If an RN wants a weekend off that otherwise would have been scheduled for her to work in her cyclical pattern, she can by mutual agreement, change with another RN. The supervisor must be notified in writing prior to change.

2. RNs are not required to make up any weekends they would have been scheduled to work when they are on vacation nor do they have to get another RN to cover their weekend when they are on vacation.

3. When the supervisor is preparing the schedule and an RN is needed to work a weekend day in addition to those regularly scheduled for every other weekend, the supervisor will first seek In-House Registry staff, then volunteers or staff from other areas/units. If these fail, RNs who otherwise would have been off duty may be scheduled to work one additional weekend day but no more than four (4) additional weekend days in a fiscal year. The least senior RN on the unit and shift will be scheduled first and not again until all other RNs on that unit and shift have worked one day.

D. Whenever an RN works a weekend day other than her regularly scheduled every other weekend, she will receive time and one-half her regular hourly rate (including any shift differential) for all hours worked unless she has requested in writing to work more than every other weekend. Any such payment at time and one-half will not include the $2.75 per hour weekend differential.

Section 3.10 Rotation from Permanent Shift - John H. Stroger Jr. Hospital, Provident Hospital:

A. Bargaining unit positions will be assigned to shifts as posted. Nothing in this section shall prohibit a Nurse from volunteering to work a different shift. An RN will not be required to rotate from her shift to cover for RNs who are on vacation or off duty due to a short-term illness.

B. Otherwise, if an RN is needed to rotate to another shift so that minimum staffing requirements are met, RNs involved will be asked to volunteer to cover the need. In the event that CCHHS' staffing needs cannot be met through the use of volunteers in this manner, CCHHS may use In-House Registry RNs or Agency nurses to meet its minimum staffing requirements. However, as a last resort, in the unlikely event CCHHS cannot meet its staffing requirements through any of these measures, RNs on the unit may be required to rotate for two (2) week periods, or longer if they request it. This will be done in reverse seniority order providing that no RN will have to rotate more than once in a fiscal year, unless all other RNs in the RNs classification on the ward or unit have also been required to rotate. No RN will be required to rotate as long as there are permanent vacancies on her shift or if the rotation will cause the RN's assigned shift to be short staffed.

ARTICLE IV
Seniority

Section 4.1 Probationary Period and Seniority:

For the purpose of this Agreement, the probationary period for a newly hired RN shall be one hundred eighty (180) calendar days. An employee who incurs a termination of seniority under Article IV, Section 4.10.A. who is rehired is a newly hired employee for purposes of this Article.

An RN shall have no seniority and may be terminated at any time during the probationary period for any lawful reason. Upon completion of the probationary period, the RN's seniority shall be computed as the date of most recent hire.

Section 4.2 Definitions:

For the purpose of this Agreement, the following terms shall be defined as follows:

A. Seniority - is the length of continuous employment by the County and its predecessor employers as a registered nurse (RN).

B. Classifications - are a group of bargaining unit positions as set out in Article I, Section 1.1.

C. Displacement - means any reduction or change in the allocation of bargaining unit positions, either temporary or permanent, which requires changes in the assignment of bargaining unit RN's to particular positions. A displacement may or may not be the result of a layoff.

D. Layoff - means the separation from employment because of lack of work or funds or abolition of a position, necessitating the reduction of the total number of bargaining unit employees in a County Affiliate or the total number of bargaining unit employees in a classification in a County Affiliate.

E. Lateral Transfer - means voluntary movement between positions within a classification.

F. Recall - means the reinstatement procedure that is followed when an RN is laid off or, due to a displacement, takes a position in a lower classification, or at another Affiliate, cluster, or unit.

Section 4.3 Promotion and Lateral Transfer:

In cases of promotions and lateral transfers preference shall be given to RNs as hereafter provided on the basis of:

1. Seniority, and

2. For lateral transfers, the applicant must meet the minimum qualifications of the job as established by the job posting and must not have received any discipline (written warning or higher) in the last twelve (12) months. For promotions, the applicant must: a) meet the minimum qualifications of the job as established by the job posting; b) have the ability and fitness to perform the job as demonstrated through employment records such as performance evaluations; c) have not received any discipline (written warning or higher) in the last twelve (12) months; and d) be interviewed.

When the qualifications in (2) are substantially equal among the RNs involved, seniority as hereafter provided shall be controlling.

Section 4.4 Job Postings:

A. The County shall send shift change vacancies via electronic mail to each NNOC Registered Nurse working in the unit (or, in ACHN of CCDPH, location) .

B. All unit/department posted positions shall be posted electronically and shall include an identification number, location, shift, date posted and the date the posting period closes as well as instructions to whom the RN should submit her/his bid for the shift or location change. Each of the postings shall contain the words "NNOC Members Only".

C. Such unit vacancies shall be posted electronically for a period not less than seven (7) calendar days. RNs will be awarded the shift/location posted positions by seniority only and the interview and testing process shall be waived for these positions. The most senior applicant for a shift/location vacancy shall be acted upon within seven (7) calendar days after the last day of the posting period.

D. RNs may apply for both the posted shift change vacancy and any vacancies created by filling the posted shift change vacancy. To be considered for a vacancy created by filling

the posted shift, the RN must indicate on the application that she or he is interested in other shifts besides the posted shift and indicate which shift times they would accept.

E. The County may fill any vacancies created by filling the posted shift change vacancy in seniority order among those RNs who noted in their application for the posted shift vacancy that they would accept another open shift vacancy. After filling the vacancy created by the initial posted shift vacancy and offering the resulting vacancies to those RNs who stated that they would accept other shift vacancies the County may post any remaining unselected vacancies internally per Section 4.4(F) below.

F. If no RN within the affected Affiliate's unit applies for this vacancy within the seven (7) calendar day posting period, said vacant position shall be posted internally on "Taleo" for fourteen (14) calendar days.

G. All "Taleo" postings shall include a requisition number, location, shift, the date posted, and the beginning and closing dates. All internal postings shall contain the words "NNOC Members Only".

H. During the internal posting period, all RNs may submit electronic applications. RNs in the unit/affiliate shall be given first preference and other RNs within the bargaining unit in another affiliate shall be given second preference. After the fourteen (14) calendar day system-wide posting period is over, and no internal candidates were interested or awarded the position, the County may post said positions externally.

I. CCHHS will provide NNOC an electronic copy of all posted vacancies and promotional opportunities.

J. RNs from within the affiliate where a vacancy exists with at least six (6) months seniority who submit an application for such positions shall be given preferential consideration in accordance with Section 4.3 for either a lateral reassignment or promotion, provided that the first preference shall be among RNs already assigned within the same unit/area/division or Affiliate. For all other vacancies, next preference is among all RNs within the System. RNs in higher paying classifications who apply will also be considered but without seniority preference.

K. If a vacancy is unable to be filled by a regular qualified RN, In-house registry applications from within the affiliate shall be considered before RNs outside of the County.

L. If the County is unable to fill a position from within an affiliate, applicants from other affiliates shall be considered according to Section 4.3. Regular qualified RNs will be considered first.

M. RNs that transfer from one affiliate to another shall have their names removed from one seniority list and added to the other without change in seniority date.

N. Internal applicants for vacancies will be acted upon within thirty (30) calendar days after the last day of the posting period.

O. An RN denied a promotion or lateral transfer shall receive a written notification including the reason for denial and the name of the RN to be promoted or transferred, and a copy will be sent to the NNOC. An RN may grieve a denial of job transfer or promotion to Step 2 within seven (7) calendar days from receipt of the notice of denial. The aggrieved position shall not be filled until a decision is rendered which shall be within seven (7) calendar days from the filing of the grievance. Time limits may be extended by mutual agreement.

P. RNs promoted or transferred hereunder shall serve a sixty (60) calendar day trial period in the new job and any RN failing during such period shall be returned to the position from which promoted or transferred.

Q. Vacancies may be filled temporarily (normally thirty (30) calendar days or less) with consideration of Section 4.4. Reassignment will be distributed as equitably as possible.

The filling of vacancies temporarily or making reassignments shall not be used by the County or CCHHS to avoid job posting provision of this section.

R. Full-time RNs who are promoted or transferred hereunder may request that they retain the FTE of the position from which they either promoted or transferred. Such requests are subject to approval of the Employer, will be assessed based on the current distribution of FTEs and the Staffing Plan within the destination unit and shift as well as operational needs, and will not be unreasonably denied.

Section 4.5 <u>Displacement, Layoff and Recall</u>:

A.

1. When the number of RNs in a classification is reduced on a unit (cluster at ACHN or CCDPH) for less than thirty (30) days, the Department will first solicit volunteers, in seniority order, for reassignment. If there are not enough volunteers, the least senior RNs may be reassigned at the discretion of the County Affiliate.

2. When the number of RNs in a classification is to be reduced or changed on a unit (cluster at ACHN or CCDPH) for thirty (30) days or longer, for each unit where one or more employees will be selected for displacement, the County will first seek volunteers. If there are insufficient volunteers, the RNs to be displaced shall be those with the least County seniority where ability and fitness to perform the remaining work is substantially equal.

3. When a division or unit or major part thereof is transferred from one location to another, such movement alone shall not be considered a displacement, a reduction in force or create new or vacant positions because the RNs will remain within the transferred units.

B. Prior to the date of displacement, the County has completed or shall complete the following:

1. If a substantial number of RNs are being displaced at one time, the Affiliate shall not hire RNs for posted positions until all RNs being displaced have had an opportunity to select a posted position, so that displaced RNs can be promptly reassigned to the extent possible in order to avoid layoffs. If an employee selects a position and for some reason cannot access it, the employee may displace any employee who was externally hired after her selection to a position that the employee could have selected.

2. The County shall notify the NNOC at least thirty (30) days prior to any displacement.
The County shall make available to NNOC a list of all nurses impacted by the displacement. Nurses selected for displacement shall be the least senior nurses in the impacted unit (cluster for ACHN and CCDPH). The County shall notify the impacted nurses at least 14 days prior to the displacement date. Copies of all displacement letters shall be forwarded to NNOC.

3. The County shall provide the NNOC with a list of registered nurse vacancies within the CCHHS.

4. The County shall provide the NNOC an updated seniority list for all impacted Affiliates, including shift information.

5. The County shall provide the NNOC with job postings and or job descriptions of all vacant positions available for nurses to select. The posting documents will include the minimum qualifications for each position.

6. The County shall provide a list(s) of filled In-house registry positions by location for the CCHHS. The lists include average work hours for each IHR position.

C. Displacement

1. If RNs are displaced from more than one classification at an Affiliate at the same time, displacements shall be implemented in one classification at a time, from highest to lowest affected classification.

2. Subject to Section C.3. below, a displaced RN who elects voluntary demotion shall be placed in seniority order among displaced RNs in the lower classification before any displaced RNs in the lower classification have chosen among (a), (b), (c) or (d). Displaced RNs shall elect one of the following options in accordance with their seniority highest to lowest:

   (a) Take a vacant position within the affected Affiliate.

(b) To displace the least senior RN in the same classification and cluster on any shift in which event the bumped RN will have option (a), (c), or (d).

(c) Volunteer to be placed in the pool of nurses by classification in seniority order from highest to lowest to select any vacant positions available outside of his/her affected Affiliate; or

(d) Take a voluntary layoff.

3. An RN who elects to exercise their bumping privileges as provided under Section C.2 (b) or applies for a vacant position as provided for in Section C.2. (a) or (c) shall be deemed qualified to fill the position if he/she possesses the minimum qualifications of the job posting.

4. If as a result of the displacement process a RN is placed in a position lower than his/her current salary grade, the RN will be placed in the step commensurate with Section 5.4. C.

5. After the process outlined in (a), (b), (c) and (d) is complete, RNs who transfer to a CCDPH RN position, will be placed at a salary step equal to her continuous service as an RN with Cook County (e.g., 3 years' continuous service = Step 3) plus credit for public health experience, (including voluntary demotion) in accordance with the applicable provision of Section 4.3 of the collective bargaining agreement.

6. Nurses accepting a position in a new area shall be provided with training and/or orientation as would be offered any new employee.

7. After the process above is complete and RNs who are displaced but cannot locate a comparable position in the system, may in seniority order from highest to lowest, take any In House Registry position identified on the list provided pursuant to Section 4.5.B.6., of this agreement. Any In House Registry nurse whose position is selected shall be provided with 14 day notice and then laid off with recall rights to future In House Registry positions only. Any nurses who select an In House Registry position will be subject to the working conditions (including the lack of certain benefits provided to regular employees) set forth in Article 14 of the collective bargaining agreement.

D. Layoff:

1. After the displacement process in Section C occurs, but before resorting to a layoff under this subsection, the County shall first provide a list of temporary assignments to nurses scheduled for layoff. Nurses who otherwise would be laid off can choose, subject to meeting the job qualifications as described in Section B and on seniority basis from highest to lowest, to accept such a temporary assignment in lieu of layoff, recognizing that the terms and conditions of the position, including compensation, benefits and time limitation of the opening, if any, will be equal to those that the person in the temporary assignment has been receiving.

2. RNs who are displaced but cannot locate a comparable position or opt not to select an In-House Registry or temporary position in the system may be laid off, without first laying off In-House registry nurses. The NNOC and the Nurses who are laid off shall be given fourteen (14) days' notice prior to the layoff. This notice provision does not apply to emergencies beyond County's control such as acts of nature, fire, floods, power failures or the result of decision of accrediting organization or government agencies.

E. Recall:

1. When in connection with Section D, an RN is laid off or takes a position in a lower classification under Section C, the County shall provide the RN with a written notice of this recall procedure. Such RNs shall have precedence for recall to their classification over new hires, promotions, demotions and transfers.

2. A displaced RN who moves laterally within her Affiliate to another unit, clinic, district office, shall be given the option to return to the unit, clinic, district office from which she was displaced if vacancies occur there within six (6) months of the date of displacement by seniority preference among displaced RNs desiring to return.

3. A displaced RN who moves laterally from one Affiliate to another shall be given the option to return to the Affiliate from which she was displaced if vacancies occur there within twelve (12) months of the date of displacement by seniority preference among displaced RNs desiring to return.

4. RNs that are laid off or take a position in a lower classification as a result of the displacement process shall be eligible for the following recall rights. For twenty-four (24) months after the date of the reduced classification/layoff as the case may be, nurses eligible for recall shall be given (in seniority order from highest to lowest) the opportunity to return to the Affiliate if a vacancy occurs in the classification they occupied prior to the displacement. County will notify in seniority order a recall-eligible nurse in writing of such available positions, and the notified nurse will have 10 days from the date of receiving the notice to accept the position and 15 days after acceptance to report to work. If a nurse does not timely accept a recall to a position in the Affiliate, the nurse's recall rights expire and the recall process for that position continues. If after County has exhausted the recall process for all recall-eligible nurses in an Affiliate for a particular classification, County will then notify (in seniority order) any nurse in other Affiliates eligible for recall into the same classification. Such recalled nurses will have 10 days to accept the position and 15 days after acceptance to report to work. If a nurse does not accept a recall position in a different Affiliate, the nurse's recall rights remain intact and the recall process for that position continues.

5. In a particular displacement, for six (6) months, employees who were displaced within one Affiliate (Paragraph 2 above) shall have preference to return over employees who were displaced from one Affiliate to another (Paragraph 3 above)

as well as priority over employees who were laid off (Paragraph 4 above). For twelve (12) months, employees who were displaced from one Affiliate to another (Paragraph 3 above) shall have preference to return over employees who were laid off.

6. Upon recall, nurses shall be credited with their previous seniority, benefit accrual rate, sick time and floating holiday benefits previously accrued but not paid out at time of layoff and be placed on the step nearest their last anniversary step in accordance with the collective bargaining agreement, but shall not accrue additional seniority while on layoff.

Section 4.6 Low Census Days:

Prior to the start of the shift, upon request, an RN may be granted a low census day if desired staffing requirements are met. In no circumstance shall any RN be given a low census day if it will result in unit staffing levels falling below the Facility Staffing Plan, as required by the Illinois Administrative Code, Title 77, Section 255.150.

Once granted a low census day, a Registered Nurse is considered off the schedule and is not required to maintain contact or be available to work, unless the Registered Nurse has chosen to make herself available by being placed On-Call, and is compensated accordingly, for the shift or portion thereof.

When the Affiliate determines that staffing exceeds census requirements for a particular day on a shift in a Division (Cermak, Stroger Hospital, Provident), or operational needs at (OFH), (ACHN), or (CCDPH), RNs in reverse seniority will be identified for a possible low census day.

Prior to notifying the RN(s), other Divisions, departments, district offices, or clinics within the Affiliate will be assessed to determine if staffing needs exist. If the RN(s) identified for a low census day is/are competent in an area with a staffing need, as per Article XIII, Section 12, the RN(s) will be reassigned. If any RN is scheduled for overtime, or any in-house or commercial registry is scheduled, in an area where the identified RN is competent, the overtime as well as the In-house or Commercial Registry will be canceled if necessary to accommodate the identified RN.

RNs assigned low census days who do not use benefit time shall have the option of making up the day in the same pay period as follows: if on that day or later in the same pay period in the same affiliate any other RN is scheduled to work overtime or as in-house or commercial registry in an area where the RN assigned low census is qualified, the overtime as well as the In-house or Commercial Registry will be canceled if the RN assigned a low census day chooses to work that assignment.

If the RN is given the low census day, the RN will be so notified or a telephone call will be made to the telephone number that the RN furnishes, at least one and one-half hours prior to the start of the shift. If the preceding sentence is not complied with and the RN reports for work she will receive at least two hours' pay for the day.

Low census days will not be granted during orientation. RNs may use accumulated vacation time when on a low census day. Benefit accrual will not be affected by low census days unless an RN is on unpaid status for more than one-half of the 28-day accounting period. An RN will not be mandatorily assigned a low census day if she has volunteered for, or been assigned, at least 120 hours of low census time in that calendar year (and an appropriately proportionate number for part-time employees).

Section 4.7 Evaluations:

An RN will be evaluated and counseled about the evaluation by the immediate supervisor on at least an annual basis. An RN will be shown all final written evaluations, and will have the right to respond to the evaluation. Both the evaluation and the response will be placed in the official personnel folder, and a copy of the evaluation will be furnished the RN upon request. The RN will have the right to review his/her personnel folder.

Section 4.8 Return to Bargaining Unit:

An RN who has been promoted or transferred out of a represented classification and who later transferred back to the unit, shall, upon return to the unit, be granted the seniority the RN would have had the RN continued to work in the unit. During the first ninety (90) calendar days or the probationary period (whichever is longer) in a job out of the employee unit which is represented by the NNOC, an RN shall have the right to return to the bargaining unit.

Section 4.9 Seniority List:

On or before January 31, April 30, July 31, and October 31 of each year, the County will furnish the NNOC a list showing the name, Employee ID number, classification (IHR, Part Time or Full Time), date of hire, department name, and seniority date of each RN at each CCHHS Affiliate.

Within forty-five calendar days after the date of posting, an RN may challenge any error in his/her relative position on the list or seniority date as it appears on the list. The Union and/or affected RN will notify the County via electronic mail of such error(s).The County will furnish the NNOC monthly reports of any changes to such list.

Section 4.10 Termination of Seniority:

A. An RNs seniority and employment relationship with the County shall terminate upon the occurrence of any of the following

1. Resignation or retirement;

2. Discharge for cause;

3. Absence for three (3) consecutive work days without notification to the department head or designee during such period of the reason for the absence, unless the RN provides verifiable proof of medical or personal emergency;

4. Failure to report for work at the termination of a leave of absence or vacation, unless the RN provides verifiable proof of medical or personal emergency or the System has miscommunicated or failed to communicate the process for return to work;

5. Absence from work because of lay-off or any other reason for six (6) months in the case of an RN with less than one (1) year of service when the absence began, or twelve (12) months in the case of all other RNs, except that this provision shall not apply in the case of an RN on an approved leave of absence, or absent from work because of illness or injury covered by duty disability or ordinary disability benefits;

6. Failure to notify the County within nine (9) calendar days of the RNs intent to report to work upon recall from lay-off, or failure to report for work within sixteen (16) calendar days, after notice to report for work is sent by registered or certified mail, or by telegram, to the RNs last address on file with the Personnel Office where the RN works; or

7. Proof of an RN on a sick leave of absence from Cook County or being paid sick pay by Cook County and working in another health care facility under similar conditions doing the same or similar work to that for which she/he was employed to do for Cook County unless permission to engage in such employment was granted in advance by the County in writing.

B. RNs who are rehired by the County within one year of termination of seniority as defined in A. above will be credited with their previous seniority for use in vacation preference, transfer, promotion, displacement, layoff and recall.

C. RNs who are rehired by the County within 30 days of termination of seniority as defined in A. above will be credited with their previous seniority and receive the same rate of pay and benefits as they were receiving prior to termination of their seniority.

Section 4.11 Discipline:

Discipline is imposed on a non-probationary RN when counseling has proven ineffectual or when the RNs conduct or failure to perform satisfactorily warrants such action. The County will discipline or discharge non-probationary RNs only for just cause. All discipline other than suspensions or terminations must be given within 30 days from when the County becomes aware of the alleged occurrence of the event. In cases of suspensions or terminations, if the Employer determines that an additional thirty (30) days is required to fully investigate the alleged infraction, the parties will agree to extend the time limit to sixty (60) days. In the event the NNOC requests to postpone the investigatory meeting, the thirty (30) or sixty (60) day time limit will be extended by the number of days of the postponement.

A. The following factors, if appropriate to the situation, will be considered by the County when deciding the level of discipline:

1. Documentation of the employee's past conduct;

2. Whether or not the employee was adequately warned or counseled of the consequences of her conduct;

3. Length of service;

4. Seriousness and circumstances of the particular offense;

5. County practice in similar cases; and

6. Motive and reason for violating a rule.

B. Except with respect to major cause offenses, discipline will be progressive.1. Progressive discipline for less serious offenses generally will be administered as follows:

Verbal Reprimand

Written Reprimand

Suspension

Discharge

2. Suspension for more than thirty days or discharge is invoked for repetition of the same or similar infractions or a combination of infractions for which there has been progressive disciplinary action, or for commission of a Major Cause infraction.

C. Major Cause is defined as, but not limited to the following behavior by an employee on duty or on the premises of any Cook County affiliate:

1. Use, possession, or being under the influence of alcohol, controlled substances, or non-prescribed drugs.

2. Fighting or disruptive behavior.

3. Patient, employee or visitor abuse or harassment including, but not limited to, racial and ethnic slurs.

4. Unauthorized possession of weapons.

5. Willful destruction of property.

6. Gross insubordination.

7. Theft of patient, employee or County property.

8. Negligence in performance of duties.

9. Misuse of timekeeping facilities or records.

10. Absence for three consecutive work days without notifying the immediate supervisor or department head.

11. Conviction of a State or Federal felony or plea of nolo contendere, regardless of whether on duty or on the premises of any County affiliate.

