PROVINCIAL AGREEMENT

between

THE HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION

and

HEABC
HEALTH EMPLOYERS ASSOCIATION OF BC

DRAFT

April 1, 2025 – March 31, 2029

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TABLE OF CONTENTS

ARTICLE 1 – DEFINITIONS 1

ARTICLE 2 – PURPOSE OF AGREEMENT 2

ARTICLE 3 – DEFINITION OF EMPLOYEE STATUS & BENEFIT ENTITLEMENT 3

3.01 Regular Full-time Employees 3
3.02 Regular Part-time Employees 3
3.03 Casual Employees 4
3.04 Casual to Regular Status – Increment Determination 8
3.05 Employee Working Concurrently for More than One Employer 9

ARTICLE 4 – MANAGEMENT RIGHTS 9

4.01 General Rights 9
4.02 Direction of Employees 9
4.03 Employer Rules 9

ARTICLE 5 – UNION RECOGNITION, RIGHTS AND SECURITY 9

5.01 The Union As Exclusive Bargaining Agent 9
5.02 Maintenance of Membership 9
5.03 Membership of New Or Porting Employees 9
5.04 Dues Authorization 10
5.05 Dues Check-off and Initiation Fee 10
5.06 Membership and Dues Authorization Forms 11
5.07 Amount of Dues and Fees 11
5.08 Bargaining Unit Information 11
5.09 Union Stewards and Records 12
5.10 Union Staff 13
5.11 Retention of Benefits 13
5.12 Short Term Leave 14
5.13 Negotiations and Essential Services 14
5.14 Executive Council Member 14
5.15 Union Employment 14
5.16 Legal Picket Line 15

ARTICLE 6 – MEDICAL EXAMINATION, PROBATION, ANNIVERSARY DATE AND SENIORITY 15

6.01 Medical Examination and Immunization 15

6.02 Probation 15
6.03 Anniversary Date 16
6.04 Seniority 16
6.05 Bargaining Unit Employees in Positions Outside the Bargaining Unit 17

ARTICLE 7 – GRIEVANCE PROCEDURE 18

DRAFT

7.01 Discussion of Differences....18
7.02 Fair Procedures....18
7.03 Resolution of Differences....18
7.04 Resolution of Employee Dismissal Disputes....19
7.05 Policy Grievance....19
7.06 Time Limits....19

ARTICLE 8 – ARBITRATION....19

8.01 Arbitration Principles....19
8.02 Full Arbitration Process....20
8.03 Employee Dismissal/Suspension Fast-Track Arbitration Process....21
8.04 Expedited Arbitration Process....22

ARTICLE 9 – VACANCY POSTING....24

ARTICLE 10 – PROMOTION, DEMOTION, TRANSFER OR LAY-OFF....25

10.01 Application of Seniority....25
10.02 Promotional Increase....26
10.03 Relieved of Promotion or Transfer....26
10.04 Demotion....26
10.05 Displacement and Bumping Process....26
10.06 Retention of Seniority and Benefits on Lay-Off....29
10.07 Lay-Off....29
10.08 Temporary Assignment....30
10.09 Regularized Relief....30

ARTICLE 11 – NEW AND RECLASSIFIED POSITIONS....31

ARTICLE 12 – RESIGNATION....31

12.01 Resignation – Regular Employees....31

ARTICLE 13 – SEVERANCE ALLOWANCE....31

13.01 Eligibility....31
13.02 Eligibility and Calculation for Part-Time Employees....31
13.03 Application of Portability to Severance Allowance....32

ARTICLE 14 – JOB SECURITY AND TECHNOLOGICAL CHANGE....32

14.01 Notice 32
14.02 Technological Change – Lay-off....32
14.03 Amalgamation....33
14.04 Contracting Out....33
14.05 Voluntary Solutions....33

ARTICLE 15 – LEAVE – BEREAVEMENT....33

ARTICLE 15B – LEAVES FOR COMPASSIONATE CARE, CHILD DISAPPEARANCE AND CHILD DEATH....34

ARTICLE 16 – LEAVE – COURT DUTY....34

DRAFT

ARTICLE 17 – LEAVE – EDUCATION 35

ARTICLE 18 – PREGNANCY AND PARENTAL LEAVE 36

18.01 Pregnancy Leave 36
18.02 Parental Leave 37
18.03 Parental Leave – Special Circumstances 37
18.04 Benefits Continuation 37
18.05 Notice Required 37
18.06 Return to Employment 38
18.07 Bridging of Service 38
18.08 Supplemental Employment Benefits Plan 38
18.09 Casual Employees 41

ARTICLE 18B – LEAVE FOR INDIGENOUS CHILD CARE 41

ARTICLE 19 – LEAVE – SICK 42

19.01 Accumulation 42
19.02 Record of Accumulation 42
19.03 Qualifying Time 42
19.04 Proof of Illness or Injury 42
19.05 Benefits Accrued 43
19.06 Expiration of Credits 43
19.07 Enforceable Legal Claims 43
19.08 Additional Leave 43
19.09 Appointments 43
19.10 Notice Required 43
19.11 Specialist Appointments 44
19.12 Cash-in of Sick Leave Credits 44
19.13 Voluntary Treatment 44
19.14 Leave – Workers' Compensation 44

ARTICLE 20 – LEAVE – SPECIAL 45

20.01 Accumulation 45
20.02 Application 45

ARTICLE 20B – DOMESTIC AND SEXUAL VIOLENCE LEAVE 46

ARTICLE 20C – CEREMONIAL, CULTURAL, SPIRITUAL, BEREAVEMENT, AND SPECIAL LEAVE FOR INDIGENOUS EMPLOYEES 47

ARTICLE 20D – ORGAN AND BONE BARROW DONATION LEAVE 48

ARTICLE 21 – LEAVE – STATUTORY HOLIDAYS 48

21.01 Statutory Holiday Entitlement 48
21.02 Statutory Holiday Falling Within a Vacation 49
21.03 Scheduled Statutory Holiday Rescheduled With Insufficient Notice 49
21.04 Work On A Calendar Statutory Holiday 49
21.05 Work On A Rescheduled Statutory Holiday 49
21.06 Christmas Day or New Year's Day Off 49

DRAFT

21.07 Super Stats 50

ARTICLE 22 – LEAVE – UNPAID 50

ARTICLE 23 – LEAVE – VACATION 51

23.01 Cut-Off Date 51
23.02 Employees With Less Than One Year Of Service 51
23.03 Termination of Employment 51
23.04 Vacation During Summer Months 51
23.05 Vacation Earned During Vacation 51
23.06 Vacation Qualifying Time 51
23.07 Annual Vacation Entitlement 52
23.08 Supplementary Vacation Entitlement 54
23.09 Vacation Scheduled According to Seniority 54
23.10 Reinstatement of Vacation Days – Sick Leave 55
23.11 Vacation Carryover for Parents 55

ARTICLE 24 – HOURS OF WORK 55

24.05 Meal Period 57
24.09 Assignment of Additional Shifts 58
24.10 Daylight Savings 58
24.11 Shift Posting 58
24.12 Voluntary Shift Exchange 58
24.13 Self-Scheduling 59

ARTICLE 25 – OVERTIME 60

25.01 Authorized Overtime 60
25.02 Approval of Overtime 61
25.03 Overtime Rates 61

ARTICLE 26 – TRANSPORTATION ALLOWANCE AND TRAVEL EXPENSE . 61

ARTICLE 27 – SHIFT WORK 63

27.01 Shift Premium 63
27.02 Business Allowance 64

ARTICLE 28 – ON-CALL AND CALL-BACK 64

28.01 On-Call Premium 64
28.02 Call-Back Pay 64
28.03 Call-Back Definition 64
28.04 Call-Back Travel Allowance 65
28.05 Statutory Requirement 66
28.06 Insufficient Off-Duty Hours 66
28.07 On-Call Devices 66
28.08 On-Call 66
28.09 Telephone Consultation 66

ARTICLE 29 – PORTABILITY OF BENEFITS 67

DRAFT

29.01 Transfers 67
29.02 Benefits Portable 67
29.03 Benefits Not Portable 68
29.04 Effective Date – Medical, Dental, Extended Health and Long Term Disability Insurance Plan Coverage 68
29.05 Transfer From Another Unit – Same Employer 68

ARTICLE 30 – PREVIOUS EXPERIENCE 68

ARTICLE 31 – RELIEF 68

31.01 Relief 68

ARTICLE 32 – SUPERIOR BENEFITS 69

ARTICLE 33 – JOB DESCRIPTIONS 69

ARTICLE 34 – HEALTH AND WELFARE COVERAGE 69

34.01 Medical Coverage 69
34.02 Extended Health Care Coverage 70
34.04 Dependents 72
34.05 Long Term Disability (LTD) 72
34.06 Group Life Insurance 72
34.07 Casual Employees 73

ARTICLE 35 – MUNICIPAL PENSION PLAN COVERAGE 73

ARTICLE 36 – UNIFORMS 73

ARTICLE 37 – GENERAL PROVISIONS 74

37.01 Exempt and Save Harmless 74
37.02 Isolation Allowance 74
37.03 Personal Property Damage 75
37.04 Pay Cheques or Deposit 75
37.05 HEABC/Health Science Professionals Bargaining Association Printing Costs 76
37.06 General Provisions 76
37.07 Criminal Record Check 76

ARTICLE 38 – SAFETY AND OCCUPATIONAL HEALTH 76

38.01 Promotion of Safe Work Practices 76
38.02 Joint Occupational Health and Safety Committee or Worker Health and Safety Representative 77
38.03 Employee Safety 78
38.04 Aggressive and/or Violent Behaviour of Patients/Residents/Clients 79
38.05 Workload Dialogue 79
38.06 Workload Dispute Resolution 80
38.07 Critical Incident Stress Defusing 80
38.08 Supervisor Occupational Health and Safety Training 80
38.09 Ergonomics 81

DRAFT

38.10 Psychological Health and Safety 81

ARTICLE 39 – RESPECTFUL WORKPLACE 82

ARTICLE 40 – EMPLOYEE EVALUATION AND RECORDS 83

40.01 Performance Evaluation 83
40.02 Employee Access to Files 83

ARTICLE 41 – EFFECTIVE AND TERMINATION DATES 84

WAGE SCHEDULE 85

THE WAGE SCHEDULES OF THE COLLECTIVE AGREEMENT 86

WAGE SCHEDULE A 89
WAGE SCHEDULE B 93
WAGE SCHEDULE C 97
WAGE SCHEDULE D 101
WAGE SCHEDULE E 105
WAGE SCHEDULE F 109
WAGE SCHEDULE G 113
WAGE SCHEDULE H 117
WAGE SCHEDULE I 121
WAGE SCHEDULE J 125
WAGE SCHEDULE K 129
WAGE SCHEDULE L 133
WAGE SCHEDULE M 137
WAGE SCHEDULE N 141
WAGE SCHEDULE O 145
WAGE SCHEDULE P 149
WAGE SCHEDULE T 153

MAINTENANCE AGREEMENT 157

CLASSIFICATION MANUAL 162

PROFESSIONAL GROUPINGS 170

PROFILES – P1 – WORKING PROFESSIONAL 171

Biomedical Technology 171
Dental 172
Dietitian 173
Electrodiagnostic 174
Expressive Therapy 175
Health Information 176
Infant/Child Development and Special Needs Education 177
Laboratory 178
Medical Imaging and Radiation 179
Pharmacy 181
Psychology 182
Public and Environmental Health, Control and Prevention 183

DRAFT

Rehabilitation/Therapeutic 184
Research 186
Social Service and Counselling 187
Surgical and Respiratory Services 189
Technical 190
Vision 191

PROFILES – P2A – SPECIAL PROCEDURES/TECHNIQUES 192

PROFILES – P2B – ADVANCED WORKING PROFESSIONAL 193

(E) Education 193
(I) Health Science Information Systems and Applications 194
(R) Research and Development 194
(Q) Quality Control Program 194

PROFILES – S1 – SUPERVISORY/LEADERSHIP 195

PROFILES – S2 – SUPERVISORY/LEADERSHIP 196

PROFILES – S3 – SUPERVISORY/LEADERSHIP 197

PROFILES – S4 – SUPERVISORY/LEADERSHIP 198

APPENDIX 1 – MEMORANDUM OF AGREEMENT 199

APPENDIX 1.1 – MEMORANDUM OF AGREEMENT 200

Re: Provincial Occupational Health and Safety 200

APPENDIX 1.2 – MEMORANDUM OF AGREEMENT 202

Re: Pandemic Information Sharing Forum on Occupational Health and Safety 202

APPENDIX 2 – LETTER OF INTENT 203

Re: Employee Assistance Plans 203

APPENDIX 3 – LETTER OF INTENT 204

Re: Salary Deferment Leave Plan 204

APPENDIX 4 – MEMORANDUM OF UNDERSTANDING 205

APPENDIX 5 – MEMORANDUM OF AGREEMENT 206

Re: Article 19.14 – Leave – Workers' Compensation – Entitlement to Leave 206

APPENDIX 6 – MEMORANDUM OF AGREEMENT 207

APPENDIX 7 – MEMORANDUM OF AGREEMENT 208

Re: Extended Work Day or Extended Work Week 208

APPENDIX 8 – MEMORANDUM OF UNDERSTANDING 212

DRAFT

Re: Job Sharing 212
APPENDIX 9 – MEMORANDUM OF UNDERSTANDING 216
Re: Overtime Payments 216
APPENDIX 10 – MEMORANDUM OF UNDERSTANDING 219
Re: Enhanced Disability Management Program 219
APPENDIX 11 – MEMORANDUM OF UNDERSTANDING 236
Re: Long Term Disability Plan – Effective August 4, 2006 236
APPENDIX 12 – MEMORANDUM OF UNDERSTANDING 248
Re: Long Term Disability 248
APPENDIX 13 – MEMORANDUM OF UNDERSTANDING 261
Re: Return-To-Work Committee 261
APPENDIX 14 – MEMORANDUM OF UNDERSTANDING 262
Re: Return-To-Work Program 262
APPENDIX 15 – MEMORANDUM OF UNDERSTANDING 265
Re: New Certifications 265
APPENDIX 16 – MEMORANDUM OF AGREEMENT 266
Re: Provincial Recruitment and Retention Initiatives 266
APPENDIX 16.1 – MEMORANDUM OF AGREEMENT 268
Re: Provincial Recruitment and Retention 268
APPENDIX 17 – MEMORANDUM OF UNDERSTANDING 270
APPENDIX 18 – MEMORANDUM OF UNDERSTANDING 271
Re: Health Science Professional Office of Arbitration 271
APPENDIX 18.1 – MEMORANDUM OF AGREEMENT 276
Re: Expedited Dispute Resolution Process for Short Term Union Leave 276
APPENDIX 19 – MEMORANDUM OF UNDERSTANDING 278
APPENDIX 20 – MEMORANDUM OF UNDERSTANDING 279
Re: Geographic Areas 279
APPENDIX 21 – MEMORANDUM OF UNDERSTANDING 280
Re: Classification Redesign Committee 280
APPENDIX 21.1 – MEMORANDUM OF AGREEMENT 282
Re: HSPBA Classification Redesign – Interim Agreement 282

DRAFT

APPENDIX 21.2 – MEMORANDUM OF UNDERSTANDING....291
Re: HSPBA Classification Redesign Completion and Implementation....291
APPENDIX 21.3 – MEMORANDUM OF UNDERSTANDING....295
APPENDIX 21.3(a) – MEMORANDUM OF UNDERSTANDING....296
Re: P2B Profile....296
APPENDIX 21.4 – MEMORANDUM OF UNDERSTANDING....297
Re: Classifications Provisions of the Collective Agreement....297
APPENDIX 22 – MEMORANDUM OF UNDERSTANDING....300
Re: Joint Classification Committee....300
APPENDIX 23 – MEMORANDUM OF UNDERSTANDING....302
Re: Classification System Implementation....302
APPENDIX 24 – MEMORANDUM OF UNDERSTANDING....303
APPENDIX 25 – MEMORANDUM OF UNDERSTANDING....304
APPENDIX 26 – MEMORANDUM OF UNDERSTANDING....305
Re: Early Accommodation Measures for Employees....305
APPENDIX 27 – MEMORANDUM OF UNDERSTANDING....306
APPENDIX 28 – MEMORANDUM OF UNDERSTANDING....307
Re: Requirement to Join and Maintain Membership in Professional Bodies as a Condition of Employment....307
APPENDIX 28.1 – MEMORANDUM OF UNDERSTANDING....310
Re: Professional Licensing Fees....310
APPENDIX 29 – MEMORANDUM OF UNDERSTANDING....312
Re: Disability Management Representatives....312
APPENDIX 30 – MEMORANDUM OF UNDERSTANDING....313
Re: EDMP Representatives....313
APPENDIX 30.1 – MEMORANDUM OF UNDERSTANDING....314
Re: EDMP Expenses and Joint Education....314
APPENDIX 31 – MEMORANDUM OF UNDERSTANDING....315
Re: Expedited Arbitration Process for Classification....315
APPENDIX 32 – LETTER OF UNDERSTANDING....317
Re: Early Retirement Incentive Benefit....317

DRAFT

APPENDIX 33 – LETTER OF UNDERSTANDING 318

Re: Improving Quality and Safety through the Appropriate Use of On-call and Call-backs 318

APPENDIX 34 – LETTER OF AGREEMENT 320

Re: Professional Development Fund 320

APPENDIX 34.1 – MEMORANDUM OF UNDERSTANDING 321

Re: One Time Allocation: Professional Development 321

APPENDIX 35 – LETTER OF AGREEMENT 323

Re: Joint Strategic Partnership Committee 323

APPENDIX 35.1 – MEMORANDUM OF AGREEMENT 325

Re: Health Science Strategic Relations Committees (the "Committees") .. 325

APPENDIX 35.2 – MEMORANDUM OF AGREEMENT 327

Re: Labour Management Committees 327

APPENDIX 36 – LETTER OF AGREEMENT 328

Re: Compensation Bargaining Comparability 328

APPENDIX 36.1 – LETTER OF UNDERSTANDING 329

Re: Public Sector General Wage Increases 329

APPENDIX 36.2 – MEMORANDUM OF AGREEMENT 330

Re: Public Sector General Wage Increases 330

APPENDIX 36.3 – LETTER OF AGREEMENT 332

Re: HSPBA Net Compensation Increases 332

APPENDIX TO LETTER OF AGREEMENT RE: HSPBA NET COMPENSATION INCREASES 335

APPENDIX 37 – LETTER OF AGREEMENT 336

Re: Economic Stability Dividend 336

APPENDIX 37.1– MEMORANDUM OF AGREEMENT 339

Re: Cost of Living Adjustment 339

APPENDIX 38 – LETTER OF AGREEMENT 341

Re: Health and Welfare Benefits 341

APPENDIX 39 – LETTER OF AGREEMENT 344

Re: PharmaCare Tie-In 344

DRAFT

APPENDIX 40 – MEMORANDUM OF AGREEMENT 345

Re: Working Group on Workload 345

APPENDIX 41 – MEMORANDUM OF AGREEMENT 347

Re: Days Of Cultural Or Religious Significance 347

APPENDIX 42 – MEMORANDUM OF AGREEMENT 350

Re: Ceremonial, Cultural, Spiritual and Bereavement Leave for Indigenous Employees 350

APPENDIX 43 – MEMORANDUM OF AGREEMENT 351

Re: Recruitment and Retention of Indigenous Workers 351

APPENDIX 44 – MEMORANDUM OF AGREEMENT 353

Re: Provincial Indigenous Specific Anti-Racism "ISAR" Committee 353

APPENDIX 44.1 – MEMORANDUM OF AGREEMENT 355

Re: Indigenous Grievance and Arbitration Working Group 355

APPENDIX 44.2 – MEMORANDUM OF AGREEMENT 358

Re: Indigenous Workforce Committee 358

APPENDIX 45 – MEMORANDUM OF AGREEMENT 359

Re: Joint Provincial Health Human Resources Coordination Centre (PHHRCC) – Bargaining Association Consultation Forum 359

APPENDIX 46 – MEMORANDUM OF AGREEMENT 361

Re: Diversity, Equity and Inclusion Working Group 361

APPENDIX 47 – MEMORANDUM OF AGREEMENT 363

Re: Gender Diversity & Inclusion 363

APPENDIX 48 – MEMORANDUM OF AGREEMENT 365

Re: Forensic Psychiatric Hospital Premium 365

APPENDIX 49 – MEMORANDUM OF AGREEMENT 367

APPENDIX 50 – MEMORANDUM OF AGREEMENT 368

APPENDIX 51 – MEMORANDUM OF AGREEMENT 369

Re: Indigenous-Specific Mental Health and Substance Use Support and Resources 369

APPENDIX 52 – MEMORANDUM OF AGREEMENT 370

Re: Cultural Revitalization for Indigenous Workers 370

APPENDIX 53 – MEMORANDUM OF AGREEMENT 372

DRAFT

Re: Joint Review of Contracting In/Out of Health Science Professionals..372
APPENDIX 54 – MEMORANDUM OF AGREEMENT 375
Re: Regional Joint Occupational Health and Safety Committees Pilot.....375
APPENDIX 54.1 – LETTER OF INTERPRETATION 377
Re: Regional Joint Occupational Health and Safety Committees Pilot.....377
APPENDIX 55 – MEMORANDUM OF UNDERSTANDING.....378
Re: HEABC Membership for Unionized Long-Term Care and Assisted Living (LTC/AL) Operators.....378
APPENDIX 56 – MEMORANDUM OF AGREEMENT 380
Re: Methodology for Overtime Calculation.....380
ATTACHMENT A.....382
Worksites 382
SUBJECT INDEX.....399

DRAFT

ARTICLE 1 – DEFINITIONS

The Association – means The Health Science Professionals Bargaining Association, 180 East Columbia Street, New Westminster, British Columbia, V3L 0G7.

Calendar Statutory Holiday – means the actual named day, e.g. Christmas Day, December 25.

Certification – means the Certification awarded by the Labour Relations Board of British Columbia to any of the Unions comprising the Health Science Professionals Bargaining Association.

Classification – means one of the Profiles within a health science profession. For example, P2BE Physiotherapist or S2 Disciplines Allied to Social Work.

Comparable – means that the regularly scheduled hours of work differ by no more than 0.2 full-time equivalent (FTE) from the regularly scheduled hours of an Employee's current position.

Day Shift – means a shift in which the major portion occurs between 0800 hours and 1600 hours.

Demotion – means a change from an Employee's position to one with a lower Salary Structure.

Employee – means an Employee covered by the Certification.

Employer – means the HEABC Member Hospital or Health Organization named in the Certification.

Evening Shift – means a shift in which the major portion occurs between 1600 hours and 2400 hours.

HEABC – means the Health Employers Association of British Columbia.

Hourly Rate – means an Employees' monthly salary multiplied by twelve (12) and divided by one thousand nine hundred and fifty-seven point five (1957.5) (two hundred and sixty-one (261) work days X seven point five (7.5) hours).

Increment Step – means the defined year on the progression of pay rates within a Salary Structure, as set out in the Wage Schedules of this Collective Agreement. For example, such as "1st Year" or "2nd Year" or "3rd Year".

Night Shift – means a shift in which the major portion occurs between 2400 hours and 0800 hours.

Overtime – means authorized services performed by an Employee in excess of the normal daily full shift hours or weekly full shift hours as set out in Article 24.01.

DRAFT

Promotion – means a change from an Employee's position to one with a higher Salary Structure.

Salary Structure – means the set of Increment Step pay rates of a Wage Schedule assigned to a Classification (and the range of FTE supervised in the case of a Supervisory/Leadership Profile), as set out in the Wage Schedules of this Collective Agreement.

Scheduled Statutory Holiday – means the day scheduled by the Employer as the paid day off to be taken on or in lieu of a Calendar Statutory Holiday.

Seniority – is as defined in Article 6.04.

Steward – means an Employee of the Employer designated by the Union to act as local representative.

Union – means the constituent unions in the Health Science Professionals Bargaining Association.

Weekend – means the period between 2400 hours Friday and 2400 hours Sunday for the purposes of Article 24.08.

ARTICLE 2 – PURPOSE OF AGREEMENT

2.01 The purpose of the Collective Agreement is to maintain a harmonious and mutually beneficial relationship between the Employer and its Employees and between the Employer and the Union, and to set forth certain terms and conditions of employment relating to remuneration, hours of work, benefits and general working conditions affecting Employees covered by the Collective Agreement.

2.02 The parties to the Collective Agreement share a desire to provide quality care in British Columbia Hospitals and Health Organizations, to maintain professional standards, to promote the well-being and increased efficiency of Employees so that the people of British Columbia (BC) will be well and effectively served and to establish within the framework provided by law, an effective and professional working relationship.

2.03 The parties acknowledge with gratitude that they, and their members, work on the traditional, ancestral, and unceded territories of BC First Nations who have cared for and nurtured these lands from time immemorial. The parties acknowledge the pervasive and ongoing harms of colonialism faced by Indigenous peoples. These harms include the widespread systemic racism against Indigenous peoples as users, patients, and staff in BC's healthcare system, as highlighted in the 2020 In Plain Sight report. We are committed to confronting and healing the systemic racism underlying this system in our provision of healthcare services.

The parties agree to uphold the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which has been brought into the laws of British

DRAFT

Columbia under the *Declaration on the Rights of Indigenous Peoples Act (DRIPA)*, SBC 2019, c 44.

ARTICLE 3 – DEFINITION OF EMPLOYEE STATUS & BENEFIT ENTITLEMENT

For the purpose of this Article "regularly scheduled" means any combination of shifts scheduled in advance and issued by the Employer (Reference: Article 27.02: Shift Posting).

Employees at the commencement of their employment and at all times will be kept advised by the Employer into which of the following categories they are assigned.

Each Employee shall be restricted to one (1) status: regular full-time, regular part-time or casual. All regular and casual Employees may register to work in more than one (1) site as per the Collective Agreement. Regular Employees may hold multiple positions provided the Employees' multiple positions do not exceed a total of one (1.0) FTE.

3.01 Regular Full-time Employees

Regular full-time Employees are those are regularly scheduled to work the full hours of work provided in Article 24.01. Shift length for full hours of work as provided in Article 24.01 will be seven point five (7.5). (For shifts in excess of seven point five [7.5], see Memorandum of Agreement – Extended Work Day or Extended Work Week).

Benefit Entitlement

Regular full-time Employees accumulate Seniority and are entitled to all benefits of this Collective Agreement.

3.02 Regular Part-time Employees

Regular part-time Employees are those who are regularly scheduled on a consecutive week to week basis, and who work less than thirty-seven point five (37.5) hours per week.

Benefit Entitlement

Regular part-time Employees accumulate Seniority and are entitled to all benefits of this Collective Agreement, except the following benefits will be provided on a proportionate basis:

(a) Article 13: Severance Allowance,

(b) Article 17: Leave – Education,

(c) Article 19: Leave – Sick,

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	19.01:	Accumulation,
	19.05:	Benefits Accrued,
	19.11:	Specialist Appointments,
(d)	Article 20:	Leave – Special,
(e)	Article 21:	Leave – Statutory Holidays,
	21.01:	Statutory Holiday Entitlement,
(f)	Article 22:	Leave – Unpaid,
	22.02:	
(g)	Article 23:	Leave – Vacation,
	23.07:	Annual Vacation Entitlement,
	23.08:	Supplementary Vacation Entitlement
(h)	Article 37:	General Provisions,
	37.02:	Isolation Allowance
(i)	Classification Manual,10:	Qualification Differential.

3.03 Casual Employees

Circumstances Where Casual Employees Can Work

Casual Employees are employed to work in the following capacities:

(1) on a call-in basis and not regularly scheduled; or

(2) in a temporary workload situation; or

(3) relief in a specific position.

This does not include relief in a succession of specific positions which are anticipated to equal or exceed, in aggregate, four months duration.

Wage and Benefit Entitlement

Casual Employees are entitled only to the following provisions of the Collective Agreement:

(a) **Wage Entitlement**

(i) A casual who is a new Employee will be placed on the appropriate increment step according to previous experience.

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(ii) Casual Employees who have been placed on an increment step move to the next step upon completion of a total of one thousand nine hundred and fifty-seven point five (1957.5) hours worked for that Employer at that increment step and for another health care Employer signatory to the Collective Agreement during the same period. In the case of hours worked for another Employer, the hours must be worked within the Union bargaining unit and the Employee shall have the onus of providing written verification of hours worked and Employers will cooperate in providing verification promptly upon request. Credit for such hours will be effective the date the Employer receives the verification.

(iii) A regular Employee who terminates their employment and is rehired by the same Employer as a casual Employee within thirty (30) calendar days shall retain the same increment step held as a regular Employee and be credited with the appropriate hours spent at that step.

(iv) A regular Employee who, at the Employer's discretion, transfers to casual status shall retain the same increment step attained as a regular Employee and be credited with the appropriate hours worked at that step.

(b) **Benefit Entitlement**

(i) **Premium and Allowances**

Casual Employees will be paid any earned shift differential, Overtime, telephone consultation, on-call, call-back and call-back travel allowance pay.

(ii) **Health and Welfare Coverage**

Upon completion of one hundred and eighty (180) hours, casual Employees shall be given the option to enroll in the following benefit plans:

(a) Medical services plan;

(b) Dental plan;

(c) Extended health plan.

An Employee who makes an election under this provision must enroll in each and every of the benefit plans and shall not be entitled to except any of them.

Where a casual Employee subsequently elects to withdraw from the benefit plans or fails to maintain the required payments, the Employer shall terminate the benefits and the Employee shall not be permitted to re-enroll.

Benefit Premium Refund

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Subject to the following conditions, casual Employees shall, on enrollment in the aforementioned benefit plans, be entitled to an annual lump sum refund paid by the Employer at the appropriate rate for the coverage obtained. Such payment is a reimbursement for each monthly benefit premium paid by the Employee to a maximum of twelve (12) months.

In order to be eligible, casuals, once enrolled in the plan, must have worked nine hundred and seventy-eight point seven five (978.75) hours with the Employer. The hours may be accumulated while working either as a casual or while filling a temporary vacancy of four (4) months or longer during the yearly period October 1 to September 30.

The Employer shall pay eligible Employees the lump sum refund by November 1 of each year.

Employees failing to attain nine hundred and seventy-eight point seven five (978.75) hours as an enrolled casual Employee in any one-year period as specified above, regardless of their date of enrollment in the plans, shall not be entitled to a refund.

Should a casual Employee enroll in the plans subsequent to September 15 of any year, eligibility for a refund at the appropriate rate shall be limited to the number of months paid by the Employee.

(iii) **Vacations and Statutory Holidays**

Casual Employees shall receive thirteen percent (13%) of their straight-time pay exclusive of all premiums, in lieu of scheduled vacations and statutory holidays.

Casual Employees are entitled to the following premium rates of pay on statutory holidays:

A casual Employee who works on a statutory holiday listed in Article 21.01 shall be paid two times (2x) their rate of pay.

A casual Employee who works on a statutory holiday, listed in Article 21.07, shall be paid two and one-half times (2.5x) their rate of pay.

Casual Employees who work on a statutory holiday are not entitled to another day off with pay.

(iv) **Overtime – Statutory Holidays**

A casual Employee who works Overtime on any statutory holiday as outlined in Article 21.01 shall be paid Overtime in accordance with Article 25.03(c).

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(v) **Seniority**

Casual Employees will be entitled to accumulate Seniority in accordance with Article 6.04: Seniority.

Casual Employees will be entitled to use such Seniority when applying for vacancies in regular staff positions.

(vi) **Grievance and Arbitration**

Casual Employees have access to the grievance and arbitration procedures (Reference: Article 7: Grievance procedure, Article 8: Arbitration).

(vii) **Other Provisions**

Casual Employees shall be covered by the following clauses of the Collective Agreement:

(1)	Article 6:	Medical Examination, Probation, Anniversary Date and Seniority
	6.02:	Probation
(2)	Article 19:	Leave – Sick
	19.01:	Accumulation
(3)	Article 24:	Hours of Work
	24.01:	
	24.02:	
	24.05:	Meal Period
	24.06:	
	24.07:	
	24.09:	Assignment of Additional Shifts
(4)	Article 30:	Previous Experience
(5)	Article 36:	Uniforms
(6)	Article 37:	General Provisions
	37.01:	Exempt and Save Harmless
	37.03:	Personal Property Damage
(7)	Article 38:	Safety and Occupational Health

DRAFT

(8) Article 39: Respectful Workplace

(9) Article 40: Employee Evaluation and Records

(viii) **Leave – Court Duty (Article 16.02)**

A casual Employee is entitled to paid leave for court duty where the Employee is appearing as a representative or on behalf of the Employer.

3.04 Casual to Regular Status – Increment Determination

A casual Employee who becomes a regular Employee will be paid the higher increment which results from either:

recognition of casual experience at one (1) increment for every one thousand nine hundred and fifty-seven point five (1957.5) hours worked prior to September 30, 1993 and after September 1, 2013, and for every one thousand eight hundred and seventy-nine point two (1879.2) hours worked after September 30, 1993 and before September 1, 2013 as a casual in the health organization*

or

recognition of previous experience under Article 30

or

recognition of portability under Article 29.

$$\frac{\text{*Total hours worked (for hours before the first pay period prior to September 30, 1993 and after the first pay period prior to September 1, 2013)}}{163.125} + \frac{\text{*Total hours worked (for hours worked after the first pay period prior to September 30, 1993 and before the first pay period prior to September 1, 2013)}}{156.6}$$

If the remainder exceeds seventy-eight (78) [eighty-one (81) effective September 1, 2013] hours, the Employee will be given credit for a full month.

If the remainder is seventy-eight (78) [eighty-one (81) effective September 1, 2013] hours or less, the Employee will not be given credit for the month.

An Employee who is transferring from casual to regular employment who previously worked as a regular Employee shall be credited with the service, and the vacation, sick leave, severance and special leave benefits and entitlement earned in the previous period or periods of regular employment.

DRAFT

3.05 Employee Working Concurrently for More than One Employer

A regular Employee who works concurrently in two (2) or more HEABC member health organizations, by prior arrangement between the Employers, shall receive the benefits provided by the Collective Agreement that the Employee would receive if the Employee's total hours of work were accumulated with a single Employer.

ARTICLE 4 – MANAGEMENT RIGHTS

4.01 General Rights

The management of the Health Organization is vested exclusively in the Employer. All functions, rights, powers and authority which the Employer has not specifically abridged, delegated or modified by the Collective Agreement are recognized by the Association as being retained by the Employer.

4.02 Direction of Employees

The direction of Employees, including the hiring, dismissal, Promotion, Demotion and transfer of Employees, is vested exclusively in the Employer except as may be otherwise specifically provided in this Collective Agreement.

4.03 Employer Rules

Employees shall be governed by rules adopted by the Employer and publicized on notice boards, or by general distribution, provided that such rules are not in conflict with the Collective Agreement.

ARTICLE 5 – UNION RECOGNITION, RIGHTS AND SECURITY

5.01 The Union As Exclusive Bargaining Agent

The Employer recognizes the Association as the exclusive bargaining agent for all Employees for whom the Union has been certified as bargaining agent.

5.02 Maintenance of Membership

Employees covered by the Certification who, at the effective date of the Collective Agreement were members of the Union, shall maintain their membership in good standing as a condition of continuing employment.

5.03 Membership of New Or Porting Employees

From the effective date of this Collective Agreement new Employees covered by the Certification shall become members of the Union and shall maintain membership in good standing in the Union as a condition of continuing employment.

Employees affected by the portability provisions of this Collective Agreement shall become members and/or maintain membership in the Union as of the first day of

DRAFT

their employment with the new Employer and shall maintain membership in good standing in the Union as a condition of continuing employment.

5.04 Dues Authorization

Employees covered by the Certification shall as a condition of continuing employment authorize deductions from their monthly salary of union dues, or the amount equivalent to dues.

Failure to authorize such deductions shall constitute cause for dismissal.

5.05 Dues Check-off and Initiation Fee

The Employer agrees to the check-off of Union monthly dues and initiation fees and shall remit such dues and fees to the Union within twenty-eight (28) calendar days from the date of deduction. Dues shall be effective from the first day of employment. Monies owing to the Union for dues shall be remitted, where the Employer has the systems support, and where there is no additional cost to the Employer, through electronic transfer. The following information will be provided for each dues remittance:

(a) Dates for which dues are collected

(b) Name of Employee

(c) Name of facility or Collective Agreement Employer

(d) Unique Employee identifier

(e) Employee address

(f) Employee phone number

All dues and fees, with the exception of the initiation fee, shall be expressed and calculated as a percentage of earnings as defined by the Union. The Union shall inform the Employer in writing sixty (60) days in advance of any change in the percentage to be applied against earnings for dues and fees. The effective date of such a change will be the first pay period following the sixty (60) days notice.

The definition of total earnings as defined by the Union may only change once per Collective Agreement year.

The Employer shall supply each Employee, without charge, a receipt for income tax purposes shown on the T4 slip in the amount of the deductions paid to the Union by the Employee in the previous tax year. Such receipts shall be provided to the Employee prior to March 1 of the succeeding year.

DRAFT

5.06 Membership and Dues Authorization Forms

The Employer shall ensure that Application for Membership forms as well as Dues Authorization forms are signed by new Employees at the earliest possible date following their commencement of employment.

5.07 Amount of Dues and Fees

The Union(s) shall inform the Employer in writing sixty (60) days in advance of any change in the amount of dues or initiation fees to be deducted from each Employee.

5.08 Bargaining Unit Information

(a) The Employer shall provide the Union Head Office and the local Union Steward monthly, with lists of new, resigned and terminated Employees, or a system as mutually agreed between the Employer and the Union. The list shall specify whether the Employees are regular or casual and the date of their commencement or termination of employment.

(b) On the last date of the payroll period immediately prior to January 31 and July 31 of each calendar year, the Employer shall provide Employee Seniority lists to the Head Office of each representative Union and post the lists electronically. Such lists will be separated by worksite, and will set out the Seniority of all Employees at the worksite. Where the system allows, the Employer also shall provide separate lists showing the Seniority of all Employees within each Union.

Seniority lists shall contain the following information:

(i) Employee's first and last name;

(ii) start date;

(iii) job status and posted FTE (regular full-time, regular part-time, casual);

(iv) Classification, wage schedule, wage grid level, and increment step (where the Employer has a consolidated record or where such information can be readily compiled);

(v) Seniority date (for regular Employees) or hours (for casual Employees);

(vi) job titles;

(vii) primary home worksite.

(c) Where such lists are produced in electronic format, and where the Employer's system allows, the Employer shall provide the Seniority lists to the Union in electronic format.

DRAFT

5.09 Union Stewards and Records

(a) The Union shall advise the Employer in writing of the names of the Union Stewards. The Employer shall not be required to recognize any Steward until it has been so notified.

(b) The Union Stewards shall be allowed reasonable time while on duty without loss of salary consistent with the operational requirements of the Employer to perform the following duties:

- Investigating complaints of an urgent nature,
- Investigating, preparing, presenting and processing grievances, under Article 7,
- Attending meetings with management regarding labour relations
- Acting as the appointee to labour management committee
- Accompanying an Employee, at their request at a meeting called by the Employer, where disciplinary action is anticipated, consistent with Article 7.02,
- Meeting with new Employees as a group during the orientation program at which the Steward shall provide new Employees with the name, location and work phone number (if applicable) of the Steward, and
- Supervising ballot boxes and other related functions during ratification votes.

Stewards who attend meetings with management regarding labour relations outside of scheduled work hours shall be paid at straight-time rates for time spent at the meetings.

(c) The Employer will make a reasonable effort to accommodate space for the storage of secure union records.

(d) In the interest of developing quality labour-management relationships, the parties have agreed to the creation of designated paid Union Steward positions at the following locations:

Vancouver General Hospital	1.0 FTE
Surrey Memorial Hospital	1.0 FTE
St. Paul's Hospital	1.0 FTE
BC Children's and Women's Hospital	1.0 FTE
Royal Columbian Hospital	0.26 FTE

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BC Cancer – Vancouver	0.26 FTE
Royal Jubilee Hospital	0.26 FTE
Kelowna General Hospital	0.26 FTE
Abbotsford Regional Hospital	0.26 FTE

The parties agree that an additional ten point one (10.1) FTE of Employer paid Steward time will be created with the allocation to be seven (7.0) FTE for Health Sciences Association of British Columbia (HSA), two point two (2.2) FTE for British Columbia General Employees' Union (BCGEU) and zero point nine (0.9) FTE for Canadian Union of Public Employees (CUPE). Within thirty (30) days of ratification, the Association will notify the Employers of the allocation by worksite of the additional FTE.

In sites not listed above current provisions in relation to paid Steward time will continue. The Employer and the Union in each work location may meet to discuss local needs in relation to paid Steward time.

The Union shall advise the Employer in writing of the names of the paid Union Stewards. Paid Union Stewards will continue to be covered by all provisions of the Collective Agreement and shall continue to be eligible for additional shifts on the same basis as if they were working in their regular position.

The positions are intended to foster understanding and communication between the parties, reduce workplace differences short of arbitration, and be available when needed to assist on workplace issues.

In the event that either the Employer or the Union have concerns regarding the effectiveness of the working relationship in a particular setting, the parties will meet to discuss the most appropriate means of addressing the issues.

5.10 Union Staff

The Union will inform the Employer whenever any Union Staff or designate intend to visit the Employer's place of business. Such Staff shall be granted access to the Employer's premises upon the prior consent of the Employer, which consent shall not be unreasonably withheld. Such visits will be completed in as short a time as possible so that the normal operation of the Employer will not be unduly disturbed.

5.11 Retention of Benefits

Union leave under the following four (4) sections will be unpaid. The Employer will maintain regular pay and bill the Union for the costs of the Employee's salary and benefits. If the Union member is part-time or casual, and the leave is greater than their normal work hours, the Employer will pay the Employee for the full length of the leave requested by the Union. The Employer will bill the Union for these days as noted above. The Union will pay these invoices within twenty-eight (28) days.

DRAFT

Union leave is not unpaid leave for the purposes of Article 22.02 [i.e. such leave will not affect the Employee's benefits, Seniority or increment anniversary date].

5.12 Short Term Leave

Members who are Long Term Disability (LTD) trustees and Union Stewards or designates may apply in writing to the Employer for short term leaves of absence for; attendance at union conventions, union courses, and union committees.

The Employee will give reasonable notice, which will be at least seven (7) days.

The Employer will make every reasonable effort to accommodate such leave, and shall grant it subject to the ability to maintain the operational needs of the department.

With the exception of members of the Union's executive, the Employer is not required to grant more than twenty (20) days leave of absence (LOA) per calendar year under this provision.

5.13 Negotiations and Essential Services

The Employer shall grant leaves of absence to members of the Union's negotiating committee and representatives engaged in a process to determine essential services at the Employer's health organization, as required.

The Employees involved shall give as much notice as possible.

5.14 Executive Council Member

Members of the Union executive may apply in writing to the Employer for leave of absence to attend to Union business. The Employee will give reasonable notice to minimize disruption of the department. The Employer will make every reasonable effort to grant such leave and, except where the Employee's absence will significantly limit the operational capabilities of the department, the leave will be granted.

5.15 Union Employment

Union members appointed to a paid position in the Union shall be granted an unpaid leave of absence up to one (1) year and upon at least thirty (30) days notice in writing of the leave request. Union leave of absence in excess of one (1) year may be granted by mutual agreement between the Union head office and the Employer. Such leave of absence shall not be unreasonably denied.

Union members elected to a paid position in the Union shall be granted an unpaid leave of absence for the specific term of their appointment and upon at least thirty (30) days notice in writing of the leave request. Union leave of absence in excess of the specific term may be granted by mutual agreement between the Union head office and the Employer. Such leave of absence shall not be unreasonably denied.

DRAFT

Mutually acceptable arrangements for leaves of absence for full-time elected Union members will be made between the Union head office and the Employee's Employer.

5.16 Legal Picket Line

During the term of this Collective Agreement, the Union agrees that there will be no strike and the Employer agrees that there will be no lock out.

Subject to directives issued under provincial labour statutes, if an Employee refuses to cross a legal picket line, the Employee will be considered absent without pay and it will not be considered a violation of this Collective Agreement nor will it be grounds for disciplinary action.

ARTICLE 6 – MEDICAL EXAMINATION, PROBATION, ANNIVERSARY DATE AND SENIORITY

6.01 Medical Examination and Immunization

(a) An Employee may be required by the Employer, at the request of and at the expense of the Employer:

(i) To take a medical examination by a physician of the Employee's choice.

(ii) To take skin tests, x-ray examination, vaccination, inoculation and other immunization (with the exception of a rubella vaccination when the Employee is of the opinion that a pregnancy is possible), unless the Employee's physician has advised in writing that such a procedure may have an adverse effect on the Employee's health.

(b) Expenses for medical examinations will not be borne by the Employer when required in the following situations:

(i) For proof of illness under Article 19.04.

(ii) For pregnancy leave purposes under Article 18.01.

6.02 Probation

A regular full-time Employee shall be probationary during the Employee's first three (3) calendar months of continuous employment.

The term "three (3) calendar months" is defined as the period from any given date in one (1) month to the immediately preceding date three (3) months later.

Regular part-time Employees will be subject to a probationary period of four hundred and eighty-nine (489) hours worked or six (6) months' work from the date of commencement of work, whichever occurs first.

DRAFT

Casual Employees will be subject to a probationary period of four hundred and eighty-nine (489) hours worked or nine (9) months' work from the date of commencement of work, whichever occurs first.

A new Employee hired to a department head position shall serve a four (4) calendar month probationary period.