12. Intentional falsification of employment records or any other County records.

D. Suspension Pending Investigation

The County may place an RN on paid investigatory leave in order to review or investigate allegations of conduct which, in the County's view, would warrant relieving the nurse from all work duties. An investigatory leave shall not be considered discipline as defined in this Article.

E. Representation

RNs who are to be disciplined or who have a reasonable expectation of being disciplined are entitled to Union representation exclusively in any disciplinary proceedings. The County shall inform the RN of the right to Union representation prior to any meeting with the RN at which discipline is to be imposed. The RN shall be given an opportunity, if so desired, to notify the Union of said meeting. The RN shall not lose pay while attending such a meeting. All disciplinary action shall be documented on an appropriate form and copies will be provided to the RN and the Union in the disciplinary proceedings.

F. Expunging Disciplinary Actions

1. Verbal reprimands, except those issued for violations of the attendance policy, shall not be considered in subsequent disciplinary determinations if there are no same or similar incidents within a six (6) month period. Verbal reprimands issued for violations of the attendance policy shall not be considered in subsequent disciplinary determinations if there are no other violations of the attendance policy within a twelve (12) month period.

2. Written reprimands shall not be considered in subsequent disciplinary determinations if there are not same or similar incidents within a twelve (12) month period.

3. Suspensions will be disregarded after forty-eight (48) months from the date the suspension was issued, provided the employee has not received discipline for the same or similar offense during that forty-eight (48) month period.

Disregarded disciplines will not be considered in determining future disciplinary actions; provided, however, that neither the employee nor the Union will claim in any subsequent arbitration that the employee had a "clean" or "unblemished" record. In the event the Union or the employee makes such a claim or claims, the

County will be free to use any discipline issued to the employee regardless of the provisions of this Section.

G. Investigatory Meeting

An RN shall be notified in writing, which includes electronic mail, prior to any investigatory meeting with him/her concerning an incident or action for which he/she may be disciplined, except in cases where circumstances justify immediate verbal notice (i.e., where the meeting must take place immediately). The written notice shall identify the meeting time and place, and only under extraordinary circumstances as determined by the County, will the date and time be changed.

RNs are entitled exclusively to NNOC representation (whether it is a NNOC employee or NNOC Nurse Representative) during any investigatory meeting that is likely to result in any form of disciplinary action.

H. Suspension/Termination Meeting

The County will meet with the said RN and NNOC Representative to issue any suspension/termination. The County will notify NNOC in writing of any suspension, or termination concurrent with written notice to the RN. Such written notice shall state the reasons for suspension/termination, the effective date of suspension/termination, and notice of right to appeal.

I. All disciplinary action may be appealed through the Grievance Arbitration procedure.

J. Agreed-upon resolution regarding disciplinary grievances shall be implemented within 30 calendar days of the Agreement.

Section 4.12 Accrued Benefits at Separation:

Upon termination of employment, the RN shall be paid all vacation and holiday pay accrued through the last day worked, but shall not be paid for any accumulated sick leave.

ARTICLE V
Rates of Pay

Section 5.1 Salaries:

The job classifications, grade levels and hourly wage rates shall be set forth in Appendix A attached to this Agreement. For positions on the FA and FB scales, additional compensation for an appropriate Bachelor's Degree or a Master's Degree in Nursing will be one percent (1%) above the scale for non-Bachelor's Degree holding RNs. The scales for FC and above will be increased by $480 (such increase is reflected in the scales in Appendix A). Additional compensation for an appropriate Master's degree of eighty dollars ($80.00) per month above the salary schedules shown in Appendix A will be granted to RNs receiving such compensation as of November 30, 1980. Subsequent to this date, no additional compensation for a Master's Degree will be given to RNs

hired, nor to RNs employed prior to December 1, 1980, who earn a Master's Degree on, or after this date.

The salary grades and steps applicable to this bargaining unit shall be increased as follows during the term of this Agreement for employees on the active payroll as of union ratification and County approval of this Agreement:

Effective the first full pay period on or after 06/01/21, the new wage scales as attached in Appendix A, will be implemented. The new wage scales reflect the scales agreed to in bargaining plus an additional 1.5% in across-the-board increase.

Effective the first full pay period on or after 06/01/22 2.5%

Effective the first full pay period on or after 06/01/23 2.5%

Effective the first full pay period on or after 06/01/24 2.0%

In addition:

Effective upon ratification of this agreement by the County Board, all actively employed bargaining unit members will receive a one time $1,250 lump sum, non-compounding payment.

Effective 12/1/22, all actively employed bargaining unit members will receive a one-time $1,000 lump sum payment.

Effective upon ratification of this agreement, the first step on the salary schedules for all classifications will be restored by ten percent (10%). The wage rates set forth in the salary schedules in Appendix A have been adjusted to reflect the ten percent (10%) restoral.

Effective upon ratification of this Agreement, all RNs in the Integrated Care Departments who are currently at Grade FC will be upgraded to Grade FE.

Retention Bonus: Any bargaining unit members hired after ratification by the Cook County Board of Commissioners will receive a one-time, non-compounding retention bonus of $500 upon completion of two (2) years of service.

Pandemic Pay: Any bargaining unit member who is actively employed at the time of the ratification of this Agreement who has not already received pandemic pay and qualifies under the American Rescue Plan (ARP) will receive a one-time lump sum pandemic payment of $1750 upon ratification of this Agreement.

Section 5.2 Step Placement:

A. Each RN shall be paid the hourly wage rate for the position held at the step corresponding to length of service and present place on the steps of the appropriate grade, with progression from step to step after each year of service. All full-time RNs employed as of their individual anniversary dates shall be advanced one step in grade as of the pay period nearest to each such anniversary date. Any credit for prior experience granted at the time of initial

employment shall continue to be reflected in step placement. A newly graduated and newly licensed RN shall be placed at Step 1 of the new classification.

In hiring, credit shall be given on a uniform basis for prior experience in the classification for which hired, with placement up to and including Step 10. Upon hiring, or any subsequent change in any step placement, nurses shall be notified in writing of their step placement. Incumbent RNs and APNs who are in Step 8 or Step 9 on the date of approval of this Agreement by the Cook County Board of Commissioners who would have been hired at a higher step had this language been in effect on their date of hire shall have their step adjusted accordingly.

Employees hired at Step 1 will move to Step 2 upon completion of their probationary period and for purposes of step movement only their anniversary date shall be the date upon which they moved to Step 2.

B. In hiring for CCDPH, advanced step placement shall be given as above for prior experience in public health.

C. In hiring a Nurse Midwife, credit shall be given on a uniform basis for prior experience as a Nurse Midwife with placement beginning at Step 5 with no prior experience and up to Step 10 with five or more years of experience.

Section 5.3 New, Changed or Misclassifications:

A. During the term of this Agreement, the County may establish new and changed job classifications and change the duties of existing job classifications, provided that a major alteration of the classification structure shall not be made. In the event a new classification is placed in the bargaining unit for any reason, the County and NNOC agree to meet and bargain the terms and conditions of employment for that new classification, including rates or pay, work rules, etc., within thirty (30) days of their inclusion in the bargaining unit. The County may put the new and changed job classifications or duties into effect, and discuss and set terms and conditions of employment, including rates of pay with the NNOC, using the duties, responsibilities, qualifications and grade levels of the classifications in Appendix A as a guide for determining the new rate. If the parties are unable to agree on the rate of pay, the County may put a rate into effect, and the NNOC thereafter may submit any dispute to the grievance procedure.

B. An RN also may request that his/her position be reclassified, and the request will be reviewed by the RNs Department Head; if the Department Head agrees that the request is reasonable and/or justified, the Department Head will promote the RN if possible, or include this reclassification in the forthcoming departmental budget request.

C. A grievance claiming that a position is misclassified shall be submitted directly to the Director of Human Resources who shall decide the grievance after hearing the evidence and argument. The time limits for Step 3 (Article XI Section 11.5) shall apply for having a meeting and responding.

D. If the Director of Human Resources agrees that a change is warranted, it will be recommended for inclusion in the next fiscal budget.

E. RN's in the CCDPH who receive their BSN will be promoted to a vacant PHN1 field position if one exists in the district office they prefer. If not, CCDPH will propose that their RNI position be reclassified to a PHN1 position in the next fiscal year.

Section 5.4 Classification and Grade Changes:

If an RN is promoted, reclassified, demoted or transferred into another classification through the application of this Agreement, the following rules shall apply:

A. Promotion:

An RN who is promoted to a job in a higher salary grade shall be entitled to placement in the step of the new salary grade which will provide a salary increase at least two (2) steps above the salary received at the time the promotion is made, provided that --

1. The new salary does not exceed the maximum established for the grade to which the RN is promoted.

2. The new salary is not below the first step established for the grade to which the RN is promoted.

If the new classification represents a promotion for the RN from a classification outside the represented unit to a classification within the represented unit, the RN shall be placed in the lowest step in the progression schedule for the new classification which will provide the RN an increase in pay. Subsequent increases within any new classification shall occur as of the first pay period commencing after the effective date of placement in the new classification. In all cases of promotion, the effective date will set a new anniversary date.

B. Reclassifications:

1. An RN whose job is reclassified to a lower classification shall continue to receive compensation at the same rate received immediately prior to reclassification. Such action shall not change the RNs anniversary date. If the salary rate received immediately prior to reclassification is less than the last step rate of the lower classification, the RN shall be entitled to further step advancement.

2. An RN whose job is reclassified to a higher classification shall be placed in the first step of the higher grade which provides an increase one (1) step above the salary received at the time of the reclassification. Such, action will change the RNs anniversary date.

3. In all cases of reclassification, the RN shall receive at least the first step of the grade to which the position is reclassified.

C. Demotions:

The following shall apply to demotions from one grade to another:

1. An RN performing the duties of a job in a higher salary grade and demoted to a job in a lower salary grade, shall have the salary adjusted in the new job to the same step of the new salary grade as was received in the salary grade of the job from which demoted.

2. An RN promoted to a job in a higher salary grade and subsequently demoted to a job in a lower salary grade, shall have the salary adjusted to the step of the salary grade to which the RN would be entitled had the RN remained in the salary grade from which the RN was promoted.

D. Transfers:

An RN transferring from one department to another in the same job classification and/or grade shall be eligible to receive the salary the RN had been receiving at the time of transfer. Such appointment shall not set a new anniversary date.

E. Upgrades:

An employee whose position is upgraded shall be placed in the first step of the new grade which is at least the same as the salary the employee was receiving prior to being upgraded, except that the step placement will not be less than the step placement would be for a new employee with the same amount of experience. In all cases of upgrading, the employee shall receive at least the first step of the new grade and shall retain the anniversary date held prior to the upgrading.

Section 5.5 Shift Differential:

A. Except as set forth below an RNs will be paid a premium of $2.75 per hour for all shifts that start after 3:00 p.m. and before 11:00 p.m. An RN will be paid a premium of $3.00 per hour for all shifts that start after 11:00 p.m. and before 7:00 a.m. .

B. Shift differential will be paid to any RN working a full or partial evening or night shift at any time, except when an RN works less than one hour of an evening or night shift immediately before or after working a full or partial day shift.

C. RNs regularly assigned to p.m. or night shifts who work temporarily on the day shift at the request of the Hospital will retain shift differential pay.

D. CCDPH, ACHN, and CORE RNs whose shifts end prior to 5:00 p.m. shall be exempt from shift differential provisions of this agreement. However, RNs who work clinic late start days will be paid the shift differential for scheduled hours beyond 5:00 p.m. on those days.

Section 5.6 On-Call Pay - Open Heart Team:

A. On-Call for the Open Heart Team shall be for the purpose of providing care for open heart cases only.

B. All members of the Open Heart Team shall share the on-call assignments. Nurses on the Open Heart Team will volunteer for on-call shift assignments. Any remaining on-call will be distributed equally among team members. Only two on-call shifts will be assigned per week. Open Heart Team nurses may volunteer for more than two on-call shifts per week.

C. On-call shifts on weekdays shall be for 16 hours, 2:30 p.m. to 6:30 a.m., and on weekends and holidays for 12 or 24 hours. Nurses must be available for one hour prior to the shift. Except for weekends and holidays, RNs will not be involuntarily assigned to be on-call on their day off.

D. Nurses' assigned On-Call may have another Open Heart Team member take her assignment provided that management is notified of the substitution.

E. The Nurse who is on-call shall:

1. Provide the hospital with a phone number where she/he can be reached and shall be provided with a pager.

2. Be expected to be in OR attire within 30 minutes of notification.

3. Be provided with an on-call room, non-smoking and adequately ventilated.

4. Have access to parking in the lot closest to the hospital and security escort to and from her/his car.

5. Call in sick at least one hour before call availability begins (two hours before the start of shift)

6. Be paid at the rate of $5.00 per hour.

7. Be paid at one and one-half times the regular hourly rate (including differentials) for all hours worked from the time of arrival in the Operating Room with a minimum of four hours of such pay.

F. Open Heart On-Call Staffing Committee:

1. The Committee will consist of one CN II, one CN I, one NNOC Grievance Representative and up to two management designees.

2. The Committee will meet as needed to evaluate the Open Heart Team On-Call program, where there is a conflict over the provisions of this language, and when there is an increase of the number of open heart cases per week.

G. Failure to respond: In the event a nurse who is on-call cannot be reached, all on-call pay shall be forfeited for that assigned shift. If another Open Heart Team member accepts the call, this nurse will receive compensation from the beginning of the designated call shift, according to the provisions of this section.

Section 5.7 John H. Stroger, Jr. Hospital: On-Call:

A. On-Call for the Operating Room, the Post Anesthesia Care Unit, the CATH lab, Radiology, Dialysis and, when implemented, Labor and Delivery, will be used to supplement regular staff when there is an emergency need. On-call will not be used to cover predictable staffing needs.

B. Four week schedules will be posted four weeks in advance and will indicate the need for 8-hour On-Call shifts and 12-hour On-Call shifts for the Main Operating Room and Post Anesthesia Care Unit, Radiology, Dialysis, and Labor and Delivery. On-Call shifts will be equitably distributed first to permanently assigned full and part-time staff who volunteer and next to in-house registry nurses who volunteer. RNs who have completed their 6th month of orientation may volunteer. Remaining uncovered shifts will be assigned in order of least seniority of all RNs. Any RN assigned shall be notified by his/her supervisor one week prior to the official posting of the On-Call schedule. No RN, including in-house registry nurses, will have to volunteer or be assigned for more than one (1) On-Call shift per schedule, rotating through entire staff before another On-Call is assigned. RNs may volunteer for more than one (1) On-Call shift per schedule.

C. On-Call shifts for the Stroger Main Operating Room will be 12 hours on Saturday and Sunday, 6:30 a.m. to 6:30 p.m. and 6:30 p.m. to 6:30 a.m. On-Call shifts at Stroger, other than the Main Operating Room, will be 8 hours or 12 hours to correspond with the regular shifts utilized in the unit. A nurse will not be scheduled to work or be On-Call more than 16 consecutive hours within a 24-hour period. CATH Lab and Dialysis On-Call shall commence after the last patient procedure is completed.

D. On units where the County utilizes on-call, written on-call guidelines will be maintained for the unit. Such guidelines, including changes to those guidelines, will be subject to review and comment by the Staffing Committee as provided in Section 17.1.

E. The parties agree to establish a committee made up of equal members of management and RNs from the units in which on-call schedules exist for the purpose of monitoring on-call schedules. The committee will meet on a weekly basis. Should the committee determine that an RN has been scheduled for on-call in violation of the agreement, CCH will promptly remedy the violation.

F. Nurses may trade on-call shifts provided management is notified of the substitution one hour in advance of call availability (two hours before the start of the shift).

G. The Nurse who is on-call shall:

1. Provide the hospital with a phone number where she can be reached and shall be provided with a pager.

2. Be expected to be in OR attire within 60 minutes of notification.

3. Shall be available for on-call one hour prior to the start of the shift.

4. Be provided with an on-call room, non-smoking and adequately ventilated.

5. Have access to parking in the lot closest to the hospital and security escort to and from her car.

6. Call in sick at least one hour before call availability begins (two hours before the start of the shift).

7. Be paid $5.00 per hour ($5.00 per hour for nurse midwives) and at one and one-half times the hourly on-call base rate for holidays.

8. Be paid at least one and one-half times the regular hourly rate (including differentials) for all hours worked from the time of arrival at the work station with a minimum of four (4) hours such pay.

9. Shall return the pager at the start of the next regularly scheduled shift or prior to extended time away from work.

H. Failure to respond: In the event a nurse "on-call" cannot be reached, all on-call pay shall be forfeited. If another nurse is reached and accepts the call that nurse will receive compensation from the beginning of the designated availability time, according to the provisions of this section.

I. A labor/management committee will meet as needed when there is a question of how the provisions of this agreement are being utilized. The committee will consist of one CNII, one CNI, and one NNOC grievance representative and up to two management designees.

Section 5.8 Transfer Center On-Call:

Bargaining unit members assigned on-call duty in the Transfer Center will be paid an hourly rate of $5.00 for all hours they are in on-call status and will be paid their regular hourly rate for actual time spent on phone calls related to the Transfer Unit with a minimum payment of a quarter hour per call.

Section 5.9 Provident Hospital: OR/PACU On-Call:

A. On-Call for the Operating Room and the Post Anesthesia Recovery Room will be used to cover emergency procedures and to supplement regular staff when there is an emergency need. On-call will not be used to cover predictable staffing needs.

B. Four (4) week schedules will be posted two weeks in advance and will indicate the need for weekday and weekend on-call shifts. On-Call shifts will be equitably distributed first to permanently assigned full and part-time staff who volunteer and next to In-House Registry Nurses who volunteer.

RNs who have completed their orientation will participate in the on-call rotation. Remaining uncovered shifts will be assigned equitably among the RNs, the equitableness

to be determined by the Committee in G. below. RNs may volunteer for more than one on-call shift per month.

C. On-Call shifts for OR will be 16 hours, Monday through Friday, 3:00 p.m. to 7:00 a.m. and 12 hours Saturday, Sunday and Holidays 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 am. A nurse will not be scheduled to be on-call more than 16 hours. A nurse who is on-call and works four (4) hours or more between 11:00 p.m. and 7:00 a.m. on a Sunday through Thursday night will have the next day off if requested.

For PACU on-call shifts will be 16 hours 4:00 p.m. to 8:00 am., Monday through Friday; and 12 hours Saturday, Sunday, and Holidays 8:00 am. to 8:00 pm./8:00 p.m. to 8:00 am.

D. Nurses may trade on-call shifts provided management is notified of the substitution one hour in advance of call availability (two hours before the start of the shift).

E. The nurse on-call shall:

1. Provide the Hospital with a phone number where she/he can be reached and shall be provided with a pager.

2. Be expected to be in the affiliate within thirty minutes of notification.

3. Shall be available for on-call one hour prior to the start of the shift.

4. Be provided with an on-call room within the main building of the hospital, non-smoking and adequately ventilated.

5. Have access to general parking structure during normal operating hours or when using on-site on-call rooms for the entire shift; parking spaces will be available in front of the hospital for nurses responding to an urgent/emergency call.

6. Call in sick at least one hour before call availability begins (two hours before the start of the shift).

7. Be paid $5.00/hour and at one and one-half times the hourly on-call base rate for holidays.

8. Be paid at one and one-half times the regular hourly rate (including differentials) for all hours worked from the time of arrival at the work station with a minimum of four (4) hours of such pay.

F. Failure to respond: In the event a nurse "on-call" cannot be reached, all on-call pay shall be forfeited. If another nurse is reached and accepts the call, that nurse will receive compensation from the beginning of the designated availability time, according to the provisions of this section.

G. A labor/management committee will meet as needed when there is a question of how the provisions of this Agreement are being utilized. The committee will consist of one CNII, one CNI, and an NNOC grievance representative and up to two management designees.

Section 5.10 Part-Time RNs:

All part-time RNs shall be advanced one (1) step in grade as of the first pay period commencing after completion of the equivalency of one year's full-time service since their last advancement of a step or placement therein. Newly hired RNs may be placed in the appropriate grade up to the eighth step of the salary schedule, provided that such placement is given on a uniform basis for prior experience in the position for which hired. Full-time RNs who hereafter become part-time RNs, or part-time RNs who hereafter become full-time RNs, shall be initially retained at their then present step, and thereafter shall progress from step to step under the provisions of this Agreement. Part-time nurses shall receive pro rata benefits for insurance, shift differential, jury service, bereavement leave, holidays, vacation, sick time, tuition reimbursement; and pro rata compensation for an appropriate Bachelor's Degree. All other provisions of this Agreement shall be equally applicable to part-time RNs on a pro rata basis, RNs requesting a change from or to full-time or part-time status shall be given preference over new hires in filling vacancies for which they are qualified. Benefits accrued prior to such a change in status will be retained and used as specified in this Agreement. Part-time RNs may be required to work five out of twelve holidays, three of which shall be major holidays; and two consecutive weekend days plus one additional weekend day per month.

Section 5.11 CCDPH Part-Time Nurses:

A. The following rates of pay shall apply:

1. Part-time Registered Nurse Is will be paid at the appropriate In-house Registry rate.

2. Part-time Public Health Nurse IV's will be paid at an hourly rate which is 30% above the appropriate in-house registry rate.

B. Part-time nurses in CCDPH work irregular hours. Schedules will be posted 10 days before the first of the month, based on Department need and requested hours submitted by the nurse. The maximum number of hours of work is 6 1/2 hours per day and 32 1/2 hours per week. There is no required minimum number of hours of work.

If there are more hours of work requested than there is a need by the Department, the County shall distribute the available work based on ability, fitness and seniority.

C. The following provisions of this Agreement shall not apply to these CCDPH part-time nurses:

ARTICLE III	Sections 3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9
ARTICLE V	Sections 5.1, 5.2, 5.5, 5.6, 5.7, 5.8, 5.9, 5.12
ARTICLE VI	All
ARTICLE VII	All

ARTICLE VIII	Sections 8.1, 8.2, 8.4, 8.6, 8.7, 8.8, and 8.10
ARTICLE IX	All
ARTICLE X	All (Except FMLA will apply if the RN is eligible)
ARTICLE XIII	Section 13.7

Section 5.12 Temporary Assignment Rates:

A. When any RN at John H. Stroger, Jr. Hospital, Provident Hospital, Cermak Health Services, ACHN, CORE Center or JTDC is temporarily assigned or performs charge responsibilities, or at Oak Forest Health Center is temporarily assigned or performs most other, different responsibilities, regularly being performed by RNs in another classification, the RN shall be paid $1.75 in addition to the regular hourly rate.

B. CCDPH RNs who are in charge of a clinic will receive $1.75 per hour for each hour that they are in charge.

Section 5.13 Travel Reimbursement Policy:

County employees, with prior permission of their Department, may use private vehicles for County business and shall do so in accordance with the Cook County Vehicle Policy Ordinance.

CCDPH RNs shall be reimbursed for the use of their personally owned automobiles on the basis of business miles driven in accordance with the Cook County Travel and Transportation Expense Reimbursement Policy.