The parties agree that the probationary period shall be utilized by the Employer for the purposes of evaluating new Employees in order to determine their overall ability and suitability as Employees in their particular position.

Probationary Employees shall have the right of grievance and arbitration.

If the Employer dismisses a probationary Employee, the Employee shall be reinstated if it is shown that the termination was unreasonable.

By mutual agreement in writing between the Union Head Office and the Employer, the probationary period may be extended.

6.03 Anniversary Date

If a regular Employee is retained as a regular Employee following completion of a probationary period, the initial date of regular employment with the Employer shall be the Employee's anniversary date for the purpose of determining benefits and increment anniversary date except as determined in accordance with the portability provisions of this Collective Agreement, Article 29.02(c).

6.04 Seniority

The principle of Seniority as defined in this Article is recognized by the Employer.

Seniority for a regular Employee is defined as the length of the Employee's continuous employment (whether full-time or part-time) from the date of commencement of regular employment; plus any Seniority accrued, while working as a casual Employee of the Employer.

Seniority for regular Employees continues to accrue when:

(1) an Employee is on Workers Compensation Board (WCB) leave;

(2) an Employee is on LTD leave; (including the qualifying period).

Seniority for casual Employees is defined as the total number of hours worked as a casual by the Employee for the Employer, plus calendar time spent (on the basis of a thirty-six [36] [thirty-seven point five (37.5) effective September 1, 2013] hour work week) as a regular Employee.

When a casual Employee returns to work after a WCB claim, the Employee will be credited with Seniority hours based on their relative position on the casual list while receiving Workers Compensation benefits.

DRAFT

Seniority relates to health organization Seniority only (except as modified by 29.02(e), or by mutual agreement between the parties).

6.05 Bargaining Unit Employees in Positions Outside the Bargaining Unit

(a) The following applies to bargaining unit members:

(i) employed by the Employer in a temporary non-contract position;

(ii) employed by the Employer in a temporary position in another bargaining unit;

(iii) on an approved leave of absence while employed as an instructor at a post-secondary educational institution; or

(iv) on an approved leave of absence to pursue advanced education related to the Employee's profession.

(b) An Employee accepting a temporary position under (i) or (ii) shall continue to accumulate Seniority and shall continue to accumulate service for the purpose of severance, increments and vacation, for the duration of the position, subject to not exceeding the entitlement that would accrue to one (1.0) FTE per annum. All other accumulated benefits are frozen as of the date the Employee commences in the temporary position.

(c) Sick leave credits accrued while in a temporary position under (i) shall not be subject to cash-in under Article 19.12.

(d) An Employee on leave under (iii) and (iv) shall continue to accumulate Seniority for the duration of the leave. All other accumulated benefits are frozen as of the date the Employee commences the leave (i.e. service for the purpose of severance, increments and vacation shall not accrue).

(e) Temporary positions and leaves under this provision shall not exceed two years except as mutually agreed between the parties.

(f) During the first ninety (90) days in a temporary position under (i) or (ii), an Employee who is found to be unsatisfactory or who finds the position to be unsatisfactory shall return to their former position, if available, or a mutually acceptable alternative position.

(g) Upon return from a temporary position or leave, the Employee shall return to their former position, if available, or a mutually acceptable alternative position.

(h) The Employee shall not pay Union dues during the term of the position or leave.

(i) The Employer will notify the Association of bargaining unit members employed in positions pursuant to (i) and (ii) and shall provide the following:

DRAFT

(i) name of Employee,

(ii) title of the position, and

(iii) duration of position.

ARTICLE 7 – GRIEVANCE PROCEDURE

7.01 Discussion of Differences

If a difference arises between the Employer and an Employee, or between the Employer and the Union, concerning the interpretation, application, operation or any alleged violation of the Collective Agreement, the Employee(s) shall continue to work in accordance with the Collective Agreement until the difference is settled.

7.02 Fair Procedures

An Employee who is called into a meeting that could reasonably result in a written warning or more serious discipline will be advised of their right to have a Steward present.

7.03 Resolution of Differences

The following procedure shall be used for the resolution of differences referred to in 7.01 other than for the dismissal of Employees.

Stage 1

An Employee with a difference shall discuss it with the Employee's immediate supervisor. If a settlement is not reached, the Employee shall advise the Union Steward of the difference and write down the details of the grievance on the prescribed form. The grievance form shall be submitted to the grievor's immediate supervisor within twenty-one (21) calendar days of the date on which the Employee first became aware of the difference.

Stage 2

The parties within the Employer's operation shall make every reasonable effort to resolve the difference. If a settlement is not reached, then the grieving party may advance the grievance by notifying the other party in writing within fourteen (14) calendar days from the date the grievance was submitted.

Stage 3

The parties, the Union's designate and HEABC, shall make every reasonable effort to resolve the difference. Failing settlement, the Union, the Employer, or HEABC may refer the matter to arbitration within twenty-eight (28) calendar days of the difference being advanced to Stage 3.

DRAFT

7.04 Resolution of Employee Dismissal Disputes

Within twenty-eight (28) calendar days of the occurrence of the dismissal, a written grievance shall be presented to the Administrator or a designated representative. The grievance form shall contain the details of the dispute and will be signed by the grievor.

The dispute shall then be resolved through the procedures outlined in Stage 3 of Article 7.03 – Resolution of Differences.

7.05 Policy Grievance

If a difference relative to the terms of the Collective Agreement arises between the Union and the Employer, and does not directly involve an Employee, it shall be resolved through negotiation between the Health Organization Administrator or their representative, a representative of the Union, and a representative of HEABC. The difference shall be discussed within fourteen (14) calendar days of its raising, and if not resolved within twenty-eight (28) calendar days of that date, may be referred to arbitration in accordance with Article 8.

7.06 Time Limits

Time limits at Stages 1, 2, 3, or Sections 7.04 or 7.05 may be extended by the parties involved. However, if a time limit is exceeded without an extension, the grievance shall be deemed to be abandoned, subject to Section 89 of the *Labour Relations Code*.

ARTICLE 8 – ARBITRATION

8.01 Arbitration Principles

(a) Either party to this Collective Agreement may refer any grievance, dispute or difference unresolved through the procedures in Article 7 to an arbitrator.

(b) The arbitrator shall have the power to determine whether any matter is arbitrable within the terms of the Collective Agreement and to settle the question to be arbitrated.

(c) The objects and purposes of this Article are to encourage an open exchange of information in the interest of resolving disputes, and to provide a fair and expeditious resolution of grievances.

(d) The parties agree to take all reasonable steps to ensure that grievances which are referred to arbitration shall be dealt with without undue delay.

(e) At least thirty (30) days prior to the date of an arbitration hearing the parties shall meet to disclose fully each party's case and to seek to resolve the grievance.

DRAFT

(f) Each party will set out for each grievance its understanding of the matter in dispute, including its position on the facts in dispute and the relevant law.

(g) The parties will seek to narrow the issues of fact and law in dispute, and will conclude agreements on fact to the degree that they can agree.

(h) The decision of the arbitrator shall be final and binding on both parties.

(i) The expenses and compensation of the arbitrator shall be shared equally by the parties.

(j) The Employer shall grant leave without loss of pay to an Employee called as a witness by an arbitrator, provided the dispute involves an Employer, and, where operational requirements permit, leave without loss of pay to an Employee called as a witness by the Union.

8.02 Full Arbitration Process

(a) Either party may refer a matter to arbitration under the full arbitration process by notifying the other party of its intent to arbitrate and the arbitrator(s) it proposes from the following list of approved full arbitration process arbitrators:

Jacquie de Aguayo

Corinn Bell

John Hall

Koml Kandola

Stephen Kelleher

Allison Matacheskie

Julie Nichols

Robert Pekeles

Arne Peltz

Vince Ready

Ken Saunders

Lisa Southern

(b) The recipient of the referral and the notice to arbitrate shall respond within fourteen (14) calendar days regarding the proposed arbitrator(s). If the parties do not reach agreement on an arbitrator within a further thirty (30) calendar days, either party may request the appointment of an arbitrator pursuant to Section 86 of the *Labour Relations Code*.

DRAFT

(c) The parties recognize the importance of the timely resolution of matters referred to full arbitration and accordingly agree to strictly adhere to the timelines set out in Article 8.02(b).

8.03 Employee Dismissal/Suspension Fast-Track Arbitration Process

(a) The parties recognize the need for timely and efficient resolution to disputes arising from Employee dismissals or suspensions for five (5) days or longer, and to utilize arbitrators who are approved by the parties to resolve and adjudicate such disputes. Grievances pertaining to such disputes that remain unresolved following the Stage 3 grievance meeting may be referred to fast-track arbitration process. Upon receipt of either party's notification of such a referral, HEABC and the Union shall select an arbitrator from the following list of approved fast-track arbitrators:

Megan Ashbury

Najeeb Hassan

Koml Kandola

Allison Matacheskie

Brett Matthews

Robert Pekeles

Arne Peltz

Vince Ready

Ken Saunders

Lisa Southern

(b) Unless the parties agree otherwise, the fast-track arbitration process shall consist of two (2) stages:

1. a mediation and case management session conducted by the fast-track arbitrator; and

2. where required, a hearing of the merits conducted by the fast-track arbitrator.

(c) The fast-track arbitrator shall commence a mediation and case management session within thirty (30) days of notification of their appointment. If an arbitrator who would otherwise be appointed is not available to commence the mediation and case management session within thirty (30) days, the parties shall select another fast-track arbitrator from the list who is available to do so.

DRAFT

(d) If the parties are unable to resolve the dispute during the mediation and case management session:

1. a hearing of the merits shall commence within thirty (30) days of the completion of the mediation and case management session; and

2. the fast-track arbitrator may direct the parties to take reasonable steps as specified by the arbitrator to expedite the hearing of the merits.

(e) It is understood that it is not the intention of HEABC and the Association to refer disputes arising from Employee dismissals or suspensions for five (5) days or longer to expedited arbitration under Section 104 of the *Labour Relations Code*.

8.04 Expedited Arbitration Process

(a) Any grievance is eligible to be referred by a Union or an Employer to the expedited arbitration process described below unless the grievance:

1. concerns a dismissal;

2. concerns a rejection on probation;

3. is a policy grievance;

4. requires interpretation of the Collective Agreement;

5. requires presentation of extrinsic evidence;

6. is expected to produce a preliminary objection unrelated to the eligibility or suitability for expedited arbitration;

7. concerns Classification matters; or

8. is determined to be otherwise unsuitable for expedited arbitration.

(b) Any objection to a grievance's eligibility for expedited arbitration will be decided by the expedited arbitrator selected to hear the grievance. If they determine that the grievance is not eligible for expedited arbitration it may be heard by another arbitrator under the full arbitration process set out in Article 8.02.

(c) The expedited arbitrators shall be selected from the following list:

Megan Ashbury

Tonie Beharrell

Jessica Bowering

Nicole Byres

DRAFT

Jessica Gregory

Najeeb Hassan

Koml Kandola

Allison Matacheskie

Brett Matthews

Shona Moore

Wayne Moore

Robert Pekeles

Arne Peltz

Vince Ready

Lisa Southern

(d) The expedited arbitrator shall commence the hearing within thirty (30) days of notification of their appointment. If an expedited arbitrator who would otherwise be appointed is not available to commence an expedited arbitration within the thirty (30) days, the parties shall select another arbitrator from the list who is available to commence an expedited arbitration within thirty (30) days.

(e) The above named expedited arbitrators shall be used at each Health Authority/Health Organization.

(f) As the expedited arbitration process is intended to be informal, outside legal counsel will not be used to represent either party. Employers may use HEABC staff to represent them.

(g) All presentations are to be short and concise and are to include a comprehensive opening statement. The parties agree to make limited use of authorities during their presentations.

(h) Prior to rendering a decision, the expedited arbitrator may assist the parties in mediating a resolution to the grievance.

If mediation fails, or is not appropriate, a decision shall be rendered as contemplated herein.

(i) The decision of the expedited arbitrator is to be completed on the agreed to form and mailed to the parties within seven (7) days of the hearing.

(j) All decisions of the expedited arbitrators are to be limited in application to that particular dispute and are without prejudice. These decisions shall have no

DRAFT

precedential value and shall not be referred to by either party in any subsequent proceeding.

(k) All settlements of matters referred to expedited arbitration shall be without prejudice.

(l) It is understood that it is not the intention of either party to appeal a decision of an expedited arbitration.

ARTICLE 9 – VACANCY POSTING

9.01 The Employer agrees that when a vacancy occurs for a position covered by the Union Certification, the Employer will give Union members in the Health Organization first consideration in filling a vacancy. Where first considered applicants are not appointed to a vacancy, they will be given a verbal explanation as to why their application has not been accepted, if the Employee so requests.

The Employer may implement electronic job postings and Employee application for job posting in place of or in conjunction with paper posting.

9.02 The Employer will post notice of vacancies for positions covered by the Union Certification. The notice will be posted, where Employees can see it, for at least ten (10) calendar days before the closing of the competition.

The Employer agrees to post notice of temporary vacancies of four (4) months duration or longer. A regular Employee who bids into the vacancy will revert to their previous position on the expiry of the temporary vacancy. A casual Employee who bids into the vacancy will have their status changed to regular for the duration of the vacancy and will revert to casual status on the expiry of the temporary vacancy.

The notice of vacancy will provide the following information:

- a summary of the duties including the intended work assignment and worksite
- commencement date
- required qualifications
- Classification/salary grid level
- full-time or part-time
- hours of work

In the case of temporary positions of four (4) months' duration or longer, the notice will include the expected duration of the position.

DRAFT

9.03 The Employer will accept an application for an anticipated posting(s) from an Employee who may be temporarily absent from their normal place of employment. The Employee must be available for an interview within seven (7) calendar days following the closing of the competition or by the time the schedule of interviews for other internal candidates is complete. This provision is not intended to permit standing applications.

9.04 A copy of the posted notice will be sent to the Union representative or their designate within the aforementioned ten (10) calendar days.

9.05 Upon selection of a successful candidate to fill a vacancy, the Employer will post the name(s) of the successful candidate(s) within seven (7) calendar days of making the appointment, and provide the Union representative with a copy of the posting.

9.06 Health Science Professional positions will be filled by Health Science Professional personnel.

9.07 The following changes to the status or scheduling of a position create a requirement to post under section 9.01:

(a) a change in status between full-time and part-time, or

(b) a change in scheduled hours of more than seven point five (7.5) hours per week within a twenty-four (24) month period from the date of such change, or

(c) a change in assigned permanent shift (i.e. days, evenings, Nights).

If the incumbent does not apply or applies and is not appointed then the Employee can exercise rights under Article 10.05.

The Employer will consider the impact of the proposed change on the incumbent before making a change in status or a significant change in hours of work.

ARTICLE 10 – PROMOTION, DEMOTION, TRANSFER OR LAY-OFF

10.01 Application of Seniority

(a) In the Promotion, Demotion, transfer or lay-off of Employees, with respect to P1 Working Professional positions, capability, performance, qualifications, and Seniority shall be the determining factors.

(b) In the Promotion, Demotion, transfer or lay-off of Employees, with respect to positions other than P1 Working Professional, capability, performance and qualifications shall be the primary consideration. When such factors are equal between Employees, Seniority shall be the determining factor.

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10.02 Promotional Increase

An Employee who receives a Promotion will receive the lowest step in the higher Salary Structure which results in a minimum increase of three percent (3%).

The maximum Increment Step of the higher Salary Structure will not be exceeded because of the application of this provision.

A Promotion does not change an Employee's increment anniversary date.

10.03 Relieved of Promotion or Transfer

An Employee who requests to be relieved of a transfer or Promotion within the first ninety (90) days in the new job shall be returned to the Employee's former job or a mutually acceptable alternative position without loss of Seniority and benefits.

For the first three (3) calendar months in a new position a promoted Employee shall be qualifying in that position and if unsatisfactory shall be returned to the Employee's previous classification and Salary Structure without loss of Seniority and benefits. In the case of an Employee promoted to a department head position, the time period will be four (4) calendar months.

Where an Employee is returning to their former position, the Employer will inform the affected Employee currently in the position as soon as practicable.

10.04 Demotion

(a) **Voluntary Demotion**

An Employee requesting a voluntary Demotion and who is subsequently demoted, shall be paid on the Increment Step of the lower Salary Structure equivalent to the Increment Step the Employee would have attained had the Promotion not occurred. A voluntary Demotion will not change an Employee's increment anniversary date.

(b) **Involuntary Demotion**

An Employee who undergoes an involuntary Demotion shall continue to be paid at the Employee's current rate of pay until the rate of pay in the new position equals or exceeds it.

10.05 Displacement and Bumping Process

For the purposes of this Article:

Comparable is defined as same status (i.e. Full-time to Full-time or Part-time to Part-time). For part-time positions it means within zero point two (0.2) FTE (plus or minus) of the regularly scheduled hours for their former position.

(a) **Layoff in Reverse Order of Seniority**

DRAFT

In the event of a reduction in the workforce, Employees shall be laid-off in reverse order of Seniority provided that there are available Employees with Seniority whose capability and qualifications meet the Employer's requirements for the work of the laid-off Employees.

(b) **Displacement and Bumping**

In instances where a job is eliminated, the displaced Employee(s) shall have the right to fill a vacancy or bump into a job in line with Seniority in the manner prescribed below, provided the Employee currently possesses the capability and qualifications to perform the duties of the new job.

A meeting will be arranged between the displaced Employee and the Employer representative to review the displaced Employee's options. The Employee will be made aware of their right to have a Steward present. Steward availability will not result in a delay of the displacement meeting.

Employees may not bump into a position which has a higher Salary Structure except in the following circumstances:

- the Promotion sought is one previously held by the Employee; or
- the result of the Promotion is that the new Salary Structure is no more than eight percent (8%) higher; or
- the Promotion sought is supervisory and is equivalent to the Employee's eliminated supervisory position.

Article 10.01(b) is applied to bumps into promoted positions.

(1) The Employer will provide the Employee access to a list of vacancies and positions in the Health Authority/Health Organization. The list of vacancies and positions shall include the following information:

- job title,
- worksite,
- Seniority date for regular Employees,
- FTE
- Classification, and
- Salary Structure.

(2) An Employee exercising a right to bump another Employee or to fill a vacancy must advise the Employer of the position or vacancy they have elected to fill or bump within seven (7) calendar days after receiving the list of vacancies and positions referred to in subsection (1).

DRAFT

(3) Displaced Employees have priority access to all vacancies in the Health Authority/Health Organization. Article 10.01 applies as between displaced Employees.

First Level Obligations – Worksite

(4) A displaced Employee exercising Seniority under subsection (2) must fill a Comparable vacancy or bump a junior Employee in a Comparable position at their work site and at the same Classification as the position from which the Employee was displaced.

Second Level Options – Health Authority/Health Organization

(5) A displaced Employee who does not have an option under subsection (4) above may fill any vacancy or bump any junior Employee in the Health Authority/Health Organization.

(6) A displaced Employee from an affiliate Employer who does not have an option under subsection (4) will be given first consideration on any external vacancies at another Health Authority/Health Organization.

(7) A displaced Employee who fails to exercise their obligation or right to fill a vacancy or bump an Employee under subsection (4), (5), or (6) will be laid-off.

Wage Protection

(8) Employees who choose to fill a Comparable vacancy or bump a junior Employee in a Comparable position in the Health Authority/Health Organization that is at a lower Salary Structure than that which is available to them will not receive wage protection, (e.g. if an Employee in a S3B position could bump a S3B position or fill a S3C vacancy anywhere within the Health Authority/Health Organization but elects to fill a S3A vacancy or bump a S3A or an S2A position would be paid at the applicable S3A or S2A Salary Structure).

(9) Employees who choose to fill a vacancy or bump into a position that is not Comparable, when work is available in a Comparable position or a vacancy shall not be entitled to wage protection.

(10) Notwithstanding subsection (8) and (9), an Employee is not required to fill a vacancy or bump into a position that is located outside of their geographic area as set out in Appendix 20 – Memorandum of Understanding re Geographic Areas or fill a vacancy or bump into a position that is not Comparable, to maintain wage protection.

(11) An Employee may opt, within their notice period, to be placed on recall and register on a casual list(s) at work locations within the Health Authority/Health Organization.

DRAFT

10.06 Retention of Seniority and Benefits on Lay-Off

Laid-off Employees with more than three (3) months' service shall retain their Seniority and benefits for a period of one (1) year and shall be rehired on the basis of last off – first on provided their capability and qualifications meet the Employer's requirements for the job.

Laid-off Employees with more than three (3) months' service will continue to accrue all benefits and Seniority for the first twenty (20) working days (Reference: Article 22.02). For periods in excess of twenty (20) working days benefits and Seniority will not accrue. Laid-off Employees failing to report for work of an ongoing nature within seven (7) days of the date of receipt of notification by registered mail shall be considered to have abandoned their right to re-employment.

Employees required to give two (2) weeks' notice to another Employer shall be deemed to be in compliance with the seven (7) day provision.

10.07 Lay-Off

Regular Employees, except Employees who are dismissed for cause, who are laid-off by the Employer and who have been regularly employed by the Employer for the periods specified below, will receive notice or pay in lieu as follows:

(a) **Regular Full-time Employees**

(v) Less than five (5) years' service – twenty-eight (28) calendar days' notice

or

regular pay for one hundred and fifty (150) work hours.

(vi) Minimum of five (5) but less than ten (10) years' service – forty (40) calendar days' notice

or

regular pay for two hundred and twenty-five (225) work hours.

(vii) More than ten (10) years' service – sixty (60) calendar days' notice

or

regular pay for three hundred (300) work hours.

(b) **Regular Part-time Employees**

Regular part-time Employees require the same notice, however pay in lieu of notice shall be calculated as follows:

$$\frac{\text{hours paid per month* (excluding Overtime)} \times \text{(work hours) in lieu of notice}}{163.125}$$

DRAFT

*Includes leave without pay up to one hundred and fifty (150) working hours (Reference: Article 22.02).

**Entitlement as in (a) (i), (ii) or (iii).

Service with a previous Employer will not be included as service for the purpose of this Article.

The period of notice must be for the time scheduled to be worked and must not include accrued vacation.

Where notice of layoff is given to an Employee, a copy of the notice will be given to the lead Steward and to the Union office.

10.08 Temporary Assignment

(1) Assignment is the process by which the Employer may temporarily assign an Employee to another worksite of the Employer. Primary consideration will be given to offering the assignment by Seniority if that is practical. The assignment will be by mutual agreement wherever possible, considering both the operational requirements of the Employer and the particular circumstances of the Employee.

(2) The Employer will give the Employee reasonable notice of the assignment depending on the circumstances of each assignment.

(3) No individual assignment will exceed four (4) months unless mutually agreed to between the Employer and the Union.

(4) Reasonable increased out-of-pocket expenses to travel to the assignment will be paid by the Employer on the submission of receipts.

(5) The provisions of the Health Science Professional Provincial Agreement will apply and the Employee will continue to accumulate Seniority during the period of their assignment.

10.09 Regularized Relief

(a) The Employer may establish regular relief positions for work which includes but is not limited to leaves of absence, temporary workload, vacation and/or seasonal surges. The Employer shall post and fill these positions in accordance with Article 9 – Vacancy Postings.

(b) A Regular Relief Employee is a regular Employee who is utilized for work on a ward, unit, or program, or a series of wards, units or programs at or from a designated worksite. Where appropriate, a relief Employee may be required to perform work at more than one (1) worksite of the Employer.

DRAFT

ARTICLE 11 – NEW AND RECLASSIFIED POSITIONS

See Maintenance Agreement and Classification Manual

ARTICLE 12 – RESIGNATION

12.01 Resignation – Regular Employees

Employees will make every possible effort to give twenty-eight (28) calendar days' notice when resigning from the health organization, except where it would not reasonably be possible. The period of notice must be for time to be worked and must not include vacation time.

ARTICLE 13 – SEVERANCE ALLOWANCE

13.01 Eligibility

(a) Employees with ten (10) years of service (other than those mentioned in Item (c) below) will be entitled to one (1) week's pay for every two (2) years of service to a maximum of twenty (20) weeks' pay.

Employees eligible for the above severance allowance must be in one of the following categories:

(i) Employees of their own volition leaving the Employer's work force after their fifty-fifth (55^{th}) birthday.

(ii) Employees whose services are no longer required by the Employer (health organization closure, job redundancy, etc.) except Employees dismissed for just and proper cause.

(iii) Employees with ten (10) years of service who die in service.

(b) Employees who are required to retire from the Employer's work force because of a medical disability shall be entitled to a severance allowance regardless of length of service. In this clause medical disability means the total and permanent incapacity of the Employee arising out of mental or physical disability to fill or occupy any position in the service of the Employer and made available to the Employee, the duties of which the Employee might reasonably be expected to carry out.

13.02 Eligibility and Calculation for Part-Time Employees

Years of service for severance allowance purposes for part-time Employees will be calculated on the following basis:

$$\frac{\text{Total Hours Paid* (excluding Overtime)}}{1957.5}$$

DRAFT

*Includes leave without pay up to one hundred and fifty (150) working hours (Reference: Article 22.02).

For calculation purposes, all hours worked before the first pay period prior to September 30, 1993 and after the first pay period prior to September 1, 2013 will be divided by one thousand nine hundred and fifty-seven point five (1957.5) hours, and hours worked after the first pay period prior to September 30, 1993 and before the first pay period prior to September 1, 2013 will be divided by one thousand eight hundred and seventy-nine point two (1879.2).

13.03 Application of Portability to Severance Allowance

An Employee who terminates in a health organization where the Union is certified and which is a member of HEABC and is re-employed within one (1) calendar year in a health organization where the Union is certified and which is a member of HEABC shall be entitled to portability of severance allowance. Employees who receive a severance allowance under Article 13.01 and who subsequently become employed in a Union certified health organization may once again accumulate credit without the necessity of a further ten (10) year qualifying period. However, credit will not be given for any period of service for which severance allowance was initially paid.

Portability of severance allowance which requires re-employment within one (1) calendar year of termination is waived in the case of an Employee who terminates under Article 13.01(b) above and is later re-employed.

ARTICLE 14 – JOB SECURITY AND TECHNOLOGICAL CHANGE

14.01 Notice

The Employer will provide notice and relevant information to the Union, as early as possible in advance of an anticipated technological change or change in procedure or type of service offered that will result in the change of the employment status of an Employee. <u>The introduction of a substantial technological change that significantly affects an Employee's required job duties, including Artificial Intelligence, will include reasonable time dedicated to training and familiarization.</u>

14.02 Technological Change – Lay-off

The Employer agrees to take all reasonable steps so that an Employee will not lose employment because of changes outlined in 14.01. Normal turnover of Employees to the extent that it arises during the period when this change occurs, will be utilized to absorb Employees who otherwise would be displaced. When it is necessary to reduce staff due to the changes outlined in 14.01, lay-offs will be done in accordance with the provisions of Article 10.05.

DRAFT

14.03 Amalgamation

Where the terms of the current Collective Agreement do not contemplate the circumstances of a proposed amalgamation or of a change outlined in 14.01, the parties will meet to negotiate a separate memorandum. Failing agreement in these negotiations either party may refer the difference to arbitration.

14.04 Contracting Out

The Employer will not contract out bargaining unit work that will result in the lay-off of Employees.

This section does not apply to contracting out work for bona fide operational reasons to other health organizations covered by this Collective Agreement, provided that every reasonable effort is made to find alternate employment for any Employee affected.

This section does not prohibit contracting out of a new service or type of work notwithstanding that it may involve the lay-off of an Employee who was hired specifically for that service or work (and who was so informed at the time of hiring). For purposes of this paragraph, a service or type of work ceases to be new after twelve (12) months.

There will be no expansion of contracting-in or contracting out of work within the bargaining units of the Unions as a result of the reduction in FTEs.

14.05 Voluntary Solutions

The parties agree that voluntary solutions to problems and adjustments which arise from regionalization and restructuring are the best ones and will make every effort to achieve them.

Failing voluntary resolution, positions to be reduced will be identified by the Employer in accordance with the terms of the Collective Agreement.

ARTICLE 15 – LEAVE – BEREAVEMENT

15.01 Bereavement leave of absence of twenty-two point five (22.5) working hours with pay to compensate for loss of income for scheduled work days shall be granted by the Employer upon request of a regular Employee in the event of the death of a family member.

For the purposes of this Article, family member includes those individuals set out in the *Employment Standards Act*, sections 52.1 and the *Compassionate Care Leave Regulation* BC Reg 281/2006 or as amended, and any relative permanently residing in the Employee's household or with whom the Employee permanently resides.

DRAFT

15.02 Up to fifteen (15) hours with pay shall be granted for travelling time if requested by the Employee.

15.03 Every effort will be made to grant additional bereavement leave of absence without pay if requested by the Employee.

15.04 Bereavement leave shall not apply when an Employee is on any unpaid leave of absence.

ARTICLE 15B – LEAVES FOR COMPASSIONATE CARE, CHILD DISAPPEARANCE AND CHILD DEATH

Leaves respecting compassionate care, disappearance of child and death of child will be granted in accordance with the *Employment Standards Act*, RSBC1996, c. 113 or as amended.

For the purposes of this Article, family member includes those individuals set out in the *Employment Standards Act*, section 52.1 and the *Compassionate Care Leave Regulation* BC Reg 281/2006 or as amended.

An Employee granted leave under this section shall be entitled to continued accumulation of benefits in accordance with Article 22 (Leave – Unpaid). For the balance of the leave taken pursuant to this Article, the service of an Employee shall be considered continuous for the purpose of any pension, medical or other plan beneficial to the Employee, and the Employer shall continue to make payment to the plans in the same manner as if the Employee was not absent.

Casual Employees shall not be required to be available for shifts if the Employee's unavailability is due to reasons related to the leaves set out in this Article. The Employer shall not terminate casual employment due to unavailability for such reasons. Where casual Employees are unavailable for shifts as a result of this Article, the Employee shall provide the Employer with notice.

ARTICLE 16 – LEAVE – COURT DUTY

16.01 An Employee subpoenaed for jury duty or as a witness shall be placed on leave of absence for the total period of the court duty. All benefits of the Collective Agreement continue to accrue during this period of leave of absence.

16.02 An Employee who is subpoenaed for jury duty or as a witness and placed on leave of absence shall continue to receive regular pay. The Employee shall turn over to the Employer any witness or jury fees received as a result of being subpoenaed, providing these do not exceed the Employee's regular pay, for the period of the leave.

Notwithstanding the provisions of this Article an Employee on leave of absence for court duty is not required to turn over to the Employer more than five (5) days of witness or jury fees per calendar week.

DRAFT

ARTICLE 17 – LEAVE – EDUCATION

17.01 The Employer recognizes the desirability of providing a climate for Employees to improve their education level, to enhance their opportunities for advancement, and to enhance their qualifications.

17.02 Education leave shall be granted by the Employer to regular Employees requesting such leave, subject to the following provisions:

(c) The Employer shall grant education leave with pay (at straight-time rates) for each day or equal portion thereof that an individual Employee gives of their own time. Education leave with pay is not to exceed thirty-seven point five (37.5) hours of Employer contribution per Collective Agreement year.

If the education falls on the Employee's scheduled day off, the Employer shall grant education leave at straight-time rates. A day off in lieu will be granted and scheduled upon the mutual agreement of the Employee and the Employer.

(d) Application for education leave shall be submitted to the Employer with as much lead time as practical. The Employee shall be informed of the Employer's decision within a reasonable period of time from the date of submission.

(e) Premium pay does not apply under this Article.

(f) Educational leave will be utilized for courses that relate to the Employee's profession, or employment, and are approved by the Employer. It may also be utilized to sit exams for relevant professional courses.

(g) Additional unpaid leave for education purposes may be requested by Employees. The Employer shall not be responsible for any expenses related to such unpaid leave.

(h) Education leave is not accumulated from Collective Agreement year to Collective Agreement year.

(i) This Article applies to all courses, including, but not limited to, in-person, on-line, distance education, or correspondence courses.

(j) Such leave and reasonable expenses associated with the leave will be subject to budgetary and operational restraints, and prior approval of the Employer. Such expenses will not exceed one thousand dollars ($1,000) per Employee per Collective Agreement year.

17.03 An Employee shall be granted leave with pay to take courses at the request of the Employer. The Employer shall bear the full cost of the course, including tuition fees, laboratory fees, and course required books, necessary

DRAFT

travelling and subsistence expenses. In such circumstances the premium provisions of the Collective Agreement shall not apply.

Regular Employees attending employer-approved education programs where the Employer pays one hundred sixty-three point one two five (163.125) hours or more for the Employee to participate, must return to work at the same Employer or other Employer covered by the Health Science Professional Provincial Agreement for one (1) year subsequent to the completion of the training or repay the total cost (including wages) of the education program to the Employer.

ARTICLE 18 – PREGNANCY AND PARENTAL LEAVE

18.01 Pregnancy Leave

(a) A regular Employee shall be granted seventeen (17) consecutive weeks pregnancy leave of absence without pay. Such leave may commence no earlier than thirteen (13) weeks prior to the week of predicted delivery or any time thereafter at the request of the Employee but no later than the actual birth date. In no case shall an Employee be required to return to work sooner than six (6) weeks following the birth or the termination of their pregnancy, unless a shorter time is requested by the Employee and granted by the Employer.

(b) **Sick Leave Provisions**

Medical complications of pregnancy, including complications during an unpaid leave of absence under this Article, preceding the period stated by the *Employment Insurance Act*, shall be covered by sick leave credits provided the Employee is not in receipt of maternity benefits under the *Employment Insurance Act* related to their pregnancy or any wage loss replacement plan.

(c) **Doctor's Certificate**

The Employer may require the Employee to provide a doctor's certificate indicating the Employee's general condition during pregnancy and the predicted delivery date.

(d) **Incapable of Performing Duties**

If an Employee is incapable of performing their duties prior to the commencement of their pregnancy leave, they may be required by the Employer to take an unpaid leave of absence.

Where practical, the Employer will provide the Employee with an opportunity to continue employment with appropriate alternative duties, before requiring an Employee to take a leave of absence.

The Employer shall not terminate an Employee or change a condition of their employment because of the Employee's pregnancy or their absence for reasons related to their pregnancy.

DRAFT

18.02 Parental Leave

(a) Upon written request, and within seventy-eight (78) weeks of the birth or placement of the child, a regular Employee shall be entitled to parental leave of up to sixty-two (62) consecutive weeks without pay (or sixty-one [61] consecutive weeks in the case of an Employee who takes leave pursuant to Article 18.01).

(b) In the case of an Employee who takes leave pursuant to Article 18.01, parental leave will commence immediately following pregnancy leave unless agreed to by the Employer for reasons such as premature birth or a hospitalized infant.

18.03 Parental Leave – Special Circumstances

(a) If a medical practitioner certifies that an additional period of parental care is required because the child suffers from a physical, psychological or emotional condition, a regular Employee may apply for up to five (5) additional weeks parental leave without pay. The additional five (5) weeks must be taken immediately after the unpaid leave in Article 18.02 ends.

(b) An Employee who takes leave pursuant to Article 18.01 is entitled to up to six (6) additional consecutive weeks of parental leave without pay if a medical practitioner certifies that, for reasons related to the birth or the termination of the pregnancy, they are unable to return to work when their leave ends under Article 18.01 or Article 18.02.

(c) An Employee's maximum combined entitlement to leave under this Article is limited to sixty-seven (67) weeks for Employees eligible for leave under Article 18.02, and eighty-nine (89) weeks for Employees eligible for leave under both Article 18.01 and 18.02.

18.04 Benefits Continuation

(a) For leaves taken pursuant to Article 18.01 and 18.02, the first twenty (20) work days of such leave, the Employee shall be entitled to the benefits under Article 22 (Leave – Unpaid).

(b) For the balance of the leaves taken pursuant to Article 18.01, 18.02 and 18.03, the service of an Employee shall be considered continuous for the purpose of any pension, medical or other plan beneficial to the Employee, and the Employer shall continue to make payment to the plans in the same manner as if the Employee was not absent.

(c) Any further leave granted will be unpaid leave without any benefits.

18.05 Notice Required

An Employee shall make every effort to give at least four (4) weeks' notice prior to the commencement of leave pursuant to Article 18.01 and 18.02, and at least

DRAFT

fourteen (14) days' notice of their intention to return to work prior to the termination of the leave.

Notwithstanding the above notice period, an adoptive parent will notify the Employer when they are advised of the date of the adoption placement. The Employee shall furnish proof of adoption.

18.06 Return to Employment

An Employee resuming employment after a leave of absence pursuant to Article 18.01, 18.02 and 18.03 shall be reinstated in all respects to their previous position or to a Comparable position, with all increments to wages and benefits to which they would have been entitled during the period of the absence.

18.07 Bridging of Service

If a regular Employee terminates as a result of a decision to raise a dependent child or children residing with the Employee, and is subsequently re-employed, upon application, they shall be credited with length of service accumulated at the time of termination.

The following conditions shall apply:

(a) The Employee must have completed three (3) years of service with the Employer.

(b) The resignation must indicate that the reason for termination is to raise a dependent child or children.

(c) The break in service shall be for no longer than three (3) years, and during that time the Employee must not have been engaged in remunerative employment for more than six (6) months cumulative.

(d) This bridging of service will apply to an Employee who is employed at a health organization party to this Collective Agreement and applies for and receives a regular position in the same health organization.

(e) The Employee must serve a three (3) month probationary period.

(f) An Employee returning to work under this clause shall retain their former increment level and years of service for vacation purposes.

18.08 Supplemental Employment Benefits Plan

The parties agree to establish and administer a Supplemental Employment Benefits Plan (SEB Plan) as follows:

(a) The objective of the SEB Plan is to supplement employment insurance benefits received by eligible female Employees who are on approved leave pursuant to Article 18.01.

DRAFT

(b) All regular Employees employed by the Employer who are in the Association are covered by the SEB Plan. Casual Employees are not covered by the Plan.

(c) The benefit level for eligible Employees under the SEB Plan is as follows:

1. Maternity leave allowance will provide eligible Employees with two (2) weeks of the Employee's normal weekly earnings as follows:

   Eighty-five percent (85%) of normal weekly earnings for the first week of maternity leave. A second week of maternity leave allowance at eighty-five percent (85%) of normal weekly earnings shall be paid evenly over the first sixteen (16) weeks of maternity leave.

2. Fifteen additional weekly payments equivalent to the difference between the employment insurance gross benefits and any other earnings received by the Employee and the Employee's normal weekly earnings as follows:

   Eighty-five percent (85%) of normal weekly earnings.

3. Benefits under this SEB Plan will not exceed sixteen (16) weeks inclusive of the one (1) week waiting period.

4. For the purpose of this SEB Plan, "normal weekly" earnings shall mean regularly scheduled hours multiplied by the Employee's basic rate of pay.

(d) Employees are not entitled to receive SEB Plan benefits and sick leave benefits concurrently. However, an Employee may opt to utilize accumulated sick leave credits instead of applying for benefits under this SEB Plan, provided they satisfy the Employer that their absence is due to a valid health-related condition, and that they are unable to attend at work to perform their duties.

The Employee shall not be prohibited from utilizing sick leave credits prior to, or subsequent to, a period of maternity leave with benefits payable in accordance with Section 3 above.

(e) To be eligible for SEB Plan benefits as described in paragraph #3 above, an Employee must:

1. not be in receipt of sick leave benefits;

2. provide satisfactory documentation to the Employer that they have applied for and is in receipt of employment insurance benefits; and

3. an Employee who is not eligible for or is disentitled to employment insurance benefits is entitled to the full amount of benefits under the Plan only under the following circumstances:

DRAFT

(i) they do not have a sufficient number of insurable weeks of employment to qualify (at least twenty [20] weeks); or

(ii) they work less than the required number of hours (fifteen [15] hours per week); or

(iii) their earnings are at least equal to twenty percent (20%) of the maximum weekly insurable earnings.

(f) The SEB Plan will continue in effect until a new Collective Agreement is concluded between the parties.

(g) The SEB Plan will be financed by the Employer's general revenues either directly or through an insured arrangement.

(h) The Employer shall keep a separate accounting record of benefits paid from the SEB Plan.

(i) On termination of the SEB Plan, all remaining assets will revert to the Employer or be used for payments under the SEB Plan or for administrative costs associated with the SEB Plan.

(j) The Employees have no vested right to payments under the SEB Plan except to payments during a period of unemployment specified in the SEB Plan.

(k) Payment in respect of guaranteed remuneration or in respect of deferred remuneration or severance pay benefits are not reduced or increased by payments received under this SEB Plan.

(l) HEABC will inform the Appropriate Federal Agency in writing of any changes to the SEB Plan within thirty (30) days of the effective date of the change.

(m) In the event that present or future legislation renders null and void or materially alters any provision of this Memorandum of Agreement or the SEB Plan entered into between the parties, the following shall apply:

1. the remaining provisions of the Memorandum of Agreement or SEB Plan shall remain in full force and effect for the term of the Collective Agreement.

2. The Employer and the Association shall, as soon as possible, negotiate mutually agreeable provisions to be substituted for the provisions so rendered null and void or materially altered.

3. If a mutual agreement cannot be struck as provided in (b) above, the matter shall be arbitrated pursuant to the provisions of the Collective Agreement.

DRAFT

18.09 Casual Employees

Casual Employees shall not be required to be available for shifts for seventy-eight (78) weeks following the birth or adoption of a child. Where the child has medical circumstances requiring continued care, the Employee shall not be required to be available for work for an additional eleven (11) weeks for a combined maximum of up to eighty-nine (89) weeks. The Employer shall not terminate casual employment for the duration of this period as a result of this Article.

Where casual Employees are unavailable for shifts as a result of this Article, the Employee shall provide the Employer with notice consistent with Article 18.05.

ARTICLE 18B – LEAVE FOR INDIGENOUS CHILD CARE

Effective April 1, 2026, an Employee who has an established relationship with or has a cultural or traditional responsibility towards an Indigenous child and who is authorized to provide daily care for the Indigenous child in place of the child's parent(s) by either:

(a) an Indigenous governing entity; or

(b) the Ministry of Children and Family Development (specifically as a kinship care provider)

may request up to sixty-two (62) consecutive weeks of unpaid leave to provide care of the Indigenous child and to ensure familial, cultural, and community continuity. Upon request, Employees will be granted leave. For clarity, a worker who is a foster caregiver of an Indigenous child does not qualify for this leave unless the Employee has also been authorized to care for the child specifically under (a) or (b) above.

An "Indigenous child" means a person:

(a) who is under nineteen (19) years of age, and

(b) who is a First Nations child, a Metis child, or an Inuit child, and includes:

- a child who has a biological parent who is of Indigenous ancestry and who considers themselves to be Indigenous, or
- a child who an Indigenous governing body confirms is a child belonging to an Indigenous community.

An Employee who intends to return to work on or before completion of the sixty-two (62) consecutive weeks leave will notify the Employer as soon as possible but with no less than fourteen (14) days' notice of their return. Upon return to work, the Employee will continue in their former position.

DRAFT

Employees taking leave under this provision will be deemed to have continuous employment and will receive any benefits and accruals that they would be entitled to if they were on pregnancy or parental leave (excluding any supplemental employment benefits).

ARTICLE 19 – LEAVE – SICK

19.01 Accumulation

Employees shall receive eleven point two-five (11.25) working hours (or portion thereof) sick leave credit for each month (or portion thereof) of service. Such sick leave credits, if not utilized, shall be cumulative to a maximum of one thousand one hundred and seventy (1170) working hours.

Regular part-time Employees accumulate sick leave credits as above but according to the following formula or the minimum standards for paid illness or injury leave pursuant to the *Employment Standards Act*, whichever is greater:

$$\frac{\text{Hours paid per month* (excluding Overtime)} \times 11.25 \text{ hours}}{163.125}$$

*Includes leave of absence without pay up to one hundred and fifty (150) hours. (Reference: Article 22.02).

Pursuant to the *Employment Standards Act*, casual Employees shall be entitled to the minimum standards for paid illness or injury leave.

19.02 Record of Accumulation

The Employer, on request by an Employee, shall furnish an annual notice of accrued sick leave.

19.03 Qualifying Time

If an Employee does not complete ninety (90) days service with the Employer, any sick leave with pay used during the first ninety (90) days will be returnable to the Employer. Previous service of an Employee who has changed employment under the portability provisions of the Collective Agreement will count towards this ninety (90) day period. In effect the Employee only has to work a total of ninety (90) days qualifying time. (Reference: Article 29 – Portability of Benefits).

19.04 Proof of Illness or Injury

Sick leave with pay is only payable because of illness or injury. Where the Employer requires an Employee to provide a medical note as proof of illness or injury, the Employer will reimburse fifty percent (50%) of the cost of the note. Failure to meet this requirement can be cause for disciplinary action. Repeated failure to meet this requirement can lead to dismissal.

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19.05 Benefits Accrued

When an Employee is on paid sick leave all benefits of the Collective Agreement shall continue to accrue.

19.06 Expiration of Credits

Absence due to sickness in excess of accumulated sick leave credits shall be treated as unpaid leave of absence in accordance with Article 22.02. Employees shall be given the option to utilize any other paid leaves to which they are entitled prior to moving on to an unpaid leave of absence.

19.07 Enforceable Legal Claims

If an Employee has received sick leave with pay and has a legally enforceable claim to compensation or damages for earnings lost during the said period from any third party other than the Employee's own insurer under a contract of insurance, the Employee shall at the request and expense of the Employer, take all steps reasonably necessary to enforce the said claim. If the Employee receives any payment on account of earnings as a result of such claim, the Employee shall pay to the Employer so much of the said payment as relates to the sick leave pay received for the said period and upon so doing, shall receive sick leave credit for the number of days represented by such payment. The Employee shall have the option of declining to enforce any legal claim by foregoing any claim they may have against the Employer for paid sick leave during the period which gave rise to the enforceable legal claim.