When ownership of a vehicle is a requirement for hire in a specific job title or functional area, such nurse shall have the option to request per diem reimbursement on the basis of $5 for each day worked.

Section 5.14 Critical Care and Operating Room Differential:

A. CNI's and CNII's who work in a critical care unit, labor and delivery, hemodialysis, or in perioperative services will receive an additional thirty-five cents ($.35) per hour for all hours worked.

B. CNI's and CNII's who work in, or in perioperative services, dialysis, CATH lab, radiology and labor and delivery will receive an additional one dollar ($1.00) per hour for all hours worked.

Section 5.15 Preceptors:

The County will establish a preceptor program. Qualified RNs who volunteer to be designated as Preceptors will be selected to attend this employer provided preceptor training program based on experience and qualifications/skill set.

In cases where the above criteria are relatively equal among the RNs being considered, seniority will govern. RNs shall be paid their regular hourly rate for attending the training. Training shall be conducted during the RN's regular work hours.

When Preceptors are assigned, such assignments shall be on a rotational basis from RNs who have been trained as Preceptors. A preceptor is an RN designated by the County who voluntarily agrees to perform that role. Preceptors will be paid a preceptor pay differential of one dollar ($1.00) per hour for all hours worked in the performance of the preceptor role.

To be considered for assignment as a preceptor, an RN must have completed the Cook County preceptor training described below and have at least two (2) years of satisfactory experience as a RN in the relevant area of clinical expertise, with demonstrated current competency in the department which the RN is assigned.

Preceptor Training

The Employer will develop a Preceptor training program, within six months of the signing of this agreement. The program will be implemented six months later.

Training for Preceptors shall be conducted during the RN's regular work time. The program will include classroom instruction as well as mentoring by trained instructors In the event the Preceptor is not meeting the standards of Preceptor ship, he/she shall be removed from that role.

Program

Preceptor ships shall be individualized for each preceptor RN based on experience, skills, and the individual training needs of the Preceptor in question. Nurse Coordinators and the Nurse Clinician shall meet weekly with each Preceptee and his/ her Preceptor to discuss his/her progress and provide feedback.

Staffing

When an RN is assigned to perform preceptor duties, the preceptor and Preceptee shall share a single assignment and only one of the nursing pair shall be counted in the staffing mix. A Preceptee or trainee shall not be floated to a different unit during the preceptorship, except in response to a declared national, state, or municipal disaster or other catastrophic event, or implementation of the County's disaster plan that will substantially affect or increase the need for health care services (and then only for a limited period until the emergent situation is rectified) or if such experience in a different unit will assist in meeting the learning/training requirements of the Preceptee..

Section 5.16 Cermak and JTDC Hazard Pay:

Registered Nurses working at Cermak and the Juvenile Temporary Detention Facility shall be paid a hazard pay differential of one dollar ($2.50) per hour for all hours worked.

Section 5.17 In-House Floating Pool RNs:

RNs assigned to the In-House Floating Pool pursuant to Section 13.12 of this agreement shall be paid a differential of two-dollars and seventy-five cents ($2.75) per hour for all hours worked.

Section 5.18 APNs at the CORE Center:

A. APNs who work at the CORE Center shall be paid on a salaried basis and shall not be paid shift differential, On-Call pay, or for any overtime hours worked as overtime a defined in the parties' collective bargaining agreement, and they will be required to carry a beeper when they are away from the practice but not on vacation or leave.

B. These APNs shall only be required to swipe once per work day.

C. These APNs shall only be paid on a salaried basis pursuant to the bi-weekly schedule for Grade FF nurses in Schedule 11 of this Agreement.

ARTICLE VI
Holidays

Section 6.1 Regular Holidays:

All full-time RNs will receive a day off with 8 hours of pay for each of the following holidays:

Christmas Day	Juneteenth
New Year's Day	Fourth of July
Martin Luther King's Birthday	Labor Day
Lincoln's Birthday	Columbus Day
Presidents' Birthday	Veteran's Day
Memorial Day	Thanksgiving Day

Other generally accepted religious holidays falling within four (4) months of any of the above-mentioned holidays may be substituted for such holiday (except at affiliates which are closed on the above holidays).

Section 6.2 Eligibility:

To be eligible for holiday pay, an RN must satisfy each of the following requirements:

A. The RN must have worked the regularly scheduled number of hours on his/her last scheduled day before, and his/her first scheduled day after the holiday (not the compensating day off), unless the nurse has a reasonable explanation for failing to work.

B. The RN must have worked at least forty (40) hours during the pay period in which the holiday occurs, unless on vacation or on paid sick leave during such period.

RNs may have to work on holidays, but no RN should have to work more than three (3) of the six (6) major holidays (Christmas Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and New Year's Day) in any County fiscal year.

Section 6.3 Compensating Days Off:

(Applies to all holidays for CCDPH RNs; applies to major holidays only for all other RNs.) For each holiday worked an RN shall be given a compensating day off with pay at a mutually agreeable time, but it must be taken within forty-five (45) calendar days after the holiday or, if not, the RN

will receive an additional eight (8) hours straight-time pay at the rate received for working the holiday.

An RN who works on a certain holiday or who takes a previously earned compensating day on a certain holiday may schedule the compensating day for that holiday on another holiday falling within the next forty-five (45) calendar days. RNs eligible for such compensating day off shall be paid eight (8) hours pay including shift differential, if applicable, at their hourly rate. If a holiday falls within an RNs vacation, the RN also will be allowed a compensating day off. If an RN does not work on a scheduled holiday due to illness, such shall be considered sick time and not holiday time, unless the RN is off work due to that illness for the entire calendar week in which the holiday falls and the RN provides verification of the illness.

Section 6.4 Failure to Report:

An RN scheduled to work on a holiday, but who fails to report, shall not be eligible for a paid holiday unless the RN presents appropriate documentation demonstrating that the absence was unforeseen and necessary.

Section 6.5 Holidays Worked:

A. An RN who works on a holiday as defined in Section 6.1 of this Article shall have the option of either: 1) being compensated at time and one-half her basic straight time rate (including any differential) for all hours worked and receiving a compensating day off with 8 hours of pay as provided in Section 6.1 of this Article, or 2) being compensated at time and a half her basic straight time rate (including any differential) for all hours worked and receiving an additional 8 hours of pay in that pay period and no compensating day off as called for in Section 1 of this Article.

B. CCDPH nurses assigned to work a clinic on a holiday will work a full shift. In the event that the clinic does not run for a full shift, the nurse will utilize the remainder of the shift for customary work.

CCDPH nurses shall not be paid portal to portal time on holidays, but shall be compensated for all hours worked as in Part A above.

Section 6.6 Floating Holiday:

In addition to the foregoing paid holidays, RNs shall be credited with one (1) floating holiday on December 1 of each year, which an RN may schedule in advance, pursuant to operational needs. The RN may request to use her floating holiday at any time during the fiscal year, but absent extenuating circumstances must request it at least five (5) weeks in advance. Requests shall not be unreasonably denied. If an RN is required to work on a scheduled floating holiday by the Employer, the RN shall be entitled to holiday pay pursuant to Article VI, Section 6.5.

ARTICLE VII
Vacation Leave

Section 7.1 Accrual:

Vacation credit shall be earned each week that an RN is paid for at least forty (40) hours. The rate of accrual shall be calculated on a bi-weekly basis as follows:

Years of Grade	Service	Annual Vacation	Bi-Weekly Rate of Accrual
A	1	4 Weeks	6.154 Hours
	2	5 Weeks	7.692 Hours
B, C, D, E, F	1	5 Weeks	7.692 Hours

Section 7.2 Eligibility:

A. RNs may use only such vacation leave as has been earned and accrued provided, however, that ten (10) working days of the initial annual vacation leave may be taken after the first six (6) months of service. After six (6) months of service, RNs may use such vacation leave that they have earned and accrued in full days or, where practicable, in half days.

B. RNs may accumulate a maximum of twice the amount to which they are entitled per year. However, should an RN exceed the maximum accumulation allowed as a result of a delay in the scheduled vacation at the request of the affiliate, the scheduled vacation must be taken by the end of the next scheduling period as specified in Section 5 of this Article.

Section 7.3 Vacation Pay:

Vacation pay shall be at the rate of pay of the RN at the time vacation is taken, which shall include shift differential if the RN has been entitled to such pay for at least six (6) months prior to the vacation and notwithstanding a temporary assignment to the day shift. RNs assigned to evening and night shifts for a portion of their regular work week shall receive pro rata shift differential in their vacation pay.

The number of hours for which an RN is paid for earned, approved vacation, but which are not worked, shall be considered as hours worked for the purpose of computing overtime unless the vacation time is taken as part of a Family and Medical Leave as set forth in Section 10.5 of this Agreement.

Section 7.4 Vacation Preference:

Insofar as practicable, vacations will be granted to meet the request of RNs and seniority will control in conflicts between RNs covered by this Agreement at the time of scheduling vacation periods as specified below and in Section 7.5 of this Article; except that an RN may not exercise seniority preference for vacation choice more than once in a calendar year unless other RNs involved have also previously used such preference.

RNs will be allowed to request initially only two weeks of vacation time for the periods from June 1 through August 31 and from December 15 through January 15. Additional time up to 4 weeks may be scheduled during these periods once all initial requests have been honored if the number of RNs permitted to be on vacation at the time (as identified in Section 7.5 of this Article) has not been exceeded. Vacation time may be scheduled to include Christmas Eve and Christmas Day or New Year's Eve and New Year's Day but not both.

Section 7.5 Vacation Scheduling:

A. At John H. Stroger, Jr. Hospital, Oak Forest Health Center, Provident Hospital, the ACHN, the CORE Center, CCDPH, and Cermak Health Services, on February 1 and August 1 of each year, each affiliate will post a schedule on each unit or area showing the number of RNs who will be permitted to be on vacation at any one time on the unit or area during the six (6) months beginning respectively on April 1 and October 1. By March 1 and September 1, respectively, RNs will indicate their first, second and third choices. The affiliate will schedule vacations based on seniority preference and notify RNs in writing of their approved vacation time no later than ten (10) calendar days prior to April 1 and October 1 respectively. When two (2) weeks' notice is given, vacation periods may be exchanged or changed by RNs when time is available on the posted schedule.

At the JTDC, by January 1 of each year, RNs will submit their requests, indicating first, second and third choices. The affiliate will schedule vacations based on seniority preference and notify RNs in writing of their approved vacation time by January 31. When two (2) weeks' notice is given, vacation period may be exchanged or changed by RNs when time is available on the posted schedule.

At the CCDPH, 20% of the Field FTEs and 20% of the Clinic FTEs may be off on vacation from each District at one time, but a minimum of one Field RN and one Clinic RN. Requests for additional Field FTEs and Clinic FTEs for vacation days off will be considered on a case-by-case basis and will not be unreasonably denied.

B. Emergency requests will be considered by the supervisor and granted when at all possible. RNs who begin work on a unit or area after March 1 or September 1 will have no seniority preference for that scheduling period.

C. Other written vacation requests may be made at any time for any amount of vacation time an RN has accumulated. These requests will be approved or denied in writing on a first come basis, consistent with the number of RNs who are permitted to be on vacation at one time and with the availability of staff for the unit or ward. Approval or denial will be given to the RN in writing within five (5) days after the request is made.

D. A denial may be grieved thru the grievance procedure starting at Step 2. The Step 2 meeting and answer must be within 5 days of receipt of the grievance. If denied the grievance may be submitted to Step 3 where it will be heard and answered within 15 days of receipt of the grievance.

E. Whenever possible vacation accruals will be held to five (5) weeks of accumulation. Supervisors may encourage RNs to schedule their vacation time in excess of this 5 weeks, but may not compel RNs to take vacation time without their approval.

Section 7.6 Day Before and After Vacations:

Any employee who fails to report for duty on the last scheduled day before vacation and/or the first scheduled day after vacation must provide verifiable proof of illness, injury or personal emergency in order to receive payment for the extended absence.

ARTICLE VIII
Welfare Benefits

Section 8.1 Hospitalization Insurance:

A. The County agrees to maintain the current level of employee and dependent health benefits that are set forth in Appendix C as revised by this Agreement and specifically described in Appendix C.

D. Employees will pay, in the aggregate, the following percentages of their base pay for their Hospitalization Insurance:

HMO	12/1/20	12/1/21	12/1/22	12/1/23
Employee Only	1.50%	1.50%	1.75%	2.25%
Employee + Spouse	2.00%	2.00%	2.5%	3.25%
Employee + Child(ren)	1.75%	1.75%	2.25%	2.75%
Employee + Family	2.25%	2.25%	3.0%	4.0%

PPO	12/1/20	12/1/21	12/1/22	12/1/23
Employee only	2.50%	2.50%	2.75%	3.25%
Employee + Spouse	3.00%	3.00%	3.5%	4.25%
Employee + Child(ren)	2.75%	2.75%	3.25%	3.75%
Employee + Family	3.25%	3.25%	4.0%	5.0%

Section 8.2 Sick Pay:

RNs shall accumulate credit for sick leave at the rate of one (1) day a month for each month of service during which the RN is in a pay status for at least fifteen (15) calendar days. Sick leave may be accumulated to a maximum of one hundred fifty (150) working days. Up to the RNs accumulated sick leave credits, an RN prevented from working because of his/her illness or injury (other than occupational illness or injury) or illness in his/her immediate family, as defined in Section 9.1 of Article IX of this Agreement, shall be entitled to receive sick pay for each day the RN otherwise would have worked. Where possible, the health affiliate will reassign RNs working in areas requiring nose, throat and stool cultures who are restricted from working in such areas, and sick leave as provided herein above may be used only when such RNs are not assigned to another area by the health affiliate. Sick leave is not to be used by RNs as vacations or to take time off with pay. Male and Female RNs will be allowed to use sick leave for paternity and maternity leave.

Section 8.3 Disability Benefits:

RNs incurring any occupational illness or injury will be covered by Worker's Compensation insurance benefits. RNs injured or sustaining occupational disease on duty, who are off work as result thereof shall be paid Total Temporary Disability Benefits pursuant to the Workers Compensation Act. Duty Disability and ordinary disability benefits also will be paid to RNs who are participants in the County Employee Pension Plan. Duty disability benefits are paid to the RN by the Retirement Board when the RN is disabled while performing work duties. Benefits amount to seventy-five percent (75%) of the RNs salary at the time of injury, and begin the day after the date the salary stops. Ordinary disability occurs when a person becomes disabled due to any cause, other than injury on the job. An eligible RN who has applied for such disability compensation will be entitled to receive, on the thirty-first (31st) day following disability, fifty percent (50%) of salary, less an amount equal to the sum deducted for all annuity purposes.

The first thirty (30) consecutive days of ordinary disability are compensated for only by the use of any accumulated sick pay and/or vacation pay credits unless the RN and the County otherwise agree. The RN will not be required to use sick time and/or vacation time for any day of duty disability. All of the provisions of this Section are subject to change in conjunction with changes in State laws.

Section 8.4 Life Insurance:

All employees shall be provided with life insurance in an amount equal to the employee's annual salary (rounded to the next $1,000), at no cost to the employee, with the option to purchase additional insurance up to a maximum of the employee's annual salary. No life insurance shall be offered through the County's HMO plans.

Section 8.5 Pension Plan:

Pension benefits for employees covered by this Agreement shall be as mandated under 40 ILCS 5/101-1 et seq.

Section 8.6 Dental Plan:

All employees shall be eligible to participate in the dental plan as set forth in Appendix C as revised by this Agreement and specifically described in Appendix C. No dental coverage shall be offered through the County's HMO plans.

Section 8.7 Vision Plan:

All employees shall be eligible to participate, at no cost to them, in the vision plan as set forth in Appendix C as revised by this Agreement and specifically described in Appendix C. No vision coverage shall be offered through the County's HMO plans.

Section 8.8 Hospitalization - New Hires:

All new employees covered by this Agreement shall be required to enroll in the County HMO plan of their choosing, such enrollment to be effective from the date of hire through the expiration of the first full health plan year following such date of hire.

Section 8.9 Flexible Benefits Plan:

All employees shall be eligible to participate, at no cost to them, in a flexible benefits plan to be established by the County. Such plan shall include segregated IRS accounts for child care and medical expenses.

Section 8.10 Union and County Meetings Regarding Health Care:

For the purpose of maintaining communications and cooperation between labor and management respecting health care coverage for all County employees, each Local Union, the County and members of bargaining units not covered by this Agreement shall meet quarterly through designated representatives. Each Local Union shall designate not more than one (1) representative to the Health Care/Management Committee. The County, through its Office of Risk Management, shall prepare and submit an agenda to the other parties at least one (1) week prior to the scheduled meeting, which agenda shall address, among other things, issues raised by each Local Union to the Office of Risk Management. The date and location for such meetings shall be established by the Office of Risk Management, taking into account the scheduling concerns of all County bargaining units.

ARTICLE IX
Additional Benefits

Section 9.1 Bereavement Pay:

In the event of death in the immediate family or household of an RN, he/she will be granted time off without loss of pay on any of the days which the RN would have worked during the three (3) day period between the date of death and date of burial, or after the date of notice of death if it occurs outside the United States or Canada. An RN who has not completed the probationary period shall not be entitled to any such pay. The immediate family shall include any of the following persons: parents, husband/wife, child (including step-children and foster children), brothers, sisters, grandchildren, grandparents, spouse's parents or such persons who have reared the nurse.

If a RNs vacation is interrupted by a death in the immediate family, emergency leave as described herein shall be allowed, and such days will not be counted as vacation. In cases of bereavement pay, proof of death may be required in the form of a statement from the funeral home, or equivalent.

Where the death of a covered family member occurs and the funeral is to be held one-hundred fifty (150) miles or more from the County Building, located at 118 N. Clark Street, Chicago, IL, the RN may be entitled to take a maximum of five (5) days' pay to attend the funeral.

The Employee shall have to submit one of the following as proof to the Employer for the leave to be paid: letter from the Funeral Home Director, Obituary, or a Certificate of Death.

Section 9.2 Jury Make-Up Pay:

An RN who is summoned for jury duty, which includes required reporting for jury when summoned, whether or not the RN is used as a juror, shall be granted a leave of absence with pay (at regular straight time earnings including shift differential, if applicable) during the term of such absence. In order to receive such pay, the employee first must submit his/her jury duty pay, if any, with the Cashier for the days such RN would otherwise have been scheduled to work. The RN shall notify his/her supervisor promptly upon receipt of the jury summons.

Night shift nurses shall be excused from work with pay on the night immediately preceding and immediately following service on jury duty. In the event a night shift nurse is scheduled to work both the night immediately preceding and immediately following jury duty, the nurse will receive pay for one missed shift and may reschedule or take benefit time for the other missed shift. In any case, all nurses shall have at least eight (8) hours rest between any court date and any shift.

Section 9.3 Work Related Court Appearances & Subpoenas:

Subpoenas shall be delivered to the identified nurse personally as soon as practicable by the affiliate.

Nurses shall be compensated for all costs associated with appearing and any work time lost as a result of being subpoenaed to testify regarding matters arising during the course of caring for County patients, except if the RN is a plaintiff, charging party, or complainant in the litigation, or

otherwise a party adverse to the County.) Night shift nurses shall be excused from work with pay on the night immediately preceding or immediately following court appearances related to County patients. In any case, all nurses shall have at least eight hours rest between any court date and any shift. In order to receive such pay, the employee must submit his/her subpoena fee, if any; with the Cashier for the days such RN would otherwise be scheduled to work.

ARTICLE X
Leaves of Absence

Section 10.1 Regular Leave:

A. An RN may be granted a leave of absence without pay by the Department Head, with the written approval of the affiliate's Chief Nursing Officer or designee. Such leave shall be intended to take care of emergency situations and shall be limited to one (1) month for every full year of continuous employment by the County and/or Cook County Health Facilities, not to exceed one (1) year, except for military service. A leave of absence may be extended by the Department Head, with the written approval of the affiliate's Chief Operating Officer or designee; however, any extensions cannot exceed the eligibility requirements as stated previously in this Section. An RN desiring a leave of absence shall make written application to his/her immediate supervisor, who will then refer the application to the Department Head. If approved by the Department Head, the application will then be forwarded to the affiliate's Chief Operating officer or designee for consideration. The application shall include the purpose for the leave of absence and the dates of which the leave is requested. An RN granted leave of absence shall be eligible when such leave expires, to receive the salary and the same or comparable position at the time the leave was granted.

Absence from County service on leave without pay for periods in excess of thirty (30) calendar days, all suspensions, time after layoffs for more than thirty (30) calendar days but less than one (1) year, and all absences without leave shall be deducted in computing total continuous service and will effect a change in anniversary date.

Section 10.2 Sick Leave:

RNs absent or expecting to be absent from work due to their illness for any period of intended absence beyond the RNs use of any accumulated vacation days, sick days or compensatory days, are required to request a leave of absence. Applications for sick leaves, or any extensions thereof, shall be handled in the manner specified in Section 10.1 of this Article, and shall not be denied for periods of bona fide disability. RNs shall be granted maternity or paternity leaves of absence to cover periods of pregnancy and post-partum child care. The length of such leave, in general, shall not exceed six (6) months, but may be renewed by the Department Head.

Section 10.3 Seniority on Leave:

An RN on an approved leave of absence shall retain seniority, but shall not accrue pension benefits during such period (except as may be otherwise provided in the County's pension plan). An RN returning from a leave of absence under Section 10.1 or 10.2 of this Article will be entitled to return to work, placed in his/her prior classification and returned to a comparable or the same job

held by him/her prior to commencing such leave; and if a vacancy exists in the same department, division or level of care in which the RN worked prior to commencing such leave, he/she shall be returned thereto.

An RN returning from an educational leave under Section 10.9 of this Article shall be returned to the classification and job in accordance with the terms of such leave.

Section 10.4 Retention of Benefits:

An RN will not earn sick pay or vacation credits while on leave of absence, except when absent from work because of an occupational illness or injury. An RN on a leave of absence will be required to pay the cost of the insurance benefits provided in Article VIII in order to keep these benefits in full force and effect during the period of leave. Arrangements for payments of such costs through normal deductions or otherwise must be made with the affiliate's Payroll Office prior to departure on the leave. For the failure to make such arrangements the County may cancel insurance benefits which will be reinstated upon the RNs return to work, subject to such waiting period and other rules and regulations as may be applicable to the insurance plan.

Section 10.5 Family and Medical Leave:

Under the Family and Medical Leave Act of 1993, an eligible RN may take approved unpaid family and medical leave of up to twelve (12) weeks per rolling twelve (12) month period. An eligible RN is one who has been employed by the County for at least twelve (12) months and who has worked at least 1250 hours during the twelve month period preceding leave commencement.

The circumstances under which an approved leave may be taken are as follows:

A. Upon the birth of the RNs child;

B. Upon the placement of a child with the RN for adoption or foster care;

C. When the RN is needed to care for a child, spouse, parent, or parent-in-law who has a serious health condition; or

D. When the RN is unable to perform the functions of her position because of a serious health condition.

A serious health condition is any illness, injury, impairment or physical or mental condition that requires inpatient care or continuing treatment by a health care provider.

1. If an RN has accrued paid sick, personal, paternity, or maternity leave which applies to the reason for the desired leave, such leave must be exhausted before the County will grant unpaid leave under this provision. An RN may, but need not take vacation as part of an FML. Any paid benefit time taken as part of an FML will not count as hours worked for the purposes of overtime calculation. Any such use of that leave or of unpaid maternity or paternity leave also shall be considered family and medical leave and will be deducted from the twelve (12)-week total available under

this section and the Family and Medical Leave Act. However, nothing contained in this section diminishes those other leaves.

2. When the need for leave is foreseeable, such as the birth or adoption of a child, or planned medical treatment, the RN must provide notice in writing at least thirty (30) days prior to the start of the leave or, if these events require leave to begin in less than thirty (30) days, of if the need for the leave is not foreseeable, as soon as practicable.

3. The County may require medical certification to support a claim for leave for the RNs own serious health condition or to care for a seriously ill child, spouse or parent. For the RNs own medical leave, such certification must include a statement that the RN is unable to perform one or more essential functions of his/her position.

   For leave to care for a seriously ill child, spouse or parent, such certification must include an estimate of the amount of time the RN is needed to provide care. At its discretion, but no more frequently than every 45 days, the County may require a second medical opinion and periodic recertifications at its own expense and according to US Department of Labor Rules and Regulations. If the first and second opinions differ, the County, at its own expense, may require the binding opinion of a third health care provider, approved jointly by the County and the RN.

4. If certified medically necessary for a serious health condition, leave may be taken on an intermittent or reduced leave schedule. If leave is requested on such a basis, however, the County may require the RN to transfer temporarily to an alternative position at the same rate of pay and with the same benefits.

5. Any RN who is granted an approved leave of absence under this provision may maintain group health insurance coverage by paying to the County before the end of the month his/her applicable contribution to the cost of the next month's insurance coverage. If the RN maintains such coverage, the County will continue during the leave period to make any contributions it would otherwise make pursuant to other provisions of this Agreement. If the RN elects not to return to work upon completion of an unpaid leave, the County may recover from the RN the cost of such payments made by the County, unless the RNs failure to return is for reasons beyond his/her control.

6. If the RN's spouse also works for the County, they may both take this family leave in connection with the birth or adoption of a child, but such leave shall be limited to a combined total of 12 weeks, which may be taken concurrently or consecutively.

Section 10.6 **Professional Conventions, Meetings or Workshops:**

A. Whenever the County elects to send RNs as representatives to professional meetings, workshops or conventions, special time off without loss of pay will be granted, and the County will pay their expenses in accordance with its rules and regulations governing such expenses for all employees. Subject to approval of the County, RNs will be allowed time off each year,

without loss of salary, for attendance at professional conventions and meetings of allied health and educational groups. Other special time off, with or without loss of pay, may be granted to any RN to attend appropriate meetings, workshops or conventions at the discretion of the County, which will determine if any of the expenses of the meeting will be paid by the County. It is the County's policy to encourage professional employees to enhance their professional competence through attendance at professional meetings, conventions and workshops, and funds are budgeted to allow employees to attend such meetings without loss of pay. Either the County or the NNOC may post notices on bulletin boards about such meetings, and RNs should request paid leave thereof as far in advance as possible. Such requests shall be in writing, and the County shall respond in writing within ten (10) calendar days thereafter as to time off. When more RNs make such requests than the County is willing to approve, RNs will be selected to attend such meetings, conventions and workshops on the basis of 1) the interest of the RN and potential value to the County, 2) the functional role of the RN in the meeting, and 3) the concept of equal opportunity for self-improvement. The County may disapprove requests because it concludes that 1) a particular meeting lacks significant value, 2) RNs have used a disproportionate share of funds budgeted for this purpose, 3) it is impracticable to arrange for the RN to be absent from his/her regular assignment, or 4) the nature of the program only merits a limited attendance.

B. Each RN shall be entitled to attend at least two (2) one-day educational sessions, or one (1) educational session in excess of one (1) day in each calendar year under the terms of this section, with necessary expenses reimbursed by the County, in accordance with County Travel Expense Regulations. Such attendance must be approved by the Department Head and the County.

C. Advanced Practice Nurses shall be entitled to attend at least four (4) one-day educational sessions in each calendar year under the terms of this Section, with necessary expenses reimbursed by the County in accordance with County Travel Expense Regulations. Such attendance must be approved by the Department Head and the County.

Section 10.7 Military Leave:

An eligible employee who requires leave from employment for purposes of military service shall be entitled to compensation, benefits, restoration rights, and other guarantees provided by applicable federal or state statute or Cook County Ordinance or Resolution.

Section 10.8 NNOC Leave:

RNs who are elected or appointed to full-time positions with the NNOC shall be granted leaves of absence without pay not to exceed one (1) year. Upon application within such year, such leave may be extended by mutual agreement of the NNOC and the County, or the RN shall be returned to work in accordance with Section 10.3 of this Article.

Section 10.9 Educational Leave:

The County may grant RNs a leave of absence for the time necessary to complete a degree in nursing or a nursing related academic degree. Upon return the RN will be classified in the position and grade appropriate for the assignment and qualifications.

Pursuant to Section 3.2 (E) of this Agreement, requests for time off or schedule flexibility on specified days of work will not be unreasonably denied. The parties further agree that, in the case of requests for days off to attend educational courses, the County may not be able to grant every RN's request for such leave. However, to help ensure a greater likelihood that both the RNs' educational needs and the County's operations needs can be met, the parties agree to the following procedure for granting days off or schedule flexibility to attend courses:

1. RNs will submit requests to his/her Department Head or designee to attend classes sixty (60) days prior to the start date of the class.

2. If, based on the operational needs of the Department, the County is able to grant the RN's request for schedule flexibility or days off for the desired course based on the schedule presented; the RN may register for the course. Department Heads or designees will not unreasonably deny such requests.

3. If, based on the operational needs of the Department, the County is unable to grant the requests for schedule flexibility or days off to attend the desired course; the schedule flexibility or time off will not be approved for that course. In this instance, the Department Head or designee and RN may discuss alternate courses or course schedules that can be accommodated. If agreement on an alternate course or course schedule is reached, the County will approve the schedule flexibility or time off request and the RN may register for the alternate course.

4. If a conflict still exists and the Department Head or designee cannot grant all RNs' requests, requests will be granted based on seniority, with the most senior nurse(s) requests being granted.

5. Department Heads or designee will respond to all requests for schedule flexibility or days off for educational classes no later than thirty (30) days prior to the start of the course.

6. This provision applies only to requests for schedule flexibility or days off relating to quarter or semester-long coursework and is not intended to govern requests for one day seminars or schedule flexibility for other reasons.

Section 10.10 Volunteer Leave:

A non-probationary RN may be granted a Volunteer Leave of absence without pay by the Department Head, with the written approval of the Chief Nursing Officer. The purpose of a Volunteer Leave is to allow an RN to volunteer their time to aid in the response to a natural disaster. An RN wishing to apply for a Volunteer Leave must make a written request to their Department Manager explaining the reason for the leave and the proposed dates of the leave. A volunteer leave may be no longer than thirty (30) days in length and an RN is only eligible for one Volunteer Leave per fiscal year. Although the leave is unpaid; the RN may use their vacation or banked holiday time while on leave. The Chief Nursing Officer has sole discretion on whether to approve such leave requests. No more than one (1) RN per cluster or two (2) RNs total may be out on volunteer leave at any given time.

ARTICLE XI
Grievance Procedure

Section 11.1 The Grievance Procedure:

The parties shall use the following procedure in an effort to resolve any grievances which may arise during the term of the Agreement. It is the intention of both parties to discuss and resolve disputes informally and attempt to settle them at the lowest level possible.

Section 11.2 Policy:

This policy shall apply to all employees without discrimination as to age, marital status, race, creed, color, national origin, gender, sexual orientation, disability or political affiliation. All employees have a right to file grievance and shall be assured freedom from coercion, restraint, or reprisal

Section 11.3 Definitions:

The following definitions apply in this Article:

A. Grievance -- a dispute concerning the interpretation or application of, or compliance with, any provision of this Agreement. The grievance must be in writing, and should contain a statement of the facts, the contract provision(s) alleged to be violated and the remedy requested. Any omission on the original grievance will be corrected by the NNOC representative before or during the Step 1 discussion. However, such omissions will not delay the grievance process.

B. Days -- means calendar days. Whenever a time period is specified, the day of the event or action which commences this period shall not be included in calculating the length of the period. If the last day for acting or responding is a Saturday, Sunday or Bureau Holiday, the period shall be extended to the next day which is not a Saturday, Sunday or Bureau Holiday.

A dispute between an employee (or his/her covered dependent) and the processor of health insurance claims shall not be subject to the grievance procedure provided for in this Agreement.

Employees shall continue to be afforded an opportunity to present appeals of such health insurance disputes in person, and may have union representation at such proceedings.

Section 11.4 Representation:

Only the aggrieved employee(s) and/or representatives of the NNOC may present grievances. RNs may take up grievances through steps one to three either on their own and individually or with representation by the NNOC. If an RN takes up a grievance without NNOC representation, any resolution of the grievance shall be consistent with this Agreement and the NNOC representative shall have the right to be present at such resolution. A grievance relating to all or a substantial number of RNs or to its own interests or rights with the County may be initiated at Step 2 by an NNOC representative.

A grievance relating to a suspension or discharge may be initiated at Step 3. When a grievance is advanced to Step 3, a copy of the submission shall be sent to the Affiliate's Director of Human Resources.

Section 11.5 Grievance Procedure Steps:

A. The County will notify NNOC in writing, which may include electronic mail, at least monthly of all grievances filed at the Affiliate. When a formal grievance is filed, the County will assign the grievance a number at the Affiliate's Human Resources Department.

B. The steps and time limits as provided in the County's Grievance Procedure as applicable to RNs are as follows:

Step	Submission Time Limit This Step (calendar days)	To Whom Submitted	Time Limits Meeting	Response
1	30 days	Immediate Supervisor	10 days	10 days
2	10 days	Hospital Director/ Designee	10 days	10 days
3	20 days	Chief of Human Resources/Designee with authority to resolve matter	30 days	30 days
4	30 days	Impartial Third Party	30 days	30 days

When a grievance is advanced to Step 3, a copy of the submission shall be sent to the Affiliate's Director of Human Resources.

Section 11.6 Time Limits:

The initial time limit for presenting a grievance shall be thirty (30) days, unless the grievance relates to an error in pay for which the time limit shall be six (6) months. If no meeting is held at Step 1, then the Step 1 response is due within 10 days from submission of the grievance to the immediate supervisor. Time limits may be extended by mutual agreement in writing between the employee and/or the Association and the County. The County will give priority status to third step meetings and responses involving RN terminations.

Section 11.7 Impartial Arbitration:

A. Regular Arbitration

The NNOC may within thirty (30) days after receipt of the Step 3 answer submit in writing to the County notice that the grievance is to enter impartial arbitration. The Union and the County shall meet within 30 days after the effective date of this agreement for the purpose of selecting a permanent panel of 7 arbitrators. Arbitrators will be selected to hear and decide grievances arising under this agreement on a rotating basis. Either party shall have the authority to strike an arbitrator from the permanent panel at any time. The struck arbitrator will proceed on the cases then-currently assigned, but will not receive any new case assignments. In the event that an arbitrator is struck from the panel, the parties shall meet as soon as possible to choose a mutually agreed upon replacement. Nothing herein shall prevent the parties, by mutual agreement, from selecting an arbitrator from outside the panel. The NNOC and the County will make arrangements with the Arbitrator to hear and decide the grievance without unreasonable delay. The decision of the Arbitrator shall be binding.

Expenses for the Arbitrator's services and the expenses which are common to both parties to the arbitration shall be borne equally by the County and the NNOC. Each party to an arbitration proceeding shall be responsible for compensating its own representatives and witnesses.

The Arbitrator, in his/her opinion, shall not amend, modify, nullify, ignore or add to the provisions of this Agreement. The issue or issues to be decided will be limited to those presented to the Arbitrator in writing by the County and the NNOC. His/her decision must be based solely upon his interpretation of the meaning or application of the express relevant language of the Agreement.

B. Expedited Arbitration

1. The parties agree to use an expedited arbitration system for select simple grievances, in lieu of Steps 3 or Regular Arbitration.

2. No grievance will proceed to Expedited Arbitration without agreement of both parties. The Union must notify the County that it wishes to proceed to Expedited Arbitration by no later than ten days after the County's response at Step 2 of the grievance procedure. As part of said notice, the Union must submit any request for documents or information relating to the grievance.

3. For such expedited arbitrations only, for a period of 180 days after expiration of the contract, the parties will choose an arbitrator based on the following process;

   Within ten (10) days after the parties agree to expedited arbitration, the parties shall request a panel of arbitrators from the Federal Mediation and Conciliation Service. The parties shall attempt to mutually agree on the selection of one arbitrator from this panel. If they cannot agree on the selection of an arbitrator from the panel, or a maximum of two (2) additional panels, either party may request the Federal Mediation and Conciliation Service to designate an arbitrator. The decision of the arbitrator so chosen by the parties or designated by the Service shall be binding and final on both parties. The parties shall share equally in the fees and expenses of the arbitrator. Upon expiration of the aforementioned 180 day period, either party may propose an alternative system for choosing arbitrators for expedited arbitrations only, and, in that event, the parties shall meet within 30 days to negotiate said new system.

4. Since this is an expedited procedure, requests for information will be narrowly tailored to the specific issue to be addressed at the Expedited Arbitration hearing. Specifically, all document requests shall (1) be limited to documents that are directly relevant to the matters in dispute or to its outcome; (2) be reasonably restricted in terms of time frame, subject matter and persons or entities to which the requests pertain; and (3) not include broad phraseology such as "all documents directly or indirectly related to." Each side shall be limited to five total document request items, including subparts.

5. The parties will exchange documents at least ten days prior to the Expedited Arbitration hearing, and the parties are limited to submitting into evidence (or otherwise disclosing at the hearing) only those documents that have been exchanged in accordance with this paragraph.

6. Once the parties have agreed to Expedited Arbitration, the parties shall arrange a place and date to conduct the hearing within a period of not more than sixty (60) days from the date the parties agreed to submit the grievance at issue to Expedited Arbitration. Nothing herein precludes multiple cases being heard on the same day before the same arbitrator. Arbitrators from the pool shall be assigned on a rotational basis.

7. Either party may strike an arbitrator from the pool at any time. Any cases which have already been assigned to that arbitrator will be heard by that arbitrator, but no further cases will be assigned. The parties will meet within thirty (30) days to appoint a replacement arbitrator to the panel.

8. The hearing shall be conducted in accordance with the following:

   a. the hearing shall be informal but in accordance with the procedures and rules of decorum set by the arbitrator;

b. number of witnesses is limited to five per side, not including the grievant;

c. no briefs shall be filed or transcripts made;

d. there shall be no formal rules of evidence;

e. the hearing shall normally be completed within one day;

f. the parties shall split the arbitrator's cost;

g. the arbitrator may issue a bench decision at the hearing but in any event shall render a written decision within two (2) working days after conclusion of the hearing. Such decision shall be based on the evidence before the arbitrator and shall be final and binding, except it shall be considered non-citable, non-referable, and non-precedent setting;

h. a failure to attend a scheduled hearing will result in the default of the party that failed to attend; and

i. all notices required herein and responses to requests for information may be via e-mail.

Section 11.8 NNOC and County Representatives and Arrangements for Processing Grievances:

A. NNOC and County Representatives:

The NNOC will advise the County in writing of the names of its officers, NNOC Grievance Committee persons and non-employee representatives, and shall notify the County promptly of any change. These representatives will be permitted to take necessary time away from work to investigate and confer about grievances provided that in each instance arrangements are made with the supervisor.

B. NNOC Activities:

The County agrees that, to the extent grievance meetings are held during RNs normal working hours, those RNs who are permitted to attend such meetings under the grievance procedure may do so without loss of pay. The County also agrees that during normal working hours NNOC officers and members of its Grievance Committee may transmit to the County written communications of the NNOC, and deliver to the Hospital Director/Designee materials for posting under Section 13.4 of Article XIII. RNs also may solicit NNOC membership on the County's premises, but not during working hours. No type of NNOC activity is to interfere with job performance and responsibility.

The County's equipment and supplies are not to be used by the NNOC, except that the County will consider NNOC requests for use of its facilities in holding NNOC meetings. Consent for use of a meeting room for an NNOC meeting will not be unreasonably withheld.

C. Non-Employee Representatives:

Duly authorized representatives of the NNOC will be permitted at reasonable times to enter the Hospitals for purposes of handling grievances, conferring with County personnel and NNOC officers or Grievance Committee persons, or observing conditions under which RNs are working.

These are identified to the Hospital Director/Designee to enter the Hospital and conduct their business so as not to interfere with the operation of the Hospital. The NNOC will not abuse this privilege, and such right shall at all-time be subject to general Hospital and medical office rules applicable to non-employees.

Section 11.9 Grievance Meetings:

At each step of the grievance procedure, the appropriate County representative shall meet in accordance with the time limits. The primary purpose of the meetings shall be to attempt to resolve the grievance. The Employer representative shall be willing, and shall have the authority needed to engage in meaningful discussion for the purpose of resolving the grievance. There shall be no tape recording of any grievance meetings. When the meeting does not result in a resolution of the grievance, the Employer representative shall respond to the Union, in writing, within the time limits provided herein.

Step 3 shall consist of a meeting that is held at least once every thirty (30) days on a prescheduled basis. The parties shall consult with each other at least ten (10) days in advance as to the order of the grievances to be discussed. If the volume of grievances requires additional meetings, additional dates will be agreed upon.

In addition, the County shall provide the NNOC with Quarterly Status Reports concerning all grievances on file and shall agree to meet with the appropriate NNOC representative to resolve any delays. Grievances involving loss of pay for RNs will be given the highest priority.

Section 11.10 Opportunity to Resign:

At any time prior to the announcement of findings and decision, with the express consent of the employee and the approval of the Hospital Director or designee, or the County Department Head or designee in the case of other offices who filed the charges, the third step hearing officer may accept the employee's resignation in lieu of discharge or suspension.

ARTICLE XII
Continuity of Operation

Section 12.1 No Strike:

The NNOC will not cause or permit its members to cause, and will not sanction in any way, any work stoppage, strike, picketing or slowdown of any kind or for any reason, or the honoring of any picket line at the Facilities, or other curtailment, restriction or interference with any of the County's functions or operations; and no RN will participate in any such activities during the term of this

Agreement or any extension thereof. This clause shall be so interpreted as to avoid any violations of the rights of the NNOC or any member thereof under the First Amendment of the Constitution of the United States, in activities unrelated to and not affecting the provisions of this Agreement.

Section 12.2 NNOC Responsibility:

Should any activity prescribed in Section 12.1 of this Article occur, which the NNOC has or has not sanctioned, the NNOC shall immediately:

(a) Publicly disavow such action by the employees or other persons involved;

(b) Advise the County in writing that such action has not been caused or sanctioned by the NNOC;

(c) Notify the RNs stating that it disapproves of such action instructing all RNs to cease such action and return to work immediately;

(d) Take such other steps as are reasonably appropriate to bring about observance of the provisions of this Article, including compliance with reasonable requests of the County to accomplish this end.

Section 12.3 Discharge of Violators:

The County shall have the right to discharge or otherwise discipline any or all RNs who violate any of the provisions of this Article. In such event, the RN, or the NNOC in his/her behalf, shall have no recourse to the grievance procedure, except for the sole purpose of determining whether an RN participated in the action prohibited by this Article. If it is determined that an RN did so participate, the disciplinary action taken by the County may not be disturbed.

Section 12.4 No Lock-Out:

The County agrees that it will not lock out its RNs during the term of this Agreement or any extension thereof.

Section 12.5 Reservation of Rights:

In the event of any violation of this Article by the NNOC or the County, the offended party may pursue any legal or equitable remedy otherwise available, and it will not be a condition precedent to the pursuit of any judicial remedy that any grievance procedures be first exhausted.

ARTICLE XIII
Additional Provisions

Section 13.1 No Discrimination:

A. The County and the NNOC agree that both will strive to ensure that management and employees communicate with each other with courtesy and respect and shall attempt to resolve any issues that may arise in a calm, truthful, and courteous manner.

B. The County and the NNOC agree that neither shall discriminate against any RN by reason of race, color, religion, national origin, political belief, age, sex, disability, pregnancy or pregnancy related conditions, veteran status, genetic information, sexual orientation, gender identity, marital status or activity on behalf of the NNOC.

C. It is the policy of the County of Cook that applicants for employment are recruited, selected, and hired on the basis of individual merit and ability with respect to positions being filled and potential for promotions or transfer which may be expected to develop. Applicants are to be recruited, selected, and hired without discrimination because of race, color, creed, religion, sex, age, disability, pregnancy or pregnancy related conditions, veteran status, genetic information, sexual orientation, gender identity, marital status, or national origin. Furthermore, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, layoff, or termination are to be administered with due regard to job performance, experience, and qualifications, but without discrimination because of race, color, creed, religion, sex, age, disability, pregnancy or pregnancy related conditions, veteran status, genetic information, sexual orientation, gender identity, marital status, or national origin.

Section 13.2 Doctor's Statement:

A. An RN who has been off duty for five (5) consecutive days or more for any health reason will be required to provide a doctor's statement as proof of illness, and may be required to undergo examination by the affiliate's or County's physician before returning to work.

B. For health related absences of less than five (5) consecutive days, a doctor's statement or proof of illness will not be required except in individual instances where the affiliate has sufficient reason to suspect that the individual did not have a valid health reason for the absence, in which case an employee shall submit the requested documentation to Employee Health Services. If indicated by the nature of a health related absence, examination by an affiliate physician may be required to make sure that the RN is physically fit for return to work.

Section 13.3 Voluntary Workers:

Voluntary organizations and workers perform services in the health facilities that are a valuable and necessary contribution to the welfare of patients and to the operation of the facilities. Also, the health facilities engage in education and research which involve persons performing tasks and being taught to perform tasks which are similar or identical to work of RNs of the health facilities. The health facilities shall continue to have the right to avail themselves of any and all such voluntary services, and to engage in such educational and research activities. Further, CCDPH engages in collaborative activities with local health and community service providers who employ registered nurses and which are fundamental to the practice of public health.

In the event of an unexpected, temporary increase in RN staffing needs which could not have been foreseen by CCDPH, additional work hours would be offered to CCDPH bargaining unit nurses. If more work is needed than bargaining unit nurses are willing to work, RNs in the community may be recruited to volunteer to practice professional nursing to meet this temporary need.

Volunteers will not practice professional nursing as limited by law to licensed registered nurses or licensed practical nurses respectively except as provided above for CCDPH.