19.08 Additional Leave

Employees who continue to be off work following the expiration of their paid sick leave, shall be placed on leave of absence without pay for up to twenty-eight (28) calendar days. If the Employee requires additional unpaid leave this must be requested in writing prior to the expiration of the aforementioned twenty-eight (28) calendar days and such additional unpaid leave shall not be unreasonably denied. Employees on such leave must maintain contact with their Employer and indicate their expected date of return at least one week in advance.

19.09 Appointments

Where it is not possible to arrange medical, dental or health science professional appointments outside normal working hours, time off duty will be granted by the Employer and such hours shall be paid for from accumulated sick leave credits.

19.10 Notice Required

Employees must notify the Employer prior to the commencement of their work shift of any anticipated absence from duty because of sickness and Employees must notify the Employer prior to their return to work.

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19.11 Specialist Appointments

When an Employee's Doctor refers the Employee to a Specialist then any necessary travel time, to a maximum of twenty-two-point five (22.5) work hours, for the Employee to visit such Specialist shall be paid for and deducted from sick leave credits.

19.12 Cash-in of Sick Leave Credits

Upon retirement, or on voluntarily leaving the work force after their fifty-fifth (55^{th}) birthday, Employees shall receive forty percent (40%) of their accumulated sick leave credits based on their existing salary. This cash-in eliminates all sick leave credits. An Employee who rejoins the work force is not entitled to another cash-in.

19.13 Voluntary Treatment

While in voluntary attendance at a full-time treatment program for substance abuse, a regular Employee shall on proof of enrollment, be entitled to sick leave with pay to the extent that sick leave credits are available. Article 22 shall apply upon expiration of sick leave credits should additional leave be requested.

19.14 Leave – Workers' Compensation

(a) **Entitlement to Leave**

An Employee shall be granted Workers' Compensation leave with net pay in the event that the WCB determines that the Employee has established a claim and the Employee is unable to perform their duties by reason of the compensable injury which occurred while employed by the Employer. For the purposes of this clause, net pay is defined as the Employee's regular net take-home wages. The non-taxable status of an Employee's Workers' Compensation benefits shall not provide an opportunity for the injured Employee to earn more while on claim than when the Employee was working.

(See Memorandum of Agreement – Article 19.14 – Leave – Workers' Compensation – Entitlement to Leave.)

(b) **Reimbursement to Employer**

The Employee shall pay to the Employer any amount received for loss of wages (time loss benefits, vocational rehabilitation allowances paid as wage loss equivalency, and pension based on a total loss of earnings) in settlement of any claim. The amount shall not exceed the Employee's net pay from the Employer.

(c) **Benefit Entitlement**

When an Employee is on a WCB claim all benefits of the Collective Agreement will continue to accrue. However, an Employee off work on WCB claim shall receive wages and benefits equalling but not to exceed their normal entitlement had they not suffered a compensable injury. Statutory holidays and vacations are service-based benefits which accrue during hours actively worked with the Employer.

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Unused vacation credits accrued in previous vacation years shall not be lost.

(d) **Approval of Claim**

When an Employee is granted sick leave with pay and Workers' Compensation leave is subsequently approved for the same period, it shall be considered for the purpose of the record of sick leave credits that the Employee was not granted sick leave with pay.

(e) **Continuation of Employment**

Employees who qualify for Workers' Compensation coverage shall be continued on the payroll and shall not have their employment terminated during the compensable period, except for just cause.

ARTICLE 20 – LEAVE – SPECIAL

20.01 Accumulation

An Employee shall earn special leave credits with pay to a maximum of one hundred and fifty (150) hours at the rate of three point seven five (3.75) hours every four weeks.

Notwithstanding the foregoing, Employees with accumulated special leave credits in excess of one hundred and fifty (150) hours (20 days X 7.5 hours) as of the first pay period prior to April 1, 2011, up to and including the previous maximum of one hundred and eighty-seven point five (187.5) hours (25 days X 7.5 hours), shall retain the accumulated balance to their credit. Where this accumulated credit exceeds one hundred and fifty (150) hours, no further credit shall be earned until the accumulated balance is reduced below one hundred and fifty (150) hours, in which event the accumulation of special leave credits shall be reinstated, but the accumulated balance shall not again exceed one hundred and fifty (150) hours.

20.02 Application

Special leave shall be granted as follows:

(f) marriage leave – thirty-seven point five (37.5) hours;

(g) to attend child birth or adoption-related child placement, for Employees who are eligible for leave under Article 18.02(a) – fifteen (15) hours;

effective April 1, 2027 thirty-seven point five (37.5) hours;

(h) to provide care to an immediate family member who has a serious illness – up to fifteen (15) hours at one time;

effective April 1, 2027 thirty-seven point five (37.5) hours;

(i) leave of seven point five (7.5) hours may be added at one time to twenty-two point five (22.5) hours bereavement leave;

DRAFT

effective April 1, 2026 fifteen (15) hours;

(j) leave of seven point five (7.5) hours may be taken for travel associated with bereavement leave.

(k) leave of twenty-two point five (22.5) hours for absences resulting from the Employee or Employee's dependent child having experienced domestic or sexual violence.

effective April 1, 2026 thirty-seven point five (37.5) hours;

(l) serious household or domestic emergency leave – seven point five (7.5) hours at any one time to be used for one of the following situations:

(i) the Employee is faced with a sudden, unexpected and unforeseen critical situation that demands the Employee's immediate action;

(ii) there's risk or threat of damage to the Employee's residence and/or risk or danger to the physical safety of their immediate family.

ARTICLE 20B – DOMESTIC AND SEXUAL VIOLENCE LEAVE

In accordance with the *Employment Standards Act*, when requested, an Employee will be granted a leave respecting domestic or sexual violence for absences resulting from the Employee or Employee's dependent child having experienced domestic or sexual violence as follows:

(a) up to five (5) days of paid leave taken in one (1) or more blocks of time; and

(b) up to five (5) days unpaid leave which can be taken as a single day or in a block; and

(c) a maximum of fifteen (15) weeks of additional unpaid leave to be taken in one (1) block of time or in more than one (1) block of time with Employer approval.

In the event that present or future legislation enacts provisions with a greater entitlement to maximum weeks of leave in relation to domestic or sexual violence, that legislative provision shall prevail.

An Employee's entitlement to leave in this section is in addition to any entitlement to leave under other articles of the Collective Agreement.

An Employee granted leave under this section shall be entitled to benefits in accordance with Article 22 (Leave – Unpaid). For the balance of the leave taken pursuant to this Article, the service of an Employee shall be considered continuous for the purpose of any pension, medical or other plan beneficial to the Employee, and the Employer shall continue to make payment to the plans in the same manner as if the Employee was not absent.

DRAFT

Casual Employees shall not be required to be available for shifts for up to seventeen (17) weeks if the Employee's unavailability is in relation to domestic or sexual violence.

ARTICLE 20C – CEREMONIAL, CULTURAL, SPIRITUAL, BEREAVEMENT, AND SPECIAL LEAVE FOR INDIGENOUS EMPLOYEES

Indigenous Employees have a right to manifest, practice, develop and teach their spiritual and religious traditions, customs and ceremonies and may require leave from work to exercise these rights.

Definitions:

A ceremonial, cultural, or spiritual practice under this section includes any practice, tradition, or event that is significant to an Indigenous Employee's culture. Examples of significant cultural practices, traditions, and events include, but are not limited to, Hoobiyee, Pow-wows, Sundance, participation in a sweat lodge, coming of age events, feasts, traditional hunting/food harvesting or medicine gathering, ceremonies held following a significant family event (including the death of a family member), or Indigenous Commemoration Events as defined below.

Indigenous Commemoration Events under this provision are gatherings that are for the purpose of commemorating, grieving, or recognizing historic, ongoing, and or newly arising significant events that affect or have affected Indigenous peoples. For example, these could include (but not be limited to):

- Events commemorating missing and disappeared children and unmarked burials.
- February 14: Women's Memorial March.
- May 5: Red Dress Day.
- October 4: National Day of Action for Missing and Murdered Indigenous Women, Girls, and Two-Spirit Plus People (MMIWG2S+).

"Family" and "immediate family" for the purposes of accessing Bereavement leave under Article 15 or Special Leave under Article 20 includes an Indigenous Employee's family as defined by Article 15, as well as an Indigenous elder*, or any individual an Indigenous Employee considers family consistent with their Indigenous cultural practices.

*An Indigenous elder is designated as such by their community.

(a) An Indigenous Employee may request up to five (5) days of leave per calendar year without loss of pay to participate in ceremonial, cultural, or spiritual practices. The leave may be taken in one (1) or more blocks of time. Where such leave is requested, the leave shall not be unreasonably denied.

DRAFT

Leave under this provision is in addition to an Indigenous Employee's entitlement to leave under Article 15 – Bereavement Leave and under Article 20.02 – Special Leave, as applicable (and per the expanded definition of "family" and "immediate family", above).

(b) Where an Indigenous Employee requires more than the days of leave in a) above for a ceremonial, cultural, or spiritual practice, the leave shall not be unreasonably denied. This additional leave is unpaid, however, an Employee may draw from their available vacation and Overtime banks, as applicable (and per the expanded definition of "immediate family," above).

(c) When requesting the leave, particularly for annual or recurring ceremonial, cultural, or spiritual practices, the Employee will provide as much advanced notice to the Employer as possible; for unexpected ceremonies or practices, the Employee will make every effort to provide at least seven (7) calendar days' notice of the leave.

ARTICLE 20D – ORGAN AND BONE BARROW DONATION LEAVE

Effective April 1, 2026, regular Employee will be granted up to twelve (12) weeks of paid leave, taken in one (1) or more blocks of time, for the purposes of donating an organ, or bone barrow.

Casual Employees shall not be required to be available for shifts for twelve (12) weeks following donation of an organ, or bone barrow. The Employer shall not terminate casual employment for the duration of this period as a result of this Article.

An Employee shall make every effort to give at least four (4) weeks' notice prior to the commencement of leave pursuant to this Article, and at least fourteen (14) days' notice of their intention to return to work prior to the termination of the leave.

An Employee's entitlement to leave in this section is in addition to any entitlement to leave under other articles of the Collective Agreement.

ARTICLE 21 – LEAVE – STATUTORY HOLIDAYS

21.01 Statutory Holiday Entitlement

Each Employee shall receive seven point five (7.5) paid hours off for the following statutory holidays and any other general holiday proclaimed by the Federal or Provincial Government.

New Years' Day	Canada Day	Thanksgiving Day
Family Day	B.C. Day	Remembrance Day
Good Friday	Labour Day	Christmas Day

DRAFT

Easter Monday	National Day for Truth and Reconciliation	Boxing Day
Victoria Day		

Regular part-time Employees will receive statutory holiday pay based on the following formula:

$$\frac{\text{hours paid (*) per anniversary year (excluding Overtime)} \times 97.5 \text{ hours} \times \text{regular pay}}{1957.5 \text{ hours}}$$

*Includes leave without pay up to one hundred and fifty (150) work hours. (Reference: Article 22.02).

21.02 Statutory Holiday Falling Within a Vacation

If a calendar or Scheduled Statutory Holiday falls within an Employee's annual vacation the Employee shall receive an extra seven point five (7.5) paid hours off.

21.03 Scheduled Statutory Holiday Rescheduled With Insufficient Notice

If an Employee is required to work a Scheduled Statutory Holiday and is not given at least fourteen (14) calendar days advance notice of the change of schedule, they shall be paid the appropriate Overtime rate for all hours worked and receive another seven point five (7.5) hours off with pay as a rescheduled paid holiday.

21.04 Work On A Calendar Statutory Holiday

If an Employee is required to work on any Calendar Statutory Holiday as outlined in Article 21.01, the Employee shall be paid at double time (2x) rates for all regular hours worked, and in addition will receive another seven point five (7.5) hours off with pay as a holiday. Double time (2x) rates will be paid for the shift when one-half (½) or more than one-half (½) of the hours worked fall within 0001 and 2400 hours on the holiday.

For shifts greater than eight (8) hours refer to the Memorandum of Agreement – Extended Work Day or Extended Work Week.

21.05 Work On A Rescheduled Statutory Holiday

Employees working on a rescheduled statutory holiday with sufficient notice (in excess of fourteen [14] calendar days) shall be paid at regular straight-time rates.

21.06 Christmas Day or New Year's Day Off

The Employer shall make every effort to schedule either Christmas Day or New Year's Day off for Employees so requesting.

DRAFT

21.07 Super Stats

Employees who are required to work on Christmas Day, Labour Day or Good Friday, shall be paid at the rate of two and one-half (2.5x) time for the first seven point five (7.5) hours worked and shall receive another seven point five (7.5) hours off with pay as a paid holiday. The rate of two and one-half (2.5x) time shall be paid for the full shift when one-half (½) or more than one-half (½) of the hours worked fall within 0001 and 2400 hours on the named day. In such cases, the rate of two and one-half (2.5x) time shall be paid for the total hours worked.

ARTICLE 22 – LEAVE – UNPAID

22.01 Requests for unpaid short term or extended leave of absence shall be made in writing to the immediate Supervisor, and may be granted at the Employer's discretion with due regard to operational requirements. The Employer will make a reasonable effort to comply with a request for an unpaid leave. Reasonable notice requesting leave of absence shall be given by the Employee. The Employer shall inform the Employee, in writing, within a reasonable period, of the acceptance or refusal of the request. Upon request, verbal reason(s) will be given by the Employer for denying the leave request.

22.02 Any Employee granted unpaid leave(s) of absence totalling one hundred and fifty (150) working hours or less in any year shall continue to accumulate all benefits. Any excess over one hundred and fifty (150) working hours shall be deducted from service in the computation of benefits.

22.03 Requests for unpaid leave of absence to participate in Union contract negotiations or arbitration proceedings as outlined in Article 8 shall be made in writing to the immediate Supervisor, and shall be granted by the Employer.

22.04 The Employer will make a reasonable effort to grant each Employee so requesting one (1) extended unpaid leave of absence for each three (3) years of continuous service, providing that replacements to ensure proper operation of the facility can be recruited. Leave will not be permitted for an Employee to commence alternate employment except for appointments for a specified time to a position related to the Employee's profession in a post secondary educational institution.

22.05 Unpaid leave of absence shall be granted to **E**mployees so requesting who have been nominated for a federal, provincial or local government office, or who are seeking election to Indigenous governing entities (including, but not limited to First Nations Band Councils, Metis Chartered Community Governments, and other self-government arrangements which are formally negotiated in modern day arrangements between federal, provincial and First Nations governments). If elected, the leave of absence shall be extended to cover term(s) of office.

DRAFT

ARTICLE 23 – LEAVE – VACATION

23.01 Cut-Off Date

July 1 shall be the cut-off date for the annual accrual of vacation entitlement.

23.02 Employees With Less Than One Year Of Service

Employees with less than one (1) year's service on the July 1st cut-off date shall receive vacation calculated as follows:

$$\frac{\text{hours paid (*) to June 30 inclusive (excluding Overtime)} \times \text{yearly vacation entitlement}}{1957.5}$$

*Includes leave without pay up to one hundred and fifty (150) working hours. (Reference: Article 22.02).

23.03 Termination of Employment

When a regular Employee terminates employment, the Employer will pay for vacation entitlement accrued to the date of termination, less vacation pay already received.

23.04 Vacation During Summer Months

Scheduling of vacations shall be determined by the Employer in accordance with operational requirements. Two (2) consecutive weeks vacation shall be granted to every Employee so desiring within the months of June to September inclusive, unless this would unduly interrupt Employer services. Vacation exceeding two (2) weeks duration may be granted within this period by mutual consent of the Employer and the Employee.

23.05 Vacation Earned During Vacation

Vacation entitlement shall be earned during vacation periods, except for accrued entitlement paid on termination.

23.06 Vacation Qualifying Time

Vacation entitlement accrued to June 30 (inclusive) shall be taken prior to January 1 in the following year unless otherwise required by operational necessity, or unless requested by an Employee and approved by the Employer.

Requests by Employees to take their vacation leave prior to a June 30th cut-off date shall be granted by the Employer unless otherwise required by operational necessity. If the Employee terminates prior to the June 30th cut-off date then the Employer shall be reimbursed by the Employee for such advanced vacation pay.

DRAFT

23.07 Annual Vacation Entitlement

Regular Employees will be entitled to a paid vacation away from work, when the qualifying year(s) of service are attained before July 1, at the rate of one hundred and fifty (150) hours per year during their first four (4) years of continuous service. For each additional year of service up to a maximum of thirty (30) years, regular Employees will receive an additional seven point five (7.5) hours of paid vacation, as follows:

One hundred and fifty (150.0) work hours after one (1) year of continuous service

One hundred and fifty (150.0) work hours after two (2) years of continuous service

One hundred and fifty (150.0) work hours after three (3) years of continuous service

One hundred and fifty (150.0) work hours after four (4) years of continuous service

One hundred and fifty-seven point five (157.5) work hours after five (5) years of continuous service

One hundred and sixty-five (165.0) work hours after six (6) years of continuous service

One hundred and seventy-two point five (172.5) work hours after seven (7) years of continuous service

One hundred and eighty (180.0) work hours after eight (8) years of continuous service

One hundred and eighty-seven point five (187.5) work hours after nine (9) years of continuous service

One hundred and ninety-five (195.0) work hours after ten (10) years of continuous service

Two hundred and two point five (202.5) work hours after eleven (11) years of continuous service

Two hundred and ten (210.0) work hours after twelve (12) years of continuous service

Two hundred and seventeen point five (217.5) work hours after thirteen (13) years of continuous service

Two hundred and twenty-five (225.0) work hours after fourteen (14) years of continuous service

Two hundred and thirty-two point five (232.5) work hours after fifteen (15) years of continuous service

DRAFT

Two hundred and forty (240.0) work hours after sixteen (16) years of continuous service

Two hundred and forty-seven point five (247.5) work hours after seventeen (17) years of continuous service

Two hundred and fifty-five (255.0) work hours after eighteen (18) years of continuous service

Two hundred and sixty-two point five (262.5) work hours after nineteen (19) years of continuous service

Two hundred and seventy (270.0) work hours after twenty (20) years of continuous service

Two hundred and seventy-seven point five (277.5) work hours after twenty-one (21) years of continuous service

Two hundred and eighty-five (285.0) work hours after twenty-two (22) years of continuous service

Two hundred and ninety-two point five (292.5) work hours after twenty-three (23) years of continuous service

Three hundred (300.0) work hours after twenty-four (24) years of continuous service

Three hundred and seven point five (307.5) work hours after twenty-five (25) years of continuous service

Three hundred and fifteen (315.0) work hours after twenty-six (26) years of continuous service

Three hundred and twenty-two point five (322.5) work hours after twenty-seven (27) years of continuous service

Three hundred and thirty (330.0) work hours after twenty-eight (28) years of continuous service

Three hundred and thirty-seven point five (337.5) work hours after twenty-nine (29) years of continuous service

Three hundred and forth-five (345.0) work hours after thirty (30) years of continuous service

Regular part-time Employees will receive a vacation pay based on the following formula:

hours paid (*) to June 30 inclusive (excluding Overtime)
x yearly vacation entitlement

DRAFT

*Includes leave without pay up to one hundred and fifty (150) hours.

23.08 Supplementary Vacation Entitlement

(a) **Twenty-Five Years**

Upon reaching the employment anniversary of twenty-five (25) years of continuous service, Employees shall have earned an additional thirty-seven point five (37.5) work hours vacation with pay. This provision applies when the qualifying date occurs before July 1st in each year.

(b) **Thirty Years**

Upon reaching the employment anniversary of thirty (30) years of continuous service, Employees shall have earned an additional seventy-five (75) work hours vacation with pay. This provision applies when the qualifying date occurs before July 1st in each year.

(c) **Thirty-Five Years**

Upon reaching the employment anniversary of thirty-five (35) years of continuous service, Employees shall have earned an additional one hundred and twelve point five (112.5) work hours vacation with pay. This provision applies when the qualifying date occurs before July 1st in each year.

(d) **Forty Years**

Upon reaching the employment anniversary of forty (40) years of continuous service, Employees shall have earned an additional one hundred and twelve point five (112.5) work hours vacation with pay. This provision applies when the qualifying date occurs before July 1st in each year.

(e) **Forty-Five Years**

Upon reaching the employment anniversary of forty-five (45) years of continuous service, Employees shall have earned an additional one hundred and twelve point five (112.5) work hours vacation with pay. This provision applies when the qualifying date occurs before July 1st in each year.

The supplementary vacations set out above are to be banked on the outlined supplementary vacation anniversary date and taken at the Employee's option at any time subsequent to the current supplementary vacation employment anniversary date but prior to the next supplementary vacation employment anniversary date.

23.09 Vacation Scheduled According to Seniority

(a) Vacations shall be scheduled according to Seniority on the basis that the Employee holding the most Seniority shall have the first choice of having vacation time, or some other equitable method mutually agreed upon between

DRAFT

the Employer and the Employees if it has the unanimous consent of all regular Employees affected by the schedule. Employees wishing to split their vacation shall exercise Seniority rights in the choice of the first vacation period. Seniority shall prevail in the choice of the second vacation period, but only after all other "first" vacation periods have been satisfied. Seniority shall prevail in the same manner for all subsequent selections. Employees failing to exercise Seniority rights within two (2) weeks of the time that the Employees are asked to choose a vacation time, shall not be entitled to exercise their rights in respect to any vacation time previously selected by an Employee with less Seniority.

(b) Once the approved vacation schedule has been posted, it shall only be changed by mutual agreement between the Employer and the affected Employee.

(c) Regular Employees may hold back up to thirty-seven point five (37.5) hours in the annual vacation planning process. This remaining vacation must be requested and approved by August 1st of each year. Any remaining vacation not scheduled may be scheduled by the Employer.

(d) Hold back vacation requests shall be granted in the order they are received. If competing requests are received on the same day, such requests shall be processed by Seniority.

(e) Notwithstanding Article 23.09 (c), to allow for flexibility, Employees may request to reschedule their thirty-seven point five (37.5) hours of vacation hold back for use as discretionary days off. Such requests are subject to operational requirements and will not be unreasonably denied.

23.10 Reinstatement of Vacation Days – Sick Leave

In the event an Employee is sick or injured prior to the commencement of their vacation, such Employee shall be granted sick leave and the vacation period so displaced shall be added to the vacation period if requested by the Employee and by mutual agreement, or shall be reinstated for use at a later date.

23.11 Vacation Carryover for Parents

A regular Employee on leave pursuant to Article 18 may carryover all or part of their accumulated vacation for use within six (6) months of completion of the leave subject to operational requirements.

ARTICLE 24 – HOURS OF WORK

24.01 There shall be an average of thirty-seven point five (37.5) work hours per week, exclusive of meal periods. The normal daily full shift hours shall be seven point five (7.5) hours, or a mutually agreed equivalent. (Reference Memorandum of Agreement Re: Extended Work Day or Extended Work Week).

DRAFT

The base day for benefit calculation purposes is seven point five (7.5) hours.

Shift schedules, whenever possible, shall be determined by mutual agreement between the Employer and Employees.

Unless mutually agreed otherwise, the process for achieving mutual agreement is as follows:

(1) The Employer must give the affected Employees a clear and detailed outline of its operational requirements along with the Employer's proposed rotation.

(2) The Employer must invite a proposal from the affected Employees, the Employees will have no more than twenty-eight (28) days to provide a single proposed rotation to the Employer on behalf of affected Employees.

(3) The proposed rotation must satisfy operational requirements and be compliant with the Collective Agreement.

(4) The Employer shall review the proposals to determine if they meet operational requirements and are compliant with the Collective Agreement.

(5) The Union shall assist the Employer in conducting a vote amongst affected Employees between the Employer's proposed rotation and the Employees' proposed rotation. The results of the vote shall be provided to the affected Employees within fourteen (14) days. The results of the vote shall determine the rotation implemented.

(6) In the event that there is no proposed alternate rotation, or the proposed alternative rotation does not meet operational requirements or is not compliant with the Collective Agreement, the Employer's proposed rotation shall be implemented.

This process applies to new work schedules and to significant changes to existing work schedules, including permanent changes to hours. It does not apply to intermittent or temporary changes to an Employee's start or stop times or changes to days of work.

24.02 The daily hours of work for each Employee shall be consecutive.

24.03 Except by agreement between the Employer and the Employee, each Employee shall receive fifteen (15) consecutive hours off duty when changing shifts and at least forty-eight (48) hours off duty after completing a tour of night duty.

24.04 Except by agreement between the Employer and the Employee, afternoon or Night shifts shall not be worked for a period of more than two (2) consecutive weeks on each shift, and at least two (2) weeks of Day Shift shall follow each four (4) week period on other shifts.

DRAFT

24.05 Meal Period

A minimum meal period of thirty (30) minutes shall be scheduled during each full shift. The meal period shall be provided at intervals that result in no Employee working longer than five (5) consecutive hours without a meal break.

When an Employee is designated by the Employer to be available for work during a meal period and:

(i) the Employee is scheduled to work a shift of less than ten (10) hours and receives thirty (30) minutes for a meal period exclusive of the shift, then the Employee shall receive thirty (30) minutes of straight-time pay;

(ii) the Employee is scheduled to work a shift of less than ten (10) hours and does not receive thirty (30) minutes for a meal period exclusive of the shift, then the Employee shall receive regular pay for the shift worked plus thirty (30) minutes pay at time and one-half the regular rate;

(iii) in the event an Employee in (i) above is recalled to duty during the meal period the provisions of (ii) apply.

For shifts of ten (10) hours or more, refer to the Memorandum of Agreement – Extended Work Day or Extended Work Week.

24.06 Employees working a full shift shall receive one (1) rest period in each half of the shift. Employees working less than a full shift and a minimum of four (4) hours shall receive one (1) rest period. Employees taking rest periods in their work areas shall receive fifteen (15) minute breaks; those using the cafeteria shall be allowed ten (10) minutes in the cafeteria.

24.07 During the term of the Collective Agreement, the parties within the Employer's operation, with the support of HEABC and the Union will co-operate in developing and implementing experimental shift scheduling programs which vary from the traditional. Such schedules are intended to be responsive to the needs of patients, clients, residents and health science professionals, and also meet the operational requirements of a wide variety of work settings.

24.08 Employees shall receive at least four (4) days off during each two (2) week period according to the following formula:

(a) two (2) periods each of two (2) consecutive days off, or

(b) any schedule mutually agreed upon between the Employer and at least two-thirds (2/3) of the regular Employees affected by the schedule;

(c) Employees shall not be required at any time to work more than six (6) consecutive shifts, except as agreed to pursuant to Articles 24.08(b) and 27.03. Otherwise, Overtime shall be paid in accordance with Article 25.

DRAFT

In applying the foregoing to the development of Employee schedules it is intended that due attention will be given to providing for the equitable distribution of Weekends off.

24.09 Assignment of Additional Shifts

To ensure efficient and effective health care services within a climate of fairness, current agreed-upon processes for the assignment of additional shifts will continue. If no agreed-upon process exists, the Employer will meet with affected Employees at the work unit level to develop a mutually-agreed process. Mutual agreement shall be determined by two-thirds (2/3) of the affected Employees at the work unit and the Employer. If there is no resolution, then additional shifts shall be allocated by Seniority to qualified casual and part-time Employees, considering their availability and ability (including clinical competency) to meet clinical needs.

Notwithstanding the above, the Employer may assign additional shifts to casual Employees in order to maintain a threshold level of technical and operational knowledge or to retain an adequate complement of casual Employees.

The processes outlined above shall be documented and posted at the work unit.

24.10 Daylight Savings

Employees shall be paid for the actual number of hours worked when scheduled to work the nights of the standard/daylight savings time changes. It is understood that this pay will be at straight-time.

24.11 Shift Posting

The Employer shall post the time of on-duty and off-duty shifts including statutory holidays, at least fourteen (14) calendar days in advance and, where possible, twenty-eight (28) calendar days in advance.

Should the Employer change the shift schedule and not give fourteen (14) days' notice in advance to the affected Employees of the change in schedule, then the Employee so affected will be paid at the applicable Overtime rate for all time worked on the first day of the shift posting change.

Where the Employer and Employee concerned agree, the requirement for fourteen (14) calendar days of advance notice may be waived. The waiver may operate to allow an Employee who starts work earlier than their normal start time to go home early but only after the completion of the normal hours of work.

24.12 Voluntary Shift Exchange

When operational requirements permit, Employees may exchange shifts among themselves provided the following criteria are met:

(a) Employees are qualified and oriented to the unit/department/program;

DRAFT

(b) Employees are capable of performing the duties of the specific shifts; and

(c) Employees provide at least seven (7) calendar days but no more than ninety (90) calendar days notice.

The Employer will communicate to staff the shift exchange criteria, as outlined above, and any specific operational requirements of the unit/department/program. For clarity, the mechanism of communication can be determined at the unit/department/program level. Where the criteria are met the shift exchange will be granted.

No Employee shall be entitled to any extra compensation other than shift differential to which they would not have been entitled under the Collective Agreement in the absence of such shift change.

Shift exchanges are permissible between different sites of the same Employer, providing the Employees are oriented, and supervisors approve. The Employer will make every reasonable effort to support the request.

The Employer's regular staffing replacement process will apply if an exchanged shift becomes vacant.

The exchanged shift becomes part of an Employee's work schedule. However, the scheduling provisions pertaining to work schedules and Overtime relating to the shift exchange do not apply.

Where Employees exchange unequal hours, accrual bank earnings, FTE, and pension contributions may be affected.

The Employer will not incur any additional costs as a result of the shift exchange except for nominal costs associated with processing the exchange.

24.13 Self-Scheduling

The parties recognize that self-scheduling is an option to consider that provides flexibility for Employees' work schedules.

Self-scheduling is a method of scheduling shifts on the same schedule for regular Employees of the same Classification and within their required FTE. Self-scheduling must be in accordance with this Collective Agreement and the operational requirements defined by the Employer for the unit, program, or department.

Where the Employer and a majority of Employees on a unit, program, or department agree to consider self-scheduling, the Employees will follow the Employers' self-scheduling guidelines. Participants must be qualified, capable, and orientated to a unit, program, or department.

DRAFT

The Employer will create standard guidelines for the implementation of self-scheduling for Employees and managers. These guidelines must include the following core elements:

(A) Written staff commitment to the process;

(B) Vacation planning process;

(C) Opt in and out process;

(D) Shift selection process; and

(E) Clear timelines to complete the final work schedule.

It is the responsibility of the individual Employees to:

1. select their shifts in a manner consistent with organization policies & guidelines and this Collective Agreement; and

2. collaborate with their colleagues to make changes or accommodations, balancing the need to provide appropriate shift coverage with individual choice.

At the Employer's sole discretion, the Employer may decline or terminate a self-scheduling request on the basis:

1. It does not, or no longer, meets operational requirements;

2. It requires the Employer to incur additional costs; or,

3. Employees have not complied with the organizational policies, guidelines, or the Collective Agreement, or have not collaborated with colleagues.

If an Employer or the majority of Employees on a unit, program, or department participating in a self-scheduling process terminate self-scheduling, termination will be effective ninety (90) days from providing notice, after which Employees will return to the unit, program, or department work schedule.

Employees who do not participate in self-scheduling will continue to work in accordance with the work schedule.

ARTICLE 25 – OVERTIME

25.01 Authorized Overtime

(a) A record shall be kept of authorized Overtime (Overtime bank) worked by each Employee, which at the option of the Employee, shall be taken as time off or pay. Should the Employee request the option to use the bank as time off, such time off will be taken at a time requested by the Employee within the timeframes in Article 25.01 (b) and (c). The Employer will make every effort to

DRAFT

approve the time off requests for use of the Overtime bank provided where replacement is required, the Employer is only required to replace at straight-time rates.

(b) The Overtime earned between April 1 and September 30 shall, at the Employee's option, be taken as time off or pay prior to March 31 of the next calendar year. Any unused portion of the accumulated Overtime as of March 31 shall be paid out at the Employee's current rate of pay.

(c) Any Overtime earned between October 1 and March 31 shall, at the option of the Employee, be taken as time off or pay prior to September 30. Any unused portion of the accumulated Overtime as of September 30 shall be paid out at the Employee's current rate of pay.

25.02 Approval of Overtime

The Employer shall post a list of personnel authorized to approve Overtime.

25.03 Overtime Rates

(a) Overtime at the rate of time and one-half (1.5x) shall be paid on the following basis:

1. for the first two (2) hours in excess of the normally scheduled full shift hours per day;
2. for the first seven point five (7.5) hours in excess of the normally scheduled full shift hours per week.

(b) Overtime at the rate of double time (2x) shall be paid on the following basis:

1. for all hours in excess of the first two (2) hours worked after the normally scheduled full shift hours per day;
2. for all hours in excess of the first seven point five (7.5) hours worked after the normally scheduled full shift hours per week;
3. for all hours worked on an Employee's scheduled day off.

(c) Overtime at the rate of one and one-half times (1.5x) the appropriate holiday rate shall be paid on the following basis:

4. for all Overtime hours worked on a calendar paid holiday;
5. for all Overtime hours worked on a day which had originally been scheduled as a paid holiday but was changed by the Employer with less than fourteen (14) calendar days' notice.

ARTICLE 26 – TRANSPORTATION ALLOWANCE AND TRAVEL EXPENSE

26.01 When an Employee, at the request of the Employer, drives a motor vehicle other than a motor vehicle supplied by the Employer, a transportation

DRAFT

allowance of the maximum allowable per kilometre rate under the Canada Revenue Agency automobile allowance rates as adjusted from time-to-time will be paid. Each transportation allowance will be paid with a minimum of four dollars ($4) for each round trip.

For the purposes of this Article, every Employee shall be assigned to a primary home work site. An Employee may also be assigned to a second home work site in the following circumstances:

- The second home work site is a place where the Employee will work on a regular and predictable basis and not where the majority of the Employee's work is performed;

- The second home work site is within fifty kilometres (50km) of the Employee's primary home work site, with the following exception:

    - Lower Mainland sites for which the second site must be within thirty kilometres (30km) of the Employee's primary worksite. For the purposes of this Article, Lower Mainland encompasses the areas within the Greater Vancouver Regional District and Fraser Valley Regional District west of Abbotsford and Mission, the US border on the south and Horseshoe Bay on the north.

- Notwithstanding the above definitions, no Employee will be assigned a second home worksite where travel from the primary worksite requires:

    - Travelling the Malahat Highway

    - Travelling on the Sea to Sky highway between West Vancouver and Squamish, or

    - Crossing a body of water by ferry.

For the purposes of Appendix 20, the Employee's home site is the primary home work site.

Business related mileage shall not include the normal distance an Employee drives between their home and their home work site(s), but shall include all other mileage included for business purposes.

For clarity, if an Employee proceeds directly to a business location other than their home work site(s), they may claim as business related mileage all kilometres travelled from that location. If the business location is further than their home work site(s), they will claim all kilometres travelled which exceed the distance between their home and their home work site(s).

26.02 When an Employee is required by the Employer to travel for employment purposes the Employee shall be reimbursed for reasonable expenses supported by receipts as required by the Employer.

DRAFT

26.03 Where an Employee uses their own motor vehicle to conduct business at the request of the Employer, to the extent that Insurance Corporation of British Columbia insurance premiums are necessarily increased to recognize such usage, the Employer shall reimburse the Employee that portion of the premium representing the insurance necessary to move the Employee's coverage from that which the Employee normally requires to that required due to the business use.

ARTICLE 27 – SHIFT WORK

27.01 Shift Premium

Evening Shift

The Evening Shift premium shall be seventy cents (70¢) per hour. Effective April 1, 2026, the Evening Shift premium shall increase to two dollars ($2.00) per hour.

Night Shift

The Night Shift premium shall be three dollars and fifty cents ($3.50) per hour. Effective April 1, 2028, the Night Shift premium shall increase to five dollars and fifty cents ($5.50) per hour.

The shift premiums shall apply to overtime hours worked during the Evening or Night Shift.

Shift premium is payable only when one-half or more than one-half of the hours worked falls within the defined Evening or Night shift. In such cases the shift premium shall be paid for the total hours worked.

For shifts of seven point five (7.5) hours or less, the shift premium is payable only when one-half (½) or more than one-half (½) of the shift falls within the defined Evening or Night shift. For shifts greater than seven point five (7.5) hours, refer to the Memorandum of Agreement – Extended Work Day or Extended Work Week.

Weekend Premium

The Weekend premium shall be two dollars and thirty cents ($2.30) per hour for each hour worked between 0001 hours Saturday and 2400 hours Sunday. Effective April 1, 2028, the Weekend premium shall increase to three dollars and fifty cents ($3.50) per hour for each hour worked between 0001 hours Saturday and 2400 hours Sunday.

Super Shift Premium

An Employee shall be paid a super shift premium of one dollar ($1.00) per hour for each hour worked between 2330 Friday and 0730 Saturday, and between 2330 Saturday and 0730 Sunday.

The premium shall be in addition to Night Shift and Weekend premiums.

DRAFT

Notwithstanding the above, where an Employer's standard Night shift is 2300 to 0700, the super shift premium will be paid for each hour worked between 2300 Friday and 0700 Saturday, and between 2300 Saturday and 0700 Sunday.

Short Notice Premium

Employees who are offered and accept a straight-time shift within twenty-four (24) hours of the start of the shift shall be paid a shift premium of two dollars ($2.00) per hour for each hour worked.

27.02 Business Allowance

Effective April 1, 2026, all regular Employees employed in community-based services that require the Employee to perform their work in multiple locations will receive fifteen dollars ($15.00) per month as a business allowance.

For the purposes of this Article, community-based services means a program which provides other than twenty-four (24) hours per day in-patient or residential care services and will include, but is not limited to, such services as home support, home health, long-term care case management, population and public health, primary care, and community mental health, child development programs and centres, etc.

Community-based services does not include clinic type services which are aligned with acute care services such as hospital outpatient clinics.

ARTICLE 28 – ON-CALL AND CALL-BACK

28.01 On-Call Premium

Employees scheduled by the Employer to be on-call shall be paid a premium of five dollars and ninety-five cents ($5.95) per hour for all hours on-call.

Fractions of whole hours will be paid on a proportionate basis. Every effort shall be made to avoid placing an Employee on-call on the evening prior to or during scheduled off-duty days.

28.02 Call-Back Pay

A regular Employee called back to work, shall be paid a minimum of two (2) hours pay at double time (2x) rates.

Payment for call-back may be taken as time off if the Employer and Employee mutually agree. In default of mutual agreement payment will be in pay.

28.03 Call-Back Definition

Call-backs are only warranted when the work requested is of an emergent or urgent nature (Reference Letter of Understanding re: Improving Quality and Safety

DRAFT

Through the Appropriate use of On-call and Call-backs). An Employee may not refuse work on the basis that they believe it does not conform with this definition.

If an Employee or a group of Employees believes a pattern or recurring incidents of unwarranted call-back occurred, the Employee(s) shall be provided the opportunity to report such incidents to the Employer without reprisal.

The Employee or group of Employees may request a meeting to discuss the pattern or recurring incidents of unwarranted call-back. Such meeting will occur within thirty (30) days of the request and will include a designate of the Employer in a position to effect a resolution. Upon request by the Employee(s), a Steward will be invited to attend. The grievance and arbitration process shall not be utilized to determine whether call-backs are of an emergent or urgent nature.

If an Employer has established a specific reporting process for improper use of call-back, the Employee will report in accordance with the Employer's practice and policy, regardless of whether the matter is reported in accordance with this Article.

An Employee is entitled to the call-back pay provided by Article 28.02 for each separate call-back.

A separate call-back is defined as:

(a) a call-back separated by a period exceeding two (2) hours from the commencement of a preceding call-back, or

(b) a call-back occurring within two (2) hours from the commencement of a preceding call-back, but received by the Employee after the Employee has completed the emergency procedure(s) for which the preceding call-back was made and after the Employee has left the Facility.

A call-back occurring and work is commenced on same within two (2) hours after a preceding call-back and received by the Employee before the Employee has left the Facility upon completion of the procedure(s) for which the preceding call-back was made, shall not be deemed to be a separate call-back and the Employee shall be paid in accordance with Article 28.02.

Upon completion of the procedure(s) for which the call-back was made, the Employee will not be required to perform non-emergency procedures in order to fill out a two (2) hour period.

28.04 Call-Back Travel Allowance

An Employee called back shall receive an allowance equal to the maximum allowable per kilometre rate under the Canada Revenue Agency automobile allowance rates as adjusted from time-to-time. Each transportation allowance will be paid with a minimum of four dollars ($4.00) for each round trip, or taxi fare.

DRAFT

28.05 Statutory Requirement

Any Employee, except those covered by Article 28.02 reporting for work at the call of the Employer and then no work is provided, shall nevertheless receive two (2) hours pay for so reporting, or in the case where an Employee has commenced work the Employee shall receive a minimum of four (4) hours pay.

28.06 Insufficient Off-Duty Hours

If an Employee is required to work Overtime, or answer call-backs, and does not receive a total of eight (8) consecutive hours off duty between ten (10) pm and the commencement of the Employee's next shift, then the Employee will not be required to report for duty until the Employee has received a total of eight (8) consecutive hours off duty. In such instances no deduction will be made in the Employee's daily pay and the Employee's normal shift hours will not be extended to have the Employee work a full shift.

The Employee in the above situation will advise their Supervisor in advance of the fact that they will not be reporting for duty at their scheduled time.

This provision is waived if the Employee is granted a request for a particular shift arrangement that does not give the Employee eight (8) consecutive hours in total off duty between shifts.

28.07 On-Call Devices

Where an Employee is required by the Employer to be on-call; and where the Employee requests the Employer to provide an on-call device; and where an on-call device service is available at reasonable expense, all such expenses shall be the sole responsibility of the Employer.

28.08 On-Call

Current agreed-upon arrangements for assigning on-call will continue. If no agreed-upon arrangement exists, the Employer will meet with affected Employees at the work unit level to develop a mutually agreed process, with primary consideration for assignment by Seniority unless that is impractical in the circumstances. If there is no resolution, then on-call work shall be allocated equitably to qualified Employees, considering their availability to meet clinical needs.

28.09 Telephone Consultation

An Employee, who has received a work related phone call outside their daily hours of work, shall be paid a minimum of fifteen (15) minutes at the rate of time and one half (1.5x) straight-time rates upon approval by the Employer. Subsequent phone calls within the fifteen (15) minute period from the receipt of the initial call will not trigger an additional fifteen (15) minute payment.

DRAFT

ARTICLE 29 – PORTABILITY OF BENEFITS

29.01 Transfers

An Employee who terminates in a Facility where the Union is certified and which is a member of HEABC, and is employed within one hundred and eighty (180) calendar days (effective April 1, 2028 this will expand to three hundred and sixty-five [365] calendar days) in a Facility where the Union is certified, including the original Facility, shall be entitled to portability of benefits as specified below.

An Employee eligible for portability of benefits who has applied for a regular position, and is unsuccessful, but is hired as a casual shall have noted in the letter of appointment that they are seeking regular employment. In such instance, the Employee shall be entitled to portability of benefits specified in 29.02 for a period of three hundred and sixty-five (365) calendar days from date of termination at A.

29.02 Benefits Portable

The Health Organization from which an Employee is transferring shall be called Health Organization "A" and the Health Organization the Employee is transferring to shall be called Health Organization "B". However, Promotions combined with transfers shall be credited as if the Promotion took place at Health Organization "A".

(a) **Sick Leave**

Sick leave credits to a maximum of one thousand one hundred and seventy (1170) working hours which are recognized by Health Organization "A" shall be credited by Health Organization "B".

(b) **Vacation Leave**

Years of service for vacation entitlement earned during previous employment and recognized in Health Organization "A" shall be credited by Health Organization "B".

(c) **Increments**

The salary increment step attained in Health Organization "A" will be portable. Credit given for such service shall carry with it the previous anniversary date.

(d) **Municipal Pension Plan**

Eligible Employees will be brought within the scope of the Municipal Pension Plan as of the first day of employment in Health Organization "B".

Periods of up to ninety (90) days out of service, when transferring, shall not count as a discontinuity, but such periods shall be excluded when calculating benefits.

DRAFT

Notwithstanding the above, those current Employees who are presently a member of the Public Service Pension Plan as at April 1, 2001 shall have the option of remaining with that Plan if they are entitled to portability of benefits under Article 29.01.

(e) **Seniority**

Seniority in Health Organization "A" shall be credited by Health Organization "B" effective March 1, 1999.

29.03 Benefits Not Portable

Benefits superior to those provided by the Collective Agreement shall not be portable.

29.04 Effective Date – Medical, Dental, Extended Health and Long Term Disability Insurance Plan Coverage

An Employee transferring under this Article will have medical, dental and extended health coverage, effective the first day of the month following the initial date of regular employment.

Coverage for Long Term Disability shall be effective on the initial date of regular employment at Health Organization "B".

29.05 Transfer From Another Unit – Same Employer

When a person transfers from another bargaining unit to the Union bargaining unit with the same Employer, the Employee will port accumulated service related benefits and anniversary date. For the purposes of determining increment placement, the Employer will recognize previous experience on the basis of one (1) annual increment for every one (1) year of service within the last seven (7) years.

ARTICLE 30 – PREVIOUS EXPERIENCE

30.01 Where a new Employee does not qualify for portability of benefits under Article 29, the Employer will recognize previous experience on the basis of one (1) year for every one (1) year of service within the last seven (7) years.

ARTICLE 31 – RELIEF

31.01 Relief

In the event of an Employee being assigned to a position which has a higher Salary Structure for a minimum of one (1) full shift or more, while performing the duties the Employee shall receive the lowest step in the higher Salary Structure which will result in a minimum increase of three percent (3%).