Section 13.4 Posting & Bulletin Boards:

All communications between the CCHHS and the NNOC will be transmitted electronically via email. The County also will make bulletin board space available for the use of the NNOC. At Stroger Hospital such bulletin board space shall be in patient areas of the departments or divisions, and at all time-clocks used by nursing personnel, and at Oak Forest Health Center the bulletin board space shall be outside the nursing office and at places utilized for posting employee job opportunities; at Cermak, the bulletin board space shall be near the major time clock and at the staff stations in units 4, 10 and 11; at JTDC such bulletin board space shall be in the nursing station room; at Provident, such bulletin board space shall be in the locker rooms; at the CORE Center, postings will be placed on the employee information bulletin board outside the all-staff mailroom; and throughout ACHN and CCDPH bulletin board space shall be made available in the general work area outside of patient care areas. The NNOC will be permitted to post on these bulletin boards notices of a non-controversial nature, but only after submitting them to the affiliate's designee for approval. There shall be no posting by RNs of notices or other kinds of literature on the County's property other than herein provided.

No distributions by RNs shall be made during their working hours, not including rest periods and lunch periods. The health facilities' supplies or equipment are not to be used for any NNOC publication or announcements; however, the facilities will permit the NNOC to use their audio-visual equipment for educational programs of the NNOC held on the premises of the health facilities, provided the scheduling of its use is consistent with other needs of the facilities.

Section 13.5 Partial Invalidity:

In the event any of the provisions of this Agreement shall be or become invalid or unenforceable by reason of any Federal or State law now existing or hereinafter enacted, such invalidity or unenforceability shall not affect the remainder of the provisions hereof.

Section 13.6 Tuition Reimbursement and Certification:

A. Subject to the conditions set forth in this paragraph, the County will reimburse RNs for one hundred percent (100%) of the cost of tuition and mandatory fees for up to three (3) approved educational courses per session. For any request for reimbursement made June 1, 2017 or thereafter, if an RN ceases employment with the County for any reason other than layoff, termination for cause, less than two years after the completion of an educational course for which the RN receives reimbursement under this provision, the RN will repay the tuition reimbursement based on a pro-rata portion of the remaining time in the two-year period. To be eligible for tuition reimbursement under this provision, each RN must execute a separate individual agreement as to his or her agreement to these terms. Any RN who does not execute a separate individual agreement will not be eligible for tuition reimbursement. The County shall have the right to deduct any amounts owed under this provision from an RN's final paycheck subject to applicable law. Upon application by the RN in advance, and if the conditions set forth in this paragraph have been met, the affiliate

will promptly approve courses leading to a nursing or nursing-related degree, and that relate to the RNs work for the County.

B. Should an RN be terminated for cause and a grievance is timely filed challenging the termination, repayment will be deferred until there is a final resolution of the grievance upholding the RN's termination.

C. Retroactive to December 1, 1990, RNs who satisfactorily complete a nationally recognized nursing certification exam or who are re-certified will be reimbursed for the fee of taking the exam.

Section 13.7 Parking and Protection:

A. The County will endeavor to provide adequate parking and security services for the protection of RNs and their property. In so doing, the County will permit RNs who work during the evening and night shifts at Central Campus to use the Stroger Hospital Garage to the extent that space is available given the total number of employees and spaces. For the purpose of parking assignment, day shift begins at 5:00 a.m., evening shift begins at 11:00 a.m., and night shift begins and 11:00 p.m. RNs assigned On-call shifts at John H. Stroger Hospital will be permitted central campus parking for the date they are on-call outside their normal shift. A security officer will be on duty during the end of the evening shift and beginning of the night shift at Cook County Hospital, Provident, JTDC, Cermak, and the Hastings Parking Lot. The NNOC will be given notification of at least two (2) months in advance of the County's intent to close any lot. All RNs will be provided with security escorts to their cars upon request during hours of darkness at Cook County Hospital and Provident. The County will make payroll deduction available at Cook County for parking fees.

B. When RNs have problems or complaints about assignment of parking space, the NNOC may take up the matter with the Parking Coordinator, who will disclose all relevant information.

C. The parties agree to continue the current practice for assigning parking spaces available to NNOC members. As these assigned day shift spots are vacated due to retirement, resignation, or termination, they will be reassigned to other NNOC members and employed on day shift on the basis of seniority.

D. The County will work with the Cook County Hospital Security Department to set up a fair parking system. A joint committee will be established to study parking problems at Stroger Hospital and to develop recommendations.

E. At Provident Hospital of Cook County the Hospital has authorized parking in the garage for all RNs.

Section 13.8 Accommodations in the Event of Inclement Weather:

RNs who remain at the health affiliate beyond their regular hours so as to prevent their having sufficient time to go home, or in cases where inclement weather results in hazardous conditions, and who are expected to return to work for their next shift, may use available sleeping accommodations at the health facilities without charge. The health affiliate either will permit RNs to use available lounge facilities or endeavor to provide other lounge areas for its RNs.

Section 13.9 Supplies:

RNs are to bring concerns over the quality or lack of necessary supplies and equipment to the attention of their supervisor. If the supervisor is unable to take corrective action, the problem will be promptly brought to the attention of the Divisional Director of Nursing. RNs shall be kept informed of efforts to remedy any such problems.

Section 13.10 Administration Support:

RNs who encounter difficulties with the County's personnel in carrying out County policies upon request will be furnished with a copy of any available written statement of the policy in question. The County will give all reasonable support to any such RN in carrying out the County's policies, and will evidence to the RN that such support has been provided. Each RN will have available to her a registered nurse administrator for consultation purposes, which may include professional and clinical issues. No clinical/practice related disciplines will be issued to an RN by a non-nursing administrator without the review of a nursing administrator. Prior to the issuance of clinical/practice related discipline; a non-nursing manager/administrator is encouraged to consult with a nursing administrator.

Section 13.11 Non-Nursing Duties:

It is the Bureau's policy and intention to assign RNs to professional nursing duties and not routinely to duties that can more appropriately be performed by other employees. Examples of such include the routine performance of the following duties: clerical duties; cleaning of doctors' rooms and lounges, laboratories, conference rooms, sinks, utility rooms, terminal units, toilets, bathrooms or storage areas; and routine delivery of blood, and routine equipment procurement.

Section 13.12 Nursing Assignments:

A. The County may assign an RN to float to areas in which the County may reasonably determine that the RN possesses competence in keeping with this entire Paragraph A. If a floated RN requests professional orientation, it will be provided immediately and shall include the following:

   1. Unit protocols regarding patients to whom the RN is assigned;

   2. Location of equipment, supplies and medications; and

   3. Procedures, equipment and charting specific to the assigned patients.

Each unit and the ACHN are responsible to keep a record of the RNs rotational floating turns. Floating for any part of a shift counts as a turn and turns will be rotated among its RNs or each unit and in the ACHN as equitably as reasonable.

An RN shall not be floated more than once per shift except that an RN in the NICU on a shift of more than 8 hours may be floated a second time in her shift.

B. RNs ordinarily will be floated from a unit at Stroger Hospital, PHCC, CHS and OFHC in the following order:

1. Commercial Registry
2. In-House Registry
3. RNs on OT from outside Unit
4. RNs on OT from a different shift on unit
5. RNs on OT from same shift on unit
6. Unit staff on straight time

Every practical effort will be made to avoid floating out of the above order.

C. All floating assignments must be appropriate to the RN's current demonstrated competencies at the time of the float. Floating only will occur within the following designated clinically-related areas unless the RN has been cross-trained, or in the case of an unforeseen emergency:

1. John H. Stroger, Jr. Hospital

Cluster 1	Adult Emergency Room (including the Emergency Department Observation Unit), Pediatric Emergency Room
Cluster 2	Critical Care within Critical Care (including the Trauma ICU, Trauma Observation Unit and Resuscitation Bay), and burn units, Cardiac Catheterization Lab, and Intermediate Care (Step Down)
Cluster 3	Perioperative Services (including Operating Room, Pre-Procedure Evaluation (Clinic)), PACU, Same Day Surgery/Holding Area
Cluster 4	NICU, PICU, PEDS
Cluster 5	Obstetrics: L&D, Ante and Post-Partum, Nursery

Cluster 6	Medical/Surgical: Infusion Clinic (for RNs with current ONS Chemotherapy Administration Certification only), 6E, 6W, 6S, 7E, 7W, 7S, 8E, 8W, and 8S
Cluster 7	Interventional Radiology, Pain Clinic, and Endoscopy

2. Provident Hospital

Cluster 1	Emergency Room, Medical/Surgical/Telemetry, Recovery Room (except that Medical Surgical/Telemetry will not float to Recovery Room), Intensive Care Unit, Radiology
Cluster 2	Radiology, Recovery Room, Operating Room, Same Day Surgery

3. ACHN

ACHN RNs may be floated only within the following clusters:

South	South Suburban	West/Northwest	Central Campus
Sengstacke Clinics	Blue Island Clinics	Prieto	Stroger Specialty Care Clinics (Professional Building and Stroger Hospital)
Englewood	Robbins Health Center	Logan (Belmont Cragin)	GMC
	Cottage Grove Health Center	North Riverside	CORE Center
		Arlington Heights	Child Advocacy Clinic
		Morton East	
		Austin Health Center	

Floating Among Specialty Clinics

Behavioral Health at Sengestacke

Austin Behavior Health

4. CCDPH

Cluster 1	Field within Field

Cluster 2 TB within TB

5. Cermak and JTDC

Cermak within Cermak

JTDC within JTDC

The County will not assign based on gender unless directed to do so by DOC.

CNII's shall not be floated unless they are working overtime or there is more than one CNII on the unit. If two or more CNII's are on the unit at the same time, the CNII not functioning as a charge nurse on her unit/clinic may be floated on a rotational basis with the CNI's on her unit/clinic for that shift.

D. Temporary shortages (normally of 3 months or less) in the CCDPH and ACHN clinics will be covered in the following order:

1. In-house registry;

2. Voluntary overtime by CCDPH, ACHN RNs in the same cluster as identified above will be distributed equitably as is reasonable;

3. Voluntary overtime time by CCDPH and ACHN RNs in other clusters to be distributed as equitably as is reasonable; and

4. CCDPH, and ACHN RNs will float as follows:

   (a) Volunteers will first be solicited to float. If no one volunteers, RNs will be floated on a rotating basis starting with the least senior ACHN RN in the cluster.

   (b) When the need is known in advance, the County will float the appropriate RN as soon as is reasonable and before the beginning of the work period.

   (c) The floating will not exceed four (4) weeks, unless the RN volunteers for an extension.

   (d) An RN will not be floated to more than one site in a regular work day, to the extent reasonable.

   (e) When an RN must travel from her home clinic to another clinic during the course of a work day, the RN will be reimbursed for the use of her

personally-owned automobile on the basis of miles driven or other transportation, in accordance with the Cook County Travel and Transportation Expense Reimbursement Policy.

E. The County may create an In-House pool of RNs who shall not have a permanent assignment and may be floated to any assignment where the RN possesses the current demonstrated competencies at the time of the assignment or float. The In-House Pool RNs will not be limited to floating only within clusters as detailed in Section 13.12, Paragraph C above. The following provisions apply to RNs assigned to the In-House Pool:

1. In-House Pool RNs may be assigned an eight (8), ten (10), or twelve (12) hour shift in accordance with Section 3.2.

2. In-House Pool RNs shall receive all differentials applicable to any shift or work they are assigned. This includes, but is not limited to: Section 3.9.B, Section 5.5 Shift Differential, Section 5.14 Critical Care and Operating Room Differential, Section 5.16 Cermak and JTDC Hazard Pay.

3. In-House Pool nurses will receive their daily assignment no later than ninety (90) minutes prior to the start of their shift. If notice of assignment comes later than ninety (90) minutes prior to the shift, the In-House Pool RN shall not be subject to discipline for any late arrival at work of sixty (60) minutes or less and shall be paid as of the beginning of their shift. A RN's daily assignment shall include no more than one affiliate per shift. With respect to travel costs and expenses, all commutes will have the Main Campus as their base working station. For assignments at other affiliates and locations, In-House Pool nurses will receive mileage reimbursement with the Main Campus acting as the originating location.

4. In-House Pool RNs must serve one (1) year as an In-House Pool RN before the RN may transfer to a position outside of the In-House Pool. Transfers from the In-House Pool shall conform to Section 4.3 and 4.4 of this Agreement.

Section 13.13 <u>In-Service Education</u>:

The health facilities upon request will submit to the NNOC a description of eligible in-service education programs to be evaluated for Continuing Education Units. The health facilities will post a timely list of such programs, including the C.E.U. rating, at all places where job openings are posted under Article IV, Section 4.4, of this Agreement. In-service programs will be provided during each year of this Agreement so that each RN will be afforded a chance to attend a program or be granted paid leave as specified in Article X, Section 10.6, of this Agreement. RNs will be considered to have been afforded such programs if an available chance to attend is posted on the bulletin boards provided in Article XIII, Section 13.4, of this Agreement. In-service education will include content on latex allergy awareness.

Section 13.14 Safety Committee:

The County will make every reasonable effort to maintain a safe environment in all its facilities and to reduce hazards. As part of this effort, the County will provide information and training to RNs on communicable illnesses and diseases to which they may have routine exposure. RNs are encouraged to bring their concerns about potential or actual hazards to the attention of their supervisor or supervisor's designee. The County will seek to repair or remove such hazards as quickly as practical after learning of the problems.

The County will maintain the prominent postings of notices in all its facilities which actively discourage verbally and physically abusive behavior on the part of all persons using County Health facilities. The County will add to its required safety courses, content on personal safety issues.

At each health affiliate, the County will maintain a Safety Committee which shall meet regularly and consider guidelines for the improvement of occupational health and safety. At CCDPH, this committee shall determine the most appropriate strategies to maximize the safety of RNs on field assignments.

The NNOC may appoint two (2) representatives to such Committees. Nursing Representatives will be informed of the schedule of meetings and every practical effort will be made to assure their attendance. Safety committee representatives attending meetings during their regular work time shall be paid for attending such meetings.

The County will develop a comprehensive Workplace Violence Prevention Plan in all affiliates. The County shall provide personal, interactive education and training to all RNs at least annually on workplace violence prevention.

Three (3) RNs selected by NNOC will serve on the CCHHS Safety Committee.

Section 13.15 Orientation:

When an RN is hired, promoted or transferred to a new unit, the RN shall be required to complete an orientation specific to the needs of the work area and consistent with the duties performed by other RNs on the unit. The intent of the orientation is, among other things, to familiarize the RN with his or her assigned unit and review hospital policies and procedures.

As part of the Nursing orientation program, one and one-half (1 1/2) hours will be set aside for the NNOC to meet separately with the RNs. The RNs will be paid for orientation at their regular hourly rates.

Section 13.16 Outside Nurses' Registry:

RNs employed by any outside Nurses' Registry are not covered by this Agreement

Section 13.17 CCDPH Uniforms:

The uniform policy in effect on the date of ratification of this Agreement will remain in effect during the term of this Agreement. Either party can propose to the other a change in this policy. No change will be implemented without the mutual agreement of both parties.

Section 13.18 Assistive Workers:

Nursing administration may utilize assistive workers to aid in the delivery of nursing care using the following guidelines:

1. The job description developed by Nursing Administration with input from NNOC will:

   (a) Be consistent with the Illinois Nursing Act;

   (b) Both define and limit the function of those who assist in the practice of nursing; and

   (c) Be used as the basis for evaluating the assistive worker.

2. Prior preparation will be reviewed by Nursing Administration to determine whether such preparation meets the requirements of the job. It will be supplemented with additional education by RNs as necessary and the assistive workers will be oriented by registered nurses.

3. The registered nurses, based on their assessment of the patient's condition, will delegate duties that are consistent with the workers' preparation and job description.

   Bargaining unit nurses shall be responsible for the oversight of and delegation to other employees only to the extent necessary to provide direction of other employees in the performance of patient care duties based on nurse's expertise and professional responsibilities to other personnel inconsistent with recognized standards of professional practice and/or the Illinois Nursing Act and Rules for its Administration.

4. The activities of workers who assist in the practice of nursing will regularly be monitored by Nursing Administration and NNOC for compliance with the established job description.

5. There is a plan to prepare and assist RNs to delegate duties and oversee the work of assistive workers in accordance with the job description as provided in #1 above.

Section 13.19 Americans with Disabilities Act (ADA):

A. Whenever an employee (or Union at the request of an employee) requests an accommodation under the Americans with Disabilities Act ("ADA"), or an accommodation

of an employee is otherwise contemplated by the Employer, the Employer, the employee, and the Union will meet to discuss the matter.

It is the intent of the parties that any reasonable accommodations adopted by the Employer conform to the requirements of this Agreement where practicable. The Employer may take all steps necessary to comply with the ADA. Any such steps which might conflict with the terms of this Agreement shall be discussed with the Union prior to implementation. The parties shall cooperate in resolving potential conflicts between the Employer's obligation under the ADA and the rights of the Union. Neither party shall unreasonably withhold its consent to the reasonable accommodation of an employee. Information obtained regarding the medical condition or history of an employee shall be treated in a confidential manner.

B. Nothing in this section shall require the Employer to take any action which would violate the ADA or any other applicable Statute.

Section 13.20 New Graduates:

New graduates will not be reassigned to other units until completion of orientation. Thereafter, in reassigning new graduates, careful consideration will be given to the skills and abilities of the graduate nurse relative to patient care needs.

Section 13.21 Staffing Needs Assessment:

In addition to any patient classification system in use by the County, the nursing supervisor will consider any input from the nurse in charge, and will assess the data when determining staffing needs. These determinations are appropriate subjects for discussion at meetings of the Professional Practice Committee described in Article XV.

Section 13.22 End of Shift Report:

Notwithstanding any other language in this Agreement, an RNs work day does not end until report is complete. If she must stay overtime to complete such report, overtime will be authorized.

Section 13.23 Cell Phones:

Certified Nurse Midwives assigned to more than one site between the hours of 8:00 p.m. and 6:00 a.m. will be provided with access to a cellular telephone.

Section 13.24 Collective Bargaining Agreement Printing:

Upon approval of the collective bargaining agreement by the Cook County Board, the Agreement will be posted electronically on the County's website. In the event NNOC wants printed copies of the Agreement any and all cost related to the printing of the Agreement for NNOC members shall be at the NNOC's expense. Management may opt to purchase, at NNOC's cost, copies of the agreement.

Section 13.25 Healthcare Policies:

The County will notify RNs of applicable healthcare policy changes and their implementation dates, and RNs may be asked to acknowledge in writing their receipt of same. The County will answer RN questions about such changes and provide training on them as well as a copy of the policy if an RN so requests. All applicable healthcare policies issued after the effective date of this Agreement will contain an author and effective date and will be accessible on the unit/district office/affiliate or/and on the intra-net.

Section 13.26 Time Records:

The County and the NNOC agree on the importance of resolving time worked and payroll problems. To this end, nurses will have access to their time records. Nurses will submit a description of their time/payroll discrepancies to their supervisors, the timekeeper and, if applicable, to the divisional director. All parties will make every practical effort to resolve documented discrepancies within a reasonable period.

Section 13.27 Recording/GPS/AVL Devices:

In order to ensure the safety of Cook County employees and to promote efficiency and economy of operations, the County may install any recording medium in any of its facilities and Global Positioning System (GPS) or Automatic Vehicle Locator (AVL) on any of its vehicles and other equipment. The purpose of the recording medium, GPS, or AVL is to ensure the safe and efficient use of County resources and not for the sole purpose of disciplining its employees. However, the data gathered from the recording medium, GPS, or AVL may be used in support of discipline.

Section 13.28 Infectious Disease:

A. RNs and the County have a shared interest in maintaining a safe and healthy environment and implementing steps reasonable and appropriate to the healthcare environment to prevent and/or minimize the risk of workplace transmission of infectious diseases and occupational illness and injury. To further this goal, RNs and the County agree to comply with all applicable local, state, and federal health and safety laws and regulations and all reasonable rules adopted by the County to minimize risks associated with the contraction or spread of infectious diseases at the County. If the County adopts a more stringent standard than required by applicable law, that higher standard shall prevail.

B. RNs who encounter conditions that they believe do not meet applicable health and safety standards shall immediately provide notice to their charge nurse and manager and otherwise as appropriate and shall not be subject to discipline for any such good faith report.

C. The County shall provide and RNs agree to follow and/or utilize appropriate protocols and personal protective equipment (PPE) that may be adopted or utilized at the County to prevent exposure to or the spread of infectious disease based on the type and nature of the disease.

D. Education and Training

The County shall provide and RNs shall timely complete a reasonable program for education and training for all RNs who may be exposed at work to potentially infectious materials. The County shall provide infectious disease education and training at least annually where appropriate for the RN's position. RNs also shall receive appropriate health and safety training when new PPE or other equipment or work practices are introduced that relate to infectious disease control and/or when a previously unrecognized hazard related to the RN's job duties, such as a new condition related to infectious disease, is identified for which additional training is warranted.

E. Infectious Disease Task Force

The County agrees that in the event of an emergency response to an infectious disease, a Taskforce of Nurses, consisting of, at a minimum, one (1) Nursing Director, one (1) Nursing Manager, one (1) Clinician/Educator, one (1) NNOC Representative, and two (2) RNs appointed by NNOC and any additional members deemed appropriate by the Taskforce will be convened as soon as possible by the Chief Nursing Officer or designee and shall meet regularly as appropriate to the emergency to discuss issues that impact Nurses or Nursing Practice and to make recommendations on behalf of the Department of Nursing in support of patient safety and safe work environment. Those recommendations will then be pursued within the Department of Nursing or taken to the appropriate leaders throughout the health system for discussion/decision.

F. Medical Services and Sick Time

1. RNs shall be afforded the option to receive required vaccinations at no cost.

2. Where it is proven that an infection requiring time off from work was occupationally acquired, medically necessary time off required for recovery shall not be subject to attendance occurrences or other disciplinary penalty. Sick leave and other paid time and worker's compensation shall be available as provided elsewhere in this Agreement and/or by applicable law.

3. If the County receives funding from the United States government on account of an infectious disease that has been classified as a pandemic or public health emergency by the United States, the State of Illinois or Cook County, the County agrees to meet with the Union within thirty (30) days of receipt of a grant from the federal government to discuss the requirements of the grant and what, if any, pandemic - related pay or benefits is allowed to be paid pursuant to the grant. This provision does not prevent the parties for negotiating agreements that provide for additional compensation or benefits beyond what is initially found within the aforementioned grants.

ARTICLE XIV
In-House Registry

Section 14.1 <u>In-House Registry Agreement</u>:

1. The County will implement an "In-House Registry" (IHR). The goal of the IHR is to augment staffing through the use of IHR.

2. IHR RN's shall be classified as Clinical Nurse I's and shall be part of the unit of employees represented by the NNOC.

3. IHR RN's will be paid according to the following schedule:

Hourly Rate	IHR RN's hourly rate shall be $48.90 for IHR RN's, $52.40 per hour for specialty unit IHR RN's. (see clause 15 for description and requirement for specialty IHR RN).
Shift Differential:	
P.M.'s	$2.25/hr.
Nights	$2.50/hr.
Weekend Differential: (All Shifts)	$2.75/hr.
Critical Care & Operating Room Differential:	0.35/hr.