DRAFT

The maximum Increment Step of the higher Salary Structure will not be exceeded because of the application of this provision.

In cases where an Employee is required to transfer temporarily to a position with a lower Salary Structure, such Employee shall incur no reduction in pay rates because of such transfer.

ARTICLE 32 – SUPERIOR BENEFITS

32.01 Employees receiving benefits (other than wages) specified in the Collective Agreement superior to those provided in the Collective Agreement, shall remain at their superior benefit level which was in effect at the date of Certification, until such time as such superior benefits are surpassed by the benefits provided in succeeding Collective Agreements.

32.02 This provision applies only to Employees on staff on the date of Certification.

32.03

(a) All separate Memoranda shall form part of the Collective Agreement.

(b) Any Memoranda now in existence providing Superior Benefits and not varied in the current negotiations shall be attached to their respective Collective Agreements.

(c) Any Memoranda already or hereafter agreed to shall be so attached.

ARTICLE 33 – JOB DESCRIPTIONS

See Maintenance Agreement and Classification Manual

ARTICLE 34 – HEALTH AND WELFARE COVERAGE

34.01 Medical Coverage

(a) Regular Employees and their eligible dependents (including spouses) shall be covered by the Medical Services Plan of B.C. or any other plan mutually acceptable to the Union and the Employer. The Employer shall pay one hundred percent (100%) of the premium.

(b) A regular Employee may cover persons other than dependents if the plan carrier agrees and if the Employee pays the full premium for them through payroll deductions.

(c) Membership in the medical plan is a condition of employment for regular Employees who are not members or dependents of members of another approved medical plan.

DRAFT

(d) The medical plan becomes effective on the first of the calendar month following the date of hire.

34.02 Extended Health Care Coverage

(a) The Employer shall pay one hundred percent (100%) of the monthly premiums for extended health care coverage for regular Employees and their eligible dependents (including spouses) under the Pacific Blue Cross Plan, or any other plan mutually acceptable to the Union and the Employer.

(b) The Employee shall pay a deductible of one hundred dollars ($100) effective April 12, 2006.

(c) The plan benefits shall include, but are not limited to:

1. expenses incurred for the purchase and maintenance of a hearing aid up to a maximum of six hundred dollars ($600) per person in each four (4) year period;

2. the maximum lifetime amount payable per eligible Employee or eligible dependent shall be unlimited;

3. Pharmacare Tie-In with Bluenet

   Effective September 1, 2013, the parties agree to Pharmacare Tie-In with Bluenet and with the addition of coverage for Prometrium and standard oral contraceptive and injectables. Members continue to have the option of paying the price difference between the generic covered drug and the brand name equivalent. Employees will have a ninety (90) day grace period for maintenance pharmaceuticals;

   (Note: This provision is impacted by Appendix 39 – Letter of Agreement re: Pharmacare Tie-in.)

4. “Medical Referral Transportation Benefit” comparable to standard plans that provide coverage for out-of-town travel for an Employee or dependent who is referred to a specialist or is referred for medical treatment;

5. vision care coverage providing three hundred and fifty dollars ($350) every twenty-four (24) months per eligible Employee and eligible dependent (no coinsurance payment will be applied on vision claims);

6. podiatrist coverage providing a maximum of four hundred dollars ($400) per year;

7. psychologist services, including registered clinical counsellors and registered psychologists to a maximum nine hundred dollars ($900) per year;

DRAFT

8. contraceptive coverage including standard oral contraceptives and injectables (coverage does not include devices (e.g. IUDs) or morning after pills); and

9. orthotics improvement (changes in conditions will be covered once every five (5) years based on the reasonable and customary standard for the entitlement).

(d) A regular Employee may cover persons other than dependents if the plan carrier agrees and if the Employee pays the full premium for them through payroll deductions.

(e) Membership in the extended health care plan is a condition of employment for regular Employees who are not members or dependents of members of another approved extended health care plan.

(f) The extended health care plan becomes effective on the first of the calendar month following thirty (30) days from the date of hire.

Dental Coverage

(a)

1. The Employer shall pay all of the monthly premium for a dental plan covering one hundred percent (100%) of the cost of the basic plan "A" and sixty percent (60%) of the cost of the extended plan "B" and sixty percent (60%) of the cost of the extended plan "C" (Orthodontic Plan). The dental plan shall cover regular Employees and their eligible dependents (including spouses) under the Pacific Blue Cross Plan, or any other plan mutually acceptable to the Union and the Employer.

2. A regular Employee is eligible for orthodontic services under Plan C after twelve (12) months participation in the plan. Orthodontic services are subject to a lifetime maximum payment of two thousand seven hundred and fifty dollars ($2,750) per patient with no run-offs for claims after termination of employment.

(b) A regular Employee may cover persons other than dependents if the plan carrier agrees and if the Employee pays the full premium for them through payroll deductions.

(c) Membership in the dental plan is only available to, and is a condition of employment for, regular Employees who are not members of, or are covered by another dental coverage plan.

(d) Coverage under the dental plan becomes effective from the first of the calendar month following thirty (30) days from the date of hire.

(e) Effective January 1, 2012, the dual dental restriction is removed.

DRAFT

34.04 Dependents

An eligible dependent for the purposes of Articles 34.01, 34.02 and 34.03 is one who is listed on the Employee's tax deduction return form (TD1) or who is acceptable to the plans, but does not include those individuals referred to in parts (b) of the above specified Articles.

34.05 Long Term Disability (LTD)

The plan shall be as provided in Appendix 12 – Long Term Disability.

Effective August 4, 2006

HEABC will establish a new long term disability plan.

The plan shall be as provided in Appendix 11 – Long Term Disability Plan – Effective August 4, 2006.

Effective April 1, 2011

HEABC will establish a new long term disability plan.

The plan shall be as provided in Appendix 10 – Enhanced Disability Management Program.

The Employer shall pay seventy percent (70%) and the Employee shall pay thirty percent (30%) of the premium.

34.06 Group Life Insurance

The Employer shall provide a Group Life Insurance Plan providing fifty thousand dollars ($50,000) insurance coverage for post-probationary Employees.

The plan shall include provision for Employees to continue the payment of premiums after retirement or termination.

The plan shall also include coverage for accidental death and dismemberment.

The HEABC and the Health Science Professionals Bargaining Association agree that the Group Life Plan shall be governed by the terms and conditions set forth below.

Eligibility

Regular full-time Employees shall, upon completion of the three (3) calendar month probationary period, become members of the Group Life Insurance Plan as a condition of employment. Regular part-time Employees shall, upon completion of the four hundred and eighty-nine (489) hours worked or six (6) months' work probationary period, become members of the Group Life Insurance Plan as a condition of employment.

DRAFT

Benefits

The plan shall provide basic life insurance in the amount of fifty thousand dollars ($50,000) and standard 24-hour accidental death and dismemberment insurance. Coverage shall continue until termination of employment. On termination of employment (including retirement) coverage shall continue without premium payment for a period of thirty-one (31) days during which time the conversion privilege may be exercised; that is, the individual covered may convert all or part of their group life insurance to any whole life, endowment or term life policy normally issued by the insurer and at the insurer's standard rates at the time, without medical evidence.

Premiums

The cost of the plan shall be borne by the Employer.

34.07 Casual Employees

A casual Employee enrolled in the medical services plan, dental plan, and extended health plan who obtains regular Employee status following the probationary period, will receive these Employer-paid benefits effective on the first day of the month following the appointment to regular status.

ARTICLE 35 – MUNICIPAL PENSION PLAN COVERAGE

35.01

(a) Regular Employees shall be covered by the provisions of the Municipal Pension Plan. All regular Employees shall be entitled to join the Municipal Pension Plan after three (3) months of employment and shall continue in the Plan as a condition of employment. (Reference Article 29 – Portability of Benefits).

(b) Notwithstanding the foregoing, new regular part-time Employees who are hired may, at the time of hiring, decline being covered by the Municipal Pension Plan for the period of their regular part-time employment.

(c) Employees reverting to part-time status who have not yet acquired vesting will be given the option of remaining in or opting out of the Plan on change of status, subject to the *Public Sector Pension Plans Act* and Regulations.

ARTICLE 36 – UNIFORMS

36.01 When it is necessary for an Employee to wear a uniform, the Employer shall be responsible for its provision and laundering.

DRAFT

ARTICLE 37 – GENERAL PROVISIONS

37.01 Exempt and Save Harmless

The Employer shall ensure:

(a) to exempt and save harmless each Employee from any liability action arising from the proper performance of their duties for the Employer.

(b) to assume all costs, legal fees and other expenses arising from any such action.

37.02 Isolation Allowance

Employees in the following Communities shall receive an Isolation Allowance of seventy-four dollars ($74.00) per month.

Alert Bay	Lillooet
Bella Coola	McBride
Blue River	Mackenzie
Burns Lake	Nakusp
Chetwynd	New Denver
Dawson Creek	Port Alice
Dease Lake	Port Hardy
Edgewood	Port McNeill
Elk Valley	Pouce Coupe
Fort Nelson	Prince Rupert
Fort St. James	qathet
Fort St. John	Smithers
Fraser Lake	Stewart
Gold River	Tahsis
Haida Gwaii	Terrace
Hazelton	Tofino
Houston	Tumbler Ridge
Hudson Hope	Valemount

DRAFT

Kaslo	Vanderhoof
Kitimat	Waglisla

37.03 Personal Property Damage

Upon submission of reasonable proof the Employer will repair or indemnify with respect to damage to the chattels of an Employee while on duty caused by the actions of a patient, or client, provided that such personal property is an article of use or wear of a type suitable for use while on duty.

Where an Employee's vehicle is damaged by a person in the care or custody of the Employer, or by any other person/event where the Employee is using their vehicle while working, the Employer shall reimburse the lesser of the actual vehicle damage repair costs, or the cost of any deductible portion of insurance coverage on that vehicle up to a maximum of five hundred dollars ($500).

No reimbursement shall be paid in those cases where the damage was sustained as a result of the employee's actions.

37.04 Pay Cheques or Deposit

Employees shall be paid by cheque or direct deposit, subject to the following provisions:

(a) The Employer shall provide a designation of statutory holidays paid, the listing of all adjustments including Overtime and Promotions, the cumulative amount of sick leave credits earned, and an itemization of all deductions for sick and vacation leaves. The Employer may opt to provide an Employee with the statement of wages electronically rather than with a paper copy.

(b) Employees will be paid during the normal operating hours of the business office as posted on the bulletin board or such other arrangement as may be agreed upon between the Employer and the Employees. Employees on Evening or Night shift will be paid on the day immediately prior to pay day.

(c) Employees whose days off coincide with pay day shall be paid on the last working day preceding the pay day provided the cheques are available at the work place.

(d) The pay for a vacation period to which an Employee is entitled shall be paid to the Employee not later than their last work day prior to the commencement of the vacation period.

The Employer may implement a system of direct deposit.

DRAFT

37.05 HEABC/Health Science Professionals Bargaining Association Printing Costs

The Employer and the Union shall make the Collective Agreement available to Employees in both electronic and booklet format within six (6) months of the ratification of the Collective Agreement. The availability of the Collective Agreement in booklet format within the above six (6) month timeframe is subject to printing capacity and limitations. The Electronic version shall be made available and accessible on Union and HEABC websites, as well as on Employer systems where possible.

The Employer shall print sufficient booklet copies of the Collective Agreement to provide two (2) copies per worksite for every three (3) Employees. Should demand for printed copies be greater than the supply, the parties shall work together to identify unused copies, and if none identified, additional printing shall be completed.

The cost of printing will be shared equally between HEABC and the Union.

37.06 General Provisions

The parties agree that portions of the Collective Agreement have been changed from days to hours for the purpose of Administrative ease. As a general principle, any such changes do not alter the intent or meaning of the Collective Agreement and both Employers and Employees will neither gain nor lose any benefit contained in the Collective Agreement.

37.07 Criminal Record Check

Where the Employer or a regulatory body requires an Employee to undergo a criminal record check as a condition of continued employment, the Employer shall reimburse the Employee for the full cost of the criminal record check.

ARTICLE 38 – SAFETY AND OCCUPATIONAL HEALTH

38.01 Promotion of Safe Work Practices

The parties to this Collective Agreement agree to co-operate in the promotion of safe work practices and working conditions.

The parties further agree to adhere to the provisions of the *Workers Compensation Act*, Occupational Health and Safety Regulations, and its standards, policies, and guidelines.

The Employer will provide workers with information on where copies of the Occupational Health and Safety Regulations are available.

The parties agree that references in this Collective Agreement to either the Workers' Compensation Board, WorkSafeBC or WCB shall be considered to mean the Workers' Compensation Board of British Columbia, operating as WorkSafeBC.

DRAFT

No Employee shall be disciplined for refusal to work when excused by the provisions of the *Workers Compensation Act* and Regulations.

38.02 Joint Occupational Health and Safety Committee or Worker Health and Safety Representative

There will be Union representation appointed by the Union to the Joint Occupational Health and Safety Committee ("JOHSC") which will be established in accordance with and governed by the provisions of the Occupational Health and Safety Regulations made pursuant to the *Workers Compensation Act*.

Further to the above, in each workplace where there are more than nine (9) but fewer than twenty (20) workers of the Employer regularly employed, or as ordered by the Workers' Compensation Board, a worker health and safety representative is required in accordance with the *Workers Compensation Act.* Where practicable, a worker health and safety representative has the same duties and functions as JOHSC pursuant to the *Workers Compensation Act* and as outlined in Article 38.

a) Union safety Stewards may apply for short term leave of absence in accordance with Article 5.12 to attend safety seminars sponsored by the Union.

b) The parties recognize the importance of continuity of representation at meetings of the JOHSC.

c) Employees who are members of the JOHSC shall be granted leave without loss of pay or receive straight-time regular wages while attending meetings of the JOHSC.

d) Employees who are members of the JOHSC shall be granted leave without loss of pay or receive straight-time regular wages to participate in workplace inspections and incident investigations at the request of the JOHSC pursuant to the Occupational Health and Safety Regulations.

e) Courses identified by the JOHSC to promote a safe and healthy workplace, and approved by the Employer, shall be treated like an Employer-requested leave (Reference Article 17.04).

f) The Employer shall be informed by the JOHSC of its recommendations on ergonomic adjustments and on measures to protect pregnant and breast-feeding Employees as far as occupational health and safety matters are concerned.

g) In accordance with *Workers Compensation Act* and Occupational Health and Safety Regulation, JOHSC has duties and functions which include, but are not limited to:

- Identifying situations that may be unhealthy or unsafe for workers and advising on effective systems for responding to those situations;

DRAFT

- Participating in inspections, investigations, and inquiries as provided in Occupational Health and Safety Regulation; and

- Making recommendations to the Employer for occupational health and safety improvements.

h) In accordance with the *Workers Compensation Act,* when a JOHSC sends a written recommendation regarding a safety concern to the Employer with a request for a response, within twenty-one (21) days of receiving the written recommendations, the Employer shall advise the JOHSC of the steps it has taken or proposes to take to rectify the safety concern identified or provide reasons for not accepting the recommendation. The Employer's response shall be in writing.

38.03 Employee Safety

The Employer and Employees recognize the need for a safe and healthful workplace and agree to take appropriate measures in order that risks of injuries and occupational disease are reduced or eliminated.

Biological exposure control plans will be informed by WorkSafeBC and relevant public health guidance or orders. Employers will develop and implement biological exposure control plans based on the precautionary principle, as defined by WorkSafe BC.

The parties agree to request that Safety, Wellbeing, Innovation, Training, and Collaboration in Healthcare (SWITCH BC) develop training regarding the precautionary principle, as defined by WorkSafe BC. The request will be made within ninety (90) days of ratification.

Where the Employer or Occupational Health and Safety committee identifies high risk areas which expose Employees to infectious or communicable diseases for which there are protective immunizations available, such immunizations shall be provided at no cost to the Employee.

Employees who may be exposed in the course of their employment to Hepatitis B are entitled to receive Hepatitis B vaccine free of charge.

The Employer will provide orientation or in-service necessary for the safe performance of work, including relevant *Workers Compensation Act*, Occupational Health and Safety Regulation, and Employer standards, policies, and guidelines.

The Employer will ensure that new and/or young Employees are provided worksite specific health and safety orientation pursuant to the Occupational Health and Safety Regulations. The Employer will make readily available information, manuals, and procedures for these purposes. The Employer will provide appropriate safety clothing and equipment.

DRAFT

The Employer will provide Employees working in remote geographic areas with access to appropriate communication devices or processes.

The Health Authorities and Providence Health Care agree to provide to Employees violence prevention training based on the Provincial Violence Prevention Curriculum (PVPC). Where operational requirements allow, these modules may be completed while at work. By mutual agreement, these modules may be scheduled outside of regular scheduled work hours, and the Employee will receive straight-time regular wages.

The parties acknowledge that the Ministry of Health has asked SWITCH BC to update the PVPC including a trauma informed lens. The parties commit to support SWITCH BC with this work.

38.04 Aggressive and/or Violent Behaviour of Patients/Residents/Clients

(a) Upon admission, transfer, or a community assignment the Employer will make every reasonable effort to identify the potential for aggressive and/or violent behaviour. When the Employer is aware that a patient/resident/client has a history of violent behaviour or the potential for violent behaviour has been identified on assessment, the Employer shall provide such information to the workers who are likely to encounter the patient/resident/client in the course of their work. In-service and/or instruction in caring for the aggressive patient/resident/client and how to respond to the patient's/resident's/client's aggressive and/or violent behaviour will be provided by the Employer. The Employer shall make every reasonable effort to ensure that sufficient staff are present when any treatment or care is provided to such patients/residents/clients.

(b) Threats against a worker will be treated as serious matters. A threat against a worker's family that is a result of the worker's employment is considered a threat against the worker. All obligations under the violence provisions of the Occupational Health and Safety Regulations shall apply and shall be included in the Employer's written Workplace Violence Prevention Program.

38.05 Workload Dialogue

An Employee who believes that their workload is unsafe or consistently excessive shall discuss the issue with their immediate supervisor, who will provide interim direction for temporary management of the issue. Health and safety concerns related to workload shall be addressed by the immediate supervisor.

Parties involved in a workload dialogue are encouraged to refer to the HEABC/HSPBA "Guide for Addressing Workload" for advice in resolving the issues.

If the issue is not resolved in that discussion, the Employee may advise the immediate supervisor or other Employer representative in writing describing the

DRAFT

outstanding issues, at which point the immediate supervisor or other Employer representative shall:

1. within seven (7) working days, acknowledge receipt of the written concern and provide an anticipated time for a response. Should the anticipated response time change, the immediate supervisor or other Employer representative shall advise the Employee;

2. perform an assessment of the issue raise within a reasonable amount of time. A reasonable timeframe will depend on the complexity of the issue and the workplace context; and

3. respond to the Employee in writing upon conclusion of the assessment.

38.06 Workload Dispute Resolution

If the issue is not resolved after completion of the process outlined in Article 38.05, the Employee may seek a remedy by means of the grievance procedure. If the matter is not resolved through step three (3) of the grievance procedure, it may be referred within twenty-eight (28) days of the step three (3) meeting to a troubleshooter who shall, within ninety (90) days:

1. investigate the difference;

2. define the issue in the difference; and

3. make written recommendations to resolve the differences.

The Employer shall review and give due consideration to the troubleshooter's recommendations and meet to discuss the next steps with the Employee(s) and the Union.

38.07 Critical Incident Stress Defusing

Critical incident stress defusing shall be provided to Employees who have suffered a work related, traumatic incident. Critical incident stress debriefing or appropriate support shall be offered to Employees. Appropriate resources will be made available as soon as possible following the incident. Employees attending the debriefing will be given leave without loss of pay to attend, or be paid at the applicable rate of pay.

38.08 Supervisor Occupational Health and Safety Training

The Employer will provide Occupational Health and Safety (OHS) supervisory training to Employees whose job duties include supervision of staff. This training will include knowledge of the *Workers Compensation Act*, Occupational Health and Safety Regulation, and its standards, policies, and guidelines applicable to supervisory roles, including the roles and responsibilities of a supervisor.

DRAFT

Within six (6) months of ratification, the Employer in consultation with the Union, will develop an action plan for supervisor training which must be implemented within one (1) year of ratification.

38.09 Ergonomics

The Employer, in accordance with the provisions of the OHS Regulations and in consultation with the JOHSC or Worker Health and Safety Representative, shall identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI). When factors that may expose workers to a risk of MSI have been identified, the Employer will ensure that the risk to workers is assessed. The Employer must eliminate or, if that is not practicable, minimize the risk of MSI to workers. The effectiveness of the measures taken will be monitored and reviewed at least annually.

The Employer will ensure that workers who may be exposed to a risk of MSI are educated in risk identification related to the work.

38.10 Psychological Health and Safety

The Employer and the Association agree to cooperate in the promotion of psychologically healthy and safe working conditions and practices, using the guidance of the Canadian Standards Association Psychological Health and Safety Standard (the Standard).

The Employer and the Association will continue to promote the implementation of the Standard in all of their workplaces.

The Health Authorities and Providence Health Care (PHC) shall regularly communicate measures taken to implement the Standard to their Employees.

The Employer must consult with the Union in identifying psychological hazards including hazards due to negligent, reckless or intentional acts, creating a reporting and investigation process for those hazards and in developing and implementing a plan to control risks related to psychological hazards.

The Employer and Union agree that the thirteen (13) factors described in the Standard and known to impact psychological health and safety are:

1. Organizational Culture
2. Psychological & Social Support
3. Clear Leadership & Expectations
4. Civility & Respect
5. Psychological Demands
6. Growth & Development

DRAFT

7. Recognition & Reward

8. Involvement & Influence

9. Workload Management

10. Engagement

11. Balance

12. Psychological Protection

13. Protection of Physical Safety

The parties recognize the role of JOHSC in supporting psychologically healthy and safe workplaces. Therefore the JOHSC shall be engaged in local level identification of psychological health and safety hazards, promotion of psychologically healthy and safe workplaces, participate in related inspections and investigations and make recommendations for improving psychological health and safety in the workplace.

The parties agree to cooperate with SWITCH BC in the development of suitable standardized resources that comply with the requirements of the Standard and focus on prevention measures including the identification, evaluation and control of workplace psychological hazards.

ARTICLE 39 – RESPECTFUL WORKPLACE

39.01 The parties recognize the right of Employees to have a respectful workplace free from discrimination, harassment, bullying and violence including discrimination and harassment based on Indigenous identity, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age or conviction of a criminal or summary offence that is unrelated to the employment.

39.02 The Employer shall take such actions as are necessary with respect to any person engaging in harassment, including sexual harassment, and harassment based on any other ground listed in this Article, in the *Human Rights Code of British Columbia*, or related WorkSafe BC regulations and policies.

39.03 There will be no discrimination against any Employee for reason of membership or activity in the Union or exercising any right under this Collective Agreement.

39.04 Employers will publish a clear policy for promoting and maintaining a working environment in which all persons are treated with respect and dignity and not subjected to discrimination, harassment, bullying and violence.

DRAFT

An Employee who experiences any form of discrimination, harassment, bullying, or violence may file a complaint pursuant to the Employer's policy. The policy will include how, when and to whom Employees should report complaints.

The policy will be accessible to staff outlining expectations and consequences of inappropriate behaviour and will include the procedures for use in responding to complaints of workplace discrimination, harassment, bullying and violence including:

1. how and when investigations will be conducted;
2. what will be included in the investigation;
3. the roles and responsibilities of those involved in the investigation; and
4. follow-up to the investigation.

ARTICLE 40 – EMPLOYEE EVALUATION AND RECORDS

40.01 Performance Evaluation

When a formal written performance evaluation is carried out, the Employee will be made aware of the evaluation and will signify in writing that they have seen it. A copy of the evaluation will be given to the Employee. If an Employee disagrees with the evaluation, then the Employee may object in writing, and the objection will be attached to the evaluation that is retained by the Employer.

40.02 Employee Access to Files

An Employee will be entitled within seven (7) business days of request, access to their personnel file and without limiting the generality of the foregoing, will be entitled to inspect the formal written performance evaluation and all written censures, letters of reprimand and adverse reports. An Employee will be made aware of all such evaluations, censures, letters and reports and upon written request will be provided with copies of the same within a further twenty (20) business days of such a request.

A Union representative or Steward shall, upon written authority of the Employee, be entitled to read and review an Employee's personnel file in order to facilitate the investigation of a grievance. Upon request, the Union representative or Steward shall be given copies of all such pertinent documents.

40.03 Any Employee who disputes a censure, reprimand or adverse report may have recourse through the grievance procedure and the eventual resolution thereof will become part of the Employee's personal record with such amendments or deletions that may be requisite.

40.04 Upon request of the Employee all record of any disciplinary action by the Employer will be removed from the Employee's file and destroyed eighteen (18)

DRAFT

months after the date of the incident, provided that no further disciplinary action has occurred in the intervening months.

The eighteen (18) month period is extended by the length of time an Employee is absent from work for an accumulated period of more than thirty (30) days, except for periods of vacation and pregnancy leave.

40.05 Upon request of the Employee, a letter of expectation shall be removed from the Employee's file and destroyed eighteen (18) months after the date of the letter. The foregoing provision applies provided that the behaviour or conduct that resulted in the letter of expectation being issued has not reoccurred within the intervening period.

ARTICLE 41 – EFFECTIVE AND TERMINATION DATES

41.01 The term of this Collective Agreement is from its effective date of April 1, 2025 until its expiry date of March 31, 2029.

41.02 The provisions of this Collective Agreement continue until it is superseded by a subsequent agreement.

41.03 It is agreed that the operation of Subsection 2 of Section 50 of the *Labour Relations Code* is excluded from the Collective Agreement.

41.04

(a) If either HEABC or the Association wishes to propose amendments to this Collective Agreement, the party proposing such amendments will notify the other party in writing of this intent within the last four (4) months prior to the expiry date of the Collective Agreement.

(b) Where no notice is given by either party prior to the expiry date of this Collective Agreement, notice shall be deemed to have been given under this clause on March 31, 2029.

DRAFT

WAGE SCHEDULE

General Wage Increases

Year 1: effective the first pay period after April 1, 2025**:** three percent (3%) general wage increase (GWI)

Year 2: effective the first pay period after April 1, 2026: three percent (3%) GWI

Year 3: effective the first pay period after April 1, 2027: three percent (3%) GWI

Year 4: effective the first pay period after April 1, 2028: three percent (3%) GWI

Long Service Recognition

Effective the first pay period after April 1, 2021, a twenty-fifth (25^{th}) year step on each wage schedule is created which will be zero point two five percent (0.25%) higher than the respective sixth (6^{th}) year step. Thereafter, the twenty-fifth (25^{th}) year step rates are subject to all future general wage increases.

DRAFT

THE WAGE SCHEDULES OF THE COLLECTIVE AGREEMENT

Wage Schedule A:	Early Childhood Educator
Wage Schedule B:	Cardiology Technologist
	Health Information Management Professional
	Orthotics Technician
	Prosthetics Technician
	Seating Devices Technician
Wage Schedule C:	Cancer Research Technologist
	Genomics Technologist
	Orthoptist
	Pedorthist
	Psychometrist
Wage Schedule D:	Combined Laboratory/X-Ray Technologist
	Cytotechnologist
	Electroneurophysiology Technologist
	Medical Laboratory Technologist
Wage Schedule E:	Aquatic Therapist
	Bioinformatics Technologist
	Biomedical Engineering Technologist
	Child Life Specialist
	Clinical Exercise Physiologist
	Dental Hygienist
	Infant Development Consultant
	Licensing Officer
	Massage Therapist

DRAFT

	Music Therapist
	Nuclear Medicine Technologist
	Orthotist
	Polysomnographic Technologist
	Prosthetist
	Radiological Technologist
	Recreation Therapist
	Respiratory Therapist
	Supported Child Development Consultant
	Tobacco & Vapour Products Enforcement Officer
	Tobacco and Vapour Products Reduction Coordinator
Wage Schedule F:	Public Health Inspector / Environmental Health Officer
Wage Schedule G:	Dietitian
	Physics Assistant
Wage Schedule H:	Diagnostic Medical Sonographer
	Magnetic Resonance Imaging Technologist
Wage Schedule I:	Anesthesia Assistant
	Art Therapist
	Audiologist
	Biostatistical Analyst
	Disciplines Allied to Social Work
	Genetic Counsellor
	Pathologists' Assistant
	Social Worker
	Speech Language Pathologist

DRAFT

	Vocational Counsellor
Wage Schedule J:	Occupational Therapist
	Physiotherapist
Wage Schedule K:	Public Health Engineer
	Radiology Service Technologist
Wage Schedule L:	Infection Control Practitioner
	Radiation Therapy Service Technologist
Wage Schedule M:	Radiation Therapist (PHSA - BC Cancer Agency)
Wage Schedule N:	Pharmacist
Wage Schedule O:	Psychologist
Wage Schedule P:	Perfusionist
Wage Schedule T:	Training Jobs

The movement of the Nuclear Medicine Technologist and Radiological Technologist professions from Wage Schedule D to Wage Schedule E as a result of the 2025 – 2029 Collective Agreement will be effective the first pay period after April 1, 2026.

DRAFT

WAGE SCHEDULE A

Early Childhood Educator

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	5,108	5,365	5,604	5,857	6,090	6,362	6,379
P1	Bi-Weekly	2,348	2,467	2,576	2,693	2,800	2,925	2,933
P1	Hourly	31.31	32.89	34.35	35.90	37.33	39.00	39.10
P2A	Monthly	5,302	5,569	5,817	6,080	6,321	6,604	6,621
P2A	Bi-Weekly	2,438	2,561	2,675	2,795	2,906	3,036	3,044
P2A	Hourly	32.50	34.14	35.66	37.27	38.75	40.48	40.59
P2BS	Monthly	5,302	5,569	5,817	6,080	6,321	6,604	6,621
P2BS	Bi-Weekly	2,438	2,561	2,675	2,795	2,906	3,036	3,044
P2BS	Hourly	32.50	34.14	35.66	37.27	38.75	40.48	40.59
P2BE, P2BI, P2BQ and P2BR	Monthly	5,716	6,003	6,271	6,554	6,815	7,119	7,138
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	2,628	2,760	2,883	3,014	3,134	3,273	3,282
P2BE, P2BI, P2BQ and P2BR	Hourly	35.04	36.80	38.44	40.18	41.78	43.64	43.76
S1A	Monthly	5,312	5,580	5,828	6,091	6,334	6,616	6,634
S1A	Bi-Weekly	2,442	2,566	2,680	2,801	2,912	3,042	3,050
S1A	Hourly	32.56	34.21	35.73	37.34	38.83	40.56	40.67
S1B	Monthly	5,721	6,009	6,276	6,560	6,821	7,125	7,144
S1B	Bi-Weekly	2,630	2,763	2,885	3,016	3,136	3,276	3,284
S1B	Hourly	35.07	36.84	38.47	40.21	41.81	43.68	43.79
S1C	Monthly	5,925	6,223	6,501	6,794	7,064	7,380	7,400
S1C	Bi-Weekly	2,724	2,861	2,989	3,124	3,248	3,393	3,402
S1C	Hourly	36.32	38.15	39.85	41.65	43.30	45.24	45.36
S1D	Monthly	6,130	6,438	6,725	7,028	7,308	7,634	7,655
S1D	Bi-Weekly	2,819	2,960	3,092	3,231	3,360	3,510	3,520
S1D	Hourly	37.58	39.47	41.23	43.08	44.80	46.80	46.93
S2A	Monthly	5,517	5,794	6,052	6,326	6,577	6,871	6,889
S2A	Bi-Weekly	2,537	2,664	2,783	2,909	3,024	3,159	3,167
S2A	Hourly	33.82	35.52	37.10	38.78	40.32	42.12	42.23
S2B	Monthly	5,951	6,250	6,529	6,823	7,095	7,412	7,432
S2B	Bi-Weekly	2,736	2,873	3,002	3,137	3,262	3,408	3,417
S2B	Hourly	36.48	38.31	40.02	41.83	43.49	45.44	45.56
S2C	Monthly	6,181	6,492	6,781	7,087	7,369	7,698	7,719
S2C	Bi-Weekly	2,842	2,985	3,118	3,259	3,388	3,539	3,549
S2C	Hourly	37.89	39.80	41.57	43.45	45.17	47.19	47.32
S2D	Monthly	6,436	6,760	7,061	7,380	7,673	8,016	8,038
S2D	Bi-Weekly	2,959	3,108	3,247	3,393	3,528	3,686	3,696
S2D	Hourly	39.45	41.44	43.29	45.24	47.04	49.14	49.28
S3A	Monthly	5,935	6,234	6,512	6,806	7,077	7,393	7,412
S3A	Bi-Weekly	2,729	2,867	2,994	3,129	3,254	3,399	3,408
S3A	Hourly	36.38	38.22	39.92	41.72	43.38	45.32	45.44
S3B	Monthly	6,181	6,492	6,781	7,087	7,369	7,698	7,719
S3B	Bi-Weekly	2,842	2,985	3,118	3,259	3,388	3,539	3,549
S3B	Hourly	37.89	39.80	41.57	43.45	45.17	47.19	47.32
S3C	Monthly	6,436	6,760	7,061	7,380	7,673	8,016	8,038
S3C	Bi-Weekly	2,959	3,108	3,247	3,393	3,528	3,686	3,696
S3C	Hourly	39.45	41.44	43.29	45.24	47.04	49.14	49.28
S3D	Monthly	6,691	7,028	7,341	7,673	7,978	8,334	8,356
S3D	Bi-Weekly	3,077	3,231	3,375	3,528	3,668	3,832	3,842
S3D	Hourly	41.02	43.08	45.00	47.04	48.91	51.09	51.22
S4A	Monthly	6,181	6,492	6,781	7,087	7,369	7,698	7,719
S4A	Bi-Weekly	2,842	2,985	3,118	3,259	3,388	3,539	3,549
S4A	Hourly	37.89	39.80	41.57	43.45	45.17	47.19	47.32
S4B	Monthly	6,436	6,760	7,061	7,380	7,673	8,016	8,038
S4B	Bi-Weekly	2,959	3,108	3,247	3,393	3,528	3,686	3,696
S4B	Hourly	39.45	41.44	43.29	45.24	47.04	49.14	49.28
S4C	Monthly	6,691	7,028	7,341	7,673	7,978	8,334	8,356
S4C	Bi-Weekly	3,077	3,231	3,375	3,528	3,668	3,832	3,842
S4C	Hourly	41.02	43.08	45.00	47.04	48.91	51.09	51.22
S4D	Monthly	6,947	7,296	7,621	7,966	8,282	8,652	8,675
S4D	Bi-Weekly	3,194	3,355	3,504	3,662	3,808	3,978	3,989
S4D	Hourly	42.59	44.73	46.72	48.83	50.77	53.04	53.18

DRAFT

WAGE SCHEDULE A

Early Childhood Educator

Effective First Pay Period After April 1, 2026

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	5,261	5,526	5,772	6,033	6,273	6,553	6,570
P1	Bi-Weekly	2,419	2,541	2,654	2,774	2,885	3,013	3,021
P1	Hourly	32.25	33.88	35.38	36.98	38.46	40.17	40.28
P2A	Monthly	5,661	5,946	6,211	6,492	6,750	7,051	7,069
P2A	Bi-Weekly	2,603	2,734	2,856	2,985	3,104	3,242	3,250
P2A	Hourly	34.70	36.45	38.08	39.80	41.38	43.22	43.33
P2B (E, I, Q, R, and S)	Monthly	5,887	6,184	6,459	6,751	7,019	7,333	7,352
P2B (E, I, Q, R, and S)	Bi-Weekly	2,707	2,843	2,970	3,104	3,227	3,371	3,380
P2B (E, I, Q, R, and S)	Hourly	36.09	37.91	39.60	41.39	43.03	44.95	45.07
S1A	Monthly	5,661	5,946	6,211	6,492	6,750	7,051	7,069
S1A	Bi-Weekly	2,603	2,734	2,856	2,985	3,104	3,242	3,250
S1A	Hourly	34.70	36.45	38.08	39.80	41.38	43.22	43.33
S1B	Monthly	5,892	6,189	6,465	6,757	7,026	7,339	7,358
S1B	Bi-Weekly	2,709	2,846	2,972	3,107	3,230	3,374	3,383
S1B	Hourly	36.12	37.94	39.63	41.42	43.07	44.99	45.11
S1C	Monthly	6,103	6,410	6,696	6,998	7,277	7,601	7,621
S1C	Bi-Weekly	2,806	2,948	3,079	3,218	3,346	3,495	3,504
S1C	Hourly	37.41	39.30	41.05	42.90	44.61	46.60	46.72
S1D	Monthly	6,313	6,631	6,926	7,240	7,528	7,864	7,884
S1D	Bi-Weekly	2,903	3,049	3,185	3,329	3,461	3,616	3,625
S1D	Hourly	38.70	40.65	42.46	44.38	46.15	48.21	48.33
S2A	Monthly	5,877	6,173	6,447	6,739	7,007	7,320	7,339
S2A	Bi-Weekly	2,702	2,838	2,964	3,098	3,221	3,365	3,374
S2A	Hourly	36.03	37.84	39.52	41.31	42.95	44.87	44.99
S2B	Monthly	6,129	6,438	6,724	7,028	7,308	7,634	7,654
S2B	Bi-Weekly	2,818	2,960	3,092	3,231	3,360	3,510	3,519
S2B	Hourly	37.57	39.47	41.22	43.08	44.80	46.80	46.92
S2C	Monthly	6,366	6,686	6,984	7,300	7,590	7,929	7,950
S2C	Bi-Weekly	2,927	3,074	3,211	3,356	3,490	3,646	3,656
S2C	Hourly	39.03	40.99	42.81	44.75	46.53	48.61	48.74
S2D	Monthly	6,629	6,963	7,273	7,602	7,904	8,257	8,278
S2D	Bi-Weekly	3,048	3,202	3,344	3,495	3,634	3,797	3,806
S2D	Hourly	40.64	42.69	44.59	46.60	48.45	50.62	50.75
S3A	Monthly	6,113	6,421	6,707	7,010	7,289	7,615	7,634
S3A	Bi-Weekly	2,810	2,952	3,084	3,223	3,351	3,501	3,510
S3A	Hourly	37.47	39.36	41.12	42.97	44.68	46.68	46.80
S3B	Monthly	6,366	6,686	6,984	7,300	7,590	7,929	7,950
S3B	Bi-Weekly	2,927	3,074	3,211	3,356	3,490	3,646	3,656
S3B	Hourly	39.03	40.99	42.81	44.75	46.53	48.61	48.74
S3C	Monthly	6,629	6,963	7,273	7,602	7,904	8,257	8,278
S3C	Bi-Weekly	3,048	3,202	3,344	3,495	3,634	3,797	3,806
S3C	Hourly	40.64	42.69	44.59	46.60	48.45	50.62	50.75
S3D	Monthly	6,892	7,239	7,561	7,903	8,218	8,584	8,607
S3D	Bi-Weekly	3,169	3,329	3,476	3,634	3,779	3,947	3,957
S3D	Hourly	42.25	44.38	46.35	48.45	50.38	52.62	52.76
S4A	Monthly	6,366	6,686	6,984	7,300	7,590	7,929	7,950
S4A	Bi-Weekly	2,927	3,074	3,211	3,356	3,490	3,646	3,656
S4A	Hourly	39.03	40.99	42.81	44.75	46.53	48.61	48.74
S4B	Monthly	6,629	6,963	7,273	7,602	7,904	8,257	8,278
S4B	Bi-Weekly	3,048	3,202	3,344	3,495	3,634	3,797	3,806
S4B	Hourly	40.64	42.69	44.59	46.60	48.45	50.62	50.75
S4C	Monthly	6,892	7,239	7,561	7,903	8,218	8,584	8,607
S4C	Bi-Weekly	3,169	3,329	3,476	3,634	3,779	3,947	3,957
S4C	Hourly	42.25	44.38	46.35	48.45	50.38	52.62	52.76
S4D	Monthly	7,155	7,515	7,850	8,205	8,531	8,912	8,935
S4D	Bi-Weekly	3,290	3,455	3,609	3,773	3,923	4,097	4,108
S4D	Hourly	43.86	46.07	48.12	50.30	52.30	54.63	54.77

DRAFT

WAGE SCHEDULE A

Early Childhood Educator

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	5,419	5,692	5,945	6,214	6,461	6,750	6,767
P1	Bi-Weekly	2,492	2,617	2,733	2,857	2,971	3,104	3,111
P1	Hourly	33.22	34.89	36.44	38.09	39.61	41.38	41.48
P2A	Monthly	5,831	6,125	6,397	6,686	6,952	7,263	7,281
P2A	Bi-Weekly	2,681	2,816	2,942	3,074	3,197	3,339	3,347
P2A	Hourly	35.75	37.55	39.22	40.99	42.62	44.52	44.63
P2B (E, I, Q, R, and S)	Monthly	6,064	6,369	6,652	6,953	7,230	7,553	7,572
P2B (E, I, Q, R, and S)	Bi-Weekly	2,788	2,928	3,059	3,197	3,324	3,473	3,482
P2B (E, I, Q, R, and S)	Hourly	37.17	39.04	40.78	42.62	44.32	46.30	46.42
S1A	Monthly	5,831	6,125	6,397	6,686	6,952	7,263	7,281
S1A	Bi-Weekly	2,681	2,816	2,942	3,074	3,197	3,339	3,347
S1A	Hourly	35.75	37.55	39.22	40.99	42.62	44.52	44.63
S1B	Monthly	6,069	6,375	6,658	6,960	7,236	7,560	7,579
S1B	Bi-Weekly	2,790	2,931	3,062	3,200	3,327	3,476	3,485
S1B	Hourly	37.20	39.08	40.82	42.67	44.36	46.34	46.46
S1C	Monthly	6,286	6,603	6,896	7,208	7,495	7,830	7,850
S1C	Bi-Weekly	2,890	3,036	3,170	3,314	3,446	3,600	3,609
S1C	Hourly	38.53	40.48	42.27	44.19	45.95	48.00	48.12
S1D	Monthly	6,503	6,830	7,134	7,457	7,753	8,100	8,120
S1D	Bi-Weekly	2,990	3,140	3,280	3,428	3,565	3,725	3,734
S1D	Hourly	39.87	41.87	43.73	45.71	47.53	49.66	49.78
S2A	Monthly	6,053	6,358	6,641	6,941	7,217	7,540	7,559
S2A	Bi-Weekly	2,783	2,924	3,053	3,191	3,318	3,467	3,476
S2A	Hourly	37.11	38.98	40.71	42.55	44.24	46.22	46.34
S2B	Monthly	6,313	6,631	6,926	7,239	7,527	7,864	7,884
S2B	Bi-Weekly	2,903	3,049	3,185	3,329	3,461	3,616	3,625
S2B	Hourly	38.70	40.65	42.46	44.38	46.14	48.21	48.33
S2C	Monthly	6,557	6,887	7,193	7,519	7,818	8,168	8,188
S2C	Bi-Weekly	3,015	3,167	3,308	3,457	3,595	3,755	3,764
S2C	Hourly	40.20	42.22	44.10	46.09	47.93	50.07	50.19
S2D	Monthly	6,828	7,172	7,491	7,830	8,141	8,505	8,526
S2D	Bi-Weekly	3,140	3,298	3,444	3,600	3,743	3,911	3,920
S2D	Hourly	41.86	43.97	45.92	48.00	49.91	52.14	52.27
S3A	Monthly	6,297	6,614	6,908	7,221	7,508	7,844	7,863
S3A	Bi-Weekly	2,895	3,041	3,176	3,320	3,452	3,607	3,615
S3A	Hourly	38.60	40.55	42.35	44.27	46.03	48.09	48.20
S3B	Monthly	6,557	6,887	7,193	7,519	7,818	8,168	8,188
S3B	Bi-Weekly	3,015	3,167	3,308	3,457	3,595	3,755	3,764
S3B	Hourly	40.20	42.22	44.10	46.09	47.93	50.07	50.19
S3C	Monthly	6,828	7,172	7,491	7,830	8,141	8,505	8,526
S3C	Bi-Weekly	3,140	3,298	3,444	3,600	3,743	3,911	3,920
S3C	Hourly	41.86	43.97	45.92	48.00	49.91	52.14	52.27
S3D	Monthly	7,099	7,457	7,788	8,140	8,464	8,843	8,865
S3D	Bi-Weekly	3,264	3,428	3,581	3,743	3,892	4,066	4,076
S3D	Hourly	43.52	45.71	47.74	49.90	51.89	54.21	54.34
S4A	Monthly	6,557	6,887	7,193	7,519	7,818	8,168	8,188
S4A	Bi-Weekly	3,015	3,167	3,308	3,457	3,595	3,755	3,764
S4A	Hourly	40.20	42.22	44.10	46.09	47.93	50.07	50.19
S4B	Monthly	6,828	7,172	7,491	7,830	8,141	8,505	8,526
S4B	Bi-Weekly	3,140	3,298	3,444	3,600	3,743	3,911	3,920
S4B	Hourly	41.86	43.97	45.92	48.00	49.91	52.14	52.27
S4C	Monthly	7,099	7,457	7,788	8,140	8,464	8,843	8,865
S4C	Bi-Weekly	3,264	3,428	3,581	3,743	3,892	4,066	4,076
S4C	Hourly	43.52	45.71	47.74	49.90	51.89	54.21	54.34
S4D	Monthly	7,370	7,741	8,085	8,451	8,787	9,180	9,203
S4D	Bi-Weekly	3,389	3,559	3,717	3,886	4,040	4,221	4,232
S4D	Hourly	45.18	47.45	49.56	51.81	53.87	56.28	56.42