An IHR RN shall be paid one and one-half times the regular hourly rate (including any shift differential) for all hours worked in excess of forty (40) in a week.

A weekend is defined as beginning with the day shift Saturday and continuing through the night shift Sunday.

An RN shall be paid time and one-half the regular hourly rate for all hours worked on a holiday as defined in Article VI, Section 6.1.

4. IHR RNs will provide availability to work a minimum of two (2) shifts per pay period for eight (8) hour shift RNs, and a maximum eight (8) shifts per pay period for eight hour RNs. For twelve (12) hour shift RNs, a minimum of one (1) shift per pay period and a maximum of five (5) shifts per pay period. IHR RNs must provide availability to work one (1) spring/summer holiday and one (1) fall/winter holiday. Failure to provide availability for the minimum required shifts for two consecutive pay periods will result in the termination of the IHR RN and removal from the IHR roster. There may be one (1) exception per year of the minimum shifts worked if it is the result of preapproved time off. Work availability needs to be provided by the IHR RN to the Central Staffing Office no later than two (2)

weeks before posting of the schedule. IHR RN schedules will be posted as with the other staff. The four (4) weeks schedule will be posted 4 weeks in advance of the start of the schedule.

Upon request, the union will be provided a listing of In-House Registry RN's who have worked in excess of forty (40) hours per week. The listing will include the name of the In-House Registry RN and the total hours worked.

5. IHR RNs will float within the following clusters: inpatient to inpatient, outpatient (ambulatory) to outpatient (ambulatory), and correctional to correctional.

6. In-House Registry RNs will not be sent to units in which unit RNs have been canceled due to low census. If there is not a staffing need for the RN, the RN will be canceled no less than two (2) hours prior to the start of the shift. Should this occur after the RN has reported for work, the RN shall be paid for a minimum of two (2) hours.

7. Seniority will be based on the date of hire into the In-House Registry Program. In-House Registry seniority may be used only in relation to other In-House Registry RN's. Regular full and part-time nurses who join the In-House Registry Program shall have their County seniority frozen at that time. Accrued compensatory time and vacation shall be redeemed for payment.

8. Adequate orientation to the Hospital shall be provided by the Department of Nursing. Hospital orientation shall be equivalent in scope and effectiveness to that provided regular status employees but not necessarily having the same form or time period. "In-House Registry" employees will not be assigned within the Hospital until the Department of Nursing has oriented them. RNs must meet the competencies of the cluster to which they are assigned. Length of orientation will be determined based upon the individual competency needs of the RN.

9. The following provisions of this Agreement shall not apply to "In-House Registry" employees:

Art. III	Sect. 3.2D and E, 3.3, 3.5, 3.7, 3.8
Art. IV	Sect. 4.2, 4.6 and 4.12
Art. V	Sect. 5.1, 5.2, 5.3, 5.4, 5.6, 5.7, 5.8, 5.9, 5.10, 5.12
Art. VI	Sect. 6.2-6.7
Art. VII	All
Art. VIII	All
Art. IX	All
Art. X	All (except FMLA will apply if the RN is eligible)
Art. XIII	Sect. 13.6

10. The NNOC will designate an individual to represent it on matters concerning the Registry, including working out further details of scheduling and procedures.

11. Full-time RN's will have first option to apply for the "In-House Registry."

12. It is the Parties' understanding that the In-House Registry program is not intended to replace regular full and part-time nurses within the system. First, full and part-time employees and then "In-House Registry" nurses will always be used in preference to outside registries when the former are available. However, both parties agree that when it is not possible to staff otherwise, outside registry nurses may have to be used, even after a transition period.

13. The probationary period for a newly hired IHR RN shall be six (6) months. An IHR RN may be terminated at any time during the probationary period for any lawful reason. Upon completion of the probationary period any disciplinary action up to and including termination shall comply with Section 4.11 of this agreement.

14. Specialty unit IHR RNs: these positions are for RNs who have the minimum requirements of at least 2 years' experience in the following areas of clinical practice: Trauma, Burns, ER, Critical Care (MICU, SICU, CCU, Neuro ICU), Perioperative Services, Infusion Clinic, Hemodialysis, Endoscopy, Cardiac Catheterization, Neonatal ICU, Pediatric ICU and Labor/Delivery.

ARTICLE XV
Professional Practice Committee

Section 15.1 Establishment of Committee:

A Professional Practice Committee ("PPC") shall be established at each affiliate. The PPC may recommend objective measures to improve patient care as well as the health and safety of RNs.

The Bureau will consider such written PPC recommendations, provide written responses within 30 days of receipt of written recommendations (or such additional time as may be mutually agreed upon), and will advise the PPC of any actions taken in response to those recommendations.

An affiliate's PPC shall be composed of up to one RN for every 100 RNs employed at the affiliate, but a minimum of two RNs. However, the minimum number of RNs at Stroger shall be 10; at Provident, ACHN, and CCDPH, the minimum shall be 3. The PPC members shall be elected by the RNs in each affiliate, and the results shall be communicated in writing to the affiliate's Chief Nursing Officer ("CNO"); or designee.

Section 15.2 Meetings and Objectives of the Committee:

The PPC shall schedule meetings, not to exceed four (4) hours per month on paid release time. The PPC shall submit a schedule of such meetings in writing to the CNO at least one month in advance of the meeting. Only an emergency will prevent an RN from being released to attend the meeting. The PPC may request meetings with the affiliate's CNO or designee.

The PPC's objectives shall be to:

1. Consider constructively the professional practice of RNs;

2. Work constructively for improved patient care and nursing practice;

3. Recommend to the affiliate's CNO ways to improve patient care;

4. Identify where, in the PPC's opinion, a critical RN staffing shortage exists and make recommendations to the affiliate's CNO regarding same, as well as investigate RN staffing complaints; and

5. Consider constructively the improvement of safety and health conditions that may be hazardous to RNs and patients.

Section 15.3 Information Requests:

Reasonable PPC requests for staffing or other pertinent information will be provided to the PPC in a timely manner. Some information may be redacted to protect patient confidentiality as required by law. The CNO or designee may request to meet with the PPC to discuss an information requests.

Section 15.4 Professional Responsibility:

It is also understood and affirmed that professional RNs have responsibilities to patients that transcend some aspects of the usual employment relationship. RNs will not be expected to ignore these responsibilities or the Code of Ethics of their profession.

Section 15.5 Reservation of Rights:

These solutions and programs will not contradict language in this contract and will not preclude nurse representatives from exercising their rights under other provisions of this contract.

ARTICLE XVI
Nursing Process Standards

Both the NNOC and the Bureau recognize that a Registered Nurse is responsible for applying the nursing process. In order to provide high quality care and practice at the highest possible level, RNs will be allowed adequate time, within the usual and customary best practice, to apply the process as follows:

1. Formulates a nursing diagnosis through observation of the patient's physical condition and behavior, and through interpretation of information obtained from the patient and the others, including the health team.

2. Formulates a care plan, in collaboration with the patient, which ensures that direct and indirect nursing care services provide for patient's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

3. Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the patient and family, and teaches the patient and family how to care for the patient's health needs.

4. Assigns or delegates tasks to other caregivers based on the legal scope of practice of those caregivers and on the preparation and capability needed in the tasks to be assigned or delegated, and provides clinical supervision of those caregivers.

5. Evaluates the effectiveness of the care plan through observation of the patient's physical condition and behavior, signs and symptoms of illness, and reactions to treatment through communications with the patient and health team members, and modifies the plan as needed.

6. Acts as the patient's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interest or wishes of the patient and by giving the patient the opportunity to make informed decisions about health care before it is provided.

ARTICLE XVII
Patient Staffing

Section 17.1 General Principles:

The parties shall maintain a Staffing Committee wherein at least 50% of the Committee is comprised of direct care RN's. Each party to this agreement shall select its representatives to this committee. The Staffing Committee will make unit based recommendations on staffing (i.e. based on recommendations from the individual units) to Senior Nursing Management who will consider the recommendations of the Staffing Committee in determining the staffing plan for each Unit. Each individual unit will have its own staffing plan, which will take into consideration factors including, but not limited to: the complexity of care; patient acuity and number of patients; ongoing assessments of the unit's acuity level and staffing needs; unexpected patient needs; and time for documentation.

A. CCHHS shall have a staffing method based on assessment of patient needs which if applicable shall be in conformance with the accreditation requirements of the Joint Commission (TJC) and the Hospital Licensing Act of the Illinois Compiled Statutes, including any applicable amendment.

B. Senior Nursing Management shall meet with the Staffing Committee to discuss its recommendations on staffing requirements for each patient unit, as appropriate. Senior Nursing Management will consider recommendations made by the Staffing Committee. C. The staffing plan will be adhered to in all areas to which it is applicable, primarily for inpatient hospital based services. Equivalent or appropriate methods of assessing staffing needs will be maintained for Ambulatory Care Health Network (ACHN), CORE Center, Cermak, JTDC and CCDPH. In the event the scheduled staffing is insufficient to meet the specific levels called for by the method, the affiliate will make every reasonable effort to meet the staffing levels, including, but not limited to, use of In-House Registry, voluntary overtime, agency and traveler nurses. It is understood that when staffing needs are unmet, the System has a proactive obligation to attempt to fill the vacancy during the shift that is short staffed. Should persistent shortages be identified, the affiliate will take reasonable

steps to provide safe patient care. The staffing method and safe staffing levels shall be reviewed quarterly by the Staffing Committee.

Staffing Committee Specifications - Each CCHHS Affiliate shall, where applicable, continue to implement, evaluate, validate, and maintain the Acuity Tool system in all units.

Each CCHHS Affiliate shall designate an Affiliate Staffing Management Co-Chair and shall notify the Labor Representative of the Management Co-Chair's name.

The purpose of this position is:

- To assess and continue to implement acuity in all patient care units of each hospital using data and recommendations obtained from joint audits and Staffing Committee Members, and other sources.
- To serve as Management's Co-Chair of the Staffing Committee.
- To serve as a consultant to Staff Nurses and other managers on implementation, utilization and maintenance of the Acuity Tool.
- To evaluate and validate the County's Acuity Tool.
- To develop and implement a regular reporting mechanism to staff Registered Nurses and nursing administration.
- To assist the members of the Staffing Committee in establishment of guidelines for the committee.

- To designate the nurse managers, the units they represent, and ensure their active participation on the Staffing Committee.

C. Staffing Committee Objective/Responsibilities

The objectives and responsibilities of the Staffing Committee will be as set forth in 210 ILCS 85/10.10. where applicable.

D. Membership

At least 50% of the members of each Affiliate Staffing Committee shall be direct-care staff nurses, including one staff nurse from each unit using the County Acuity Tool or other specialty organizations' staffing criteria, and the Staff Nurse Co-Chair. The committee shall also include the manager or director with primary responsibility for evaluation and validation of the Acuity Tool, and other nursing managers. Staff Nurses shall be selected by NNOC and the Staff Nurse Co-Chair shall notify management's co-chair of their name(s).

The Staff Nurse Co-Chair of the Committee shall be designated by NNOC.

E. Meetings, Compensation and Minutes

The Affiliate Staffing Committee shall meet four (4) times a year. Each staff nurse member of the Staffing Committee shall be provided release time and compensated in accordance with the contract for all meetings and for all Staffing Committee meetings.

Staff Nurse Affiliate Staffing Committee members shall be released to attend all Affiliate Staffing Committee meetings.

At least once per quarter the Chief Nurse Executive or her designee shall meet with each Affiliate Staffing Committee at one (1) of its regularly scheduled meetings.

Minutes of meetings shall be recorded and copies sent to committee membership, Nursing Administration, and NNOC Labor Representative after review and approval at subsequent meeting by Affiliate Staffing Committee.

F. Current staffing plans shall be available to staff Registered Nurses at all times and on all units/affiliates.

Recommendations of the Affiliate Staffing Committees regarding standards of practice, practice changes and changes in the facility/affiliate acuity system, shall be referred directly to the Chief Nurse Executive, and upon approval, shall be promptly and effectively communicated to all nursing managers and staff nurses and implemented into their Affiliate Acuity.

Section 17.2 Acute Care Setting:

Nurses shall be allowed sufficient time within the usual and customary best practice to perform the following patient care:

A. In the Acute Care setting, an RN shall directly provide, the initial assessment of a patient admitted to a patient care area as outlined in CCHHS policies and the Nurse Practice Act;

B. Ongoing patient assessments, which shall be performed and documented in the patient's medical record for each shift and upon receipt of the patient when he/she is transferred to another patient care area. An RN may assign to an LPN the collection of data in accordance with the LPN Scope of Practice;

C. The planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be assigned by the RN responsible for the patient to other licensed nursing staff, subject to their scope of practice and limits of their licensure; or tasks may be assigned to unlicensed staff, subject to any limitation of their licensure, certification, level of validated competency, or scope of practice;

D. The assessment, planning implementation, and evaluation of patient education, including ongoing discharge teaching of each patient. Any assignment of specific patient education tasks to patient care personnel shall be made by the RN responsible for the patient.

Section 17.3 Procedural Sedation:

Consistent with TJC, the Illinois Nursing and Advanced Nursing Practice Act, and the published recommendations of the Society of Gastroenterology Nurses and Associates (SGNA) and the Association of Perioperative Registered Nurses (AORN), an RN assigned to monitor the patients receiving procedural sedation, conscious sedation, and/or sedation anesthesia shall not leave the patient unattended or engage in tasks including, but not limited to, circulating that would compromise continuous monitoring of the patient by the Registered Nurse.

Section 17.4 Resolution of Staffing Disputes:

A. In the event the Staffing Committee identifies a pattern that it believes indicates that staffing, use of the Acuity Tool, or operational changes do not adequately address patient needs, the Staffing Committee representative shall bring the issue to the attention of the Director of Nursing for resolution. The Director of Nursing will report back to the Staffing Committee within thirty (30) days.

Disputes concerning issues raised by the Staffing Committee, which are not resolved by the Director of Nursing and the Staffing Committee, should be referred to the Chief Nurse Executive. The Staffing Committee must raise such disputes to the Chief Nurse Executive within fourteen (14) days of receiving the Nurse Manager's report. As part of this referral, the Staffing Committee at any affiliate should request a meeting with the Chief Nurse Executive at the affiliate. The Chief Nurse Executive shall respond, in writing, to the issue within thirty (30) days.

B. Disputes arising from the Professional Practice of Staffing Committee, which are not resolved as set forth in paragraph A above, shall be submitted to a Special Review Panel for final resolution, provided such submission is presented in writing within thirty (30) days of the Chief Nurse Executive's written response.

C. The Special Review Panel shall consist of three members, one (1) selected by NNOC and one (1) selected by the affiliate's CNO or designee, and one nursing manager/director from the cluster in dispute. The Special Review Panel shall meet within fourteen (14) calendar days after receipt of the above written submission.

D. A meeting of the Special Review Panel shall be held within forty-five (45) days of the referral of the dispute to the Panel. Within that forty-five (45) day period, a summary of the information exchanged between the Parties on the problem since its original presentation shall be provided to the Panel. Any representative on the Panel may request, and shall receive, relevant information from the representative of the other Party, or may introduce further relevant information. The Panel shall complete its deliberations within thirty (30) days of its initial meeting, unless that time is extended by mutual agreement.

E. In reaching a resolution, the Special Review Panel must take into consideration area standards regarding staffing, State and Federal laws, and any other relevant information presented by the parties.

F. Any resolution of the Special Review Panel, must be consistent with state and federal legislation prescribing staffing levels and ratios, and the Special Review Panel shall have no jurisdiction to fashion any remedy that imposes an obligation on any hospital which exceeds, or is inconsistent with, the requirements of Illinois Department of Public Health or any other State or Federal law.

G. If the Special Review Panel cannot reach agreement to resolve the issue(s), the arbitrator shall render advisory final and binding opinion regarding if the process was followed and cannot offer an opinion regarding the substantive issues of dispute. The arbitrator may, however, compel the Special Review Panel to convene and attempt to resolve the issue

The Employer and the Union agree that the process contained herein shall be the exclusive means of resolving all staffing disputes.

Time limits contained in this provision may be extended by mutual agreement. Requests to extend time limits will not be unreasonably denied.

H. Assignment Despite Objection:

An RN who submits a written assignment despite objection from ("ADO") shall receive a response from a nursing administrator within five business days.

Section 17.5 Safe Patient Lift:

CCHHS shall continue its Safe Patient Handling Committee which will meet at least quarterly and include one representative from each Affiliate that is designated by NNOC. The goal of the Committee shall be to enable CCHHS to abide by applicable law, including but not limited to the Illinois Safe Patient Handling Act and to discuss safe patient lift issues and explore ways to eliminate injuries.

The Safe Patient Handling Committee shall adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injuries to patients, nurses, and other health care workers associated with lifting, transferring, repositioning, or movement of a patient.

The County shall maintain a safe patient handling policy at all times for all patient care units, and shall provide trained lift teams or other support staff trained in safe lifting techniques as described below in each Affiliate. For the purposes of this Article, a safe patient handling policy means a policy that restricts, to the extent feasible, manual patient handling or movement consistent with the Illinois Safe Patient Handling Act and the professional judgment and clinical assessment of the RN. As the primary care nurse for a patient, the RN is responsible for the observation and direction of patient lifts and mobilization, and participates as needed in patient handling in accord with the RN's professional judgment and the functional requirements of the RN Job Description. As part of the policy developed by the Safe Patient Handling Committee, the County will provide

interactive training to health care workers on appropriate use of safe manual lifting, lifting devices and equipment, body mechanics, and the use of lifting devices to handle patients safely.

Section 17.6 Patient Care Support Nurses:

A. The Hospital will post and fill the following number of positions as Patient Care Support Nurses (PCS RN) to be scheduled to work one twelve hour shift every day in the following affiliates:

1. John H. Stroger Hospital

    a) Emergency Department -- at least 0 PCS RN positions

    b) Med Surg -- at least 9 PCS RN positions

    c) ICU/Critical Care – at least 3 PCS RN positions

    d) Maternal/Child – at least 3 PCS RN positions

2. Provident

- At least 2 PCS RN Positions

3. Cermak

    At least 2 PCS RN Positions

The scheduling of PCS RNs in not intended to reduce the number of hours worked by regularly assigned RNs on each of the above units.

B. General Summary of Role

PCS RNs will not take patient assignment as part of regular unit staffing absent an emergency. PCSNs will otherwise assist with patients and may be assigned to perform all duties appropriate for a nurse (including but not limited to taking patient assignment other than as part of regularly scheduled unit staffing, such as during codes/RRT events, during meals and breaks and with patients awaiting a bed/transfer to the unit within the nurse's clinical specialty).

C. The parties agree PCS RNs will be primarily assigned to assist with patients within their designated clinical specialties as identified above, but where appropriate may also assist with tasks within their clinical competencies that emerge on other units on a temporary basis.

D. If the County believes that a permanent change in the physical units to which positions are currently assigned is necessary or appropriate, the County will give notice to the Union. The parties will then meet over the next thirty (30) days to discuss the change. If

unable to reach an agreement, the County can proceed after that period, but the change shall be subject to the grievance procedure.

ARTICLE XVIII
Duration

Section 18.1 Term:

This Agreement shall become effective upon NNOC ratification and approval by the Cook County Board of Commissioners and shall remain in effect through November 30, 2024. It shall automatically renew itself from year to year thereafter unless either party shall give written notice to the other party not less than sixty (60) calendar days prior to the expiration date, or any anniversary thereof, that it desires to modify or terminate this Agreement. In the event such written notice is given by either party, this Agreement shall continue to remain in effect after the expiration date, until a new Agreement has been agreed upon, or either party shall give the other party five (5) calendar day's written notice of cancellation thereafter.

Section 18.2 Notice:

Any notice under this Agreement shall be given by registered or certified mail; if by the NNOC, then one such notice shall be addressed to the President, Board of Cook County Commissioners, Room 500, with a copy to the County's Chief, Bureau of Human Resources, Room 840, and both addressed to 118 North Clark Street, Chicago, Illinois; or if by the County, then such notice shall be addressed to the NNOC'S Midwest Coordinator at 850 W. Jackson, Suite 750, Chicago, Illinois 60607. Either party may, by like written notice, change the address to which notice to it shall be given.

Signed and entered this _____ day of _____, 2021.