DRAFT

WAGE SCHEDULE A

Early Childhood Educator

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	5,582	5,863	6,123	6,400	6,655	6,953	6,970
P1	Bi-Weekly	2,567	2,696	2,816	2,942	3,060	3,197	3,205
P1	Hourly	34.22	35.94	37.54	39.23	40.80	42.62	42.73
P2A	Monthly	6,006	6,309	6,588	6,886	7,161	7,481	7,500
P2A	Bi-Weekly	2,762	2,901	3,029	3,166	3,293	3,440	3,449
P2A	Hourly	36.82	38.68	40.39	42.21	43.90	45.86	45.98
P2B (E, I, Q, R, and S)	Monthly	6,246	6,561	6,852	7,162	7,447	7,780	7,799
P2B (E, I, Q, R, and S)	Bi-Weekly	2,872	3,017	3,150	3,293	3,424	3,577	3,586
P2B (E, I, Q, R, and S)	Hourly	38.29	40.22	42.00	43.90	45.65	47.69	47.81
S1A	Monthly	6,006	6,309	6,588	6,886	7,161	7,481	7,500
S1A	Bi-Weekly	2,762	2,901	3,029	3,166	3,293	3,440	3,449
S1A	Hourly	36.82	38.68	40.39	42.21	43.90	45.86	45.98
S1B	Monthly	6,252	6,567	6,858	7,168	7,454	7,787	7,806
S1B	Bi-Weekly	2,875	3,020	3,153	3,296	3,428	3,581	3,589
S1B	Hourly	38.33	40.26	42.04	43.94	45.70	47.74	47.85
S1C	Monthly	6,475	6,801	7,103	7,424	7,720	8,065	8,085
S1C	Bi-Weekly	2,977	3,127	3,266	3,413	3,550	3,708	3,717
S1C	Hourly	39.69	41.69	43.54	45.51	47.33	49.44	49.56
S1D	Monthly	6,698	7,036	7,348	7,680	7,986	8,344	8,364
S1D	Bi-Weekly	3,080	3,235	3,379	3,531	3,672	3,836	3,845
S1D	Hourly	41.06	43.13	45.05	47.08	48.96	51.15	51.27
S2A	Monthly	6,235	6,549	6,839	7,149	7,434	7,767	7,785
S2A	Bi-Weekly	2,867	3,011	3,144	3,287	3,418	3,571	3,579
S2A	Hourly	38.22	40.15	41.92	43.83	45.57	47.61	47.72
S2B	Monthly	6,503	6,830	7,133	7,456	7,753	8,100	8,120
S2B	Bi-Weekly	2,990	3,140	3,280	3,428	3,565	3,725	3,734
S2B	Hourly	39.87	41.87	43.73	45.71	47.53	49.66	49.78
S2C	Monthly	6,754	7,094	7,409	7,744	8,053	8,413	8,434
S2C	Bi-Weekly	3,105	3,262	3,407	3,560	3,703	3,868	3,878
S2C	Hourly	41.40	43.49	45.42	47.47	49.37	51.57	51.70
S2D	Monthly	7,033	7,387	7,715	8,064	8,385	8,761	8,782
S2D	Bi-Weekly	3,233	3,396	3,548	3,707	3,855	4,028	4,038
S2D	Hourly	43.11	45.28	47.30	49.43	51.40	53.71	53.84
S3A	Monthly	6,486	6,813	7,115	7,437	7,733	8,079	8,099
S3A	Bi-Weekly	2,982	3,133	3,272	3,419	3,556	3,715	3,724
S3A	Hourly	39.76	41.77	43.62	45.59	47.41	49.53	49.65
S3B	Monthly	6,754	7,094	7,409	7,744	8,053	8,413	8,434
S3B	Bi-Weekly	3,105	3,262	3,407	3,560	3,703	3,868	3,878
S3B	Hourly	41.40	43.49	45.42	47.47	49.37	51.57	51.70
S3C	Monthly	7,033	7,387	7,715	8,064	8,385	8,761	8,782
S3C	Bi-Weekly	3,233	3,396	3,548	3,707	3,855	4,028	4,038
S3C	Hourly	43.11	45.28	47.30	49.43	51.40	53.71	53.84
S3D	Monthly	7,312	7,681	8,021	8,384	8,718	9,108	9,131
S3D	Bi-Weekly	3,362	3,532	3,688	3,855	4,008	4,187	4,199
S3D	Hourly	44.82	47.09	49.17	51.40	53.44	55.83	55.98
S4A	Monthly	6,754	7,094	7,409	7,744	8,053	8,413	8,434
S4A	Bi-Weekly	3,105	3,262	3,407	3,560	3,703	3,868	3,878
S4A	Hourly	41.40	43.49	45.42	47.47	49.37	51.57	51.70
S4B	Monthly	7,033	7,387	7,715	8,064	8,385	8,761	8,782
S4B	Bi-Weekly	3,233	3,396	3,548	3,707	3,855	4,028	4,038
S4B	Hourly	43.11	45.28	47.30	49.43	51.40	53.71	53.84
S4C	Monthly	7,312	7,681	8,021	8,384	8,718	9,108	9,131
S4C	Bi-Weekly	3,362	3,532	3,688	3,855	4,008	4,187	4,199
S4C	Hourly	44.82	47.09	49.17	51.40	53.44	55.83	55.98
S4D	Monthly	7,592	7,974	8,327	8,704	9,051	9,456	9,479
S4D	Bi-Weekly	3,491	3,666	3,829	4,002	4,162	4,348	4,358
S4D	Hourly	46.54	48.88	51.05	53.36	55.49	57.97	58.11

DRAFT

WAGE SCHEDULE B

Cardiology Technologist
Health Information Management Professional
Orthotics Technician
Prosthetics Technician
Seating Devices Technician

Effective First Pay Period After April 1, 2025

**For the Orthotics Technician Trainee, Prosthetics Technician Trainee and Seating Devices Technician Trainee Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	5,926	6,222	6,497	6,791	7,060	7,383	7,402
P1	Bi-Weekly	2,725	2,861	2,987	3,122	3,246	3,395	3,404
P1	Hourly	36.33	38.14	39.83	41.63	43.28	45.26	45.38
P2A	Monthly	6,151	6,458	6,744	7,049	7,328	7,664	7,683
P2A	Bi-Weekly	2,828	2,969	3,101	3,241	3,369	3,524	3,533
P2A	Hourly	37.71	39.59	41.34	43.21	44.92	46.98	47.10
P2BS	Monthly	6,151	6,458	6,744	7,049	7,328	7,664	7,683
P2BS	Bi-Weekly	2,828	2,969	3,101	3,241	3,369	3,524	3,533
P2BS	Hourly	37.71	39.59	41.34	43.21	44.92	46.98	47.10
P2BE, P2BI, P2BQ and P2BR	Monthly	6,631	6,962	7,270	7,599	7,900	8,262	8,283
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,049	3,201	3,343	3,494	3,632	3,799	3,809
P2BE, P2BI, P2BQ and P2BR	Hourly	40.65	42.68	44.57	46.58	48.43	50.65	50.78
S1A	Monthly	6,163	6,471	6,757	7,063	7,342	7,678	7,698
S1A	Bi-Weekly	2,834	2,975	3,107	3,248	3,376	3,530	3,539
S1A	Hourly	37.78	39.67	41.42	43.30	45.01	47.07	47.19
S1B	Monthly	6,637	6,969	7,277	7,606	7,907	8,269	8,290
S1B	Bi-Weekly	3,052	3,204	3,346	3,497	3,635	3,802	3,812
S1B	Hourly	40.69	42.72	44.61	46.63	48.47	50.69	50.82
S1C	Monthly	6,874	7,218	7,537	7,878	8,190	8,564	8,586
S1C	Bi-Weekly	3,161	3,319	3,465	3,622	3,766	3,938	3,947
S1C	Hourly	42.14	44.25	46.20	48.29	50.21	52.50	52.63
S1D	Monthly	7,111	7,466	7,796	8,149	8,472	8,860	8,882
S1D	Bi-Weekly	3,269	3,433	3,584	3,747	3,896	4,073	4,084
S1D	Hourly	43.59	45.77	47.79	49.96	51.94	54.31	54.45
S2A	Monthly	6,400	6,720	7,017	7,334	7,625	7,974	7,994
S2A	Bi-Weekly	2,942	3,090	3,227	3,372	3,506	3,666	3,676
S2A	Hourly	39.23	41.20	43.02	44.96	46.74	48.88	49.01
S2B	Monthly	6,904	7,249	7,569	7,912	8,225	8,601	8,623
S2B	Bi-Weekly	3,174	3,333	3,480	3,638	3,782	3,955	3,965
S2B	Hourly	42.32	44.44	46.40	48.50	50.42	52.73	52.86
S2C	Monthly	7,170	7,529	7,861	8,217	8,543	8,933	8,956
S2C	Bi-Weekly	3,296	3,461	3,614	3,778	3,928	4,107	4,118
S2C	Hourly	43.95	46.15	48.19	50.37	52.37	54.76	54.90
S2D	Monthly	7,467	7,840	8,186	8,557	8,896	9,303	9,327
S2D	Bi-Weekly	3,433	3,605	3,764	3,935	4,090	4,277	4,289
S2D	Hourly	45.77	48.06	50.18	52.46	54.53	57.03	57.18
S3A	Monthly	6,886	7,230	7,550	7,891	8,204	8,579	8,601
S3A	Bi-Weekly	3,166	3,324	3,471	3,628	3,772	3,944	3,955
S3A	Hourly	42.21	44.32	46.28	48.37	50.29	52.59	52.73
S3B	Monthly	7,170	7,529	7,861	8,217	8,543	8,933	8,956
S3B	Bi-Weekly	3,296	3,461	3,614	3,778	3,928	4,107	4,118
S3B	Hourly	43.95	46.15	48.19	50.37	52.37	54.76	54.90
S3C	Monthly	7,467	7,840	8,186	8,557	8,896	9,303	9,327
S3C	Bi-Weekly	3,433	3,605	3,764	3,935	4,090	4,277	4,289
S3C	Hourly	45.77	48.06	50.18	52.46	54.53	57.03	57.18
S3D	Monthly	7,763	8,151	8,511	8,896	9,249	9,672	9,697
S3D	Bi-Weekly	3,569	3,748	3,913	4,090	4,253	4,447	4,459
S3D	Hourly	47.59	49.97	52.17	54.53	56.70	59.29	59.45
S4A	Monthly	7,170	7,529	7,861	8,217	8,543	8,933	8,956
S4A	Bi-Weekly	3,296	3,461	3,614	3,778	3,928	4,107	4,118
S4A	Hourly	43.95	46.15	48.19	50.37	52.37	54.76	54.90
S4B	Monthly	7,467	7,840	8,186	8,557	8,896	9,303	9,327
S4B	Bi-Weekly	3,433	3,605	3,764	3,935	4,090	4,277	4,289
S4B	Hourly	45.77	48.06	50.18	52.46	54.53	57.03	57.18
S4C	Monthly	7,763	8,151	8,511	8,896	9,249	9,672	9,697
S4C	Bi-Weekly	3,569	3,748	3,913	4,090	4,253	4,447	4,459
S4C	Hourly	47.59	49.97	52.17	54.53	56.70	59.29	59.45
S4D	Monthly	8,059	8,462	8,836	9,236	9,602	10,041	10,067
S4D	Bi-Weekly	3,705	3,890	4,063	4,247	4,415	4,616	4,628
S4D	Hourly	49.40	51.87	54.17	56.62	58.86	61.55	61.71

DRAFT

WAGE SCHEDULE B

Cardiology Technologist
Health Information Management Professional
Orthotics Technician
Prosthetics Technician
Seating Devices Technician

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

**For the Orthotics Technician Trainee, Prosthetics Technician Trainee and Seating Devices Technician Trainee Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,104	6,409	6,692	6,995	7,272	7,604	7,624
P1	Bi-Weekly	2,807	2,947	3,077	3,216	3,344	3,496	3,506
P1	Hourly	37.42	39.29	41.02	42.88	44.58	46.61	46.74
P2A	Monthly	6,568	6,896	7,201	7,527	7,825	8,182	8,203
P2A	Bi-Weekly	3,020	3,170	3,311	3,461	3,598	3,762	3,772
P2A	Hourly	40.26	42.27	44.14	46.14	47.97	50.16	50.29
P2B (E, I, Q, R, and S)	Monthly	6,830	7,172	7,488	7,827	8,137	8,509	8,531
P2B (E, I, Q, R, and S)	Bi-Weekly	3,140	3,298	3,443	3,599	3,741	3,912	3,923
P2B (E, I, Q, R, and S)	Hourly	41.87	43.97	45.90	47.98	49.88	52.16	52.30
S1A	Monthly	6,568	6,896	7,201	7,527	7,825	8,182	8,203
S1A	Bi-Weekly	3,020	3,170	3,311	3,461	3,598	3,762	3,772
S1A	Hourly	40.26	42.27	44.14	46.14	47.97	50.16	50.29
S1B	Monthly	6,836	7,178	7,495	7,834	8,145	8,516	8,539
S1B	Bi-Weekly	3,143	3,300	3,446	3,602	3,745	3,916	3,926
S1B	Hourly	41.91	44.00	45.95	48.02	49.93	52.21	52.35
S1C	Monthly	7,081	7,434	7,763	8,114	8,436	8,821	8,844
S1C	Bi-Weekly	3,256	3,418	3,569	3,731	3,878	4,056	4,067
S1C	Hourly	43.41	45.57	47.59	49.74	51.71	54.08	54.22
S1D	Monthly	7,325	7,691	8,030	8,394	8,726	9,125	9,149
S1D	Bi-Weekly	3,368	3,536	3,692	3,860	4,012	4,196	4,207
S1D	Hourly	44.90	47.15	49.23	51.46	53.49	55.94	56.09
S2A	Monthly	6,818	7,159	7,475	7,813	8,123	8,494	8,516
S2A	Bi-Weekly	3,135	3,292	3,437	3,593	3,735	3,905	3,916
S2A	Hourly	41.80	43.89	45.82	47.90	49.80	52.07	52.21
S2B	Monthly	7,111	7,466	7,796	8,149	8,472	8,859	8,882
S2B	Bi-Weekly	3,269	3,433	3,584	3,747	3,896	4,073	4,084
S2B	Hourly	43.59	45.77	47.79	49.96	51.94	54.31	54.45
S2C	Monthly	7,386	7,755	8,097	8,464	8,799	9,201	9,225
S2C	Bi-Weekly	3,396	3,566	3,723	3,892	4,046	4,230	4,241
S2C	Hourly	45.28	47.54	49.64	51.89	53.94	56.40	56.55
S2D	Monthly	7,691	8,075	8,432	8,814	9,163	9,581	9,606
S2D	Bi-Weekly	3,536	3,713	3,877	4,052	4,213	4,405	4,417
S2D	Hourly	47.15	49.50	51.69	54.03	56.17	58.73	58.89
S3A	Monthly	7,093	7,447	7,776	8,128	8,450	8,836	8,859
S3A	Bi-Weekly	3,261	3,424	3,575	3,737	3,885	4,063	4,073
S3A	Hourly	43.48	45.65	47.67	49.83	51.80	54.17	54.31
S3B	Monthly	7,386	7,755	8,097	8,464	8,799	9,201	9,225
S3B	Bi-Weekly	3,396	3,566	3,723	3,892	4,046	4,230	4,241
S3B	Hourly	45.28	47.54	49.64	51.89	53.94	56.40	56.55
S3C	Monthly	7,691	8,075	8,432	8,814	9,163	9,581	9,606
S3C	Bi-Weekly	3,536	3,713	3,877	4,052	4,213	4,405	4,417
S3C	Hourly	47.15	49.50	51.69	54.03	56.17	58.73	58.89
S3D	Monthly	7,996	8,396	8,767	9,163	9,526	9,961	9,987
S3D	Bi-Weekly	3,677	3,860	4,031	4,213	4,380	4,580	4,592
S3D	Hourly	49.02	51.47	53.74	56.17	58.40	61.06	61.22
S4A	Monthly	7,386	7,755	8,097	8,464	8,799	9,201	9,225
S4A	Bi-Weekly	3,396	3,566	3,723	3,892	4,046	4,230	4,241
S4A	Hourly	45.28	47.54	49.64	51.89	53.94	56.40	56.55
S4B	Monthly	7,691	8,075	8,432	8,814	9,163	9,581	9,606
S4B	Bi-Weekly	3,536	3,713	3,877	4,052	4,213	4,405	4,417
S4B	Hourly	47.15	49.50	51.69	54.03	56.17	58.73	58.89
S4C	Monthly	7,996	8,396	8,767	9,163	9,526	9,961	9,987
S4C	Bi-Weekly	3,677	3,860	4,031	4,213	4,380	4,580	4,592
S4C	Hourly	49.02	51.47	53.74	56.17	58.40	61.06	61.22
S4D	Monthly	8,301	8,716	9,101	9,513	9,890	10,341	10,369
S4D	Bi-Weekly	3,817	4,007	4,184	4,374	4,547	4,754	4,767
S4D	Hourly	50.89	53.43	55.79	58.32	60.63	63.39	63.56

DRAFT

WAGE SCHEDULE B

Cardiology Technologist
Health Information Management Professional
Orthotics Technician
Prosthetics Technician
Seating Devices Technician

Effective First Pay Period After April 1, 2027

**For the Orthotics Technician Trainee, Prosthetics Technician Trainee and Seating Devices Technician Trainee Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,287	6,601	6,893	7,205	7,490	7,832	7,853
P1	Bi-Weekly	2,891	3,035	3,170	3,313	3,444	3,601	3,611
P1	Hourly	38.54	40.47	42.26	44.17	45.92	48.01	48.14
P2A	Monthly	6,765	7,103	7,417	7,753	8,059	8,427	8,450
P2A	Bi-Weekly	3,110	3,266	3,410	3,565	3,705	3,875	3,885
P2A	Hourly	41.47	43.54	45.47	47.53	49.40	51.66	51.80
P2B (E, I, Q, R, and S)	Monthly	7,035	7,387	7,713	8,062	8,381	8,764	8,788
P2B (E, I, Q, R, and S)	Bi-Weekly	3,235	3,396	3,546	3,707	3,854	4,030	4,040
P2B (E, I, Q, R, and S)	Hourly	43.13	45.28	47.28	49.42	51.38	53.73	53.87
S1A	Monthly	6,765	7,103	7,417	7,753	8,059	8,427	8,450
S1A	Bi-Weekly	3,110	3,266	3,410	3,565	3,705	3,875	3,885
S1A	Hourly	41.47	43.54	45.47	47.53	49.40	51.66	51.80
S1B	Monthly	7,041	7,393	7,720	8,070	8,389	8,772	8,795
S1B	Bi-Weekly	3,237	3,399	3,550	3,710	3,857	4,033	4,044
S1B	Hourly	43.16	45.32	47.33	49.47	51.43	53.77	53.92
S1C	Monthly	7,293	7,657	7,996	8,358	8,688	9,085	9,109
S1C	Bi-Weekly	3,353	3,521	3,677	3,843	3,995	4,177	4,188
S1C	Hourly	44.71	46.94	49.02	51.24	53.26	55.69	55.84
S1D	Monthly	7,544	7,921	8,272	8,646	8,988	9,398	9,424
S1D	Bi-Weekly	3,469	3,642	3,803	3,975	4,133	4,321	4,333
S1D	Hourly	46.25	48.56	50.71	53.00	55.10	57.61	57.77
S2A	Monthly	7,023	7,373	7,699	8,048	8,366	8,748	8,772
S2A	Bi-Weekly	3,229	3,390	3,540	3,701	3,847	4,022	4,033
S2A	Hourly	43.05	45.20	47.20	49.34	51.29	53.63	53.77
S2B	Monthly	7,324	7,690	8,030	8,394	8,726	9,124	9,149
S2B	Bi-Weekly	3,368	3,536	3,692	3,860	4,012	4,195	4,207
S2B	Hourly	44.90	47.14	49.23	51.46	53.49	55.93	56.09
S2C	Monthly	7,607	7,987	8,341	8,718	9,063	9,477	9,502
S2C	Bi-Weekly	3,497	3,672	3,835	4,008	4,167	4,358	4,369
S2C	Hourly	46.63	48.96	51.13	53.44	55.56	58.10	58.25
S2D	Monthly	7,922	8,317	8,685	9,078	9,437	9,868	9,895
S2D	Bi-Weekly	3,642	3,824	3,993	4,174	4,339	4,537	4,550
S2D	Hourly	48.56	50.99	53.24	55.65	57.85	60.49	60.66
S3A	Monthly	7,305	7,670	8,010	8,372	8,703	9,101	9,125
S3A	Bi-Weekly	3,359	3,527	3,683	3,849	4,001	4,184	4,196
S3A	Hourly	44.78	47.02	49.10	51.32	53.35	55.79	55.94
S3B	Monthly	7,607	7,987	8,341	8,718	9,063	9,477	9,502
S3B	Bi-Weekly	3,497	3,672	3,835	4,008	4,167	4,358	4,369
S3B	Hourly	46.63	48.96	51.13	53.44	55.56	58.10	58.25
S3C	Monthly	7,922	8,317	8,685	9,078	9,437	9,868	9,895
S3C	Bi-Weekly	3,642	3,824	3,993	4,174	4,339	4,537	4,550
S3C	Hourly	48.56	50.99	53.24	55.65	57.85	60.49	60.66
S3D	Monthly	8,236	8,647	9,030	9,439	9,812	10,260	10,287
S3D	Bi-Weekly	3,787	3,976	4,152	4,340	4,511	4,718	4,730
S3D	Hourly	50.49	53.01	55.36	57.86	60.15	62.90	63.06
S4A	Monthly	7,607	7,987	8,341	8,718	9,063	9,477	9,502
S4A	Bi-Weekly	3,497	3,672	3,835	4,008	4,167	4,358	4,369
S4A	Hourly	46.63	48.96	51.13	53.44	55.56	58.10	58.25
S4B	Monthly	7,922	8,317	8,685	9,078	9,437	9,868	9,895
S4B	Bi-Weekly	3,642	3,824	3,993	4,174	4,339	4,537	4,550
S4B	Hourly	48.56	50.99	53.24	55.65	57.85	60.49	60.66
S4C	Monthly	8,236	8,647	9,030	9,439	9,812	10,260	10,287
S4C	Bi-Weekly	3,787	3,976	4,152	4,340	4,511	4,718	4,730
S4C	Hourly	50.49	53.01	55.36	57.86	60.15	62.90	63.06
S4D	Monthly	8,550	8,977	9,374	9,799	10,186	10,652	10,680
S4D	Bi-Weekly	3,931	4,127	4,310	4,505	4,683	4,898	4,910
S4D	Hourly	52.41	55.03	57.47	60.07	62.44	65.30	65.47

DRAFT

WAGE SCHEDULE B

Cardiology Technologist
Health Information Management Professional
Orthotics Technician
Prosthetics Technician
Seating Devices Technician

Effective First Pay Period After April 1, 2028

**For the Orthotics Technician Trainee, Prosthetics Technician Trainee and Seating Devices Technician Trainee Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,476	6,799	7,100	7,421	7,715	8,067	8,089
P1	Bi-Weekly	2,978	3,126	3,264	3,412	3,548	3,709	3,719
P1	Hourly	39.70	41.68	43.52	45.49	47.30	49.45	49.59
P2A	Monthly	6,968	7,316	7,640	7,985	8,301	8,680	8,704
P2A	Bi-Weekly	3,204	3,364	3,513	3,671	3,817	3,991	4,002
P2A	Hourly	42.72	44.85	46.84	48.95	50.89	53.21	53.36
P2B (E, I, Q, R, and S)	Monthly	7,247	7,608	7,945	8,304	8,633	9,027	9,052
P2B (E, I, Q, R, and S)	Bi-Weekly	3,332	3,498	3,653	3,818	3,969	4,151	4,162
P2B (E, I, Q, R, and S)	Hourly	44.43	46.64	48.70	50.91	52.92	55.34	55.49
S1A	Monthly	6,968	7,316	7,640	7,985	8,301	8,680	8,704
S1A	Bi-Weekly	3,204	3,364	3,513	3,671	3,817	3,991	4,002
S1A	Hourly	42.72	44.85	46.84	48.95	50.89	53.21	53.36
S1B	Monthly	7,253	7,615	7,952	8,312	8,641	9,035	9,060
S1B	Bi-Weekly	3,335	3,501	3,656	3,821	3,973	4,154	4,166
S1B	Hourly	44.46	46.68	48.75	50.95	52.97	55.39	55.54
S1C	Monthly	7,512	7,887	8,236	8,608	8,949	9,358	9,383
S1C	Bi-Weekly	3,454	3,626	3,787	3,958	4,115	4,303	4,314
S1C	Hourly	46.05	48.35	50.49	52.77	54.86	57.37	57.52
S1D	Monthly	7,771	8,159	8,520	8,905	9,258	9,680	9,707
S1D	Bi-Weekly	3,573	3,752	3,917	4,094	4,256	4,451	4,463
S1D	Hourly	47.64	50.02	52.23	54.59	56.75	59.34	59.51
S2A	Monthly	7,234	7,594	7,931	8,289	8,618	9,011	9,035
S2A	Bi-Weekly	3,326	3,491	3,647	3,811	3,962	4,143	4,154
S2A	Hourly	44.35	46.55	48.62	50.81	52.83	55.24	55.39
S2B	Monthly	7,545	7,921	8,272	8,645	8,988	9,398	9,424
S2B	Bi-Weekly	3,469	3,642	3,803	3,975	4,133	4,321	4,333
S2B	Hourly	46.25	48.56	50.71	53.00	55.10	57.61	57.77
S2C	Monthly	7,836	8,227	8,591	8,979	9,335	9,761	9,788
S2C	Bi-Weekly	3,603	3,782	3,950	4,128	4,292	4,488	4,500
S2C	Hourly	48.04	50.43	52.67	55.04	57.23	59.84	60.00
S2D	Monthly	8,160	8,567	8,946	9,350	9,721	10,164	10,192
S2D	Bi-Weekly	3,752	3,939	4,113	4,299	4,469	4,673	4,686
S2D	Hourly	50.02	52.52	54.84	57.32	59.59	62.31	62.48
S3A	Monthly	7,525	7,900	8,250	8,623	8,965	9,374	9,399
S3A	Bi-Weekly	3,460	3,632	3,793	3,965	4,122	4,310	4,322
S3A	Hourly	46.13	48.43	50.57	52.86	54.96	57.47	57.62
S3B	Monthly	7,836	8,227	8,591	8,979	9,335	9,761	9,788
S3B	Bi-Weekly	3,603	3,782	3,950	4,128	4,292	4,488	4,500
S3B	Hourly	48.04	50.43	52.67	55.04	57.23	59.84	60.00
S3C	Monthly	8,160	8,567	8,946	9,350	9,721	10,164	10,192
S3C	Bi-Weekly	3,752	3,939	4,113	4,299	4,469	4,673	4,686
S3C	Hourly	50.02	52.52	54.84	57.32	59.59	62.31	62.48
S3D	Monthly	8,484	8,907	9,301	9,722	10,107	10,568	10,597
S3D	Bi-Weekly	3,901	4,095	4,277	4,470	4,647	4,859	4,872
S3D	Hourly	52.01	54.60	57.02	59.60	61.96	64.78	64.96
S4A	Monthly	7,836	8,227	8,591	8,979	9,335	9,761	9,788
S4A	Bi-Weekly	3,603	3,782	3,950	4,128	4,292	4,488	4,500
S4A	Hourly	48.04	50.43	52.67	55.04	57.23	59.84	60.00
S4B	Monthly	8,160	8,567	8,946	9,350	9,721	10,164	10,192
S4B	Bi-Weekly	3,752	3,939	4,113	4,299	4,469	4,673	4,686
S4B	Hourly	50.02	52.52	54.84	57.32	59.59	62.31	62.48
S4C	Monthly	8,484	8,907	9,301	9,722	10,107	10,568	10,597
S4C	Bi-Weekly	3,901	4,095	4,277	4,470	4,647	4,859	4,872
S4C	Hourly	52.01	54.60	57.02	59.60	61.96	64.78	64.96
S4D	Monthly	8,807	9,247	9,656	10,093	10,492	10,971	11,001
S4D	Bi-Weekly	4,049	4,252	4,439	4,640	4,824	5,045	5,058
S4D	Hourly	53.99	56.69	59.19	61.87	64.32	67.26	67.44

DRAFT

WAGE SCHEDULE C

Cancer Research Technologist
Genomics Technologist
Orthoptist
Pedorthist
Psychometrist

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,148	6,453	6,745	7,046	7,333	7,654	7,672
P1	Bi-Weekly	2,827	2,967	3,101	3,239	3,371	3,519	3,527
P1	Hourly	37.69	39.56	41.35	43.19	44.95	46.92	47.03
P2A	Monthly	6,382	6,698	7,001	7,314	7,612	7,945	7,964
P2A	Bi-Weekly	2,934	3,080	3,219	3,363	3,500	3,653	3,662
P2A	Hourly	39.12	41.06	42.92	44.84	46.66	48.70	48.82
P2BS	Monthly	6,382	6,698	7,001	7,314	7,612	7,945	7,964
P2BS	Bi-Weekly	2,934	3,080	3,219	3,363	3,500	3,653	3,662
P2BS	Hourly	39.12	41.06	42.92	44.84	46.66	48.70	48.82
P2BE, P2BI, P2BQ and P2BR	Monthly	6,880	7,221	7,548	7,884	8,206	8,565	8,585
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,164	3,320	3,470	3,625	3,773	3,938	3,947
P2BE, P2BI, P2BQ and P2BR	Hourly	42.18	44.27	46.27	48.33	50.30	52.51	52.63
S1A	Monthly	6,394	6,711	7,015	7,328	7,626	7,960	7,979
S1A	Bi-Weekly	2,940	3,086	3,225	3,369	3,506	3,660	3,668
S1A	Hourly	39.20	41.14	43.00	44.92	46.75	48.80	48.91
S1B	Monthly	6,886	7,227	7,554	7,892	8,213	8,572	8,593
S1B	Bi-Weekly	3,166	3,323	3,473	3,629	3,776	3,941	3,951
S1B	Hourly	42.21	44.30	46.31	48.38	50.35	52.55	52.68
S1C	Monthly	7,132	7,485	7,824	8,173	8,506	8,879	8,900
S1C	Bi-Weekly	3,279	3,442	3,597	3,758	3,911	4,082	4,092
S1C	Hourly	43.72	45.89	47.96	50.10	52.14	54.43	54.56
S1D	Monthly	7,378	7,744	8,094	8,455	8,800	9,185	9,206
S1D	Bi-Weekly	3,392	3,560	3,722	3,887	4,046	4,223	4,233
S1D	Hourly	45.23	47.47	49.62	51.83	53.95	56.31	56.44
S2A	Monthly	6,640	6,969	7,285	7,610	7,920	8,266	8,286
S2A	Bi-Weekly	3,053	3,204	3,350	3,499	3,641	3,800	3,810
S2A	Hourly	40.70	42.72	44.66	46.65	48.55	50.67	50.80
S2B	Monthly	7,162	7,518	7,858	8,209	8,543	8,917	8,938
S2B	Bi-Weekly	3,293	3,457	3,613	3,774	3,928	4,100	4,109
S2B	Hourly	43.90	46.09	48.17	50.32	52.37	54.66	54.79
S2C	Monthly	7,439	7,808	8,161	8,526	8,873	9,261	9,283
S2C	Bi-Weekly	3,420	3,590	3,752	3,920	4,079	4,258	4,268
S2C	Hourly	45.60	47.87	50.03	52.27	54.39	56.77	56.91
S2D	Monthly	7,746	8,131	8,499	8,878	9,240	9,644	9,667
S2D	Bi-Weekly	3,562	3,739	3,908	4,082	4,248	4,434	4,445
S2D	Hourly	47.49	49.85	52.10	54.42	56.64	59.12	59.26
S3A	Monthly	7,144	7,498	7,838	8,187	8,521	8,894	8,915
S3A	Bi-Weekly	3,284	3,447	3,604	3,764	3,918	4,089	4,099
S3A	Hourly	43.79	45.96	48.05	50.19	52.24	54.52	54.65
S3B	Monthly	7,439	7,808	8,161	8,526	8,873	9,261	9,283
S3B	Bi-Weekly	3,420	3,590	3,752	3,920	4,079	4,258	4,268
S3B	Hourly	45.60	47.87	50.03	52.27	54.39	56.77	56.91
S3C	Monthly	7,746	8,131	8,499	8,878	9,240	9,644	9,667
S3C	Bi-Weekly	3,562	3,739	3,908	4,082	4,248	4,434	4,445
S3C	Hourly	47.49	49.85	52.10	54.42	56.64	59.12	59.26
S3D	Monthly	8,054	8,453	8,836	9,230	9,606	10,027	10,050
S3D	Bi-Weekly	3,703	3,887	4,063	4,244	4,417	4,610	4,621
S3D	Hourly	49.37	51.82	54.17	56.58	58.89	61.47	61.61
S4A	Monthly	7,439	7,808	8,161	8,526	8,873	9,261	9,283
S4A	Bi-Weekly	3,420	3,590	3,752	3,920	4,079	4,258	4,268
S4A	Hourly	45.60	47.87	50.03	52.27	54.39	56.77	56.91
S4B	Monthly	7,746	8,131	8,499	8,878	9,240	9,644	9,667
S4B	Bi-Weekly	3,562	3,739	3,908	4,082	4,248	4,434	4,445
S4B	Hourly	47.49	49.85	52.10	54.42	56.64	59.12	59.26
S4C	Monthly	8,054	8,453	8,836	9,230	9,606	10,027	10,050
S4C	Bi-Weekly	3,703	3,887	4,063	4,244	4,417	4,610	4,621
S4C	Hourly	49.37	51.82	54.17	56.58	58.89	61.47	61.61
S4D	Monthly	8,361	8,776	9,173	9,583	9,973	10,409	10,434
S4D	Bi-Weekly	3,845	4,035	4,217	4,406	4,586	4,786	4,797
S4D	Hourly	51.26	53.80	56.23	58.75	61.14	63.81	63.96

DRAFT

WAGE SCHEDULE C

Cancer Research Technologist
Genomics Technologist
Orthoptist
Pedorthist
Psychometrist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,332	6,647	6,947	7,257	7,553	7,884	7,902
P1	Bi-Weekly	2,912	3,056	3,194	3,337	3,473	3,625	3,633
P1	Hourly	38.82	40.75	42.59	44.49	46.30	48.33	48.44
P2A	Monthly	6,813	7,152	7,475	7,809	8,127	8,483	8,503
P2A	Bi-Weekly	3,133	3,288	3,437	3,590	3,737	3,900	3,910
P2A	Hourly	41.77	43.84	45.82	47.87	49.82	52.00	52.13
P2B (E, I, Q, R, and S)	Monthly	7,086	7,438	7,774	8,121	8,452	8,822	8,842
P2B (E, I, Q, R, and S)	Bi-Weekly	3,258	3,420	3,575	3,734	3,886	4,056	4,065
P2B (E, I, Q, R, and S)	Hourly	43.44	45.60	47.66	49.78	51.81	54.08	54.20
S1A	Monthly	6,813	7,152	7,475	7,809	8,127	8,483	8,503
S1A	Bi-Weekly	3,133	3,288	3,437	3,590	3,737	3,900	3,910
S1A	Hourly	41.77	43.84	45.82	47.87	49.82	52.00	52.13
S1B	Monthly	7,092	7,445	7,781	8,128	8,459	8,830	8,850
S1B	Bi-Weekly	3,261	3,423	3,578	3,737	3,890	4,060	4,069
S1B	Hourly	43.48	45.64	47.70	49.83	51.86	54.13	54.25
S1C	Monthly	7,345	7,711	8,059	8,418	8,761	9,145	9,166
S1C	Bi-Weekly	3,377	3,545	3,705	3,870	4,028	4,205	4,214
S1C	Hourly	45.03	47.27	49.40	51.60	53.71	56.06	56.19
S1D	Monthly	7,598	7,976	8,336	8,708	9,064	9,461	9,482
S1D	Bi-Weekly	3,494	3,668	3,833	4,004	4,167	4,350	4,360
S1D	Hourly	46.58	48.90	51.10	53.38	55.56	58.00	58.13
S2A	Monthly	7,073	7,425	7,760	8,106	8,437	8,806	8,827
S2A	Bi-Weekly	3,252	3,414	3,568	3,727	3,879	4,049	4,058
S2A	Hourly	43.36	45.52	47.57	49.69	51.72	53.98	54.11
S2B	Monthly	7,377	7,744	8,093	8,454	8,799	9,185	9,206
S2B	Bi-Weekly	3,392	3,560	3,721	3,887	4,046	4,223	4,233
S2B	Hourly	45.22	47.47	49.61	51.83	53.94	56.31	56.44
S2C	Monthly	7,662	8,043	8,406	8,781	9,139	9,540	9,561
S2C	Bi-Weekly	3,523	3,698	3,865	4,037	4,202	4,386	4,396
S2C	Hourly	46.97	49.31	51.53	53.83	56.02	58.48	58.61
S2D	Monthly	7,978	8,375	8,753	9,144	9,517	9,934	9,957
S2D	Bi-Weekly	3,668	3,851	4,025	4,205	4,376	4,568	4,578
S2D	Hourly	48.91	51.34	53.66	56.06	58.34	60.90	61.04
S3A	Monthly	7,358	7,724	8,072	8,433	8,777	9,161	9,182
S3A	Bi-Weekly	3,383	3,551	3,711	3,878	4,036	4,212	4,222
S3A	Hourly	45.11	47.35	49.48	51.70	53.81	56.16	56.29
S3B	Monthly	7,662	8,043	8,406	8,781	9,139	9,540	9,561
S3B	Bi-Weekly	3,523	3,698	3,865	4,037	4,202	4,386	4,396
S3B	Hourly	46.97	49.31	51.53	53.83	56.02	58.48	58.61
S3C	Monthly	7,978	8,375	8,753	9,144	9,517	9,934	9,957
S3C	Bi-Weekly	3,668	3,851	4,025	4,205	4,376	4,568	4,578
S3C	Hourly	48.91	51.34	53.66	56.06	58.34	60.90	61.04
S3D	Monthly	8,295	8,708	9,101	9,507	9,894	10,328	10,352
S3D	Bi-Weekly	3,814	4,004	4,184	4,371	4,549	4,748	4,760
S3D	Hourly	50.85	53.38	55.79	58.28	60.65	63.31	63.46
S4A	Monthly	7,662	8,043	8,406	8,781	9,139	9,540	9,561
S4A	Bi-Weekly	3,523	3,698	3,865	4,037	4,202	4,386	4,396
S4A	Hourly	46.97	49.31	51.53	53.83	56.02	58.48	58.61
S4B	Monthly	7,978	8,375	8,753	9,144	9,517	9,934	9,957
S4B	Bi-Weekly	3,668	3,851	4,025	4,205	4,376	4,568	4,578
S4B	Hourly	48.91	51.34	53.66	56.06	58.34	60.90	61.04
S4C	Monthly	8,295	8,708	9,101	9,507	9,894	10,328	10,352
S4C	Bi-Weekly	3,814	4,004	4,184	4,371	4,549	4,748	4,760
S4C	Hourly	50.85	53.38	55.79	58.28	60.65	63.31	63.46
S4D	Monthly	8,612	9,040	9,448	9,870	10,272	10,722	10,747
S4D	Bi-Weekly	3,959	4,157	4,344	4,538	4,723	4,930	4,941
S4D	Hourly	52.79	55.42	57.92	60.51	62.97	65.73	65.88

DRAFT

WAGE SCHEDULE C

Cancer Research Technologist
Genomics Technologist
Orthoptist
Pedorthist
Psychometrist

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,522	6,846	7,155	7,475	7,780	8,121	8,139
P1	Bi-Weekly	2,999	3,148	3,290	3,437	3,577	3,734	3,742
P1	Hourly	39.98	41.97	43.86	45.82	47.69	49.78	49.89
P2A	Monthly	7,018	7,366	7,699	8,043	8,371	8,738	8,758
P2A	Bi-Weekly	3,227	3,387	3,540	3,698	3,849	4,018	4,027
P2A	Hourly	43.02	45.16	47.20	49.31	51.32	53.57	53.69
P2B (E, I, Q, R, and S)	Monthly	7,298	7,661	8,006	8,365	8,706	9,087	9,108
P2B (E, I, Q, R, and S)	Bi-Weekly	3,356	3,522	3,681	3,846	4,003	4,178	4,187
P2B (E, I, Q, R, and S)	Hourly	44.74	46.96	49.08	51.28	53.37	55.71	55.83
S1A	Monthly	7,018	7,366	7,699	8,043	8,371	8,738	8,758
S1A	Bi-Weekly	3,227	3,387	3,540	3,698	3,849	4,018	4,027
S1A	Hourly	43.02	45.16	47.20	49.31	51.32	53.57	53.69
S1B	Monthly	7,305	7,668	8,014	8,372	8,714	9,096	9,116
S1B	Bi-Weekly	3,359	3,526	3,685	3,849	4,007	4,182	4,191
S1B	Hourly	44.78	47.01	49.13	51.32	53.42	55.76	55.88
S1C	Monthly	7,566	7,941	8,300	8,671	9,025	9,420	9,441
S1C	Bi-Weekly	3,479	3,651	3,816	3,987	4,150	4,331	4,341
S1C	Hourly	46.38	48.68	50.88	53.16	55.33	57.75	57.88
S1D	Monthly	7,826	8,215	8,586	8,970	9,336	9,745	9,767
S1D	Bi-Weekly	3,599	3,777	3,947	4,124	4,292	4,481	4,490
S1D	Hourly	47.98	50.36	52.63	54.99	57.23	59.74	59.87
S2A	Monthly	7,285	7,647	7,992	8,350	8,690	9,071	9,091
S2A	Bi-Weekly	3,350	3,516	3,674	3,839	3,995	4,171	4,180
S2A	Hourly	44.66	46.88	48.99	51.19	53.27	55.61	55.73
S2B	Monthly	7,598	7,976	8,336	8,708	9,064	9,461	9,482
S2B	Bi-Weekly	3,494	3,668	3,833	4,004	4,167	4,350	4,360
S2B	Hourly	46.58	48.90	51.10	53.38	55.56	58.00	58.13
S2C	Monthly	7,892	8,284	8,658	9,045	9,414	9,826	9,848
S2C	Bi-Weekly	3,629	3,809	3,981	4,159	4,328	4,518	4,528
S2C	Hourly	48.38	50.78	53.08	55.45	57.71	60.24	60.37
S2D	Monthly	8,218	8,626	9,015	9,419	9,803	10,232	10,255
S2D	Bi-Weekly	3,779	3,966	4,145	4,331	4,508	4,704	4,715
S2D	Hourly	50.38	52.88	55.26	57.74	60.10	62.72	62.87
S3A	Monthly	7,579	7,955	8,314	8,686	9,040	9,437	9,458
S3A	Bi-Weekly	3,485	3,658	3,823	3,994	4,157	4,339	4,349
S3A	Hourly	46.46	48.77	50.97	53.25	55.42	57.85	57.98
S3B	Monthly	7,892	8,284	8,658	9,045	9,414	9,826	9,848
S3B	Bi-Weekly	3,629	3,809	3,981	4,159	4,328	4,518	4,528
S3B	Hourly	48.38	50.78	53.08	55.45	57.71	60.24	60.37
S3C	Monthly	8,218	8,626	9,015	9,419	9,803	10,232	10,255
S3C	Bi-Weekly	3,779	3,966	4,145	4,331	4,508	4,704	4,715
S3C	Hourly	50.38	52.88	55.26	57.74	60.10	62.72	62.87
S3D	Monthly	8,544	8,968	9,373	9,792	10,192	10,639	10,662
S3D	Bi-Weekly	3,929	4,124	4,310	4,502	4,686	4,892	4,902
S3D	Hourly	52.38	54.98	57.46	60.03	62.48	65.22	65.36
S4A	Monthly	7,892	8,284	8,658	9,045	9,414	9,826	9,848
S4A	Bi-Weekly	3,629	3,809	3,981	4,159	4,328	4,518	4,528
S4A	Hourly	48.38	50.78	53.08	55.45	57.71	60.24	60.37
S4B	Monthly	8,218	8,626	9,015	9,419	9,803	10,232	10,255
S4B	Bi-Weekly	3,779	3,966	4,145	4,331	4,508	4,704	4,715
S4B	Hourly	50.38	52.88	55.26	57.74	60.10	62.72	62.87
S4C	Monthly	8,544	8,968	9,373	9,792	10,192	10,639	10,662
S4C	Bi-Weekly	3,929	4,124	4,310	4,502	4,686	4,892	4,902
S4C	Hourly	52.38	54.98	57.46	60.03	62.48	65.22	65.36
S4D	Monthly	8,870	9,311	9,731	10,166	10,581	11,045	11,069
S4D	Bi-Weekly	4,079	4,281	4,474	4,674	4,865	5,078	5,090
S4D	Hourly	54.38	57.08	59.65	62.32	64.86	67.71	67.86

DRAFT

WAGE SCHEDULE C

Cancer Research Technologist
Genomics Technologist
Orthoptist
Pedorthist
Psychometrist