COUNTY OF COOK:

By: _____
Toni Preckwinkle, Cook County Board President

ATTEST: _____
Karen A. Yarbrough, Cook County Clerk

UNION: NATIONAL NURSES ORGANIZING COMMITTEE

By: _____
Bonnie Castillo, Executive Director

By: _____
Daniel Ritter, Midwest Coordinator

APPROVED BY THE BOARD OF
COOK COUNTY COMMISSIONERS

SEP 23 2021

COM _____

BY: RN NEGOTIATING COMMITTEE

_____
Joyce Ball

_____
Akilah Muhammad

_____
Rhodelyn Bedford

_____
Pauline Ude

_____
Falguni Dave

_____
Consuelo Vargas

_____
Rochelle Hudson-Lowe

_____
Angela Walker

_____
Tasha Mosley-Brown

_____
Rolanda Watson

APPENDIX A

National Nurses Organizing Committee

JOB CODE	GRADE	TITLE
1941	FA	Clinical Nurse I
1951	FA	Registered Nurse I
6627	FA	Patient Support Center Nurse
7015	FA	Clinical Nurse I, Bilingual
7152	FA	RHS Clinical Nurse I
7678	FA	Clinical Nurse I, Provident ICU
7693	FA	Clinical Nurse I, Labor & Delivery, Bilingual
7832	FA	Clinical Nurse I, Health Start Initiative
9062	FA	Float Pool Clinical Nurse-Operating Room
9063	FA	Float Pool Clinical Nurse-Cross Functional
1942	FB	Clinical Nurse II
1953	FB	Registered Nurse III
1971	FB	Public Health Nurse I
7016	FB	Public Health Nurse I, Bilingual
7679	FB	Clinical Nurse II, Provident ICU
7696	FB	Clinical Nurse II, Mammography
7697	FB	Clinical Nurse II, Peritoneal Dialysis, Bilingual
7698	FB	Clinical Nurse II, Hemodialysis
1943	FC	Nurse Clinician
1972	FC	Public Health Nurse II
1980	FC	Instructor
5505	FC	Clinical Case Manager
1981	FD	Instructor Senior
1944	FE	Nurse Epidemiologist
1973	FE	Public Health Nurse III
1982	FE	Master Instructor
6445	FE	Prior Authorization Nurses
6476	FE	Lactation Consultant
6795	FE	Community Based Nurse Care Coordinator
6883	FE	Nurse Care Coord-Brain Injury
6884	FE	Nurse Care Coordinator-Disability
6885	FE	Nurse Care Coordinator-Elderly
6886	FE	Nurse Care Coordinator-HIV/AIDS
6887	FE	Nurse Transitional Care Coordinator
7437	FE	Utilization Management Coordinator, Emergency Dept
7598	FE	Utilization Management Coordinator, Inpatient
7659	FE	Electrophysiology Nurse
1974	FF	Public Health Nurse IV
3990	FF	APN-Nurse Practitioner
3991	FF	APN Clinical Nurse Specialist
3992	FF	APN Certified Registered Nurse Midwife
3996	FF	PHN IV (APN-Nurse Practitioner)

JOB CODE	GRADE	TITLE
3997	FF	APN Certified Registered Nurse Midwife (As Req.)
3998	FF	APN-Nurse Practitioner (As Req.)
7840	FF	APN-Nurse Practitioner, Nephrology
7859	FF	APN-NP, Surgery
7919	FF	Psychiatric Advanced Practice Registered Nurse
7945	FF	APN-NP, Podiatry
3999	RG1	In-House Registry Nurse
6677	RG2	In-House Registry Nurse-Specialty

Effective June 1, 2021

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	31.530	32.612	33.631	34.717	36.017	37.256	38.627	40.173	41.767	42.967	45.530	46.440	47.369	48.317	49.283	50.269	51.274
	Bi-Weekly	2,522.40	2,608.96	2,690.48	2,777.36	2,881.38	2,980.45	3,090.15	3,213.81	3,341.38	3,437.36	3,642.39	3,715.24	3,789.54	3,865.33	3,942.64	4,021.49	4,101.92
	Annual	65,582	67,832	69,952	72,211	74,915	77,491	80,343	83,559	86,876	89,371	94,702	96,596	98,527	100,498	102,508	104,558	106,649
FB	Hourly	33.220	34.482	35.670	37.046	38.229	39.580	40.758	42.071	43.729	45.021	47.710	48.664	49.638	50.630	51.643	52.676	53.729
	Bi-Weekly	2,657.63	2,758.53	2,853.61	2,963.72	3,058.32	3,166.39	3,260.67	3,365.66	3,498.34	3,601.71	3,816.81	3,893.14	3,971.00	4,050.43	4,131.43	4,214.06	4,298.34
	Annual	69,098	71,721	74,193	77,056	79,516	82,326	84,777	87,506	90,956	93,644	99,237	101,221	103,246	105,311	107,417	109,565	111,756
FABM	Hourly	31.845	32.938	33.967	35.064	36.377	37.628	39.013	40.574	42.185	43.397	45.985	46.905	47.843	48.800	49.776	50.771	51.787
	Bi-Weekly	2,547.62	2,635.05	2,717.39	2,805.14	2,910.20	3,010.25	3,121.05	3,245.95	3,374.79	3,471.73	3,678.81	3,752.39	3,827.44	3,903.99	3,982.06	4,061.71	4,142.94
	Annual	66,238	68,511	70,651	72,933	75,664	78,266	81,147	84,394	87,745	90,264	95,649	97,562	99,513	101,503	103,533	105,604	107,716
FBBM	Hourly	33.553	34.826	36.027	37.417	38.611	39.976	41.166	42.491	44.167	45.472	48.167	49.151	50.134	51.137	52.159	53.203	54.267
	Bi-Weekly	2,684.20	2,786.11	2,882.15	2,993.36	3,088.90	3,198.06	3,293.27	3,399.32	3,533.32	3,637.72	3,854.97	3,932.07	4,010.72	4,090.93	4,172.75	4,256.20	4,341.33
	Annual	69,789	72,438	74,936	77,826	80,311	83,149	85,625	88,381	91,866	94,580	100,229	102,238	104,278	106,364	108,491	110,661	112,874
FC	Hourly	35.782	37.240	38.326	39.595	40.855	42.085	43.426	44.707	46.388	47.744	50.566	51.572	52.599	53.646	54.714	55.804	56.915
	Bi-Weekly	2,862.57	2,979.18	3,066.12	3,167.62	3,268.42	3,366.83	3,474.07	3,576.55	3,711.04	3,819.52	4,045.24	4,125.77	4,207.91	4,291.70	4,377.16	4,464.33	4,553.24
	Annual	74,427	77,459	79,719	82,358	84,979	87,538	90,326	92,990	96,487	99,308	105,176	107,270	109,406	111,584	113,806	116,072	118,384
FD	Hourly	37.677	39.772	41.637	43.108	44.805	46.512	48.205	49.892	51.747	53.280	56.432	57.556	58.702	59.872	61.065	62.281	63.522
	Bi-Weekly	3,014.12	3,181.75	3,331.00	3,448.66	3,584.43	3,720.95	3,856.38	3,991.33	4,139.76	4,262.38	4,514.56	4,604.48	4,696.20	4,789.74	4,885.16	4,982.49	5,081.77
	Annual	78,367	82,726	86,606	89,665	93,195	96,745	100,266	103,775	107,634	110,822	117,379	119,716	122,101	124,533	127,014	129,545	132,126
FE	Hourly	40.239	41.662	43.108	44.805	46.512	48.205	49.892	51.536	53.500	55.072	58.342	59.505	60.690	61.899	63.132	64.390	65.674
	Bi-Weekly	3,219.11	3,348.95	3,448.66	3,584.43	3,720.95	3,856.38	3,991.33	4,122.89	4,279.98	4,405.76	4,667.40	4,760.37	4,855.21	4,951.93	5,050.60	5,151.24	5,253.89
	Annual	83,697	87,073	89,665	93,195	96,745	100,266	103,775	107,195	111,280	114,550	121,352	123,770	126,235	128,750	131,316	133,932	136,601
FF	Hourly	41.669	43.758	45.431	47.008	48.677	50.315	51.878	54.055	55.632	57.000	58.931	60.105	61.302	62.524	63.769	65.040	66.336
	Bi-Weekly	3,333.53	3,500.66	3,634.44	3,760.65	3,894.13	4,025.18	4,150.26	4,324.41	4,450.58	4,559.97	4,714.48	4,808.39	4,904.19	5,001.90	5,101.56	5,203.22	5,306.91
	Annual	86,672	91,017	94,495	97,777	101,247	104,655	107,907	112,435	115,715	118,559	122,576	125,018	127,509	130,049	132,641	135,284	137,980

***RECEIVE AN ADDITIONAL EIGHTY DOLLARS ($80.00) PER MONTH FOR A MASTERS DEGREE FOR THOSE EMPLOYEES WHO WERE RECEIVING IT PRIOR TO DECEMBER 1, 1980.**
NOT ELIGIBLE FOR ADDITIONAL COMPENSATION FOR A BACHELORS OR MASTERS DEGREE

****Effective November 30, 2012, revise Schedule II to provide that RNs can access Step 13 after three (3) years on Step 12.**
*****Effective November 30, 2012, RNs can access Step 14 after five (5) years on Step 13.**

Effective June 1, 2022

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	32.318	33.427	34.472	35.585	36.918	38.187	39.593	41.177	42.811	44.041	46.668	47.601	48.553	49.525	50.515	51.525	52.556
	Bi-Weekly	2,585.46	2,674.18	2,757.74	2,846.80	2,953.42	3,054.96	3,167.40	3,294.16	3,424.91	3,523.29	3,733.45	3,808.12	3,884.28	3,961.97	4,041.20	4,122.03	4,204.47
	Annual	67,222	69,528	71,701	74,016	76,788	79,428	82,352	85,648	89,048	91,605	97,069	99,010	100,991	103,010	105,071	107,172	109,316
FB	Hourly	34.051	35.344	36.562	37.973	39.185	40.569	41.777	43.123	44.822	46.147	48.903	49.881	50.879	51.896	52.934	53.993	55.073
	Bi-Weekly	2,724.07	2,827.49	2,924.95	3,037.81	3,134.77	3,245.55	3,342.18	3,449.80	3,585.80	3,691.75	3,912.23	3,990.47	4,070.28	4,151.69	4,234.72	4,319.41	4,405.80
	Annual	70,826	73,514	76,048	78,982	81,504	84,364	86,896	89,694	93,230	95,985	101,717	103,752	105,827	107,943	110,102	112,304	114,550
FABM	Hourly	32.641	33.762	34.817	35.941	37.287	38.569	39.988	41.589	43.240	44.482	47.135	48.077	49.039	50.020	51.020	52.041	53.081
	Bi-Weekly	2,611.31	2,700.92	2,785.32	2,875.27	2,982.95	3,085.51	3,199.07	3,327.10	3,459.16	3,558.53	3,770.78	3,846.20	3,923.12	4,001.58	4,081.62	4,163.25	4,246.51
	Annual	67,894	70,224	72,418	74,757	77,556	80,223	83,175	86,504	89,938	92,521	98,040	100,001	102,001	104,041	106,121	108,244	110,409
FBBM	Hourly	34.391	35.697	36.928	38.352	39.577	40.975	42.195	43.554	45.271	46.608	49.392	50.380	51.387	52.415	53.463	54.533	55.623
	Bi-Weekly	2,751.31	2,855.76	2,954.20	3,068.19	3,166.12	3,278.01	3,375.61	3,484.30	3,621.66	3,728.67	3,951.35	4,030.38	4,110.98	4,193.20	4,277.07	4,362.61	4,449.86
	Annual	71,534	74,249	76,809	79,772	82,319	85,228	87,765	90,591	94,162	96,945	102,735	104,789	106,885	109,023	111,203	113,427	115,696
FC	Hourly	36.677	38.171	39.285	40.585	41.877	43.138	44.512	45.825	47.548	48.938	51.830	52.861	53.914	54.987	56.082	57.199	58.338
	Bi-Weekly	2,934.14	3,053.66	3,142.77	3,246.81	3,350.13	3,451.00	3,560.92	3,665.96	3,803.81	3,915.01	4,146.37	4,228.92	4,313.11	4,398.99	4,486.59	4,575.93	4,667.07
	Annual	76,288	79,395	81,712	84,417	87,103	89,726	92,584	95,315	98,899	101,790	107,806	109,952	112,141	114,374	116,651	118,974	121,344
FD	Hourly	38.618	40.766	42.678	44.186	45.926	47.675	49.410	51.139	53.041	54.612	57.843	58.995	60.170	61.369	62.591	63.838	65.110
	Bi-Weekly	3,089.47	3,261.30	3,414.27	3,534.87	3,674.04	3,813.97	3,952.78	4,091.11	4,243.25	4,368.93	4,627.43	4,719.59	4,813.60	4,909.49	5,007.29	5,107.06	5,208.81
	Annual	80,326	84,794	88,771	91,907	95,525	99,163	102,772	106,369	110,324	113,592	120,313	122,709	125,154	127,647	130,190	132,783	135,429
FE	Hourly	41.245	42.908	44.186	45.926	47.675	49.410	51.139	52.825	54.837	56.449	59.801	60.992	62.207	63.447	64.711	66.000	67.315
	Bi-Weekly	3,299.59	3,432.68	3,534.87	3,674.04	3,813.97	3,952.78	4,091.11	4,225.96	4,386.98	4,515.91	4,784.09	4,879.38	4,976.59	5,075.73	5,176.86	5,280.02	5,385.23
	Annual	85,789	89,250	91,907	95,525	99,163	102,772	106,369	109,875	114,062	117,414	124,386	126,864	129,391	131,969	134,598	137,280	140,016
FF	Hourly	42.711	44.852	46.565	48.183	49.893	51.573	53.175	55.406	57.023	58.425	60.404	61.608	62.835	64.087	65.364	66.666	67.995
	Bi-Weekly	3,416.87	3,588.17	3,725.30	3,854.67	3,991.48	4,125.81	4,254.01	4,432.52	4,561.84	4,673.96	4,832.34	4,928.60	5,026.79	5,126.94	5,229.10	5,333.30	5,439.58
	Annual	88,839	93,293	96,858	100,221	103,778	107,271	110,604	115,245	118,608	121,523	125,641	128,144	130,697	133,301	135,957	138,666	141,429

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****Effective November 30, 2012, revise Schedule II to provide that RNs can access Step 13 after three (3) years on Step 12.**
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Effective June 1, 2023

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	33.126	34.263	35.334	36.475	37.841	39.142	40.582	42.206	43.882	45.142	47.835	48.791	49.767	50.763	51.778	52.813	53.870
	Bi-Weekly	2,650.09	2,741.03	2,826.69	2,917.97	3,027.25	3,131.33	3,246.59	3,376.51	3,510.54	3,611.37	3,826.78	3,903.32	3,981.39	4,061.01	4,142.23	4,225.08	4,309.58
	Annual	68,902	71,266	73,493	75,867	78,708	81,414	84,411	87,789	91,274	93,895	99,496	101,486	103,515	105,586	107,697	109,851	112,048
FB	Hourly	34.902	36.227	37.476	38.922	40.164	41.584	42.822	44.201	45.943	47.301	50.125	51.128	52.150	53.193	54.257	55.342	56.449
	Bi-Weekly	2,792.17	2,898.18	2,998.08	3,113.76	3,213.14	3,326.69	3,425.74	3,536.05	3,675.44	3,784.04	4,010.03	4,090.23	4,172.04	4,255.48	4,340.59	4,427.40	4,515.95
	Annual	72,596	75,352	77,949	80,957	83,542	86,493	89,069	91,936	95,561	98,385	104,260	106,346	108,473	110,642	112,855	115,112	117,414
FABM	Hourly	33.457	34.606	35.687	36.839	38.219	39.533	40.966	42.628	44.321	45.594	48.313	49.279	50.265	51.270	52.296	53.342	54.408
	Bi-Weekly	2,676.59	2,768.44	2,854.95	2,947.15	3,057.52	3,162.64	3,279.05	3,410.28	3,545.64	3,647.49	3,865.05	3,942.35	4,021.20	4,101.62	4,183.66	4,267.33	4,352.68
	Annual	69,591	71,979	74,228	76,626	79,495	82,228	85,255	88,667	92,187	94,834	100,491	102,501	104,551	106,642	108,774	110,950	113,169
FBBM	Hourly	35.251	36.589	37.851	39.311	40.566	41.999	43.250	44.643	46.402	47.774	50.627	51.639	52.672	53.725	54.800	55.896	57.014
	Bi-Weekly	2,820.09	2,927.16	3,028.06	3,144.89	3,245.26	3,359.96	3,460.00	3,571.41	3,712.20	3,821.88	4,050.13	4,131.13	4,213.76	4,298.03	4,383.99	4,471.67	4,561.11
	Annual	73,322	76,105	78,729	81,786	84,377	87,358	89,959	92,856	96,516	99,368	105,303	107,409	109,557	111,748	113,983	116,263	118,588
FC	Hourly	37.594	39.125	40.267	41.600	42.924	44.216	45.624	46.970	48.736	50.161	53.125	54.183	55.262	56.362	57.484	58.629	59.797
	Bi-Weekly	3,007.49	3,130.00	3,221.34	3,327.98	3,433.88	3,537.28	3,649.95	3,757.61	3,898.91	4,012.89	4,250.03	4,334.64	4,420.94	4,508.96	4,598.75	4,690.33	4,783.74
	Annual	78,195	81,380	83,755	86,527	89,261	91,969	94,899	97,698	101,372	104,335	110,501	112,701	114,944	117,233	119,568	121,949	124,377
FD	Hourly	39.584	41.786	43.745	45.291	47.074	48.867	50.645	52.417	54.367	55.977	59.289	60.470	61.674	62.903	64.156	65.434	66.738
	Bi-Weekly	3,166.71	3,342.83	3,499.63	3,623.25	3,765.90	3,909.32	4,051.60	4,193.39	4,349.33	4,478.16	4,743.11	4,837.58	4,933.94	5,032.23	5,132.48	5,234.73	5,339.03
	Annual	82,334	86,914	90,990	94,204	97,913	101,642	105,342	109,028	113,083	116,432	123,321	125,777	128,282	130,838	133,444	136,103	138,815
FE	Hourly	42.276	43.981	45.291	47.074	48.867	50.645	52.417	54.145	56.208	57.860	61.296	62.517	63.763	65.033	66.329	67.650	68.998
	Bi-Weekly	3,382.08	3,518.49	3,623.25	3,765.90	3,909.32	4,051.60	4,193.39	4,331.61	4,496.66	4,628.81	4,903.69	5,001.37	5,101.00	5,202.63	5,306.29	5,412.02	5,519.86
	Annual	87,934	91,481	94,204	97,913	101,642	105,342	109,028	112,622	116,913	120,349	127,496	130,036	132,626	135,268	137,963	140,712	143,516
FF	Hourly	43.779	45.973	47.730	49.388	51.141	52.862	54.505	56.792	58.449	59.885	61.914	63.148	64.406	65.689	66.996	68.333	69.695
	Bi-Weekly	3,502.29	3,677.88	3,818.44	3,951.04	4,091.27	4,228.95	4,360.36	4,543.33	4,675.89	4,790.81	4,953.15	5,051.82	5,152.46	5,255.12	5,359.83	5,466.63	5,575.57
	Annual	91,060	95,625	99,279	102,727	106,373	109,953	113,369	118,127	121,573	124,561	128,782	131,347	133,964	136,633	139,355	142,132	144,965

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SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	33.789	34.948	36.040	37.204	38.597	39.924	41.394	43.051	44.759	46.045	48.791	49.767	50.763	51.778	52.813	53.870	54.947
	Bi-Weekly	2,703.10	2,795.86	2,883.22	2,976.33	3,087.80	3,193.96	3,311.52	3,444.04	3,580.75	3,683.60	3,903.32	3,981.39	4,061.01	4,142.23	4,225.08	4,309.58	4,395.77
	Annual	70,280	72,692	74,963	77,384	80,282	83,042	86,099	89,545	93,099	95,773	101,486	103,515	105,586	107,697	109,851	112,048	114,289
FB	Hourly	35.600	36.952	38.225	39.700	40.968	42.415	43.678	45.085	46.862	48.247	51.128	52.150	53.193	54.257	55.342	56.449	57.578
	Bi-Weekly	2,848.01	2,956.14	3,058.04	3,176.03	3,277.41	3,393.23	3,494.25	3,606.77	3,748.95	3,859.72	4,090.23	4,172.04	4,255.48	4,340.59	4,427.40	4,515.95	4,606.27
	Annual	74,048	76,859	79,508	82,576	85,212	88,223	90,850	93,775	97,472	100,352	106,346	108,473	110,642	112,855	115,112	117,414	119,762
FABM	Hourly	34.127	35.298	36.401	37.576	38.983	40.324	41.808	43.481	45.207	46.505	49.279	50.265	51.270	52.296	53.342	54.408	55.497
	Bi-Weekly	2,730.13	2,823.81	2,912.05	3,006.09	3,118.67	3,225.90	3,344.63	3,478.48	3,616.56	3,720.44	3,942.35	4,021.20	4,101.62	4,183.66	4,267.33	4,352.68	4,439.73
	Annual	70,983	73,419	75,713	78,158	81,085	83,873	86,960	90,440	94,030	96,731	102,501	104,551	106,642	108,774	110,950	113,169	115,432
FBSM	Hourly	35.956	37.321	38.608	40.097	41.377	42.839	44.115	45.535	47.331	48.729	51.639	52.672	53.725	54.800	55.896	57.014	58.154
	Bi-Weekly	2,876.49	2,985.70	3,088.62	3,207.79	3,310.18	3,427.16	3,529.20	3,642.83	3,786.44	3,898.32	4,131.13	4,213.76	4,298.03	4,383.99	4,471.67	4,561.11	4,652.33
	Annual	74,789	77,627	80,304	83,402	86,065	89,105	91,759	94,713	98,447	101,356	107,409	109,557	111,748	113,983	116,263	118,588	120,960
FC	Hourly	38.346	39.908	41.072	42.432	43.782	45.100	46.537	47.910	49.711	51.164	54.188	55.267	56.367	57.489	58.634	59.802	60.993
	Bi-Weekly	3,067.64	3,192.60	3,285.77	3,394.54	3,502.56	3,608.02	3,722.95	3,832.76	3,976.88	4,093.14	4,335.03	4,421.33	4,509.36	4,599.14	4,690.73	4,784.14	4,879.42
	Annual	79,759	83,008	85,430	88,258	91,067	93,809	96,797	99,652	103,399	106,422	112,711	114,955	117,243	119,578	121,959	124,388	126,865
FD	Hourly	40.376	42.621	44.620	46.196	48.015	49.844	51.658	53.466	55.454	57.097	60.475	61.679	62.908	64.161	65.439	66.743	68.073
	Bi-Weekly	3,230.04	3,409.68	3,569.62	3,695.71	3,841.21	3,987.51	4,132.64	4,277.26	4,436.32	4,567.72	4,837.98	4,934.33	5,032.62	5,132.87	5,235.13	5,339.43	5,445.81
	Annual	83,981	88,652	92,810	96,088	99,872	103,675	107,449	111,209	115,344	118,761	125,787	128,293	130,848	133,455	136,113	138,825	141,591
FE	Hourly	43.122	44.861	46.196	48.015	49.844	51.658	53.466	55.228	57.332	59.017	62.522	63.767	65.036	66.333	67.655	69.003	70.378
	Bi-Weekly	3,449.72	3,588.86	3,695.71	3,841.21	3,987.51	4,132.64	4,277.26	4,418.24	4,586.59	4,721.36	5,001.76	5,101.39	5,203.02	5,306.68	5,412.41	5,520.26	5,630.26
	Annual	89,693	93,310	96,088	99,872	103,675	107,449	111,209	114,874	119,251	122,756	130,046	132,636	135,279	137,974	140,723	143,527	146,387
FF	Hourly	44.654	46.893	48.685	50.376	52.164	53.919	55.595	57.927	59.618	61.083	63.153	64.411	65.694	67.003	68.338	69.700	71.088
	Bi-Weekly	3,572.34	3,751.44	3,894.80	4,030.06	4,173.09	4,313.53	4,447.57	4,634.20	4,769.41	4,886.63	5,052.21	5,152.86	5,255.51	5,360.22	5,467.02	5,575.96	5,687.08
	Annual	92,881	97,537	101,265	104,781	108,500	112,152	115,637	120,489	124,005	127,052	131,358	133,974	136,643	139,366	142,143	144,975	147,864

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NOT ELIGIBLE FOR ADDITIONAL COMPENSATION FOR A BACHELORS OR MASTERS DEGREE

****Effective November 30, 2012, revise Schedule II to provide that RNs can access Step 13 after three (3) years on Step 12.**
*****Effective November 30, 2012, RNs can access Step 14 after five (5) years on Step 13.**

SCHEDULE II
BUREAU OF HUMAN RESOURCES
NATIONAL NURSES ORGANIZING COMMITTEE (NNOC)