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,718	7,051	7,370	7,699	8,013	8,365	8,383
P1	Bi-Weekly	3,089	3,242	3,389	3,540	3,684	3,846	3,854
P1	Hourly	41.18	43.22	45.18	47.20	49.12	51.28	51.39
P2A	Monthly	7,229	7,587	7,930	8,284	8,622	9,001	9,020
P2A	Bi-Weekly	3,324	3,488	3,646	3,809	3,965	4,139	4,148
P2A	Hourly	44.32	46.51	48.61	50.78	52.86	55.18	55.30
P2B (E, I, Q, R, and S)	Monthly	7,517	7,890	8,247	8,615	8,967	9,360	9,381
P2B (E, I, Q, R, and S)	Bi-Weekly	3,456	3,628	3,792	3,961	4,123	4,304	4,313
P2B (E, I, Q, R, and S)	Hourly	46.08	48.37	50.56	52.81	54.97	57.38	57.51
S1A	Monthly	7,229	7,587	7,930	8,284	8,622	9,001	9,020
S1A	Bi-Weekly	3,324	3,488	3,646	3,809	3,965	4,139	4,148
S1A	Hourly	44.32	46.51	48.61	50.78	52.86	55.18	55.30
S1B	Monthly	7,524	7,897	8,254	8,623	8,975	9,369	9,389
S1B	Bi-Weekly	3,459	3,631	3,795	3,965	4,127	4,307	4,317
S1B	Hourly	46.12	48.41	50.60	52.86	55.02	57.43	57.56
S1C	Monthly	7,793	8,179	8,549	8,931	9,295	9,703	9,724
S1C	Bi-Weekly	3,583	3,761	3,931	4,106	4,274	4,461	4,471
S1C	Hourly	47.77	50.14	52.41	54.75	56.98	59.48	59.61
S1D	Monthly	8,062	8,461	8,844	9,239	9,616	10,038	10,060
S1D	Bi-Weekly	3,707	3,890	4,067	4,248	4,421	4,616	4,625
S1D	Hourly	49.42	51.87	54.22	56.64	58.95	61.54	61.67
S2A	Monthly	7,504	7,876	8,232	8,600	8,951	9,344	9,364
S2A	Bi-Weekly	3,450	3,621	3,785	3,954	4,115	4,296	4,305
S2A	Hourly	46.00	48.28	50.46	52.72	54.87	57.28	57.40
S2B	Monthly	7,826	8,214	8,586	8,969	9,335	9,745	9,766
S2B	Bi-Weekly	3,599	3,776	3,947	4,124	4,292	4,481	4,490
S2B	Hourly	47.98	50.35	52.63	54.98	57.23	59.74	59.87
S2C	Monthly	8,129	8,532	8,918	9,316	9,696	10,122	10,143
S2C	Bi-Weekly	3,737	3,923	4,100	4,283	4,458	4,654	4,664
S2C	Hourly	49.83	52.30	54.67	57.11	59.44	62.05	62.18
S2D	Monthly	8,465	8,884	9,286	9,701	10,096	10,540	10,563
S2D	Bi-Weekly	3,892	4,085	4,270	4,460	4,642	4,846	4,856
S2D	Hourly	51.89	54.46	56.93	59.47	61.89	64.61	64.75
S3A	Monthly	7,806	8,193	8,564	8,946	9,311	9,720	9,741
S3A	Bi-Weekly	3,589	3,767	3,938	4,113	4,281	4,469	4,478
S3A	Hourly	47.85	50.23	52.50	54.84	57.08	59.59	59.71
S3B	Monthly	8,129	8,532	8,918	9,316	9,696	10,122	10,143
S3B	Bi-Weekly	3,737	3,923	4,100	4,283	4,458	4,654	4,664
S3B	Hourly	49.83	52.30	54.67	57.11	59.44	62.05	62.18
S3C	Monthly	8,465	8,884	9,286	9,701	10,096	10,540	10,563
S3C	Bi-Weekly	3,892	4,085	4,270	4,460	4,642	4,846	4,856
S3C	Hourly	51.89	54.46	56.93	59.47	61.89	64.61	64.75
S3D	Monthly	8,801	9,237	9,655	10,086	10,497	10,958	10,982
S3D	Bi-Weekly	4,046	4,247	4,439	4,637	4,826	5,039	5,049
S3D	Hourly	53.95	56.63	59.19	61.83	64.35	67.18	67.32
S4A	Monthly	8,129	8,532	8,918	9,316	9,696	10,122	10,143
S4A	Bi-Weekly	3,737	3,923	4,100	4,283	4,458	4,654	4,664
S4A	Hourly	49.83	52.30	54.67	57.11	59.44	62.05	62.18
S4B	Monthly	8,465	8,884	9,286	9,701	10,096	10,540	10,563
S4B	Bi-Weekly	3,892	4,085	4,270	4,460	4,642	4,846	4,856
S4B	Hourly	51.89	54.46	56.93	59.47	61.89	64.61	64.75
S4C	Monthly	8,801	9,237	9,655	10,086	10,497	10,958	10,982
S4C	Bi-Weekly	4,046	4,247	4,439	4,637	4,826	5,039	5,049
S4C	Hourly	53.95	56.63	59.19	61.83	64.35	67.18	67.32
S4D	Monthly	9,136	9,589	10,023	10,471	10,898	11,376	11,401
S4D	Bi-Weekly	4,201	4,409	4,608	4,814	5,011	5,231	5,242
S4D	Hourly	56.01	58.78	61.44	64.19	66.81	69.74	69.89

DRAFT

WAGE SCHEDULE D

Cytotechnologist
Electroneurophysiology Technologist
Medical Laboratory Technologist
Nuclear Medicine Technologist
Radiological Technologist
Combined Laboratory/X-Ray Technologist

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,165	6,474	6,761	7,067	7,347	7,678	7,696
P1	Bi-Weekly	2,834	2,977	3,109	3,249	3,378	3,530	3,539
P1	Hourly	37.79	39.69	41.45	43.32	45.04	47.07	47.18
P2A	Monthly	6,399	6,720	7,018	7,336	7,626	7,970	7,988
P2A	Bi-Weekly	2,942	3,090	3,227	3,373	3,506	3,665	3,673
P2A	Hourly	39.23	41.20	43.02	44.97	46.75	48.86	48.97
P2BS	Monthly	6,399	6,720	7,018	7,336	7,626	7,970	7,988
P2BS	Bi-Weekly	2,942	3,090	3,227	3,373	3,506	3,665	3,673
P2BS	Hourly	39.23	41.20	43.02	44.97	46.75	48.86	48.97
P2BE, P2BI, P2BQ and P2BR	Monthly	6,899	7,244	7,566	7,908	8,221	8,592	8,612
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,172	3,331	3,479	3,636	3,780	3,950	3,959
P2BE, P2BI, P2BQ and P2BR	Hourly	42.29	44.41	46.38	48.48	50.40	52.67	52.79
S1A	Monthly	6,412	6,733	7,031	7,350	7,641	7,985	8,004
S1A	Bi-Weekly	2,948	3,096	3,233	3,380	3,513	3,671	3,680
S1A	Hourly	39.31	41.28	43.10	45.06	46.84	48.95	49.07
S1B	Monthly	6,905	7,251	7,572	7,915	8,229	8,599	8,620
S1B	Bi-Weekly	3,175	3,334	3,482	3,639	3,784	3,953	3,963
S1B	Hourly	42.33	44.45	46.42	48.52	50.45	52.71	52.84
S1C	Monthly	7,151	7,510	7,843	8,198	8,523	8,906	8,927
S1C	Bi-Weekly	3,288	3,453	3,606	3,770	3,919	4,095	4,104
S1C	Hourly	43.84	46.04	48.08	50.26	52.25	54.60	54.72
S1D	Monthly	7,398	7,769	8,113	8,480	8,816	9,214	9,235
S1D	Bi-Weekly	3,401	3,572	3,730	3,899	4,053	4,236	4,246
S1D	Hourly	45.35	47.63	49.73	51.98	54.04	56.48	56.61
S2A	Monthly	6,658	6,992	7,302	7,632	7,935	8,292	8,312
S2A	Bi-Weekly	3,062	3,215	3,357	3,509	3,648	3,812	3,821
S2A	Hourly	40.82	42.86	44.76	46.79	48.64	50.83	50.95
S2B	Monthly	7,182	7,542	7,877	8,233	8,559	8,945	8,966
S2B	Bi-Weekly	3,302	3,467	3,622	3,785	3,935	4,113	4,122
S2B	Hourly	44.03	46.23	48.29	50.47	52.47	54.84	54.96
S2C	Monthly	7,460	7,834	8,181	8,551	8,890	9,290	9,312
S2C	Bi-Weekly	3,430	3,602	3,761	3,932	4,088	4,271	4,282
S2C	Hourly	45.73	48.02	50.15	52.42	54.50	56.95	57.09
S2D	Monthly	7,768	8,157	8,519	8,904	9,257	9,674	9,697
S2D	Bi-Weekly	3,572	3,750	3,917	4,094	4,256	4,448	4,459
S2D	Hourly	47.62	50.00	52.22	54.58	56.75	59.30	59.45
S3A	Monthly	7,164	7,523	7,856	8,212	8,537	8,922	8,943
S3A	Bi-Weekly	3,294	3,459	3,612	3,776	3,925	4,102	4,112
S3A	Hourly	43.92	46.12	48.16	50.34	52.33	54.69	54.82
S3B	Monthly	7,460	7,834	8,181	8,551	8,890	9,290	9,312
S3B	Bi-Weekly	3,430	3,602	3,761	3,932	4,088	4,271	4,282
S3B	Hourly	45.73	48.02	50.15	52.42	54.50	56.95	57.09
S3C	Monthly	7,768	8,157	8,519	8,904	9,257	9,674	9,697
S3C	Bi-Weekly	3,572	3,750	3,917	4,094	4,256	4,448	4,459
S3C	Hourly	47.62	50.00	52.22	54.58	56.75	59.30	59.45
S3D	Monthly	8,076	8,481	8,857	9,258	9,625	10,058	10,082
S3D	Bi-Weekly	3,713	3,899	4,073	4,256	4,425	4,625	4,636
S3D	Hourly	49.51	51.99	54.30	56.75	59.00	61.66	61.81
S4A	Monthly	7,460	7,834	8,181	8,551	8,890	9,290	9,312
S4A	Bi-Weekly	3,430	3,602	3,761	3,932	4,088	4,271	4,282
S4A	Hourly	45.73	48.02	50.15	52.42	54.50	56.95	57.09
S4B	Monthly	7,768	8,157	8,519	8,904	9,257	9,674	9,697
S4B	Bi-Weekly	3,572	3,750	3,917	4,094	4,256	4,448	4,459
S4B	Hourly	47.62	50.00	52.22	54.58	56.75	59.30	59.45
S4C	Monthly	8,076	8,481	8,857	9,258	9,625	10,058	10,082
S4C	Bi-Weekly	3,713	3,899	4,073	4,256	4,425	4,625	4,636
S4C	Hourly	49.51	51.99	54.30	56.75	59.00	61.66	61.81
S4D	Monthly	8,384	8,805	9,195	9,611	9,992	10,442	10,467
S4D	Bi-Weekly	3,855	4,049	4,228	4,419	4,594	4,801	4,813
S4D	Hourly	51.40	53.98	56.37	58.92	61.25	64.01	64.17

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WAGE SCHEDULE D

Cytotechnologist
Electroneurophysiology Technologist
Medical Laboratory Technologist
Combined Laboratory/X-Ray Technologist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,350	6,668	6,964	7,279	7,567	7,908	7,927
P1	Bi-Weekly	2,920	3,066	3,202	3,347	3,479	3,636	3,644
P1	Hourly	38.93	40.88	42.69	44.62	46.39	48.48	48.59
P2A	Monthly	6,833	7,175	7,493	7,832	8,142	8,509	8,529
P2A	Bi-Weekly	3,142	3,299	3,445	3,601	3,743	3,912	3,922
P2A	Hourly	41.89	43.98	45.93	48.01	49.91	52.16	52.29
P2B (E, I, Q, R, and S)	Monthly	7,106	7,461	7,793	8,145	8,467	8,849	8,870
P2B (E, I, Q, R, and S)	Bi-Weekly	3,267	3,431	3,583	3,745	3,893	4,069	4,079
P2B (E, I, Q, R, and S)	Hourly	43.56	45.74	47.77	49.93	51.90	54.25	54.38
S1A	Monthly	6,833	7,175	7,493	7,832	8,142	8,509	8,529
S1A	Bi-Weekly	3,142	3,299	3,445	3,601	3,743	3,912	3,922
S1A	Hourly	41.89	43.98	45.93	48.01	49.91	52.16	52.29
S1B	Monthly	7,112	7,468	7,800	8,152	8,475	8,857	8,878
S1B	Bi-Weekly	3,270	3,434	3,587	3,748	3,896	4,073	4,082
S1B	Hourly	43.60	45.78	47.82	49.97	51.95	54.30	54.42
S1C	Monthly	7,366	7,735	8,078	8,444	8,778	9,173	9,195
S1C	Bi-Weekly	3,387	3,557	3,714	3,882	4,036	4,217	4,228
S1C	Hourly	45.16	47.42	49.52	51.76	53.81	56.23	56.37
S1D	Monthly	7,620	8,002	8,357	8,735	9,080	9,490	9,512
S1D	Bi-Weekly	3,503	3,679	3,842	4,016	4,175	4,364	4,373
S1D	Hourly	46.71	49.05	51.23	53.55	55.66	58.18	58.31
S2A	Monthly	7,093	7,448	7,779	8,131	8,452	8,833	8,854
S2A	Bi-Weekly	3,261	3,425	3,577	3,739	3,886	4,061	4,071
S2A	Hourly	43.48	45.66	47.69	49.85	51.81	54.15	54.28
S2B	Monthly	7,398	7,768	8,113	8,480	8,816	9,213	9,235
S2B	Bi-Weekly	3,401	3,572	3,730	3,899	4,053	4,236	4,246
S2B	Hourly	45.35	47.62	49.73	51.98	54.04	56.48	56.61
S2C	Monthly	7,684	8,068	8,426	8,808	9,156	9,569	9,592
S2C	Bi-Weekly	3,533	3,710	3,874	4,050	4,210	4,400	4,410
S2C	Hourly	47.10	49.46	51.65	54.00	56.13	58.66	58.80
S2D	Monthly	8,001	8,402	8,775	9,172	9,534	9,964	9,988
S2D	Bi-Weekly	3,679	3,863	4,034	4,217	4,384	4,581	4,592
S2D	Hourly	49.05	51.51	53.79	56.23	58.45	61.08	61.23
S3A	Monthly	7,379	7,748	8,092	8,458	8,793	9,189	9,211
S3A	Bi-Weekly	3,393	3,563	3,721	3,889	4,043	4,225	4,235
S3A	Hourly	45.24	47.50	49.61	51.85	53.90	56.33	56.47
S3B	Monthly	7,684	8,068	8,426	8,808	9,156	9,569	9,592
S3B	Bi-Weekly	3,533	3,710	3,874	4,050	4,210	4,400	4,410
S3B	Hourly	47.10	49.46	51.65	54.00	56.13	58.66	58.80
S3C	Monthly	8,001	8,402	8,775	9,172	9,534	9,964	9,988
S3C	Bi-Weekly	3,679	3,863	4,034	4,217	4,384	4,581	4,592
S3C	Hourly	49.05	51.51	53.79	56.23	58.45	61.08	61.23
S3D	Monthly	8,319	8,735	9,123	9,535	9,913	10,359	10,384
S3D	Bi-Weekly	3,825	4,016	4,195	4,384	4,558	4,763	4,775
S3D	Hourly	51.00	53.55	55.93	58.45	60.77	63.50	63.66
S4A	Monthly	7,684	8,068	8,426	8,808	9,156	9,569	9,592
S4A	Bi-Weekly	3,533	3,710	3,874	4,050	4,210	4,400	4,410
S4A	Hourly	47.10	49.46	51.65	54.00	56.13	58.66	58.80
S4B	Monthly	8,001	8,402	8,775	9,172	9,534	9,964	9,988
S4B	Bi-Weekly	3,679	3,863	4,034	4,217	4,384	4,581	4,592
S4B	Hourly	49.05	51.51	53.79	56.23	58.45	61.08	61.23
S4C	Monthly	8,319	8,735	9,123	9,535	9,913	10,359	10,384
S4C	Bi-Weekly	3,825	4,016	4,195	4,384	4,558	4,763	4,775
S4C	Hourly	51.00	53.55	55.93	58.45	60.77	63.50	63.66
S4D	Monthly	8,636	9,068	9,471	9,899	10,291	10,755	10,781
S4D	Bi-Weekly	3,971	4,169	4,355	4,551	4,732	4,945	4,957
S4D	Hourly	52.94	55.59	58.06	60.68	63.09	65.93	66.09

DRAFT

WAGE SCHEDULE D

Cytotechnologist
Electroneurophysiology Technologist
Medical Laboratory Technologist
Combined Laboratory/X-Ray Technologist

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,541	6,868	7,173	7,497	7,794	8,145	8,165
P1	Bi-Weekly	3,008	3,158	3,298	3,447	3,584	3,745	3,754
P1	Hourly	40.10	42.10	43.97	45.96	47.78	49.93	50.05
P2A	Monthly	7,038	7,390	7,718	8,067	8,386	8,764	8,786
P2A	Bi-Weekly	3,236	3,398	3,548	3,709	3,856	4,030	4,040
P2A	Hourly	43.14	45.30	47.31	49.45	51.41	53.73	53.86
P2B (E, I, Q, R, and S)	Monthly	7,319	7,685	8,027	8,389	8,721	9,114	9,137
P2B (E, I, Q, R, and S)	Bi-Weekly	3,365	3,533	3,691	3,857	4,010	4,190	4,201
P2B (E, I, Q, R, and S)	Hourly	44.87	47.11	49.21	51.43	53.46	55.87	56.01
S1A	Monthly	7,038	7,390	7,718	8,067	8,386	8,764	8,786
S1A	Bi-Weekly	3,236	3,398	3,548	3,709	3,856	4,030	4,040
S1A	Hourly	43.14	45.30	47.31	49.45	51.41	53.73	53.86
S1B	Monthly	7,326	7,692	8,034	8,397	8,729	9,122	9,145
S1B	Bi-Weekly	3,368	3,536	3,694	3,861	4,013	4,194	4,205
S1B	Hourly	44.91	47.15	49.25	51.48	53.51	55.92	56.06
S1C	Monthly	7,588	7,967	8,321	8,697	9,041	9,448	9,471
S1C	Bi-Weekly	3,489	3,663	3,826	3,998	4,157	4,344	4,355
S1C	Hourly	46.52	48.84	51.01	53.31	55.42	57.92	58.06
S1D	Monthly	7,849	8,242	8,608	8,996	9,353	9,774	9,798
S1D	Bi-Weekly	3,609	3,790	3,958	4,136	4,301	4,494	4,505
S1D	Hourly	48.12	50.53	52.77	55.15	57.34	59.92	60.06
S2A	Monthly	7,306	7,672	8,012	8,374	8,706	9,098	9,120
S2A	Bi-Weekly	3,359	3,527	3,684	3,850	4,003	4,183	4,193
S2A	Hourly	44.79	47.03	49.12	51.33	53.37	55.77	55.91
S2B	Monthly	7,620	8,001	8,357	8,734	9,080	9,489	9,512
S2B	Bi-Weekly	3,503	3,679	3,842	4,016	4,175	4,363	4,373
S2B	Hourly	46.71	49.05	51.23	53.54	55.66	58.17	58.31
S2C	Monthly	7,915	8,310	8,679	9,071	9,431	9,855	9,880
S2C	Bi-Weekly	3,639	3,821	3,990	4,171	4,336	4,531	4,543
S2C	Hourly	48.52	50.94	53.20	55.61	57.81	60.41	60.57
S2D	Monthly	8,242	8,654	9,038	9,446	9,820	10,263	10,288
S2D	Bi-Weekly	3,790	3,979	4,156	4,343	4,515	4,718	4,730
S2D	Hourly	50.53	53.05	55.41	57.91	60.20	62.91	63.07
S3A	Monthly	7,601	7,981	8,335	8,712	9,057	9,464	9,488
S3A	Bi-Weekly	3,495	3,670	3,833	4,006	4,164	4,352	4,362
S3A	Hourly	46.60	48.93	51.10	53.41	55.52	58.02	58.16
S3B	Monthly	7,915	8,310	8,679	9,071	9,431	9,855	9,880
S3B	Bi-Weekly	3,639	3,821	3,990	4,171	4,336	4,531	4,543
S3B	Hourly	48.52	50.94	53.20	55.61	57.81	60.41	60.57
S3C	Monthly	8,242	8,654	9,038	9,446	9,820	10,263	10,288
S3C	Bi-Weekly	3,790	3,979	4,156	4,343	4,515	4,718	4,730
S3C	Hourly	50.53	53.05	55.41	57.91	60.20	62.91	63.07
S3D	Monthly	8,569	8,997	9,397	9,821	10,210	10,670	10,696
S3D	Bi-Weekly	3,940	4,136	4,321	4,516	4,694	4,906	4,918
S3D	Hourly	52.53	55.15	57.61	60.21	62.59	65.41	65.57
S4A	Monthly	7,915	8,310	8,679	9,071	9,431	9,855	9,880
S4A	Bi-Weekly	3,639	3,821	3,990	4,171	4,336	4,531	4,543
S4A	Hourly	48.52	50.94	53.20	55.61	57.81	60.41	60.57
S4B	Monthly	8,242	8,654	9,038	9,446	9,820	10,263	10,288
S4B	Bi-Weekly	3,790	3,979	4,156	4,343	4,515	4,718	4,730
S4B	Hourly	50.53	53.05	55.41	57.91	60.20	62.91	63.07
S4C	Monthly	8,569	8,997	9,397	9,821	10,210	10,670	10,696
S4C	Bi-Weekly	3,940	4,136	4,321	4,516	4,694	4,906	4,918
S4C	Hourly	52.53	55.15	57.61	60.21	62.59	65.41	65.57
S4D	Monthly	8,896	9,340	9,755	10,196	10,600	11,077	11,104
S4D	Bi-Weekly	4,090	4,295	4,485	4,688	4,874	5,093	5,105
S4D	Hourly	54.53	57.26	59.80	62.50	64.98	67.90	68.07

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WAGE SCHEDULE D

Cytotechnologist
Electroneurophysiology Technologist
Medical Laboratory Technologist
Combined Laboratory/X-Ray Technologist

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,737	7,074	7,388	7,722	8,028	8,389	8,410
P1	Bi-Weekly	3,098	3,253	3,397	3,551	3,691	3,857	3,867
P1	Hourly	41.30	43.37	45.29	47.34	49.21	51.43	51.56
P2A	Monthly	7,249	7,612	7,949	8,309	8,638	9,027	9,049
P2A	Bi-Weekly	3,333	3,500	3,655	3,821	3,971	4,151	4,160
P2A	Hourly	44.44	46.66	48.73	50.94	52.95	55.34	55.47
P2B (E, I, Q, R, and S)	Monthly	7,539	7,916	8,267	8,641	8,983	9,387	9,411
P2B (E, I, Q, R, and S)	Bi-Weekly	3,467	3,640	3,801	3,973	4,130	4,316	4,327
P2B (E, I, Q, R, and S)	Hourly	46.22	48.53	50.68	52.97	55.07	57.54	57.69
S1A	Monthly	7,249	7,612	7,949	8,309	8,638	9,027	9,049
S1A	Bi-Weekly	3,333	3,500	3,655	3,821	3,971	4,151	4,160
S1A	Hourly	44.44	46.66	48.73	50.94	52.95	55.34	55.47
S1B	Monthly	7,545	7,923	8,275	8,649	8,991	9,396	9,419
S1B	Bi-Weekly	3,469	3,643	3,805	3,977	4,134	4,320	4,331
S1B	Hourly	46.25	48.57	50.73	53.02	55.12	57.60	57.74
S1C	Monthly	7,815	8,206	8,570	8,958	9,312	9,731	9,756
S1C	Bi-Weekly	3,593	3,773	3,941	4,118	4,282	4,474	4,486
S1C	Hourly	47.91	50.30	52.54	54.91	57.09	59.65	59.81
S1D	Monthly	8,084	8,489	8,866	9,266	9,634	10,067	10,092
S1D	Bi-Weekly	3,717	3,903	4,076	4,260	4,430	4,628	4,640
S1D	Hourly	49.56	52.04	54.35	56.80	59.06	61.71	61.87
S2A	Monthly	7,525	7,902	8,252	8,625	8,967	9,371	9,394
S2A	Bi-Weekly	3,460	3,633	3,794	3,965	4,123	4,309	4,319
S2A	Hourly	46.13	48.44	50.59	52.87	54.97	57.45	57.59
S2B	Monthly	7,849	8,241	8,607	8,996	9,353	9,773	9,798
S2B	Bi-Weekly	3,609	3,789	3,957	4,136	4,301	4,493	4,505
S2B	Hourly	48.12	50.52	52.76	55.15	57.34	59.91	60.06
S2C	Monthly	8,152	8,560	8,939	9,344	9,714	10,151	10,176
S2C	Bi-Weekly	3,748	3,936	4,110	4,296	4,466	4,667	4,679
S2C	Hourly	49.97	52.48	54.80	57.28	59.55	62.23	62.38
S2D	Monthly	8,489	8,913	9,309	9,730	10,115	10,570	10,597
S2D	Bi-Weekly	3,903	4,098	4,280	4,474	4,651	4,860	4,872
S2D	Hourly	52.04	54.64	57.07	59.65	62.01	64.80	64.96
S3A	Monthly	7,828	8,220	8,585	8,973	9,329	9,748	9,772
S3A	Bi-Weekly	3,599	3,779	3,947	4,126	4,289	4,482	4,493
S3A	Hourly	47.99	50.39	52.63	55.01	57.19	59.76	59.90
S3B	Monthly	8,152	8,560	8,939	9,344	9,714	10,151	10,176
S3B	Bi-Weekly	3,748	3,936	4,110	4,296	4,466	4,667	4,679
S3B	Hourly	49.97	52.48	54.80	57.28	59.55	62.23	62.38
S3C	Monthly	8,489	8,913	9,309	9,730	10,115	10,570	10,597
S3C	Bi-Weekly	3,903	4,098	4,280	4,474	4,651	4,860	4,872
S3C	Hourly	52.04	54.64	57.07	59.65	62.01	64.80	64.96
S3D	Monthly	8,825	9,267	9,678	10,116	10,517	10,990	11,017
S3D	Bi-Weekly	4,058	4,261	4,450	4,651	4,835	5,053	5,066
S3D	Hourly	54.10	56.81	59.33	62.01	64.47	67.37	67.54
S4A	Monthly	8,152	8,560	8,939	9,344	9,714	10,151	10,176
S4A	Bi-Weekly	3,748	3,936	4,110	4,296	4,466	4,667	4,679
S4A	Hourly	49.97	52.48	54.80	57.28	59.55	62.23	62.38
S4B	Monthly	8,489	8,913	9,309	9,730	10,115	10,570	10,597
S4B	Bi-Weekly	3,903	4,098	4,280	4,474	4,651	4,860	4,872
S4B	Hourly	52.04	54.64	57.07	59.65	62.01	64.80	64.96
S4C	Monthly	8,825	9,267	9,678	10,116	10,517	10,990	11,017
S4C	Bi-Weekly	4,058	4,261	4,450	4,651	4,835	5,053	5,066
S4C	Hourly	54.10	56.81	59.33	62.01	64.47	67.37	67.54
S4D	Monthly	9,162	9,621	10,048	10,502	10,918	11,409	11,438
S4D	Bi-Weekly	4,213	4,424	4,620	4,829	5,020	5,246	5,259
S4D	Hourly	56.17	58.98	61.60	64.38	66.93	69.94	70.12

DRAFT

WAGE SCHEDULE E

Aquatic Therapist
Bioinformatics Technologist
Biomedical Engineering Technologist
Child Life Specialist
Clinical Exercise Physiologist
Dental Hygienist
Infant Development Consultant
Licensing Officer
Massage Therapist
Music Therapist
Orthotist
Polysomnographic Technologist
Prosthetist
Recreation Therapist
Respiratory Therapist
Supported Child Development Consultant
Tobacco & Vapour Products Enforcement Officer
Tobacco and Vapour Products Reduction Coordinator

Effective First Pay Period After April 1, 2025

**For the Orthotics Resident and Prosthetics Resident Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,365	6,690	6,982	7,301	7,591	7,930	7,950
P1	Bi-Weekly	2,927	3,076	3,210	3,357	3,490	3,646	3,656
P1	Hourly	39.02	41.01	42.80	44.76	46.53	48.61	48.74
P2A	Monthly	6,607	6,944	7,247	7,578	7,879	8,231	8,252
P2A	Bi-Weekly	3,038	3,193	3,332	3,485	3,623	3,785	3,794
P2A	Hourly	40.50	42.57	44.43	46.46	48.30	50.46	50.59
P2BS	Monthly	6,607	6,944	7,247	7,578	7,879	8,231	8,252
P2BS	Bi-Weekly	3,038	3,193	3,332	3,485	3,623	3,785	3,794
P2BS	Hourly	40.50	42.57	44.43	46.46	48.30	50.46	50.59
P2BE, P2BI, P2BQ and P2BR	Monthly	7,122	7,486	7,813	8,170	8,494	8,874	8,896
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,275	3,442	3,593	3,756	3,905	4,080	4,090
P2BE, P2BI, P2BQ and P2BR	Hourly	43.66	45.89	47.90	50.08	52.07	54.40	54.53
S1A	Monthly	6,620	6,958	7,261	7,593	7,895	8,247	8,268
S1A	Bi-Weekly	3,044	3,199	3,338	3,491	3,630	3,792	3,802
S1A	Hourly	40.58	42.65	44.51	46.55	48.40	50.56	50.69
S1B	Monthly	7,129	7,493	7,820	8,177	8,502	8,882	8,904
S1B	Bi-Weekly	3,278	3,445	3,596	3,760	3,909	4,084	4,094
S1B	Hourly	43.70	45.93	47.94	50.13	52.12	54.45	54.58
S1C	Monthly	7,383	7,760	8,099	8,469	8,806	9,199	9,222
S1C	Bi-Weekly	3,395	3,568	3,724	3,894	4,049	4,229	4,240
S1C	Hourly	45.26	47.57	49.65	51.92	53.98	56.39	56.53
S1D	Monthly	7,638	8,028	8,378	8,761	9,109	9,516	9,540
S1D	Bi-Weekly	3,512	3,691	3,852	4,028	4,188	4,376	4,386
S1D	Hourly	46.82	49.21	51.36	53.71	55.84	58.34	58.48
S2A	Monthly	6,874	7,225	7,541	7,885	8,198	8,564	8,586
S2A	Bi-Weekly	3,161	3,322	3,467	3,626	3,770	3,938	3,947
S2A	Hourly	42.14	44.29	46.23	48.34	50.26	52.50	52.63
S2B	Monthly	7,415	7,794	8,134	8,506	8,844	9,238	9,262
S2B	Bi-Weekly	3,410	3,584	3,740	3,911	4,067	4,247	4,259
S2B	Hourly	45.46	47.78	49.86	52.14	54.22	56.63	56.78
S2C	Monthly	7,702	8,095	8,448	8,834	9,185	9,595	9,620
S2C	Bi-Weekly	3,542	3,722	3,884	4,061	4,223	4,412	4,423
S2C	Hourly	47.22	49.62	51.79	54.15	56.31	58.82	58.97
S2D	Monthly	8,020	8,429	8,797	9,199	9,565	9,992	10,017
S2D	Bi-Weekly	3,687	3,875	4,045	4,229	4,398	4,594	4,606
S2D	Hourly	49.16	51.67	53.93	56.39	58.64	61.25	61.41
S3A	Monthly	7,396	7,774	8,113	8,484	8,821	9,215	9,238
S3A	Bi-Weekly	3,401	3,575	3,730	3,901	4,056	4,237	4,247
S3A	Hourly	45.34	47.66	49.73	52.01	54.08	56.49	56.63
S3B	Monthly	7,702	8,095	8,448	8,834	9,185	9,595	9,620
S3B	Bi-Weekly	3,542	3,722	3,884	4,061	4,223	4,412	4,423
S3B	Hourly	47.22	49.62	51.79	54.15	56.31	58.82	58.97
S3C	Monthly	8,020	8,429	8,797	9,199	9,565	9,992	10,017
S3C	Bi-Weekly	3,687	3,875	4,045	4,229	4,398	4,594	4,606
S3C	Hourly	49.16	51.67	53.93	56.39	58.64	61.25	61.41
S3D	Monthly	8,338	8,764	9,146	9,564	9,944	10,388	10,415
S3D	Bi-Weekly	3,833	4,030	4,205	4,397	4,572	4,776	4,789
S3D	Hourly	51.11	53.73	56.07	58.63	60.96	63.68	63.85
S4A	Monthly	7,702	8,095	8,448	8,834	9,185	9,595	9,620
S4A	Bi-Weekly	3,542	3,722	3,884	4,061	4,223	4,412	4,423
S4A	Hourly	47.22	49.62	51.79	54.15	56.31	58.82	58.97
S4B	Monthly	8,020	8,429	8,797	9,199	9,565	9,992	10,017
S4B	Bi-Weekly	3,687	3,875	4,045	4,229	4,398	4,594	4,606
S4B	Hourly	49.16	51.67	53.93	56.39	58.64	61.25	61.41
S4C	Monthly	8,338	8,764	9,146	9,564	9,944	10,388	10,415
S4C	Bi-Weekly	3,833	4,030	4,205	4,397	4,572	4,776	4,789
S4C	Hourly	51.11	53.73	56.07	58.63	60.96	63.68	63.85
S4D	Monthly	8,656	9,098	9,496	9,929	10,324	10,785	10,812
S4D	Bi-Weekly	3,980	4,183	4,366	4,565	4,747	4,958	4,971
S4D	Hourly	53.06	55.77	58.21	60.87	63.29	66.11	66.28

DRAFT

WAGE SCHEDULE E

Aquatic Therapist
Bioinformatics Technologist
Biomedical Engineering Technologist
Child Life Specialist
Clinical Exercise Physiologist
Dental Hygienist
Infant Development Consultant
Licensing Officer
Massage Therapist
Music Therapist
Nuclear Medicine Technologist
Orthotist
Polysomnographic Technologist
Prosthetist
Radiological Technologist
Recreation Therapist
Respiratory Therapist
Supported Child Development Consultant
Tobacco & Vapour Products Enforcement Officer
Tobacco and Vapour Products Reduction Coordinator

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

**For the Orthotics Resident and Prosthetics Resident Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,556	6,891	7,191	7,520	7,819	8,168	8,189
P1	Bi-Weekly	3,014	3,168	3,306	3,458	3,595	3,755	3,765
P1	Hourly	40.19	42.24	44.08	46.10	47.93	50.07	50.20
P2A	Monthly	7,054	7,415	7,738	8,092	8,413	8,789	8,811
P2A	Bi-Weekly	3,243	3,410	3,558	3,721	3,868	4,041	4,051
P2A	Hourly	43.24	45.46	47.44	49.61	51.57	53.88	54.01
P2B (E, I, Q, R, and S)	Monthly	7,336	7,711	8,047	8,415	8,749	9,140	9,163
P2B (E, I, Q, R, and S)	Bi-Weekly	3,373	3,545	3,700	3,869	4,022	4,202	4,213
P2B (E, I, Q, R, and S)	Hourly	44.97	47.27	49.33	51.59	53.63	56.03	56.17
S1A	Monthly	7,054	7,415	7,738	8,092	8,413	8,789	8,811
S1A	Bi-Weekly	3,243	3,410	3,558	3,721	3,868	4,041	4,051
S1A	Hourly	43.24	45.46	47.44	49.61	51.57	53.88	54.01
S1B	Monthly	7,343	7,718	8,054	8,422	8,757	9,148	9,172
S1B	Bi-Weekly	3,376	3,548	3,703	3,872	4,026	4,206	4,217
S1B	Hourly	45.01	47.31	49.37	51.63	53.68	56.08	56.23
S1C	Monthly	7,605	7,994	8,342	8,723	9,070	9,475	9,499
S1C	Bi-Weekly	3,497	3,676	3,836	4,010	4,170	4,356	4,367
S1C	Hourly	46.62	49.01	51.14	53.47	55.60	58.08	58.23
S1D	Monthly	7,867	8,269	8,629	9,024	9,383	9,802	9,827
S1D	Bi-Weekly	3,617	3,802	3,968	4,149	4,314	4,507	4,518
S1D	Hourly	48.23	50.69	52.90	55.32	57.52	60.09	60.24
S2A	Monthly	7,323	7,697	8,032	8,400	8,734	9,124	9,147
S2A	Bi-Weekly	3,367	3,539	3,693	3,862	4,016	4,195	4,205
S2A	Hourly	44.89	47.18	49.24	51.49	53.54	55.93	56.07
S2B	Monthly	7,638	8,028	8,378	8,761	9,109	9,516	9,540
S2B	Bi-Weekly	3,512	3,691	3,852	4,028	4,188	4,376	4,386
S2B	Hourly	46.82	49.21	51.36	53.71	55.84	58.34	58.48
S2C	Monthly	7,933	8,338	8,701	9,099	9,461	9,883	9,909
S2C	Bi-Weekly	3,647	3,833	4,001	4,184	4,350	4,544	4,556
S2C	Hourly	48.63	51.11	53.34	55.78	58.00	60.59	60.74
S2D	Monthly	8,261	8,683	9,061	9,475	9,852	10,292	10,318
S2D	Bi-Weekly	3,798	3,992	4,166	4,356	4,530	4,732	4,744
S2D	Hourly	50.64	53.23	55.55	58.08	60.40	63.09	63.25
S3A	Monthly	7,618	8,007	8,356	8,738	9,086	9,491	9,516
S3A	Bi-Weekly	3,503	3,682	3,842	4,018	4,178	4,364	4,376
S3A	Hourly	46.70	49.09	51.22	53.57	55.70	58.18	58.34
S3B	Monthly	7,933	8,338	8,701	9,099	9,461	9,883	9,909
S3B	Bi-Weekly	3,647	3,833	4,001	4,184	4,350	4,544	4,556
S3B	Hourly	48.63	51.11	53.34	55.78	58.00	60.59	60.74
S3C	Monthly	8,261	8,683	9,061	9,475	9,852	10,292	10,318
S3C	Bi-Weekly	3,798	3,992	4,166	4,356	4,530	4,732	4,744
S3C	Hourly	50.64	53.23	55.55	58.08	60.40	63.09	63.25
S3D	Monthly	8,588	9,027	9,420	9,851	10,243	10,700	10,728
S3D	Bi-Weekly	3,949	4,151	4,331	4,529	4,709	4,919	4,933
S3D	Hourly	52.65	55.34	57.75	60.39	62.79	65.59	65.77
S4A	Monthly	7,933	8,338	8,701	9,099	9,461	9,883	9,909
S4A	Bi-Weekly	3,647	3,833	4,001	4,184	4,350	4,544	4,556
S4A	Hourly	48.63	51.11	53.34	55.78	58.00	60.59	60.74
S4B	Monthly	8,261	8,683	9,061	9,475	9,852	10,292	10,318
S4B	Bi-Weekly	3,798	3,992	4,166	4,356	4,530	4,732	4,744
S4B	Hourly	50.64	53.23	55.55	58.08	60.40	63.09	63.25
S4C	Monthly	8,588	9,027	9,420	9,851	10,243	10,700	10,728
S4C	Bi-Weekly	3,949	4,151	4,331	4,529	4,709	4,919	4,933
S4C	Hourly	52.65	55.34	57.75	60.39	62.79	65.59	65.77
S4D	Monthly	8,916	9,372	9,780	10,227	10,634	11,108	11,137
S4D	Bi-Weekly	4,100	4,309	4,496	4,702	4,889	5,108	5,120
S4D	Hourly	54.66	57.45	59.95	62.69	65.19	68.10	68.27

DRAFT

WAGE SCHEDULE E

Aquatic Therapist
Bioinformatics Technologist
Biomedical Engineering Technologist
Child Life Specialist
Clinical Exercise Physiologist
Dental Hygienist
Infant Development Consultant
Licensing Officer
Massage Therapist
Music Therapist
Nuclear Medicine Technologist
Orthotist
Polysomnographic Technologist
Prosthetist
Radiological Technologist
Recreation Therapist
Respiratory Therapist
Supported Child Development Consultant
Tobacco & Vapour Products Enforcement Officer
Tobacco and Vapour Products Reduction Coordinator

Effective First Pay Period After April 1, 2027

**For the Orthotics Resident and Prosthetics Resident Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,753	7,098	7,407	7,746	8,054	8,413	8,435
P1	Bi-Weekly	3,105	3,263	3,406	3,562	3,703	3,868	3,878
P1	Hourly	41.40	43.51	45.41	47.49	49.37	51.57	51.71
P2A	Monthly	7,266	7,637	7,970	8,335	8,666	9,052	9,076
P2A	Bi-Weekly	3,341	3,512	3,665	3,833	3,984	4,162	4,173
P2A	Hourly	44.54	46.82	48.86	51.10	53.12	55.49	55.64
P2B (E, I, Q, R, and S)	Monthly	7,557	7,943	8,288	8,668	9,012	9,414	9,439
P2B (E, I, Q, R, and S)	Bi-Weekly	3,475	3,652	3,811	3,986	4,144	4,328	4,340
P2B (E, I, Q, R, and S)	Hourly	46.33	48.69	50.81	53.14	55.25	57.71	57.86
S1A	Monthly	7,266	7,637	7,970	8,335	8,666	9,052	9,076
S1A	Bi-Weekly	3,341	3,512	3,665	3,833	3,984	4,162	4,173
S1A	Hourly	44.54	46.82	48.86	51.10	53.12	55.49	55.64
S1B	Monthly	7,563	7,950	8,296	8,676	9,020	9,423	9,447
S1B	Bi-Weekly	3,477	3,656	3,815	3,989	4,148	4,333	4,343
S1B	Hourly	46.36	48.74	50.86	53.19	55.30	57.77	57.91
S1C	Monthly	7,833	8,234	8,592	8,985	9,343	9,759	9,785
S1C	Bi-Weekly	3,602	3,786	3,950	4,131	4,296	4,487	4,499
S1C	Hourly	48.02	50.48	52.67	55.08	57.28	59.83	59.98
S1D	Monthly	8,104	8,518	8,888	9,295	9,665	10,096	10,122
S1D	Bi-Weekly	3,726	3,917	4,087	4,274	4,444	4,642	4,654
S1D	Hourly	49.68	52.22	54.49	56.98	59.25	61.89	62.05
S2A	Monthly	7,543	7,928	8,274	8,652	8,996	9,397	9,422
S2A	Bi-Weekly	3,468	3,645	3,804	3,978	4,136	4,321	4,332
S2A	Hourly	46.24	48.60	50.72	53.04	55.15	57.61	57.76
S2B	Monthly	7,867	8,269	8,629	9,024	9,383	9,801	9,827
S2B	Bi-Weekly	3,617	3,802	3,968	4,149	4,314	4,506	4,518
S2B	Hourly	48.23	50.69	52.90	55.32	57.52	60.08	60.24
S2C	Monthly	8,171	8,589	8,962	9,373	9,745	10,180	10,206
S2C	Bi-Weekly	3,757	3,949	4,121	4,310	4,481	4,681	4,693
S2C	Hourly	50.09	52.65	54.94	57.46	59.74	62.41	62.57
S2D	Monthly	8,509	8,943	9,333	9,760	10,148	10,600	10,628
S2D	Bi-Weekly	3,912	4,112	4,291	4,487	4,666	4,874	4,886
S2D	Hourly	52.16	54.82	57.21	59.83	62.21	64.98	65.15
S3A	Monthly	7,847	8,248	8,607	9,001	9,359	9,776	9,801
S3A	Bi-Weekly	3,608	3,792	3,957	4,139	4,303	4,495	4,506
S3A	Hourly	48.10	50.56	52.76	55.18	57.37	59.93	60.08
S3B	Monthly	8,171	8,589	8,962	9,373	9,745	10,180	10,206
S3B	Bi-Weekly	3,757	3,949	4,121	4,310	4,481	4,681	4,693
S3B	Hourly	50.09	52.65	54.94	57.46	59.74	62.41	62.57
S3C	Monthly	8,509	8,943	9,333	9,760	10,148	10,600	10,628
S3C	Bi-Weekly	3,912	4,112	4,291	4,487	4,666	4,874	4,886
S3C	Hourly	52.16	54.82	57.21	59.83	62.21	64.98	65.15
S3D	Monthly	8,846	9,298	9,703	10,147	10,551	11,021	11,050
S3D	Bi-Weekly	4,067	4,275	4,461	4,665	4,851	5,067	5,081
S3D	Hourly	54.23	57.00	59.48	62.20	64.68	67.56	67.74
S4A	Monthly	8,171	8,589	8,962	9,373	9,745	10,180	10,206
S4A	Bi-Weekly	3,757	3,949	4,121	4,310	4,481	4,681	4,693
S4A	Hourly	50.09	52.65	54.94	57.46	59.74	62.41	62.57
S4B	Monthly	8,509	8,943	9,333	9,760	10,148	10,600	10,628
S4B	Bi-Weekly	3,912	4,112	4,291	4,487	4,666	4,874	4,886
S4B	Hourly	52.16	54.82	57.21	59.83	62.21	64.98	65.15
S4C	Monthly	8,846	9,298	9,703	10,147	10,551	11,021	11,050
S4C	Bi-Weekly	4,067	4,275	4,461	4,665	4,851	5,067	5,081
S4C	Hourly	54.23	57.00	59.48	62.20	64.68	67.56	67.74
S4D	Monthly	9,184	9,653	10,074	10,535	10,953	11,442	11,472
S4D	Bi-Weekly	4,223	4,439	4,632	4,844	5,036	5,261	5,275
S4D	Hourly	56.30	59.18	61.76	64.58	67.14	70.14	70.33

DRAFT

WAGE SCHEDULE E

Aquatic Therapist
Bioinformatics Technologist
Biomedical Engineering Technologist
Child Life Specialist
Clinical Exercise Physiologist
Dental Hygienist
Infant Development Consultant
Licensing Officer
Massage Therapist
Music Therapist
Nuclear Medicine Technologist
Orthotist
Polysomnographic Technologist
Prosthetist
Radiological Technologist
Recreation Therapist
Respiratory Therapist
Supported Child Development Consultant
Tobacco & Vapour Products Enforcement Officer
Tobacco and Vapour Products Reduction Coordinator

Effective First Pay Period After April 1, 2028

**For the Orthotics Resident and Prosthetics Resident Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,956	7,311	7,629	7,978	8,296	8,665	8,688
P1	Bi-Weekly	3,198	3,362	3,508	3,668	3,815	3,984	3,995
P1	Hourly	42.64	44.82	46.77	48.91	50.86	53.12	53.26
P2A	Monthly	7,485	7,867	8,209	8,584	8,926	9,324	9,348
P2A	Bi-Weekly	3,442	3,617	3,774	3,947	4,104	4,287	4,298
P2A	Hourly	45.89	48.23	50.32	52.62	54.72	57.16	57.31
P2B (E, I, Q, R, and S)	Monthly	7,784	8,181	8,537	8,927	9,283	9,696	9,722
P2B (E, I, Q, R, and S)	Bi-Weekly	3,579	3,761	3,925	4,104	4,268	4,458	4,470
P2B (E, I, Q, R, and S)	Hourly	47.72	50.15	52.33	54.72	56.91	59.44	59.60
S1A	Monthly	7,485	7,867	8,209	8,584	8,926	9,324	9,348
S1A	Bi-Weekly	3,442	3,617	3,774	3,947	4,104	4,287	4,298
S1A	Hourly	45.89	48.23	50.32	52.62	54.72	57.16	57.31
S1B	Monthly	7,791	8,188	8,544	8,935	9,292	9,705	9,731
S1B	Bi-Weekly	3,582	3,764	3,929	4,108	4,272	4,462	4,474
S1B	Hourly	47.76	50.19	52.38	54.77	56.96	59.49	59.65
S1C	Monthly	8,069	8,481	8,850	9,254	9,623	10,051	10,078
S1C	Bi-Weekly	3,710	3,899	4,069	4,255	4,424	4,622	4,634
S1C	Hourly	49.47	51.99	54.25	56.73	58.99	61.62	61.78
S1D	Monthly	8,347	8,773	9,155	9,574	9,955	10,398	10,426
S1D	Bi-Weekly	3,838	4,034	4,209	4,402	4,577	4,781	4,793
S1D	Hourly	51.17	53.78	56.12	58.69	61.03	63.74	63.91
S2A	Monthly	7,770	8,166	8,522	8,911	9,267	9,679	9,704
S2A	Bi-Weekly	3,572	3,755	3,918	4,097	4,261	4,450	4,462
S2A	Hourly	47.63	50.06	52.24	54.63	56.81	59.33	59.49
S2B	Monthly	8,104	8,517	8,888	9,294	9,665	10,095	10,122
S2B	Bi-Weekly	3,726	3,916	4,087	4,273	4,444	4,642	4,654
S2B	Hourly	49.68	52.21	54.49	56.97	59.25	61.89	62.05
S2C	Monthly	8,417	8,846	9,231	9,653	10,038	10,485	10,512
S2C	Bi-Weekly	3,870	4,067	4,244	4,439	4,616	4,821	4,833
S2C	Hourly	51.60	54.23	56.59	59.18	61.54	64.28	64.44
S2D	Monthly	8,765	9,212	9,613	10,052	10,453	10,918	10,947
S2D	Bi-Weekly	4,030	4,235	4,420	4,622	4,806	5,020	5,033
S2D	Hourly	53.73	56.47	58.93	61.62	64.08	66.93	67.11
S3A	Monthly	8,083	8,495	8,865	9,270	9,640	10,069	10,095
S3A	Bi-Weekly	3,716	3,906	4,076	4,262	4,433	4,630	4,642
S3A	Hourly	49.55	52.08	54.34	56.83	59.10	61.73	61.89
S3B	Monthly	8,417	8,846	9,231	9,653	10,038	10,485	10,512
S3B	Bi-Weekly	3,870	4,067	4,244	4,439	4,616	4,821	4,833
S3B	Hourly	51.60	54.23	56.59	59.18	61.54	64.28	64.44
S3C	Monthly	8,765	9,212	9,613	10,052	10,453	10,918	10,947
S3C	Bi-Weekly	4,030	4,235	4,420	4,622	4,806	5,020	5,033
S3C	Hourly	53.73	56.47	58.93	61.62	64.08	66.93	67.11
S3D	Monthly	9,112	9,577	9,994	10,451	10,868	11,351	11,381
S3D	Bi-Weekly	4,190	4,403	4,595	4,805	4,997	5,219	5,233
S3D	Hourly	55.86	58.71	61.27	64.07	66.62	69.58	69.77
S4A	Monthly	8,417	8,846	9,231	9,653	10,038	10,485	10,512
S4A	Bi-Weekly	3,870	4,067	4,244	4,439	4,616	4,821	4,833
S4A	Hourly	51.60	54.23	56.59	59.18	61.54	64.28	64.44
S4B	Monthly	8,765	9,212	9,613	10,052	10,453	10,918	10,947
S4B	Bi-Weekly	4,030	4,235	4,420	4,622	4,806	5,020	5,033
S4B	Hourly	53.73	56.47	58.93	61.62	64.08	66.93	67.11
S4C	Monthly	9,112	9,577	9,994	10,451	10,868	11,351	11,381
S4C	Bi-Weekly	4,190	4,403	4,595	4,805	4,997	5,219	5,233
S4C	Hourly	55.86	58.71	61.27	64.07	66.62	69.58	69.77
S4D	Monthly	9,460	9,943	10,375	10,850	11,283	11,784	11,816
S4D	Bi-Weekly	4,349	4,571	4,770	4,988	5,188	5,418	5,433
S4D	Hourly	57.99	60.95	63.60	66.51	69.17	72.24	72.44

DRAFT

WAGE SCHEDULE F

Public Health Inspector/Environmental Health Officer

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,596	6,926	7,236	7,564	7,866	8,213	8,234
P1	Bi-Weekly	3,033	3,185	3,327	3,478	3,617	3,776	3,786
P1	Hourly	40.44	42.46	44.36	46.37	48.22	50.35	50.48
P2A	Monthly	6,847	7,189	7,511	7,851	8,165	8,525	8,547
P2A	Bi-Weekly	3,148	3,305	3,453	3,610	3,754	3,920	3,930
P2A	Hourly	41.97	44.07	46.04	48.13	50.05	52.26	52.40
P2BS	Monthly	6,847	7,189	7,511	7,851	8,165	8,525	8,547
P2BS	Bi-Weekly	3,148	3,305	3,453	3,610	3,754	3,920	3,930
P2BS	Hourly	41.97	44.07	46.04	48.13	50.05	52.26	52.40
P2BE, P2BI, P2BQ and P2BR	Monthly	7,381	7,750	8,097	8,464	8,802	9,190	9,214
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,394	3,563	3,723	3,892	4,047	4,226	4,236
P2BE, P2BI, P2BQ and P2BR	Hourly	45.25	47.51	49.64	51.89	53.96	56.34	56.48
S1A	Monthly	6,860	7,203	7,525	7,867	8,181	8,542	8,563
S1A	Bi-Weekly	3,154	3,312	3,460	3,617	3,761	3,927	3,937
S1A	Hourly	42.05	44.16	46.13	48.23	50.15	52.36	52.49
S1B	Monthly	7,388	7,757	8,104	8,472	8,810	9,199	9,222
S1B	Bi-Weekly	3,397	3,566	3,726	3,896	4,051	4,229	4,240
S1B	Hourly	45.29	47.55	49.68	51.94	54.01	56.39	56.53
S1C	Monthly	7,651	8,034	8,394	8,774	9,125	9,527	9,551
S1C	Bi-Weekly	3,518	3,694	3,860	4,034	4,196	4,380	4,391
S1C	Hourly	46.90	49.25	51.46	53.79	55.94	58.40	58.55
S1D	Monthly	7,915	8,311	8,683	9,077	9,439	9,856	9,881
S1D	Bi-Weekly	3,639	3,821	3,992	4,173	4,340	4,532	4,543
S1D	Hourly	48.52	50.95	53.23	55.64	57.86	60.42	60.57
S2A	Monthly	7,124	7,480	7,815	8,169	8,495	8,870	8,893
S2A	Bi-Weekly	3,275	3,439	3,593	3,756	3,906	4,079	4,089
S2A	Hourly	43.67	45.85	47.91	50.08	52.08	54.38	54.52
S2B	Monthly	7,684	8,069	8,430	8,812	9,164	9,568	9,593
S2B	Bi-Weekly	3,533	3,710	3,876	4,052	4,214	4,399	4,411
S2B	Hourly	47.10	49.47	51.68	54.02	56.18	58.65	58.81
S2C	Monthly	7,981	8,380	8,756	9,152	9,518	9,938	9,963
S2C	Bi-Weekly	3,670	3,853	4,026	4,208	4,376	4,569	4,581
S2C	Hourly	48.93	51.37	53.68	56.10	58.35	60.92	61.08
S2D	Monthly	8,311	8,727	9,117	9,531	9,911	10,348	10,375
S2D	Bi-Weekly	3,821	4,013	4,192	4,382	4,557	4,758	4,770
S2D	Hourly	50.95	53.50	55.89	58.43	60.76	63.44	63.60
S3A	Monthly	7,665	8,048	8,408	8,789	9,140	9,544	9,568
S3A	Bi-Weekly	3,524	3,701	3,866	4,041	4,202	4,388	4,399
S3A	Hourly	46.99	49.34	51.54	53.88	56.03	58.51	58.65
S3B	Monthly	7,981	8,380	8,756	9,152	9,518	9,938	9,963
S3B	Bi-Weekly	3,670	3,853	4,026	4,208	4,376	4,569	4,581
S3B	Hourly	48.93	51.37	53.68	56.10	58.35	60.92	61.08
S3C	Monthly	8,311	8,727	9,117	9,531	9,911	10,348	10,375
S3C	Bi-Weekly	3,821	4,013	4,192	4,382	4,557	4,758	4,770
S3C	Hourly	50.95	53.50	55.89	58.43	60.76	63.44	63.60
S3D	Monthly	8,641	9,073	9,479	9,909	10,304	10,759	10,787
S3D	Bi-Weekly	3,973	4,172	4,358	4,556	4,738	4,947	4,960
S3D	Hourly	52.97	55.62	58.11	60.74	63.17	65.96	66.13
S4A	Monthly	7,981	8,380	8,756	9,152	9,518	9,938	9,963
S4A	Bi-Weekly	3,670	3,853	4,026	4,208	4,376	4,569	4,581
S4A	Hourly	48.93	51.37	53.68	56.10	58.35	60.92	61.08
S4B	Monthly	8,311	8,727	9,117	9,531	9,911	10,348	10,375
S4B	Bi-Weekly	3,821	4,013	4,192	4,382	4,557	4,758	4,770
S4B	Hourly	50.95	53.50	55.89	58.43	60.76	63.44	63.60
S4C	Monthly	8,641	9,073	9,479	9,909	10,304	10,759	10,787
S4C	Bi-Weekly	3,973	4,172	4,358	4,556	4,738	4,947	4,960
S4C	Hourly	52.97	55.62	58.11	60.74	63.17	65.96	66.13
S4D	Monthly	8,971	9,419	9,841	10,287	10,698	11,170	11,198
S4D	Bi-Weekly	4,124	4,331	4,525	4,730	4,919	5,136	5,149
S4D	Hourly	54.99	57.74	60.33	63.06	65.58	68.48	68.65

DRAFT

WAGE SCHEDULE F

Public Health Inspector/Environmental Health Officer

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,794	7,134	7,453	7,791	8,102	8,459	8,481
P1	Bi-Weekly	3,124	3,280	3,427	3,582	3,725	3,890	3,899
P1	Hourly	41.65	43.73	45.69	47.76	49.67	51.86	51.99
P2A	Monthly	7,310	7,676	8,019	8,383	8,718	9,102	9,126
P2A	Bi-Weekly	3,361	3,530	3,687	3,854	4,008	4,185	4,196
P2A	Hourly	44.81	47.06	49.16	51.39	53.44	55.80	55.94
P2B (E, I, Q, R, and S)	Monthly	7,602	7,983	8,340	8,718	9,066	9,466	9,490
P2B (E, I, Q, R, and S)	Bi-Weekly	3,495	3,671	3,835	4,008	4,169	4,352	4,364
P2B (E, I, Q, R, and S)	Hourly	46.60	48.94	51.13	53.44	55.58	58.03	58.18
S1A	Monthly	7,310	7,676	8,019	8,383	8,718	9,102	9,126
S1A	Bi-Weekly	3,361	3,530	3,687	3,854	4,008	4,185	4,196
S1A	Hourly	44.81	47.06	49.16	51.39	53.44	55.80	55.94
S1B	Monthly	7,609	7,990	8,347	8,726	9,074	9,474	9,499
S1B	Bi-Weekly	3,499	3,674	3,838	4,012	4,172	4,356	4,367
S1B	Hourly	46.65	48.98	51.17	53.49	55.63	58.08	58.23
S1C	Monthly	7,881	8,275	8,645	9,038	9,398	9,812	9,838
S1C	Bi-Weekly	3,623	3,805	3,975	4,156	4,321	4,511	4,523
S1C	Hourly	48.31	50.73	53.00	55.41	57.61	60.15	60.31
S1D	Monthly	8,153	8,561	8,944	9,349	9,722	10,151	10,177
S1D	Bi-Weekly	3,749	3,936	4,112	4,298	4,470	4,667	4,679
S1D	Hourly	49.98	52.48	54.83	57.31	59.60	62.23	62.39
S2A	Monthly	7,589	7,969	8,325	8,703	9,050	9,449	9,473
S2A	Bi-Weekly	3,489	3,664	3,827	4,001	4,161	4,344	4,355
S2A	Hourly	46.52	48.85	51.03	53.35	55.48	57.92	58.07
S2B	Monthly	7,915	8,311	8,683	9,077	9,439	9,855	9,880
S2B	Bi-Weekly	3,639	3,821	3,992	4,173	4,340	4,531	4,543
S2B	Hourly	48.52	50.95	53.23	55.64	57.86	60.41	60.57
S2C	Monthly	8,221	8,632	9,018	9,427	9,803	10,235	10,262
S2C	Bi-Weekly	3,780	3,969	4,146	4,334	4,508	4,706	4,718
S2C	Hourly	50.40	52.92	55.28	57.79	60.10	62.74	62.91
S2D	Monthly	8,560	8,989	9,391	9,817	10,209	10,658	10,686
S2D	Bi-Weekly	3,936	4,133	4,318	4,514	4,694	4,901	4,913
S2D	Hourly	52.48	55.10	57.57	60.18	62.58	65.34	65.51
S3A	Monthly	7,895	8,290	8,660	9,053	9,415	9,829	9,855
S3A	Bi-Weekly	3,630	3,812	3,982	4,163	4,329	4,519	4,531
S3A	Hourly	48.40	50.82	53.09	55.50	57.72	60.25	60.41
S3B	Monthly	8,221	8,632	9,018	9,427	9,803	10,235	10,262
S3B	Bi-Weekly	3,780	3,969	4,146	4,334	4,508	4,706	4,718
S3B	Hourly	50.40	52.92	55.28	57.79	60.10	62.74	62.91
S3C	Monthly	8,560	8,989	9,391	9,817	10,209	10,658	10,686
S3C	Bi-Weekly	3,936	4,133	4,318	4,514	4,694	4,901	4,913
S3C	Hourly	52.48	55.10	57.57	60.18	62.58	65.34	65.51
S3D	Monthly	8,900	9,346	9,763	10,206	10,614	11,081	11,110
S3D	Bi-Weekly	4,092	4,297	4,489	4,693	4,880	5,095	5,108
S3D	Hourly	54.56	57.29	59.85	62.57	65.07	67.93	68.11
S4A	Monthly	8,221	8,632	9,018	9,427	9,803	10,235	10,262
S4A	Bi-Weekly	3,780	3,969	4,146	4,334	4,508	4,706	4,718
S4A	Hourly	50.40	52.92	55.28	57.79	60.10	62.74	62.91
S4B	Monthly	8,560	8,989	9,391	9,817	10,209	10,658	10,686
S4B	Bi-Weekly	3,936	4,133	4,318	4,514	4,694	4,901	4,913
S4B	Hourly	52.48	55.10	57.57	60.18	62.58	65.34	65.51
S4C	Monthly	8,900	9,346	9,763	10,206	10,614	11,081	11,110
S4C	Bi-Weekly	4,092	4,297	4,489	4,693	4,880	5,095	5,108
S4C	Hourly	54.56	57.29	59.85	62.57	65.07	67.93	68.11
S4D	Monthly	9,240	9,702	10,136	10,596	11,019	11,504	11,534
S4D	Bi-Weekly	4,248	4,461	4,661	4,872	5,066	5,289	5,303
S4D	Hourly	56.64	59.48	62.14	64.96	67.55	70.52	70.71

DRAFT

WAGE SCHEDULE F

Public Health Inspector/Environmental Health Officer

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,998	7,348	7,677	8,025	8,345	8,713	8,735
P1	Bi-Weekly	3,218	3,379	3,530	3,690	3,837	4,006	4,016
P1	Hourly	42.90	45.05	47.06	49.20	51.16	53.41	53.55
P2A	Monthly	7,530	7,906	8,260	8,635	8,979	9,375	9,399
P2A	Bi-Weekly	3,462	3,635	3,798	3,970	4,128	4,310	4,322
P2A	Hourly	46.16	48.47	50.64	52.93	55.04	57.47	57.62
P2B (E, I, Q, R, and S)	Monthly	7,831	8,222	8,591	8,980	9,338	9,750	9,774
P2B (E, I, Q, R, and S)	Bi-Weekly	3,601	3,780	3,950	4,129	4,293	4,483	4,494
P2B (E, I, Q, R, and S)	Hourly	48.01	50.40	52.67	55.05	57.24	59.77	59.92
S1A	Monthly	7,530	7,906	8,260	8,635	8,979	9,375	9,399
S1A	Bi-Weekly	3,462	3,635	3,798	3,970	4,128	4,310	4,322
S1A	Hourly	46.16	48.47	50.64	52.93	55.04	57.47	57.62
S1B	Monthly	7,838	8,230	8,598	8,988	9,346	9,759	9,783
S1B	Bi-Weekly	3,604	3,784	3,953	4,133	4,297	4,487	4,498
S1B	Hourly	48.05	50.45	52.71	55.10	57.29	59.83	59.97
S1C	Monthly	8,118	8,524	8,905	9,309	9,680	10,107	10,133
S1C	Bi-Weekly	3,733	3,919	4,094	4,280	4,451	4,647	4,659
S1C	Hourly	49.77	52.25	54.59	57.07	59.34	61.96	62.12
S1D	Monthly	8,398	8,818	9,212	9,630	10,014	10,456	10,482
S1D	Bi-Weekly	3,861	4,055	4,235	4,427	4,604	4,808	4,820
S1D	Hourly	51.48	54.06	56.47	59.03	61.39	64.10	64.26
S2A	Monthly	7,817	8,208	8,575	8,964	9,321	9,732	9,757
S2A	Bi-Weekly	3,594	3,774	3,943	4,121	4,286	4,475	4,486
S2A	Hourly	47.92	50.32	52.57	54.95	57.14	59.66	59.81
S2B	Monthly	8,153	8,560	8,944	9,349	9,722	10,151	10,176
S2B	Bi-Weekly	3,749	3,936	4,112	4,298	4,470	4,667	4,679
S2B	Hourly	49.98	52.48	54.83	57.31	59.60	62.23	62.38
S2C	Monthly	8,468	8,891	9,289	9,710	10,097	10,543	10,569
S2C	Bi-Weekly	3,893	4,088	4,271	4,464	4,643	4,847	4,859
S2C	Hourly	51.91	54.50	56.94	59.52	61.90	64.63	64.79
S2D	Monthly	8,817	9,258	9,673	10,112	10,515	10,978	11,006
S2D	Bi-Weekly	4,054	4,256	4,448	4,649	4,835	5,048	5,060
S2D	Hourly	54.05	56.75	59.30	61.99	64.46	67.30	67.47
S3A	Monthly	8,132	8,538	8,921	9,325	9,697	10,125	10,150
S3A	Bi-Weekly	3,739	3,926	4,102	4,287	4,459	4,655	4,667
S3A	Hourly	49.85	52.34	54.69	57.16	59.45	62.07	62.22
S3B	Monthly	8,468	8,891	9,289	9,710	10,097	10,543	10,569
S3B	Bi-Weekly	3,893	4,088	4,271	4,464	4,643	4,847	4,859
S3B	Hourly	51.91	54.50	56.94	59.52	61.90	64.63	64.79
S3C	Monthly	8,817	9,258	9,673	10,112	10,515	10,978	11,006
S3C	Bi-Weekly	4,054	4,256	4,448	4,649	4,835	5,048	5,060
S3C	Hourly	54.05	56.75	59.30	61.99	64.46	67.30	67.47
S3D	Monthly	9,167	9,626	10,057	10,513	10,932	11,414	11,443
S3D	Bi-Weekly	4,215	4,426	4,624	4,834	5,027	5,248	5,261
S3D	Hourly	56.20	59.01	61.65	64.45	67.02	69.97	70.15
S4A	Monthly	8,468	8,891	9,289	9,710	10,097	10,543	10,569
S4A	Bi-Weekly	3,893	4,088	4,271	4,464	4,643	4,847	4,859
S4A	Hourly	51.91	54.50	56.94	59.52	61.90	64.63	64.79
S4B	Monthly	8,817	9,258	9,673	10,112	10,515	10,978	11,006
S4B	Bi-Weekly	4,054	4,256	4,448	4,649	4,835	5,048	5,060
S4B	Hourly	54.05	56.75	59.30	61.99	64.46	67.30	67.47
S4C	Monthly	9,167	9,626	10,057	10,513	10,932	11,414	11,443
S4C	Bi-Weekly	4,215	4,426	4,624	4,834	5,027	5,248	5,261
S4C	Hourly	56.20	59.01	61.65	64.45	67.02	69.97	70.15
S4D	Monthly	9,517	9,993	10,441	10,914	11,349	11,850	11,880
S4D	Bi-Weekly	4,376	4,595	4,801	5,018	5,218	5,448	5,462
S4D	Hourly	58.34	61.26	64.01	66.91	69.57	72.64	72.83

DRAFT

WAGE SCHEDULE F

Public Health Inspector/Environmental Health Officer

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,208	7,568	7,907	8,266	8,595	8,974	8,997
P1	Bi-Weekly	3,314	3,479	3,635	3,800	3,952	4,126	4,136
P1	Hourly	44.19	46.39	48.47	50.67	52.69	55.01	55.15
P2A	Monthly	7,756	8,143	8,508	8,894	9,248	9,656	9,681
P2A	Bi-Weekly	3,566	3,744	3,912	4,089	4,252	4,439	4,451
P2A	Hourly	47.55	49.92	52.16	54.52	56.69	59.19	59.35
P2B (E, I, Q, R, and S)	Monthly	8,066	8,469	8,848	9,250	9,618	10,042	10,068
P2B (E, I, Q, R, and S)	Bi-Weekly	3,709	3,894	4,068	4,253	4,422	4,617	4,629
P2B (E, I, Q, R, and S)	Hourly	49.45	51.92	54.24	56.70	58.96	61.56	61.72
S1A	Monthly	7,756	8,143	8,508	8,894	9,248	9,656	9,681
S1A	Bi-Weekly	3,566	3,744	3,912	4,089	4,252	4,439	4,451
S1A	Hourly	47.55	49.92	52.16	54.52	56.69	59.19	59.35
S1B	Monthly	8,073	8,476	8,856	9,258	9,626	10,051	10,077
S1B	Bi-Weekly	3,712	3,897	4,072	4,256	4,426	4,622	4,633
S1B	Hourly	49.49	51.96	54.29	56.75	59.01	61.62	61.77
S1C	Monthly	8,361	8,779	9,172	9,589	9,970	10,410	10,437
S1C	Bi-Weekly	3,845	4,037	4,217	4,409	4,584	4,787	4,799
S1C	Hourly	51.26	53.82	56.23	58.78	61.12	63.82	63.98
S1D	Monthly	8,650	9,082	9,488	9,919	10,314	10,769	10,796
S1D	Bi-Weekly	3,977	4,176	4,362	4,561	4,742	4,952	4,964
S1D	Hourly	53.03	55.68	58.16	60.81	63.23	66.02	66.18
S2A	Monthly	8,051	8,453	8,832	9,233	9,601	10,024	10,050
S2A	Bi-Weekly	3,701	3,887	4,061	4,245	4,415	4,609	4,621
S2A	Hourly	49.35	51.82	54.14	56.60	58.86	61.45	61.61
S2B	Monthly	8,397	8,817	9,212	9,630	10,013	10,455	10,482
S2B	Bi-Weekly	3,861	4,054	4,235	4,427	4,604	4,807	4,820
S2B	Hourly	51.48	54.05	56.47	59.03	61.38	64.09	64.26
S2C	Monthly	8,722	9,157	9,567	10,002	10,400	10,859	10,886
S2C	Bi-Weekly	4,010	4,210	4,399	4,598	4,781	4,993	5,005
S2C	Hourly	53.47	56.13	58.65	61.31	63.75	66.57	66.73
S2D	Monthly	9,082	9,536	9,963	10,415	10,830	11,307	11,336
S2D	Bi-Weekly	4,176	4,385	4,581	4,789	4,979	5,198	5,212
S2D	Hourly	55.68	58.46	61.08	63.85	66.39	69.31	69.49
S3A	Monthly	8,376	8,794	9,188	9,605	9,987	10,428	10,455
S3A	Bi-Weekly	3,851	4,043	4,224	4,416	4,592	4,795	4,807
S3A	Hourly	51.35	53.91	56.32	58.88	61.22	63.93	64.09
S3B	Monthly	8,722	9,157	9,567	10,002	10,400	10,859	10,886
S3B	Bi-Weekly	4,010	4,210	4,399	4,598	4,781	4,993	5,005
S3B	Hourly	53.47	56.13	58.65	61.31	63.75	66.57	66.73
S3C	Monthly	9,082	9,536	9,963	10,415	10,830	11,307	11,336
S3C	Bi-Weekly	4,176	4,385	4,581	4,789	4,979	5,198	5,212
S3C	Hourly	55.68	58.46	61.08	63.85	66.39	69.31	69.49
S3D	Monthly	9,442	9,914	10,358	10,828	11,259	11,756	11,786
S3D	Bi-Weekly	4,341	4,559	4,763	4,979	5,177	5,405	5,419
S3D	Hourly	57.88	60.78	63.50	66.38	69.02	72.07	72.25
S4A	Monthly	8,722	9,157	9,567	10,002	10,400	10,859	10,886
S4A	Bi-Weekly	4,010	4,210	4,399	4,598	4,781	4,993	5,005
S4A	Hourly	53.47	56.13	58.65	61.31	63.75	66.57	66.73
S4B	Monthly	9,082	9,536	9,963	10,415	10,830	11,307	11,336
S4B	Bi-Weekly	4,176	4,385	4,581	4,789	4,979	5,198	5,212
S4B	Hourly	55.68	58.46	61.08	63.85	66.39	69.31	69.49
S4C	Monthly	9,442	9,914	10,358	10,828	11,259	11,756	11,786
S4C	Bi-Weekly	4,341	4,559	4,763	4,979	5,177	5,405	5,419
S4C	Hourly	57.88	60.78	63.50	66.38	69.02	72.07	72.25
S4D	Monthly	9,803	10,292	10,754	11,242	11,689	12,205	12,236
S4D	Bi-Weekly	4,508	4,732	4,944	5,169	5,375	5,612	5,626
S4D	Hourly	60.10	63.09	65.92	68.92	71.66	74.82	75.01

DRAFT

WAGE SCHEDULE G

Dietitian
Physics Assistant

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,847	7,185	7,507	7,849	8,162	8,525	8,547
P1	Bi-Weekly	3,148	3,304	3,452	3,609	3,753	3,920	3,930
P1	Hourly	41.97	44.05	46.02	48.12	50.04	52.26	52.40
P2A	Monthly	7,107	7,458	7,792	8,147	8,472	8,849	8,872
P2A	Bi-Weekly	3,268	3,429	3,583	3,746	3,896	4,069	4,079
P2A	Hourly	43.57	45.72	47.77	49.94	51.94	54.25	54.39
P2BS	Monthly	7,107	7,458	7,792	8,147	8,472	8,849	8,872
P2BS	Bi-Weekly	3,268	3,429	3,583	3,746	3,896	4,069	4,079
P2BS	Hourly	43.57	45.72	47.77	49.94	51.94	54.25	54.39
P2BE, P2BI, P2BQ and P2BR	Monthly	7,662	8,040	8,400	8,783	9,133	9,539	9,564
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,523	3,697	3,862	4,038	4,199	4,386	4,397
P2BE, P2BI, P2BQ and P2BR	Hourly	46.97	49.29	51.49	53.84	55.99	58.48	58.63
S1A	Monthly	7,121	7,472	7,807	8,163	8,488	8,866	8,889
S1A	Bi-Weekly	3,274	3,436	3,590	3,753	3,902	4,076	4,087
S1A	Hourly	43.65	45.81	47.86	50.04	52.03	54.35	54.49
S1B	Monthly	7,669	8,047	8,408	8,791	9,141	9,548	9,573
S1B	Bi-Weekly	3,526	3,700	3,866	4,042	4,203	4,390	4,402
S1B	Hourly	47.01	49.33	51.54	53.89	56.04	58.53	58.69
S1C	Monthly	7,943	8,335	8,708	9,105	9,468	9,889	9,915
S1C	Bi-Weekly	3,652	3,833	4,004	4,187	4,353	4,547	4,559
S1C	Hourly	48.69	51.10	53.38	55.82	58.04	60.62	60.78
S1D	Monthly	8,216	8,622	9,008	9,419	9,794	10,230	10,256
S1D	Bi-Weekly	3,778	3,965	4,142	4,331	4,503	4,703	4,715
S1D	Hourly	50.37	52.86	55.22	57.74	60.04	62.71	62.87
S2A	Monthly	7,395	7,760	8,108	8,477	8,815	9,207	9,231
S2A	Bi-Weekly	3,400	3,568	3,728	3,898	4,053	4,233	4,244
S2A	Hourly	45.33	47.57	49.70	51.97	54.04	56.44	56.59
S2B	Monthly	7,977	8,371	8,746	9,144	9,509	9,932	9,957
S2B	Bi-Weekly	3,668	3,849	4,022	4,205	4,372	4,567	4,578
S2B	Hourly	48.90	51.32	53.62	56.06	58.29	60.89	61.04
S2C	Monthly	8,285	8,694	9,083	9,497	9,876	10,315	10,342
S2C	Bi-Weekly	3,809	3,998	4,176	4,367	4,541	4,742	4,755
S2C	Hourly	50.79	53.30	55.68	58.22	60.54	63.23	63.40
S2D	Monthly	8,627	9,053	9,459	9,890	10,284	10,742	10,769
S2D	Bi-Weekly	3,967	4,163	4,349	4,547	4,728	4,939	4,952
S2D	Hourly	52.89	55.50	57.99	60.63	63.04	65.85	66.02
S3A	Monthly	7,956	8,349	8,723	9,121	9,484	9,906	9,932
S3A	Bi-Weekly	3,658	3,839	4,010	4,193	4,361	4,555	4,567
S3A	Hourly	48.77	51.18	53.47	55.91	58.14	60.73	60.89
S3B	Monthly	8,285	8,694	9,083	9,497	9,876	10,315	10,342
S3B	Bi-Weekly	3,809	3,998	4,176	4,367	4,541	4,742	4,755
S3B	Hourly	50.79	53.30	55.68	58.22	60.54	63.23	63.40
S3C	Monthly	8,627	9,053	9,459	9,890	10,284	10,742	10,769
S3C	Bi-Weekly	3,967	4,163	4,349	4,547	4,728	4,939	4,952
S3C	Hourly	52.89	55.50	57.99	60.63	63.04	65.85	66.02
S3D	Monthly	8,970	9,412	9,834	10,282	10,692	11,168	11,197
S3D	Bi-Weekly	4,124	4,328	4,522	4,727	4,916	5,135	5,148
S3D	Hourly	54.99	57.70	60.29	63.03	65.54	68.46	68.64
S4A	Monthly	8,285	8,694	9,083	9,497	9,876	10,315	10,342
S4A	Bi-Weekly	3,809	3,998	4,176	4,367	4,541	4,742	4,755
S4A	Hourly	50.79	53.30	55.68	58.22	60.54	63.23	63.40
S4B	Monthly	8,627	9,053	9,459	9,890	10,284	10,742	10,769
S4B	Bi-Weekly	3,967	4,163	4,349	4,547	4,728	4,939	4,952
S4B	Hourly	52.89	55.50	57.99	60.63	63.04	65.85	66.02
S4C	Monthly	8,970	9,412	9,834	10,282	10,692	11,168	11,197
S4C	Bi-Weekly	4,124	4,328	4,522	4,727	4,916	5,135	5,148
S4C	Hourly	54.99	57.70	60.29	63.03	65.54	68.46	68.64
S4D	Monthly	9,312	9,772	10,210	10,675	11,100	11,594	11,624
S4D	Bi-Weekly	4,282	4,493	4,694	4,908	5,104	5,330	5,345
S4D	Hourly	57.09	59.90	62.59	65.44	68.05	71.07	71.26

DRAFT

WAGE SCHEDULE G

Dietitian
Physics Assistant

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,052	7,401	7,732	8,084	8,407	8,781	8,803
P1	Bi-Weekly	3,242	3,403	3,555	3,717	3,866	4,037	4,047
P1	Hourly	43.23	45.37	47.40	49.56	51.54	53.83	53.96
P2A	Monthly	7,588	7,963	8,320	8,698	9,046	9,448	9,472
P2A	Bi-Weekly	3,489	3,662	3,825	3,999	4,159	4,344	4,355
P2A	Hourly	46.52	48.82	51.00	53.32	55.45	57.92	58.07
P2B (E, I, Q, R, and S)	Monthly	7,891	8,282	8,652	9,046	9,407	9,826	9,851
P2B (E, I, Q, R, and S)	Bi-Weekly	3,628	3,808	3,978	4,159	4,325	4,518	4,529
P2B (E, I, Q, R, and S)	Hourly	48.37	50.77	53.04	55.45	57.67	60.24	60.39
S1A	Monthly	7,588	7,963	8,320	8,698	9,046	9,448	9,472
S1A	Bi-Weekly	3,489	3,662	3,825	3,999	4,159	4,344	4,355
S1A	Hourly	46.52	48.82	51.00	53.32	55.45	57.92	58.07
S1B	Monthly	7,898	8,289	8,660	9,054	9,416	9,835	9,859
S1B	Bi-Weekly	3,632	3,811	3,982	4,163	4,329	4,522	4,533
S1B	Hourly	48.42	50.81	53.09	55.50	57.72	60.29	60.44
S1C	Monthly	8,180	8,585	8,969	9,377	9,752	10,186	10,211
S1C	Bi-Weekly	3,761	3,947	4,124	4,311	4,484	4,683	4,695
S1C	Hourly	50.15	52.63	54.98	57.48	59.78	62.44	62.60
S1D	Monthly	8,462	8,881	9,278	9,701	10,088	10,537	10,564
S1D	Bi-Weekly	3,890	4,083	4,266	4,460	4,638	4,844	4,857
S1D	Hourly	51.87	54.44	56.88	59.47	61.84	64.59	64.76
S2A	Monthly	7,877	8,267	8,637	9,030	9,391	9,808	9,833
S2A	Bi-Weekly	3,622	3,801	3,971	4,152	4,318	4,510	4,521
S2A	Hourly	48.29	50.68	52.95	55.36	57.57	60.13	60.28
S2B	Monthly	8,216	8,622	9,008	9,418	9,794	10,230	10,255
S2B	Bi-Weekly	3,778	3,965	4,142	4,330	4,503	4,703	4,715
S2B	Hourly	50.37	52.86	55.22	57.73	60.04	62.71	62.87
S2C	Monthly	8,533	8,955	9,356	9,782	10,172	10,625	10,652
S2C	Bi-Weekly	3,923	4,118	4,301	4,498	4,677	4,885	4,898
S2C	Hourly	52.31	54.90	57.35	59.97	62.36	65.13	65.30
S2D	Monthly	8,886	9,325	9,742	10,186	10,593	11,064	11,092
S2D	Bi-Weekly	4,085	4,287	4,479	4,683	4,871	5,087	5,100
S2D	Hourly	54.47	57.16	59.72	62.44	64.94	67.83	68.00
S3A	Monthly	8,194	8,600	8,985	9,394	9,769	10,204	10,229
S3A	Bi-Weekly	3,767	3,954	4,131	4,319	4,492	4,691	4,703
S3A	Hourly	50.23	52.72	55.08	57.59	59.89	62.55	62.71
S3B	Monthly	8,533	8,955	9,356	9,782	10,172	10,625	10,652
S3B	Bi-Weekly	3,923	4,118	4,301	4,498	4,677	4,885	4,898
S3B	Hourly	52.31	54.90	57.35	59.97	62.36	65.13	65.30
S3C	Monthly	8,886	9,325	9,742	10,186	10,593	11,064	11,092
S3C	Bi-Weekly	4,085	4,287	4,479	4,683	4,871	5,087	5,100
S3C	Hourly	54.47	57.16	59.72	62.44	64.94	67.83	68.00
S3D	Monthly	9,238	9,695	10,129	10,590	11,013	11,503	11,532
S3D	Bi-Weekly	4,247	4,457	4,657	4,869	5,063	5,289	5,302
S3D	Hourly	56.63	59.43	62.09	64.92	67.51	70.52	70.69
S4A	Monthly	8,533	8,955	9,356	9,782	10,172	10,625	10,652
S4A	Bi-Weekly	3,923	4,118	4,301	4,498	4,677	4,885	4,898
S4A	Hourly	52.31	54.90	57.35	59.97	62.36	65.13	65.30
S4B	Monthly	8,886	9,325	9,742	10,186	10,593	11,064	11,092
S4B	Bi-Weekly	4,085	4,287	4,479	4,683	4,871	5,087	5,100
S4B	Hourly	54.47	57.16	59.72	62.44	64.94	67.83	68.00
S4C	Monthly	9,238	9,695	10,129	10,590	11,013	11,503	11,532
S4C	Bi-Weekly	4,247	4,457	4,657	4,869	5,063	5,289	5,302
S4C	Hourly	56.63	59.43	62.09	64.92	67.51	70.52	70.69
S4D	Monthly	9,591	10,065	10,516	10,994	11,434	11,942	11,972
S4D	Bi-Weekly	4,410	4,628	4,835	5,055	5,257	5,491	5,504
S4D	Hourly	58.80	61.70	64.47	67.40	70.09	73.21	73.39

DRAFT

WAGE SCHEDULE G

Dietitian
Physics Assistant

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,264	7,623	7,964	8,327	8,659	9,044	9,067
P1	Bi-Weekly	3,340	3,505	3,662	3,829	3,981	4,158	4,169
P1	Hourly	44.53	46.73	48.82	51.05	53.08	55.44	55.58
P2A	Monthly	7,816	8,202	8,569	8,960	9,317	9,731	9,756
P2A	Bi-Weekly	3,593	3,771	3,940	4,120	4,284	4,474	4,486
P2A	Hourly	47.91	50.28	52.53	54.93	57.12	59.65	59.81
P2B (E, I, Q, R, and S)	Monthly	8,128	8,530	8,912	9,318	9,689	10,120	10,146
P2B (E, I, Q, R, and S)	Bi-Weekly	3,737	3,922	4,097	4,284	4,455	4,653	4,665
P2B (E, I, Q, R, and S)	Hourly	49.83	52.29	54.63	57.12	59.40	62.04	62.20
S1A	Monthly	7,816	8,202	8,569	8,960	9,317	9,731	9,756
S1A	Bi-Weekly	3,593	3,771	3,940	4,120	4,284	4,474	4,486
S1A	Hourly	47.91	50.28	52.53	54.93	57.12	59.65	59.81
S1B	Monthly	8,136	8,538	8,920	9,326	9,698	10,129	10,155
S1B	Bi-Weekly	3,741	3,926	4,101	4,288	4,459	4,657	4,669
S1B	Hourly	49.88	52.34	54.68	57.17	59.45	62.09	62.25
S1C	Monthly	8,426	8,843	9,238	9,659	10,044	10,491	10,518
S1C	Bi-Weekly	3,874	4,066	4,247	4,441	4,618	4,823	4,836
S1C	Hourly	51.65	54.21	56.63	59.21	61.57	64.31	64.48
S1D	Monthly	8,717	9,148	9,557	9,992	10,391	10,853	10,880
S1D	Bi-Weekly	4,008	4,206	4,394	4,594	4,778	4,990	5,003
S1D	Hourly	53.44	56.08	58.59	61.25	63.70	66.53	66.70
S2A	Monthly	8,114	8,515	8,896	9,301	9,672	10,102	10,128
S2A	Bi-Weekly	3,731	3,915	4,090	4,277	4,447	4,645	4,657
S2A	Hourly	49.74	52.20	54.53	57.02	59.29	61.93	62.09
S2B	Monthly	8,463	8,881	9,278	9,701	10,088	10,536	10,563
S2B	Bi-Weekly	3,891	4,083	4,266	4,460	4,638	4,844	4,856
S2B	Hourly	51.88	54.44	56.88	59.47	61.84	64.59	64.75
S2C	Monthly	8,789	9,224	9,636	10,076	10,477	10,943	10,971
S2C	Bi-Weekly	4,041	4,241	4,430	4,633	4,817	5,031	5,045
S2C	Hourly	53.88	56.55	59.07	61.77	64.23	67.08	67.26
S2D	Monthly	9,153	9,605	10,035	10,492	10,910	11,395	11,424
S2D	Bi-Weekly	4,208	4,416	4,614	4,824	5,016	5,239	5,252
S2D	Hourly	56.11	58.88	61.52	64.32	66.88	69.85	70.03
S3A	Monthly	8,441	8,858	9,254	9,676	10,062	10,509	10,536
S3A	Bi-Weekly	3,881	4,073	4,255	4,449	4,626	4,832	4,844
S3A	Hourly	51.75	54.30	56.73	59.32	61.68	64.42	64.59
S3B	Monthly	8,789	9,224	9,636	10,076	10,477	10,943	10,971
S3B	Bi-Weekly	4,041	4,241	4,430	4,633	4,817	5,031	5,045
S3B	Hourly	53.88	56.55	59.07	61.77	64.23	67.08	67.26
S3C	Monthly	9,153	9,605	10,035	10,492	10,910	11,395	11,424
S3C	Bi-Weekly	4,208	4,416	4,614	4,824	5,016	5,239	5,252
S3C	Hourly	56.11	58.88	61.52	64.32	66.88	69.85	70.03
S3D	Monthly	9,516	9,986	10,433	10,908	11,343	11,848	11,878
S3D	Bi-Weekly	4,376	4,592	4,797	5,015	5,216	5,447	5,462
S3D	Hourly	58.34	61.22	63.96	66.87	69.54	72.63	72.82
S4A	Monthly	8,789	9,224	9,636	10,076	10,477	10,943	10,971
S4A	Bi-Weekly	4,041	4,241	4,430	4,633	4,817	5,031	5,045
S4A	Hourly	53.88	56.55	59.07	61.77	64.23	67.08	67.26
S4B	Monthly	9,153	9,605	10,035	10,492	10,910	11,395	11,424
S4B	Bi-Weekly	4,208	4,416	4,614	4,824	5,016	5,239	5,252
S4B	Hourly	56.11	58.88	61.52	64.32	66.88	69.85	70.03
S4C	Monthly	9,516	9,986	10,433	10,908	11,343	11,848	11,878
S4C	Bi-Weekly	4,376	4,592	4,797	5,015	5,216	5,447	5,462
S4C	Hourly	58.34	61.22	63.96	66.87	69.54	72.63	72.82
S4D	Monthly	9,879	10,367	10,831	11,325	11,776	12,300	12,331
S4D	Bi-Weekly	4,542	4,766	4,980	5,207	5,414	5,655	5,669
S4D	Hourly	60.56	63.55	66.40	69.43	72.19	75.40	75.59