Grade		1st Step	2nd Step	3rd Step	4th Step	5th Step	6th Step	7th Step	8th Step	9th Step	10th Step	11th Step	N12	N13	N14	N15	N16	N17
FA	Hourly	31.064	32.130	33.134	34.204	35.485	36.705	38.056	39.579	41.150	42.332	44.857	45.754	46.669	47.603	48.555	49.526	50.516
	Bi-Weekly	2,485.12	2,570.40	2,650.72	2,736.32	2,838.80	2,936.40	3,044.48	3,166.32	3,292.00	3,386.56	3,588.56	3,660.33	3,733.54	3,808.21	3,884.37	3,962.06	4,041.30
	Annual	64,613	66,830	68,918	71,144	73,808	76,346	79,156	82,324	85,592	88,050	93,302	95,168	97,071	99,013	100,993	103,013	105,073
FB	Hourly	32.729	33.972	35.143	36.499	37.664	38.995	40.156	41.449	43.083	44.356	47.005	47.945	48.904	49.882	50.880	51.897	52.935
	Bi-Weekly	2,618.35	2,717.76	2,811.44	2,919.92	3,013.12	3,119.60	3,212.48	3,315.92	3,446.64	3,548.48	3,760.40	3,835.61	3,912.32	3,990.57	4,070.38	4,151.79	4,234.82
	Annual	68,077	70,661	73,097	75,917	78,341	81,109	83,524	86,213	89,612	92,260	97,770	99,725	101,720	103,754	105,829	107,946	110,105
FABM	Hourly	31.375	32.451	33.465	34.546	35.840	37.072	38.437	39.975	41.562	42.755	45.306	46.212	47.136	48.079	49.040	50.021	51.021
	Bi-Weekly	2,509.97	2,596.10	2,677.23	2,763.68	2,867.19	2,965.76	3,074.92	3,197.98	3,324.92	3,420.43	3,624.45	3,696.93	3,770.87	3,846.29	3,923.22	4,001.68	4,081.71
	Annual	65,259	67,498	69,607	71,855	74,546	77,109	79,948	83,147	86,448	88,931	94,235	96,120	98,042	100,003	102,003	104,043	106,124
FBBM	Hourly	33.057	34.312	35.494	36.864	38.041	39.385	40.658	41.863	43.514	44.800	47.475	48.425	49.393	50.381	51.389	52.416	53.465
	Bi-Weekly	2,644.53	2,744.94	2,839.55	2,949.12	3,043.25	3,150.80	3,244.60	3,349.08	3,481.11	3,583.96	3,798.00	3,873.96	3,951.44	4,030.47	4,111.08	4,193.30	4,277.17
	Annual	68,758	71,368	73,828	76,676	79,124	81,920	84,359	87,075	90,508	93,183	98,748	100,723	102,737	104,792	106,888	109,025	111,206
FC	Hourly	35.023	36.459	37.530	38.780	40.021	41.233	42.554	43.816	45.472	46.808	49.588	50.580	51.591	52.623	53.675	54.749	55.844
	Bi-Weekly	2,801.81	2,916.70	3,002.38	3,102.38	3,201.66	3,298.62	3,404.30	3,505.26	3,637.74	3,744.62	3,967.02	4,046.36	4,127.29	4,209.83	4,294.03	4,379.91	4,467.51
	Annual	72,847	75,834	78,061	80,661	83,243	85,764	88,511	91,136	94,581	97,360	103,142	105,205	107,309	109,455	111,644	113,877	116,155
FD	Hourly	36.889	38.954	40.792	42.241	43.913	45.594	47.262	48.924	50.752	52.262	55.368	56.475	57.605	58.757	59.932	61.130	62.353
	Bi-Weekly	2,951.15	3,116.30	3,263.34	3,379.26	3,513.02	3,647.50	3,780.94	3,913.90	4,060.14	4,180.94	4,429.42	4,518.01	4,608.37	4,700.54	4,794.55	4,890.44	4,988.25
	Annual	76,729	81,023	84,846	87,860	91,338	94,835	98,304	101,761	105,563	108,704	115,164	117,467	119,817	122,213	124,657	127,150	129,693
FE	Hourly	39.414	41.013	42.241	43.913	45.594	47.262	48.924	50.544	52.479	54.028	57.250	58.395	59.563	60.754	61.969	63.208	64.473
	Bi-Weekly	3,153.11	3,281.02	3,379.26	3,513.02	3,647.50	3,780.94	3,913.90	4,043.50	4,198.30	4,322.22	4,579.98	4,671.58	4,765.01	4,860.31	4,957.52	5,056.67	5,157.80
	Annual	81,980	85,306	87,860	91,338	94,835	98,304	101,761	105,131	109,156	112,377	119,079	121,461	123,890	126,368	128,895	131,473	134,102
FF	Hourly	40.823	42.881	44.529	46.083	47.727	49.341	50.881	53.026	54.580	55.927	57.830	58.986	60.166	61.369	62.597	63.849	65.126
	Bi-Weekly	3,265.84	3,430.46	3,562.30	3,686.62	3,818.14	3,947.26	4,070.46	4,242.06	4,366.38	4,474.14	4,626.38	4,718.91	4,813.29	4,909.55	5,007.74	5,107.90	5,210.06
	Annual	84,911	89,192	92,619	95,852	99,271	102,628	105,832	110,293	113,525	116,327	120,265	122,691	125,145	127,647	130,200	132,804	135,460

SCHEDULE II

BUREAU OF HUMAN RESOURCES

IN-HOUSE REGISTRY NURSES AND SPECIALTY CARE

6/1/2021	RG1	Hourly	$49.634
	RG2	Hourly	$52.800
6/1/2022	RG1	Hourly	$50.874
	RG2	Hourly	$54.120
6/1/2023	RG1	Hourly	$52.146
	RG2	Hourly	$55.473
6/1/2024	RG1	Hourly	$53.189
	RG2	Hourly	$56.583

SCHEDULE II
BUREAU OF HUMAN RESOURCES
IN-HOUSE REGISTRY NURSES AND SPECIALTY CARE

RG1 9/1/2020	Hourly	$48.900
RG2 9/1/2020	Hourly	$52.020

APPENDIX C
COOK COUNTY HEALTH PLAN DESIGN/APPENDIX C
PLAN DESIGN AND PAYROLL CONTRIBUTIONS CHANGES EFFECTIVE DECEMBER 1, 2022 AND DECEMBER 1, 2023

Cook County Benefits Overview

HMO	**Current**	**Benefits Effective 12/1/2022**
Out of Pocket Maximum	All Copays accumulate to OOP Max	All Copays accumulate to OOP Max
Out of Pocket Maximum	$1,600 single / $3,200 family	$1,600 single / $3,200 family
Inpatient Facility	$100 copay per admit	$100 copay per admit
Preventive	$0 copay (100% covered)	$0 copay (100% covered)
Other PCP / Urgent Care	$15 copay	$15 copay
Specialists	$20 copay	$20 copay
X-Ray / Diagnostic tests (performed in lab or hospital)	$0 copay	$0 copay
Accident / illness	$15 copay	$15 copay
Emergency Room	$75 copay	$100 copay

PPO	**Current**	**Benefits Effective 12/1/2022**
Deductible and Out of Pocket Maximum	Copay and Deductibles do accumulate to OOP Max	Copay and Deductibles do accumulate to OOP Max
Annual Deductible	$350 single / $700 family 2x Out of Network	$350 single / $700 family 2x Out of Network
Out of Pocket Maximum	$1,600 single /$3,200 family 2x Out of Network	$2,000 single /$4,000 family 2x Out of Network
Inpatient and Outpatient Facility	90% In network / 60% Out of network	90% In network / 60% Out of network*
Preventive	$0 copay (100% covered)	$0 copay (100% covered)
PCP	90% coinsurance after $25 copay / 60% out of network	90% coinsurance after $25 copay / 60% out of network
Specialists	90% coinsurance after $35 copay / 60% out of network	90% coinsurance after $35 copay / 60% out of network
X-Ray / Diagnostic tests (performed in lab or hospital)	90% in network 60% out of network	90% in network 60% out of network
Accident / Illness	90% coinsurance after $25 copay / 60% out of network	90% coinsurance after $25 copay / 60% out of network
Emergency Room – In / Out of Network	$75 copay	$100 copay

**** Effective 12/1/21, The County PPO plan will incorporate a Cook County Health tier ("Domestic Tier") wherein covered members will have lower out-of-pocket costs when choosing to access health care within CCH facilities. Facility charges will be 0% after the annual plan deductible is met. Hospital-based facility services not obtained at CCH will be paid based on their network status (in or out of network rate).***

Cook County Benefit Overview (Cont.)

Drug	**Current** **(No Changes 12/1/22 or 12/1/23)**
Prescription Drugs – Retail	• Generic: $10 copay • Brand Formulary: $25 copay • Brand Non-Formulary: $40 copay • Mail Order: 2 x retail
Generic Step Therapy	• PBM's generic step therapy program
Mandatory Maintenance Choice	• Mandatory mail-order for maintenance drugs

Vision	**Current** **(No Changes 12/1/22 or 12/1/23)**
Eye Examination	• $0 copay • Once per 12 months
*Eyeglass Lenses**	• $0 copay standard uncoated plastic • Once per 12 months
Frames	• $0 copay up to $100 / Amount over $100 less 10% • Once per 24 months
*Contact Lenses**	• $0 copay up to $100 • Once per 12 months

Either eyeglass lenses OR contact lenses are covered every 12 months

Cook County Benefit Overview (Cont.)

Dental – HMO	**Current (No Changes 12/1/22 or 12/1/23)**
Annual Deductible	$0 (None)
Benefit Period Maximum	None
Preventive	• Requires a Maximum Allowance • Includes 2 exams / cleanings per benefit period • Includes fluoride treatments under age 19
Basic Benefits	• Requires a copayment for each specific service • Copayments equal a discount of approximately 70%
Major Services	• Requires a copayment for each specific service • Copayments equal a discount of approximately 60%
Orthodontics	• Requires copayments • Copayments equal a discount of approximately 25% • Max one full course of treatment for dependent children under 19

Dental - PPO	**Current (No Changes 12/1/22 or 12/1/23)**
Annual Deductible	• $25 Individual / $100 Family (in network) • $50 Individual / $200 Family (out of network)
Preventive (2 exams/cleanings per Benefit Period)	• 100% of Maximum Allowance (in network) • 80% of Maximum Allowance (out of network)
Primary Services (X-Rays, Space Maintainers)	• 80% of Maximum Allowance (in network) • 60% of Maximum Allowance (out of network)
Restorative Services (Routine Fillings)	• 80% of Maximum Allowance (in network) • 60% of Maximum Allowance (out of network)
Emergency Services	• 80% of Maximum Allowance (in network) • 80% of Maximum Allowance (out of network)
Endodontics	• 80% of Maximum Allowance (in network) • 60% of Maximum Allowance (out of network)
Periodontics	• 80% of Maximum Allowance (in network) • 60% of Maximum Allowance (Out of network)
Oral Surgery	• 80% of Maximum Allowance (in network) • 60% of Maximum Allowance (out of network)
Prosthetics	• 50% of Maximum Allowance (in and out of network)
Orthodontics	• 50% up to a lifetime max of $1,250 (in and out of network)

COOK COUNTY HEALTH PLAN DESIGN/APPENDIX C
PLAN DESIGN AND PAYROLL CONTRIBUTIONS CHANGES EFFECTIVE
DECEMBER 1, 2022 AND DECEMBER 1, 2023

Employee Contributions – As a Percentage of Salary (Pre-Tax)

HMO	Current	Effective 12/1/2022	Effective 12/1/2023
Employee Only	1.50%	1.75%	2.25%
Employee + Spouse	2.00%	2.50%	3.25%
Employee + Child(ren)	1.75%	2.25%	2.75%
Employee + Family	2.25%	3.00%	4.00%

PPO	Current	Effective 12/1/2022	Effective 12/1/2023
Employee Only	2.50%	2.75%	3.25%
Employee + Spouse	3.00%	3.50%	4.25%
Employee + Child(ren)	2.75%	3.25%	3.75%
Employee + Family	3.25%	4.00%	5.00%

Dental	Current (No Changes 12/1/22 or 12/1/23)
HMO	$0
PPO	$0

Vision	Current (No Changes 12/1/22 or 12/1/23)
Vision Plan	$0

APPENDIX D

MEMORANDUM OF UNDERSTANDING ON

INFECTIOUS DISEASE

The parties share the goal to prevent the spread of infectious diseases between patients, visitors, families, and employees. CCHHS and the NNOC jointly share the common goal of putting patient and staff safety first.

Personal Protective Equipment

i. The Employer shall provide optimal protocols and personal protective equipment based on the type and nature of the disease.

ii. The Employer shall provide interactive training and education, at least annually, for all RNs who may be exposed to patients, their body fluids, or other potentially infected materials. Training and education shall be as determined by the CCHHS Infection Control Committee.

iii. CCHHS will provide timely updates to nurses regarding changes to its PPE protocols and other information regarding its response to infectious disease.

Representation on the Infection Control Committee

Two RNs, one from ambulatory services and one from hospital based services, both selected by NNOC, will serve on CCHHS' Infection Control Committee.

Refusal of Treatment

After discussion with the nurse manager or designee to address the RN's concerns, any RN caring for an infectious disease patient may refuse to care for such patient if in the RN's reasonable judgment the PPE required by this Agreement and/or applicable law is not provided and/or the conditions otherwise place the RN at an unreasonable risk of infection, provided that the RN must continue providing care until a trained RN can safely relieve him/her to continue care.

APPENDIX E

TUITION REIMBURSEMENT AGREEMENT

This agreement is made between the County of Cook (the "County") and the Employee:

EMPLOYEE AGREEMENT

In accordance with the terms and conditions of the County's Tuition Reimbursement Program, in the event an employee ceases employment with the County for any reason other than layoff, including termination for cause, less than two years after completion of an educational course for which the employee receives reimbursement, the Employee agrees to repay the tuition reimbursement based on a pro-rata portion of the remaining time in the two-year period.

If employment ceases and a repayment amount is owed by the employee, and the employee does not otherwise repay the amount, the Employee agrees to have the repayment amount deducted from the Employee's paycheck(s) that are issued after employment ceases. This includes any and all compensation that is due. After such deduction, any remaining balance owed to the County shall continue to be an obligation of the Employee to the County. The Employee agrees to repay any remaining balance owed after the deduction from the final paycheck to County within 90 days of the date of termination, ***or if the termination is timely grieved, upon final resolution of the grievance upholding the termination.***

If, for any reason, any amount due from the Employee under this Agreement is not fully satisfied in accordance with the above paragraph, the County shall be entitled to collect the entire amount due from the Employee and to take any necessary legal action to do so. In the event that the County must resort to legal action and/or retain the services of any attorney or collection agent in connection with any amounts owed under this Agreement, the County shall be entitled to recover from the Employee, in addition to the amount due under this agreement, all reasonable attorney's fees, collection fees and costs and court costs.

Name of Class(es) being reimbursed _____

Name of School Attending _____

Date Course Begins _____ Date Course Ends _____

The Employee's signature below indicates that the Employee has fully read this agreement and agrees to its terms and is entering into this Agreement knowingly and voluntarily.

_____	_____
Employee	County of Cook
_____	_____
Date	Date

With respect to existing Side Letters attached to 2017-2020 Agreement:

#1 – Retain

#2 – Retain, strike reference to LPNs

#3 – Retain

#4 – Eliminate

#5 – Eliminate

#6 – Retain

#7 – Retain

#8 – Eliminate

#9 – Eliminate

#10 – Retain

#11 – Eliminate

#12 – Move to body of CBA -- TA (1/13) (but where?)

#13 – Retain – TA (1/13)

#14 – Eliminate – TA (1/13)

#15 – Eliminate –

#16 – Retain

#17 – Eliminate

Side Agreement #1

An RN employed by the County no longer will need to have six months of ambulatory experience in order to be considered for ACHN RN positions.

National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/9/12
Date

Side Agreement #2 ACHN Only

It is expected that where there is a total RN and LPN staff of four or fewer in a clinic, that the RNs and LPN's will cooperate to ensure that vacation periods are worked out equitably among them. Where RN(s) and LPN(s) request the same vacation period and all requests cannot be accommodated, vacation preference will be granted according to operational needs, by seniority with the County, except that the more senior employees may not exercise seniority preference for the same vacation choice for two consecutive years.

National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/6/12
Date

Side Agreement #3

The County intends to continue its practice of having employees who are on a leave of absence of at least 30 days submit to a drug test and of referring such employees who test positive on a first-time basis to the County's EAP.

National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/9/12
Date

Side Agreement #6

If the Employer employs commercial registry registered nurses for a period of greater than thirty (30) days, the Employer shall seek authorization to fill a vacant position temporarily or on a full time basis, with a bargaining unit registered nurse.

Modelle, RN
National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/9/12
Date

Side Agreement #7

If an RN who works at Stroger Hospital can establish that she entered the JTDC parking lot at least one-half hour before the start of her shift, management determines that there was a shuttle problem, and the RN has no pattern of tardiness, the RN will neither be disciplined nor docked so long as she reports on duty within thirty (30) minutes of the start of her shift.

Modeeke, RN
National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/9/12
Date

Side Agreement #10

In an effort to address current staffing issues in medical/surgical areas, within thirty (30) days of ratification the parties will meet to discuss and address concerns about staffing patterns and skill mix. The parties shall meet with the CCHHS CNO/Designee and CEO/Designee to discuss issues on a monthly basis.

Modaff, RN
National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/9/12
Date

Side Agreement #13

The County and the NNOC agree that if County technology enables a single requisition number to be tied to multiple PID/identifying numbers, when multiple positions are posted for the same department or unit (cluster at ACHN and CCDPH), an employee's application for one such position shall apply to all.

National Nurses Organizing Committee

6/11/12
Date

County of Cook

7/9/12
Date

Side Agreement #16

When it is determined a clinic is overstaffed based on patient volume or the implementation of the strategic plan, ACHN may permanently reassign nurses within their cluster as follows:

1. ACHN will seek volunteers. The most senior nurse(s) that volunteer(s) will be selected to fill the available position in the understaffed clinic(s).

2. If there are insufficient volunteers, ACHN shall reassign the least senior nurse(s) from the overstaffed clinic to the understaffed clinic. If that nurse(s) does not possess the competencies required to function in that area/clinic, training shall be provided.

3. No nurse shall be required to be permanently reassigned more than once in a rolling 12-month time period due to overstaffing. If this does occur the nurse(s) may have the opportunity to exercise displacement option under 4.5 of the collective bargaining agreement.

4. If a vacancy is approved within the 12 months of the date that the nurse was permanently reassigned, the nurse may elect to take it and return to her/his previous clinic.

National Nurses Organizing Committee	County of Cook
6/11/12	7/9/12
Date	Date

Side Agreement #18

Weekend Option Pilot Program

The County and NNOC agree to implement a Weekend Option Program on a pilot basis as set forth below beginning within ninety (90) days of the ratification of this Agreement and continuing for one (1) year after its implementation. The Parties further agree that prior to the end of the program they will meet to discuss whether to continue the program and, if so, whether to modify its terms.

A. The Weekend Option Program will begin Friday, 7:00 p.m., and remain in place until Monday 7:30 am.

B. Weekend Option staff will receive a differential of $5.50 per hour in addition to any applicable shift differentials for all hours worked on the Weekend Option shifts defined in paragraph C below.

C. Weekend Option staff, when accepting the position; agree to commit to the program for a minimum of six months and will work the scheduling plan defined by the Department and approved by the Administrative Director/Assistant Director/Nurse Manager. The nurse's schedule will be at least two of the following shifts as decided by the County:

1. Friday 7 p.m. – Saturday 7:30 a.m.
2. Saturday 7 a.m. – Saturday 7:30 p.m.
3. Saturday 7 p.m. – Sunday 7:30 a.m.
4. Sunday 7 a.m. – Sunday 7:30 p.m.
5. Sunday 7 p.m. – Monday 7:30 a.m.

D. Employees may request as part of their preliminary schedule request under Section 4.2 of the Labor Agreement to be scheduled off for two (2) weekend shifts in a calendar quarter.

E. Provided it does not result in overtime, Weekend Option RNs may trade weekend shifts with non-weekend option staff with notice and approval of the Employer. Non-weekend option RNs shall not receive the weekend option differential for that shift trade.

F. Weekend Option RNs are expected to work scheduled holidays occurring on the weekend.

G. Weekend Option employees who incur more than three (3) occurrences in a revolving 12-month period, as defined by the Cook County Health and Hospital Time and Attendance Policy (Time and Attendance Policy), may be removed from the Weekend Option program at the discretion of the County, and placed on the regular unit schedule. If an RN is removed from the

Weekend Option program, they will be allowed to retain their prior scheduled and approved weekends off per section D of this side letter.

H. Beginning with the second occurrence described in Section G above the Employer will notify RNs of the occurrence. Such notice shall not be considered disciplinary action, but nothing prevents the Employer from disciplining an employee where appropriate pursuant to the Time and Attendance Policy. The failure to provide the notice will not delay or change the right of management to remove a nurse from the Weekend Option program pursuant to Section G.

J. The absences incurred resulting in termination from the Weekend Option program will also be applicable absences outlined in the Time and Attendance Policy.

K. This agreement does not preclude units from creating different combinations of units or shifts that better suit the operational needs of a particular unit that seeks to implement a weekend option program. If management or RNs seek a modified arrangement of the weekend option program for their unit, the parties will agree meet to negotiate what modifications are necessary in order to comply with existing staffing plans.

Side Agreement #19

APRNSs

APRNSs – effective upon ratification of this Agreement, increase annual salary from $40,000 to $63,000

Any current bargaining unit member who is accepted into this program will be guaranteed rights to a vacancy in their cluster in their former classification upon leaving the program. An individual accepted to the program who was not a member of the bargaining unit at the time will not advance upon the salary schedule All other contractual rights shall apply to participants in the program.

Side Agreement #20

Commitment to Fill

1. CCH will make all reasonable efforts to post and fill 300 nursing vacancies (including those that are in progress) within eighteen months of the ratification of this Agreement.

2. Upon enactment of the contract, CCH will convene a Joint Nursing Excellence Taskforce to review and support the onboarding of the 300 Nursing positions, review and recommend quality program and campaigns that advance the professional practice of nursing, help achieve higher standards. The Taskforce will consist of seven (7) members, three (3) RNs appointed by NNOC, three (3) nursing management, and the Chief Nurse Executive.

Side Letter of Agreement #21

TWELVE (12) HOUR SHIFTS UNDER SECTION 3.2.C.

Between

NATIONAL NURSES ORGANIZING COMMITTEE

And

COUNTY OF COOK

As revised during negotiations leading to the 2017-2020 Collective Bargaining Agreement, Section 3.2.C. does not allow 1.05 positions. However, employees working 1.05 positions on the date of ratification of the 2017-2020 Collective Bargaining Agreement will be allowed to continue working in those positions within their assigned unit at the time of ratification regardless of shift. Further, nothing in the Collective Bargaining Agreement or in this Side Letter obligates the Employer to fill 1.05 positions as employees leave those positions.

Update Health Insurance Appendix to reflect the following changes:

Out of Pocket Maximum (PPO)

Current:	$1,600/$3,200	(single/family; in network)
	$3,200/$6,400	(single/family; out of network)
12/1/21	$2,000/$4,000	(single/family; in network)
	$4,000/$8,000	(single/family; out of network)

Emergency Room Copay

Current	$75
12/1/21	**$100**