DRAFT

WAGE SCHEDULE G

Dietitian
Physics Assistant

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,482	7,852	8,203	8,577	8,919	9,315	9,339
P1	Bi-Weekly	3,440	3,610	3,772	3,944	4,101	4,283	4,294
P1	Hourly	45.87	48.13	50.29	52.58	54.68	57.10	57.25
P2A	Monthly	8,051	8,449	8,826	9,229	9,597	10,023	10,049
P2A	Bi-Weekly	3,701	3,884	4,058	4,244	4,412	4,608	4,620
P2A	Hourly	49.35	51.79	54.11	56.58	58.83	61.44	61.60
P2B (E, I, Q, R, and S)	Monthly	8,372	8,786	9,179	9,598	9,980	10,423	10,450
P2B (E, I, Q, R, and S)	Bi-Weekly	3,849	4,040	4,220	4,413	4,589	4,793	4,805
P2B (E, I, Q, R, and S)	Hourly	51.32	53.86	56.27	58.84	61.18	63.90	64.06
S1A	Monthly	8,051	8,449	8,826	9,229	9,597	10,023	10,049
S1A	Bi-Weekly	3,701	3,884	4,058	4,244	4,412	4,608	4,620
S1A	Hourly	49.35	51.79	54.11	56.58	58.83	61.44	61.60
S1B	Monthly	8,380	8,794	9,187	9,606	9,989	10,433	10,460
S1B	Bi-Weekly	3,853	4,043	4,224	4,417	4,593	4,797	4,809
S1B	Hourly	51.37	53.91	56.32	58.89	61.24	63.96	64.12
S1C	Monthly	8,679	9,108	9,515	9,949	10,346	10,805	10,833
S1C	Bi-Weekly	3,990	4,187	4,375	4,574	4,757	4,968	4,981
S1C	Hourly	53.20	55.83	58.33	60.99	63.42	66.24	66.41
S1D	Monthly	8,978	9,422	9,844	10,292	10,703	11,178	11,207
S1D	Bi-Weekly	4,128	4,332	4,526	4,732	4,921	5,139	5,153
S1D	Hourly	55.04	57.76	60.35	63.09	65.61	68.52	68.70
S2A	Monthly	8,357	8,771	9,163	9,581	9,963	10,405	10,432
S2A	Bi-Weekly	3,842	4,033	4,213	4,405	4,581	4,784	4,796
S2A	Hourly	51.23	53.77	56.17	58.73	61.08	63.79	63.95
S2B	Monthly	8,717	9,148	9,556	9,992	10,391	10,852	10,880
S2B	Bi-Weekly	4,008	4,206	4,394	4,594	4,778	4,990	5,003
S2B	Hourly	53.44	56.08	58.58	61.25	63.70	66.53	66.70
S2C	Monthly	9,053	9,501	9,926	10,378	10,792	11,271	11,300
S2C	Bi-Weekly	4,163	4,368	4,564	4,772	4,962	5,182	5,195
S2C	Hourly	55.50	58.24	60.85	63.62	66.16	69.09	69.27
S2D	Monthly	9,427	9,894	10,336	10,807	11,238	11,737	11,767
S2D	Bi-Weekly	4,334	4,549	4,752	4,969	5,167	5,396	5,410
S2D	Hourly	57.79	60.65	63.36	66.25	68.89	71.95	72.13
S3A	Monthly	8,694	9,124	9,532	9,966	10,364	10,824	10,852
S3A	Bi-Weekly	3,998	4,195	4,382	4,582	4,765	4,976	4,990
S3A	Hourly	53.30	55.93	58.43	61.09	63.53	66.35	66.53
S3B	Monthly	9,053	9,501	9,926	10,378	10,792	11,271	11,300
S3B	Bi-Weekly	4,163	4,368	4,564	4,772	4,962	5,182	5,195
S3B	Hourly	55.50	58.24	60.85	63.62	66.16	69.09	69.27
S3C	Monthly	9,427	9,894	10,336	10,807	11,238	11,737	11,767
S3C	Bi-Weekly	4,334	4,549	4,752	4,969	5,167	5,396	5,410
S3C	Hourly	57.79	60.65	63.36	66.25	68.89	71.95	72.13
S3D	Monthly	9,801	10,286	10,746	11,236	11,684	12,203	12,234
S3D	Bi-Weekly	4,506	4,730	4,941	5,166	5,372	5,611	5,625
S3D	Hourly	60.08	63.06	65.88	68.88	71.63	74.81	75.00
S4A	Monthly	9,053	9,501	9,926	10,378	10,792	11,271	11,300
S4A	Bi-Weekly	4,163	4,368	4,564	4,772	4,962	5,182	5,195
S4A	Hourly	55.50	58.24	60.85	63.62	66.16	69.09	69.27
S4B	Monthly	9,427	9,894	10,336	10,807	11,238	11,737	11,767
S4B	Bi-Weekly	4,334	4,549	4,752	4,969	5,167	5,396	5,410
S4B	Hourly	57.79	60.65	63.36	66.25	68.89	71.95	72.13
S4C	Monthly	9,801	10,286	10,746	11,236	11,684	12,203	12,234
S4C	Bi-Weekly	4,506	4,730	4,941	5,166	5,372	5,611	5,625
S4C	Hourly	60.08	63.06	65.88	68.88	71.63	74.81	75.00
S4D	Monthly	10,176	10,679	11,156	11,665	12,130	12,668	12,701
S4D	Bi-Weekly	4,679	4,910	5,129	5,363	5,577	5,825	5,840
S4D	Hourly	62.38	65.47	68.39	71.51	74.36	77.66	77.86

DRAFT

WAGE SCHEDULE H

Diagnostic Medical Sonographer
Magnetic Resonance Imaging Technologist

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	6,860	7,205	7,526	7,870	8,178	8,538	8,559
P1	Bi-Weekly	3,154	3,313	3,461	3,619	3,760	3,926	3,935
P1	Hourly	42.05	44.17	46.14	48.25	50.13	52.34	52.47
P2A	Monthly	7,121	7,479	7,812	8,169	8,489	8,862	8,884
P2A	Bi-Weekly	3,274	3,439	3,592	3,756	3,903	4,075	4,085
P2A	Hourly	43.65	45.85	47.89	50.08	52.04	54.33	54.46
P2BS	Monthly	7,121	7,479	7,812	8,169	8,489	8,862	8,884
P2BS	Bi-Weekly	3,274	3,439	3,592	3,756	3,903	4,075	4,085
P2BS	Hourly	43.65	45.85	47.89	50.08	52.04	54.33	54.46
P2BE, P2BI, P2BQ and P2BR	Monthly	7,676	8,062	8,422	8,807	9,151	9,554	9,578
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,530	3,707	3,872	4,049	4,208	4,393	4,404
P2BE, P2BI, P2BQ and P2BR	Hourly	47.06	49.42	51.63	53.99	56.10	58.57	58.72
S1A	Monthly	7,134	7,493	7,827	8,185	8,505	8,880	8,901
S1A	Bi-Weekly	3,280	3,445	3,599	3,764	3,911	4,083	4,093
S1A	Hourly	43.73	45.93	47.98	50.18	52.14	54.44	54.57
S1B	Monthly	7,683	8,070	8,429	8,814	9,159	9,563	9,586
S1B	Bi-Weekly	3,533	3,710	3,875	4,052	4,211	4,397	4,407
S1B	Hourly	47.10	49.47	51.67	54.03	56.15	58.62	58.76
S1C	Monthly	7,958	8,358	8,730	9,129	9,486	9,904	9,928
S1C	Bi-Weekly	3,659	3,843	4,014	4,197	4,361	4,553	4,565
S1C	Hourly	48.78	51.24	53.52	55.96	58.15	60.71	60.86
S1D	Monthly	8,232	8,646	9,031	9,444	9,814	10,246	10,271
S1D	Bi-Weekly	3,785	3,975	4,152	4,342	4,512	4,711	4,722
S1D	Hourly	50.46	53.00	55.36	57.89	60.16	62.81	62.96
S2A	Monthly	7,409	7,781	8,128	8,500	8,832	9,221	9,244
S2A	Bi-Weekly	3,407	3,578	3,737	3,908	4,061	4,240	4,250
S2A	Hourly	45.42	47.70	49.83	52.11	54.14	56.53	56.67
S2B	Monthly	7,992	8,394	8,768	9,169	9,527	9,947	9,971
S2B	Bi-Weekly	3,674	3,860	4,031	4,216	4,380	4,574	4,584
S2B	Hourly	48.99	51.46	53.75	56.21	58.40	60.98	61.12
S2C	Monthly	8,301	8,718	9,106	9,523	9,895	10,331	10,356
S2C	Bi-Weekly	3,817	4,008	4,187	4,379	4,550	4,750	4,762
S2C	Hourly	50.89	53.44	55.82	58.38	60.66	63.33	63.49
S2D	Monthly	8,644	9,078	9,483	9,916	10,304	10,758	10,784
S2D	Bi-Weekly	3,974	4,174	4,360	4,559	4,738	4,946	4,958
S2D	Hourly	52.99	55.65	58.13	60.79	63.17	65.95	66.11
S3A	Monthly	7,971	8,372	8,745	9,145	9,503	9,921	9,946
S3A	Bi-Weekly	3,665	3,849	4,021	4,205	4,370	4,562	4,573
S3A	Hourly	48.86	51.32	53.61	56.06	58.26	60.82	60.97
S3B	Monthly	8,301	8,718	9,106	9,523	9,895	10,331	10,356
S3B	Bi-Weekly	3,817	4,008	4,187	4,379	4,550	4,750	4,762
S3B	Hourly	50.89	53.44	55.82	58.38	60.66	63.33	63.49
S3C	Monthly	8,644	9,078	9,483	9,916	10,304	10,758	10,784
S3C	Bi-Weekly	3,974	4,174	4,360	4,559	4,738	4,946	4,958
S3C	Hourly	52.99	55.65	58.13	60.79	63.17	65.95	66.11
S3D	Monthly	8,987	9,439	9,859	10,310	10,713	11,185	11,212
S3D	Bi-Weekly	4,132	4,340	4,533	4,740	4,925	5,143	5,155
S3D	Hourly	55.09	57.86	60.44	63.20	65.67	68.57	68.73
S4A	Monthly	8,301	8,718	9,106	9,523	9,895	10,331	10,356
S4A	Bi-Weekly	3,817	4,008	4,187	4,379	4,550	4,750	4,762
S4A	Hourly	50.89	53.44	55.82	58.38	60.66	63.33	63.49
S4B	Monthly	8,644	9,078	9,483	9,916	10,304	10,758	10,784
S4B	Bi-Weekly	3,974	4,174	4,360	4,559	4,738	4,946	4,958
S4B	Hourly	52.99	55.65	58.13	60.79	63.17	65.95	66.11
S4C	Monthly	8,987	9,439	9,859	10,310	10,713	11,185	11,212
S4C	Bi-Weekly	4,132	4,340	4,533	4,740	4,925	5,143	5,155
S4C	Hourly	55.09	57.86	60.44	63.20	65.67	68.57	68.73
S4D	Monthly	9,330	9,799	10,235	10,703	11,122	11,612	11,640
S4D	Bi-Weekly	4,290	4,505	4,706	4,921	5,114	5,339	5,352
S4D	Hourly	57.20	60.07	62.74	65.61	68.18	71.18	71.36

DRAFT

WAGE SCHEDULE H

Diagnostic Medical Sonographer
Magnetic Resonance Imaging Technologist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,066	7,421	7,752	8,106	8,423	8,794	8,816
P1	Bi-Weekly	3,249	3,412	3,564	3,727	3,873	4,043	4,053
P1	Hourly	43.32	45.49	47.52	49.69	51.64	53.91	54.04
P2A	Monthly	7,603	7,985	8,341	8,722	9,063	9,462	9,486
P2A	Bi-Weekly	3,496	3,671	3,835	4,010	4,167	4,350	4,361
P2A	Hourly	46.61	48.95	51.13	53.47	55.56	58.00	58.15
P2B (E, I, Q, R, and S)	Monthly	7,907	8,304	8,674	9,071	9,425	9,840	9,865
P2B (E, I, Q, R, and S)	Bi-Weekly	3,635	3,818	3,988	4,171	4,334	4,524	4,536
P2B (E, I, Q, R, and S)	Hourly	48.47	50.91	53.17	55.61	57.78	60.32	60.48
S1A	Monthly	7,603	7,985	8,341	8,722	9,063	9,462	9,486
S1A	Bi-Weekly	3,496	3,671	3,835	4,010	4,167	4,350	4,361
S1A	Hourly	46.61	48.95	51.13	53.47	55.56	58.00	58.15
S1B	Monthly	7,914	8,312	8,682	9,079	9,434	9,849	9,874
S1B	Bi-Weekly	3,638	3,821	3,992	4,175	4,337	4,529	4,540
S1B	Hourly	48.51	50.95	53.22	55.66	57.83	60.38	60.53
S1C	Monthly	8,197	8,608	8,992	9,403	9,771	10,201	10,227
S1C	Bi-Weekly	3,769	3,958	4,134	4,323	4,493	4,690	4,702
S1C	Hourly	50.25	52.77	55.12	57.64	59.90	62.53	62.69
S1D	Monthly	8,479	8,905	9,302	9,727	10,108	10,553	10,579
S1D	Bi-Weekly	3,899	4,094	4,277	4,472	4,647	4,852	4,864
S1D	Hourly	51.98	54.59	57.02	59.63	61.96	64.69	64.85
S2A	Monthly	7,893	8,289	8,659	9,054	9,408	9,823	9,847
S2A	Bi-Weekly	3,629	3,811	3,981	4,163	4,325	4,517	4,527
S2A	Hourly	48.39	50.81	53.08	55.50	57.67	60.22	60.36
S2B	Monthly	8,232	8,645	9,031	9,443	9,813	10,245	10,271
S2B	Bi-Weekly	3,785	3,975	4,152	4,342	4,512	4,710	4,722
S2B	Hourly	50.46	53.00	55.36	57.89	60.16	62.80	62.96
S2C	Monthly	8,550	8,979	9,380	9,808	10,192	10,641	10,667
S2C	Bi-Weekly	3,931	4,128	4,313	4,510	4,686	4,892	4,904
S2C	Hourly	52.41	55.04	57.50	60.13	62.48	65.23	65.39
S2D	Monthly	8,903	9,350	9,768	10,214	10,613	11,080	11,108
S2D	Bi-Weekly	4,094	4,299	4,491	4,696	4,880	5,094	5,108
S2D	Hourly	54.58	57.32	59.88	62.61	65.06	67.92	68.10
S3A	Monthly	8,211	8,623	9,008	9,419	9,788	10,219	10,244
S3A	Bi-Weekly	3,776	3,965	4,142	4,331	4,500	4,699	4,710
S3A	Hourly	50.34	52.86	55.22	57.74	60.00	62.65	62.80
S3B	Monthly	8,550	8,979	9,380	9,808	10,192	10,641	10,667
S3B	Bi-Weekly	3,931	4,128	4,313	4,510	4,686	4,892	4,904
S3B	Hourly	52.41	55.04	57.50	60.13	62.48	65.23	65.39
S3C	Monthly	8,903	9,350	9,768	10,214	10,613	11,080	11,108
S3C	Bi-Weekly	4,094	4,299	4,491	4,696	4,880	5,094	5,108
S3C	Hourly	54.58	57.32	59.88	62.61	65.06	67.92	68.10
S3D	Monthly	9,256	9,722	10,155	10,619	11,034	11,520	11,549
S3D	Bi-Weekly	4,256	4,470	4,669	4,883	5,073	5,297	5,310
S3D	Hourly	56.74	59.60	62.25	65.10	67.64	70.62	70.80
S4A	Monthly	8,550	8,979	9,380	9,808	10,192	10,641	10,667
S4A	Bi-Weekly	3,931	4,128	4,313	4,510	4,686	4,892	4,904
S4A	Hourly	52.41	55.04	57.50	60.13	62.48	65.23	65.39
S4B	Monthly	8,903	9,350	9,768	10,214	10,613	11,080	11,108
S4B	Bi-Weekly	4,094	4,299	4,491	4,696	4,880	5,094	5,108
S4B	Hourly	54.58	57.32	59.88	62.61	65.06	67.92	68.10
S4C	Monthly	9,256	9,722	10,155	10,619	11,034	11,520	11,549
S4C	Bi-Weekly	4,256	4,470	4,669	4,883	5,073	5,297	5,310
S4C	Hourly	56.74	59.60	62.25	65.10	67.64	70.62	70.80
S4D	Monthly	9,610	10,093	10,543	11,024	11,455	11,960	11,990
S4D	Bi-Weekly	4,418	4,640	4,847	5,069	5,267	5,499	5,513
S4D	Hourly	58.91	61.87	64.63	67.58	70.22	73.32	73.50

DRAFT

WAGE SCHEDULE H

Diagnostic Medical Sonographer
Magnetic Resonance Imaging Technologist

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,278	7,644	7,985	8,349	8,676	9,058	9,080
P1	Bi-Weekly	3,347	3,515	3,671	3,839	3,989	4,165	4,175
P1	Hourly	44.62	46.86	48.95	51.18	53.19	55.53	55.66
P2A	Monthly	7,831	8,225	8,592	8,984	9,335	9,746	9,770
P2A	Bi-Weekly	3,601	3,782	3,950	4,130	4,292	4,481	4,492
P2A	Hourly	48.01	50.42	52.67	55.07	57.23	59.75	59.89
P2B (E, I, Q, R, and S)	Monthly	8,144	8,554	8,935	9,343	9,708	10,136	10,161
P2B (E, I, Q, R, and S)	Bi-Weekly	3,744	3,933	4,108	4,296	4,463	4,661	4,672
P2B (E, I, Q, R, and S)	Hourly	49.92	52.44	54.77	57.28	59.51	62.14	62.29
S1A	Monthly	7,831	8,225	8,592	8,984	9,335	9,746	9,770
S1A	Bi-Weekly	3,601	3,782	3,950	4,130	4,292	4,481	4,492
S1A	Hourly	48.01	50.42	52.67	55.07	57.23	59.75	59.89
S1B	Monthly	8,151	8,561	8,943	9,351	9,717	10,145	10,170
S1B	Bi-Weekly	3,748	3,936	4,112	4,299	4,468	4,664	4,676
S1B	Hourly	49.97	52.48	54.82	57.32	59.57	62.19	62.34
S1C	Monthly	8,442	8,867	9,263	9,685	10,064	10,507	10,533
S1C	Bi-Weekly	3,881	4,077	4,259	4,453	4,628	4,831	4,843
S1C	Hourly	51.75	54.36	56.78	59.37	61.70	64.41	64.57
S1D	Monthly	8,734	9,173	9,582	10,019	10,411	10,870	10,896
S1D	Bi-Weekly	4,016	4,217	4,406	4,607	4,787	4,998	5,010
S1D	Hourly	53.54	56.23	58.74	61.42	63.82	66.64	66.80
S2A	Monthly	8,130	8,538	8,919	9,326	9,691	10,118	10,142
S2A	Bi-Weekly	3,738	3,926	4,101	4,288	4,456	4,652	4,663
S2A	Hourly	49.84	52.34	54.68	57.17	59.41	62.03	62.17
S2B	Monthly	8,479	8,905	9,303	9,727	10,108	10,553	10,578
S2B	Bi-Weekly	3,899	4,094	4,277	4,472	4,647	4,852	4,864
S2B	Hourly	51.98	54.59	57.03	59.63	61.96	64.69	64.85
S2C	Monthly	8,806	9,249	9,662	10,102	10,498	10,960	10,987
S2C	Bi-Weekly	4,049	4,253	4,442	4,645	4,827	5,039	5,051
S2C	Hourly	53.98	56.70	59.23	61.93	64.36	67.19	67.35
S2D	Monthly	9,170	9,631	10,061	10,520	10,932	11,413	11,441
S2D	Bi-Weekly	4,216	4,428	4,626	4,837	5,027	5,247	5,261
S2D	Hourly	56.21	59.04	61.68	64.49	67.02	69.96	70.14
S3A	Monthly	8,457	8,882	9,279	9,702	10,082	10,525	10,551
S3A	Bi-Weekly	3,888	4,084	4,266	4,461	4,636	4,839	4,851
S3A	Hourly	51.84	54.45	56.88	59.48	61.81	64.52	64.68
S3B	Monthly	8,806	9,249	9,662	10,102	10,498	10,960	10,987
S3B	Bi-Weekly	4,049	4,253	4,442	4,645	4,827	5,039	5,051
S3B	Hourly	53.98	56.70	59.23	61.93	64.36	67.19	67.35
S3C	Monthly	9,170	9,631	10,061	10,520	10,932	11,413	11,441
S3C	Bi-Weekly	4,216	4,428	4,626	4,837	5,027	5,247	5,261
S3C	Hourly	56.21	59.04	61.68	64.49	67.02	69.96	70.14
S3D	Monthly	9,534	10,014	10,460	10,937	11,366	11,866	11,895
S3D	Bi-Weekly	4,384	4,604	4,809	5,029	5,226	5,456	5,469
S3D	Hourly	58.45	61.39	64.12	67.05	69.68	72.74	72.92
S4A	Monthly	8,806	9,249	9,662	10,102	10,498	10,960	10,987
S4A	Bi-Weekly	4,049	4,253	4,442	4,645	4,827	5,039	5,051
S4A	Hourly	53.98	56.70	59.23	61.93	64.36	67.19	67.35
S4B	Monthly	9,170	9,631	10,061	10,520	10,932	11,413	11,441
S4B	Bi-Weekly	4,216	4,428	4,626	4,837	5,027	5,247	5,261
S4B	Hourly	56.21	59.04	61.68	64.49	67.02	69.96	70.14
S4C	Monthly	9,534	10,014	10,460	10,937	11,366	11,866	11,895
S4C	Bi-Weekly	4,384	4,604	4,809	5,029	5,226	5,456	5,469
S4C	Hourly	58.45	61.39	64.12	67.05	69.68	72.74	72.92
S4D	Monthly	9,898	10,396	10,860	11,355	11,799	12,319	12,349
S4D	Bi-Weekly	4,551	4,780	4,993	5,221	5,425	5,664	5,678
S4D	Hourly	60.68	63.73	66.57	69.61	72.33	75.52	75.70

DRAFT

WAGE SCHEDULE H

Diagnostic Medical Sonographer
Magnetic Resonance Imaging Technologist

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,496	7,873	8,225	8,599	8,936	9,330	9,352
P1	Bi-Weekly	3,446	3,620	3,782	3,953	4,109	4,290	4,300
P1	Hourly	45.95	48.26	50.42	52.71	54.78	57.20	57.33
P2A	Monthly	8,066	8,471	8,850	9,253	9,615	10,039	10,063
P2A	Bi-Weekly	3,709	3,895	4,069	4,254	4,421	4,616	4,627
P2A	Hourly	49.45	51.93	54.25	56.72	58.94	61.54	61.69
P2B (E, I, Q, R, and S)	Monthly	8,388	8,810	9,204	9,622	9,999	10,440	10,465
P2B (E, I, Q, R, and S)	Bi-Weekly	3,857	4,051	4,232	4,424	4,598	4,800	4,811
P2B (E, I, Q, R, and S)	Hourly	51.42	54.01	56.42	58.99	61.30	64.00	64.15
S1A	Monthly	8,066	8,471	8,850	9,253	9,615	10,039	10,063
S1A	Bi-Weekly	3,709	3,895	4,069	4,254	4,421	4,616	4,627
S1A	Hourly	49.45	51.93	54.25	56.72	58.94	61.54	61.69
S1B	Monthly	8,396	8,818	9,212	9,631	10,008	10,450	10,474
S1B	Bi-Weekly	3,860	4,055	4,235	4,428	4,601	4,805	4,816
S1B	Hourly	51.47	54.06	56.47	59.04	61.35	64.06	64.21
S1C	Monthly	8,695	9,133	9,541	9,975	10,366	10,823	10,848
S1C	Bi-Weekly	3,998	4,199	4,387	4,586	4,766	4,976	4,988
S1C	Hourly	53.30	55.99	58.49	61.15	63.55	66.35	66.50
S1D	Monthly	8,995	9,448	9,870	10,319	10,723	11,196	11,222
S1D	Bi-Weekly	4,136	4,344	4,538	4,745	4,930	5,147	5,159
S1D	Hourly	55.14	57.92	60.51	63.26	65.73	68.63	68.79
S2A	Monthly	8,373	8,794	9,187	9,605	9,982	10,422	10,446
S2A	Bi-Weekly	3,850	4,043	4,224	4,416	4,589	4,792	4,803
S2A	Hourly	51.33	53.91	56.32	58.88	61.19	63.89	64.04
S2B	Monthly	8,733	9,172	9,582	10,018	10,410	10,869	10,895
S2B	Bi-Weekly	4,016	4,217	4,406	4,606	4,787	4,997	5,009
S2B	Hourly	53.54	56.23	58.74	61.41	63.82	66.63	66.79
S2C	Monthly	9,070	9,526	9,952	10,405	10,813	11,289	11,316
S2C	Bi-Weekly	4,170	4,380	4,576	4,784	4,972	5,190	5,203
S2C	Hourly	55.60	58.40	61.01	63.79	66.29	69.20	69.37
S2D	Monthly	9,445	9,920	10,364	10,835	11,259	11,756	11,784
S2D	Bi-Weekly	4,343	4,561	4,765	4,982	5,177	5,405	5,418
S2D	Hourly	57.90	60.81	63.53	66.42	69.02	72.07	72.24
S3A	Monthly	8,710	9,148	9,557	9,992	10,384	10,841	10,867
S3A	Bi-Weekly	4,004	4,206	4,394	4,594	4,775	4,985	4,997
S3A	Hourly	53.39	56.08	58.59	61.25	63.66	66.46	66.62
S3B	Monthly	9,070	9,526	9,952	10,405	10,813	11,289	11,316
S3B	Bi-Weekly	4,170	4,380	4,576	4,784	4,972	5,190	5,203
S3B	Hourly	55.60	58.40	61.01	63.79	66.29	69.20	69.37
S3C	Monthly	9,445	9,920	10,364	10,835	11,259	11,756	11,784
S3C	Bi-Weekly	4,343	4,561	4,765	4,982	5,177	5,405	5,418
S3C	Hourly	57.90	60.81	63.53	66.42	69.02	72.07	72.24
S3D	Monthly	9,820	10,314	10,775	11,265	11,706	12,222	12,251
S3D	Bi-Weekly	4,515	4,742	4,954	5,180	5,382	5,619	5,633
S3D	Hourly	60.20	63.23	66.05	69.06	71.76	74.92	75.10
S4A	Monthly	9,070	9,526	9,952	10,405	10,813	11,289	11,316
S4A	Bi-Weekly	4,170	4,380	4,576	4,784	4,972	5,190	5,203
S4A	Hourly	55.60	58.40	61.01	63.79	66.29	69.20	69.37
S4B	Monthly	9,445	9,920	10,364	10,835	11,259	11,756	11,784
S4B	Bi-Weekly	4,343	4,561	4,765	4,982	5,177	5,405	5,418
S4B	Hourly	57.90	60.81	63.53	66.42	69.02	72.07	72.24
S4C	Monthly	9,820	10,314	10,775	11,265	11,706	12,222	12,251
S4C	Bi-Weekly	4,515	4,742	4,954	5,180	5,382	5,619	5,633
S4C	Hourly	60.20	63.23	66.05	69.06	71.76	74.92	75.10
S4D	Monthly	10,195	10,707	11,186	11,695	12,153	12,689	12,719
S4D	Bi-Weekly	4,688	4,923	5,143	5,377	5,588	5,834	5,848
S4D	Hourly	62.50	65.64	68.57	71.69	74.50	77.79	77.97

DRAFT

WAGE SCHEDULE I

Anesthesia Assistant
Art Therapist
Audiologist
Biostatistical Analyst
Disciplines Allied to Social Work
Genetic Counsellor
Pathologists' Assistant
Social Worker
Speech Language Pathologist
Vocational Counsellor

Effective First Pay Period After April 1, 2025

**For the Anesthesia Assistant Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,103	7,459	7,792	8,148	8,469	8,851	8,873
P1	Bi-Weekly	3,266	3,430	3,583	3,746	3,894	4,070	4,079
P1	Hourly	43.54	45.73	47.77	49.95	51.92	54.26	54.39
P2A	Monthly	7,373	7,742	8,088	8,458	8,791	9,187	9,210
P2A	Bi-Weekly	3,390	3,560	3,719	3,889	4,042	4,224	4,235
P2A	Hourly	45.20	47.46	49.58	51.85	53.89	56.32	56.46
P2BS	Monthly	7,373	7,742	8,088	8,458	8,791	9,187	9,210
P2BS	Bi-Weekly	3,390	3,560	3,719	3,889	4,042	4,224	4,235
P2BS	Hourly	45.20	47.46	49.58	51.85	53.89	56.32	56.46
P2BE, P2BI, P2BQ and P2BR	Monthly	7,948	8,347	8,719	9,118	9,477	9,904	9,929
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,654	3,838	4,009	4,193	4,358	4,553	4,565
P2BE, P2BI, P2BQ and P2BR	Hourly	48.72	51.17	53.45	55.90	58.10	60.71	60.87
S1A	Monthly	7,387	7,757	8,104	8,474	8,808	9,205	9,228
S1A	Bi-Weekly	3,396	3,566	3,726	3,896	4,050	4,232	4,243
S1A	Hourly	45.28	47.55	49.68	51.95	54.00	56.43	56.57
S1B	Monthly	7,955	8,354	8,727	9,126	9,485	9,913	9,938
S1B	Bi-Weekly	3,658	3,841	4,013	4,196	4,361	4,558	4,569
S1B	Hourly	48.77	51.21	53.50	55.94	58.15	60.77	60.92
S1C	Monthly	8,239	8,652	9,039	9,452	9,824	10,267	10,293
S1C	Bi-Weekly	3,788	3,978	4,156	4,346	4,517	4,721	4,733
S1C	Hourly	50,51	53.04	55.41	57.94	60.22	62.94	63.10
S1D	Monthly	8,524	8,951	9,350	9,778	10,163	10,621	10,648
S1D	Bi-Weekly	3,919	4,115	4,299	4,496	4,673	4,883	4,896
S1D	Hourly	52.25	54.87	57.32	59.94	62.30	65.11	65.28
S2A	Monthly	7,671	8,056	8,415	8,800	9,147	9,559	9,583
S2A	Bi-Weekly	3,527	3,704	3,869	4,046	4,205	4,395	4,406
S2A	Hourly	47.03	49.39	51.59	53.95	56.07	58.60	58.75
S2B	Monthly	8,275	8,690	9,078	9,492	9,866	10,311	10,337
S2B	Bi-Weekly	3,805	3,995	4,174	4,364	4,536	4,741	4,753
S2B	Hourly	50.73	53.27	55.65	58.19	60.48	63.21	63.37
S2C	Monthly	8,595	9,025	9,428	9,859	10,247	10,710	10,736
S2C	Bi-Weekly	3,952	4,150	4,335	4,533	4,712	4,925	4,936
S2C	Hourly	52.69	55.33	57.80	60.44	62.82	65.66	65.81
S2D	Monthly	8,950	9,398	9,818	10,266	10,671	11,152	11,180
S2D	Bi-Weekly	4,115	4,321	4,514	4,720	4,907	5,127	5,141
S2D	Hourly	54.87	57.61	60.19	62.93	65.42	68.36	68.54
S3A	Monthly	8,254	8,667	9,054	9,468	9,841	10,285	10,310
S3A	Bi-Weekly	3,795	3,985	4,163	4,353	4,525	4,729	4,740
S3A	Hourly	50.60	53.13	55.50	58.04	60.33	63.05	63.20
S3B	Monthly	8,595	9,025	9,428	9,859	10,247	10,710	10,736
S3B	Bi-Weekly	3,952	4,150	4,335	4,533	4,712	4,925	4,936
S3B	Hourly	52.69	55.33	57.80	60.44	62.82	65.66	65.81
S3C	Monthly	8,950	9,398	9,818	10,266	10,671	11,152	11,180
S3C	Bi-Weekly	4,115	4,321	4,514	4,720	4,907	5,127	5,141
S3C	Hourly	54.87	57.61	60.19	62.93	65.42	68.36	68.54
S3D	Monthly	9,305	9,771	10,208	10,674	11,094	11,595	11,624
S3D	Bi-Weekly	4,278	4,493	4,694	4,907	5,101	5,331	5,345
S3D	Hourly	57.04	59.90	62.58	65.43	68.01	71.08	71.26
S4A	Monthly	8,595	9,025	9,428	9,859	10,247	10,710	10,736
S4A	Bi-Weekly	3,952	4,150	4,335	4,533	4,712	4,925	4,936
S4A	Hourly	52.69	55.33	57.80	60.44	62.82	65.66	65.81
S4B	Monthly	8,950	9,398	9,818	10,266	10,671	11,152	11,180
S4B	Bi-Weekly	4,115	4,321	4,514	4,720	4,907	5,127	5,141
S4B	Hourly	54.87	57.61	60.19	62.93	65.42	68.36	68.54
S4C	Monthly	9,305	9,771	10,208	10,674	11,094	11,595	11,624
S4C	Bi-Weekly	4,278	4,493	4,694	4,907	5,101	5,331	5,345
S4C	Hourly	57.04	59.90	62.58	65.43	68.01	71.08	71.26
S4D	Monthly	9,660	10,144	10,597	11,081	11,518	12,037	12,067
S4D	Bi-Weekly	4,442	4,664	4,872	5,095	5,296	5,534	5,548
S4D	Hourly	59.22	62.19	64.96	67.93	70.61	73.79	73.97

DRAFT

WAGE SCHEDULE I

Anesthesia Assistant
Art Therapist
Audiologist
Biostatistical Analyst
Disciplines Allied to Social Work
Genetic Counsellor
Pathologists' Assistant
Social Worker
Speech Language Pathologist
Vocational Counsellor

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

**For the Anesthesia Assistant Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,316	7,683	8,026	8,392	8,723	9,117	9,139
P1	Bi-Weekly	3,364	3,533	3,690	3,859	4,010	4,192	4,202
P1	Hourly	44.85	47.10	49.20	51.45	53.47	55.89	56.02
P2A	Monthly	7,872	8,267	8,636	9,030	9,386	9,810	9,834
P2A	Bi-Weekly	3,620	3,801	3,971	4,152	4,316	4,511	4,522
P2A	Hourly	48.26	50.68	52.94	55.36	57.54	60.14	60.29
P2B (E, I, Q, R, and S)	Monthly	8,187	8,597	8,981	9,391	9,761	10,202	10,227
P2B (E, I, Q, R, and S)	Bi-Weekly	3,764	3,953	4,130	4,318	4,488	4,691	4,702
P2B (E, I, Q, R, and S)	Hourly	50.19	52.70	55.06	57.57	59.84	62.54	62.69
S1A	Monthly	7,872	8,267	8,636	9,030	9,386	9,810	9,834
S1A	Bi-Weekly	3,620	3,801	3,971	4,152	4,316	4,511	4,522
S1A	Hourly	48.26	50.68	52.94	55.36	57.54	60.14	60.29
S1B	Monthly	8,194	8,605	8,989	9,399	9,770	10,211	10,236
S1B	Bi-Weekly	3,767	3,956	4,133	4,322	4,492	4,695	4,706
S1B	Hourly	50.23	52.75	55.10	57.62	59.89	62.60	62.75
S1C	Monthly	8,487	8,912	9,310	9,735	10,119	10,576	10,601
S1C	Bi-Weekly	3,902	4,097	4,280	4,476	4,652	4,862	4,874
S1C	Hourly	52.03	54.63	57.07	59.68	62.03	64.83	64.99
S1D	Monthly	8,779	9,220	9,631	10,070	10,468	10,940	10,967
S1D	Bi-Weekly	4,037	4,239	4,428	4,630	4,813	5,030	5,042
S1D	Hourly	53.82	56.52	59.04	61.73	64.17	67.07	67.23
S2A	Monthly	8,172	8,582	8,965	9,374	9,744	10,184	10,208
S2A	Bi-Weekly	3,758	3,946	4,122	4,310	4,480	4,682	4,694
S2A	Hourly	50.10	52.61	54.96	57.47	59.73	62.43	62.58
S2B	Monthly	8,523	8,951	9,350	9,777	10,162	10,621	10,647
S2B	Bi-Weekly	3,919	4,115	4,299	4,496	4,673	4,883	4,895
S2B	Hourly	52.25	54.87	57.32	59.94	62.30	65.11	65.27
S2C	Monthly	8,852	9,296	9,711	10,154	10,555	11,032	11,058
S2C	Bi-Weekly	4,070	4,274	4,465	4,669	4,853	5,072	5,084
S2C	Hourly	54.27	56.99	59.53	62.25	64.70	67.63	67.79
S2D	Monthly	9,218	9,681	10,113	10,574	10,991	11,487	11,515
S2D	Bi-Weekly	4,238	4,451	4,650	4,862	5,054	5,282	5,294
S2D	Hourly	56.51	59.35	62.00	64.82	67.38	70.42	70.59
S3A	Monthly	8,501	8,928	9,326	9,752	10,136	10,594	10,620
S3A	Bi-Weekly	3,908	4,105	4,288	4,484	4,661	4,871	4,883
S3A	Hourly	52.11	54.73	57.17	59.78	62.14	64.94	65.10
S3B	Monthly	8,852	9,296	9,711	10,154	10,555	11,032	11,058
S3B	Bi-Weekly	4,070	4,274	4,465	4,669	4,853	5,072	5,084
S3B	Hourly	54.27	56.99	59.53	62.25	64.70	67.63	67.79
S3C	Monthly	9,218	9,681	10,113	10,574	10,991	11,487	11,515
S3C	Bi-Weekly	4,238	4,451	4,650	4,862	5,054	5,282	5,294
S3C	Hourly	56.51	59.35	62.00	64.82	67.38	70.42	70.59
S3D	Monthly	9,584	10,065	10,514	10,994	11,427	11,943	11,972
S3D	Bi-Weekly	4,406	4,628	4,834	5,055	5,254	5,491	5,504
S3D	Hourly	58.75	61.70	64.45	67.40	70.05	73.21	73.39
S4A	Monthly	8,852	9,296	9,711	10,154	10,555	11,032	11,058
S4A	Bi-Weekly	4,070	4,274	4,465	4,669	4,853	5,072	5,084
S4A	Hourly	54.27	56.99	59.53	62.25	64.70	67.63	67.79
S4B	Monthly	9,218	9,681	10,113	10,574	10,991	11,487	11,515
S4B	Bi-Weekly	4,238	4,451	4,650	4,862	5,054	5,282	5,294
S4B	Hourly	56.51	59.35	62.00	64.82	67.38	70.42	70.59
S4C	Monthly	9,584	10,065	10,514	10,994	11,427	11,943	11,972
S4C	Bi-Weekly	4,406	4,628	4,834	5,055	5,254	5,491	5,504
S4C	Hourly	58.75	61.70	64.45	67.40	70.05	73.21	73.39
S4D	Monthly	9,950	10,449	10,915	11,413	11,863	12,399	12,429
S4D	Bi-Weekly	4,575	4,805	5,018	5,247	5,454	5,701	5,714
S4D	Hourly	61.00	64.06	66.91	69.96	72.72	76.01	76.19

DRAFT

WAGE SCHEDULE I

Anesthesia Assistant
Art Therapist
Audiologist
Biostatistical Analyst
Disciplines Allied to Social Work
Genetic Counsellor
Pathologists' Assistant
Social Worker
Speech Language Pathologist
Vocational Counsellor

Effective First Pay Period After April 1, 2027

**For the Anesthesia Assistant Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,535	7,913	8,267	8,644	8,985	9,391	9,413
P1	Bi-Weekly	3,464	3,638	3,801	3,974	4,131	4,318	4,328
P1	Hourly	46.19	48.51	50.68	52.99	55.08	57.57	57.70
P2A	Monthly	8,108	8,514	8,895	9,301	9,668	10,105	10,128
P2A	Bi-Weekly	3,728	3,914	4,090	4,277	4,445	4,646	4,657
P2A	Hourly	49.70	52.19	54.53	57.02	59.27	61.95	62.09
P2B (E, I, Q, R, and S)	Monthly	8,432	8,855	9,251	9,673	10,054	10,509	10,533
P2B (E, I, Q, R, and S)	Bi-Weekly	3,877	4,071	4,253	4,448	4,622	4,832	4,843
P2B (E, I, Q, R, and S)	Hourly	51.69	54.28	56.71	59.30	61.63	64.42	64.57
S1A	Monthly	8,108	8,514	8,895	9,301	9,668	10,105	10,128
S1A	Bi-Weekly	3,728	3,914	4,090	4,277	4,445	4,646	4,657
S1A	Hourly	49.70	52.19	54.53	57.02	59.27	61.95	62.09
S1B	Monthly	8,439	8,863	9,259	9,681	10,063	10,518	10,543
S1B	Bi-Weekly	3,880	4,075	4,257	4,451	4,627	4,836	4,847
S1B	Hourly	51.73	54.33	56.76	59.35	61.69	64.48	64.63
S1C	Monthly	8,741	9,179	9,590	10,027	10,423	10,894	10,919
S1C	Bi-Weekly	4,019	4,220	4,409	4,610	4,793	5,009	5,021
S1C	Hourly	53.58	56.27	58.79	61.47	63.90	66.78	66.94
S1D	Monthly	9,042	9,496	9,920	10,373	10,782	11,269	11,296
S1D	Bi-Weekly	4,157	4,366	4,561	4,769	4,958	5,181	5,194
S1D	Hourly	55.43	58.21	60.81	63.59	66.10	69.08	69.25
S2A	Monthly	8,417	8,839	9,234	9,655	10,036	10,490	10,514
S2A	Bi-Weekly	3,870	4,064	4,246	4,439	4,614	4,823	4,834
S2A	Hourly	51.60	54.19	56.61	59.19	61.52	64.31	64.45
S2B	Monthly	8,778	9,219	9,631	10,070	10,468	10,941	10,966
S2B	Bi-Weekly	4,036	4,238	4,428	4,630	4,813	5,030	5,042
S2B	Hourly	53.81	56.51	59.04	61.73	64.17	67.07	67.22
S2C	Monthly	9,117	9,575	10,003	10,459	10,872	11,363	11,390
S2C	Bi-Weekly	4,192	4,403	4,599	4,809	4,999	5,225	5,237
S2C	Hourly	55.89	58.70	61.32	64.12	66.65	69.66	69.82
S2D	Monthly	9,494	9,970	10,416	10,891	11,321	11,833	11,860
S2D	Bi-Weekly	4,365	4,584	4,789	5,007	5,205	5,441	5,453
S2D	Hourly	58.20	61.12	63.85	66.76	69.40	72.54	72.70
S3A	Monthly	8,756	9,195	9,606	10,044	10,441	10,912	10,938
S3A	Bi-Weekly	4,026	4,228	4,417	4,618	4,801	5,017	5,029
S3A	Hourly	53.68	56.37	58.89	61.57	64.01	66.89	67.05
S3B	Monthly	9,117	9,575	10,003	10,459	10,872	11,363	11,390
S3B	Bi-Weekly	4,192	4,403	4,599	4,809	4,999	5,225	5,237
S3B	Hourly	55.89	58.70	61.32	64.12	66.65	69.66	69.82
S3C	Monthly	9,494	9,970	10,416	10,891	11,321	11,833	11,860
S3C	Bi-Weekly	4,365	4,584	4,789	5,007	5,205	5,441	5,453
S3C	Hourly	58.20	61.12	63.85	66.76	69.40	72.54	72.70
S3D	Monthly	9,871	10,366	10,830	11,324	11,770	12,302	12,331
S3D	Bi-Weekly	4,538	4,766	4,979	5,207	5,411	5,656	5,669
S3D	Hourly	60.51	63.55	66.39	69.42	72.15	75.41	75.59
S4A	Monthly	9,117	9,575	10,003	10,459	10,872	11,363	11,390
S4A	Bi-Weekly	4,192	4,403	4,599	4,809	4,999	5,225	5,237
S4A	Hourly	55.89	58.70	61.32	64.12	66.65	69.66	69.82
S4B	Monthly	9,494	9,970	10,416	10,891	11,321	11,833	11,860
S4B	Bi-Weekly	4,365	4,584	4,789	5,007	5,205	5,441	5,453
S4B	Hourly	58.20	61.12	63.85	66.76	69.40	72.54	72.70
S4C	Monthly	9,871	10,366	10,830	11,324	11,770	12,302	12,331
S4C	Bi-Weekly	4,538	4,766	4,979	5,207	5,411	5,656	5,669
S4C	Hourly	60.51	63.55	66.39	69.42	72.15	75.41	75.59
S4D	Monthly	10,248	10,762	11,243	11,756	12,220	12,772	12,802
S4D	Bi-Weekly	4,712	4,948	5,169	5,405	5,618	5,873	5,886
S4D	Hourly	62.82	65.97	68.92	72.07	74.91	78.30	78.48

DRAFT

WAGE SCHEDULE I

Anesthesia Assistant
Art Therapist
Audiologist
Biostatistical Analyst
Disciplines Allied to Social Work
Genetic Counsellor
Pathologists' Assistant
Social Worker
Speech Language Pathologist
Vocational Counsellor

Effective First Pay Period After April 1, 2028

**For the Anesthesia Assistant Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,761	8,150	8,515	8,903	9,255	9,673	9,695
P1	Bi-Weekly	3,569	3,747	3,915	4,094	4,256	4,448	4,457
P1	Hourly	47.58	49.96	52.20	54.58	56.74	59.30	59.43
P2A	Monthly	8,351	8,769	9,162	9,580	9,958	10,408	10,432
P2A	Bi-Weekly	3,839	4,032	4,213	4,405	4,579	4,785	4,796
P2A	Hourly	51.19	53.76	56.17	58.73	61.05	63.80	63.95
P2B (E, I, Q, R, and S)	Monthly	8,685	9,120	9,528	9,962	10,356	10,824	10,849
P2B (E, I, Q, R, and S)	Bi-Weekly	3,993	4,193	4,381	4,580	4,762	4,976	4,988
P2B (E, I, Q, R, and S)	Hourly	53.24	55.91	58.41	61.07	63.49	66.35	66.51
S1A	Monthly	8,351	8,769	9,162	9,580	9,958	10,408	10,432
S1A	Bi-Weekly	3,839	4,032	4,213	4,405	4,579	4,785	4,796
S1A	Hourly	51.19	53.76	56.17	58.73	61.05	63.80	63.95
S1B	Monthly	8,692	9,128	9,537	9,971	10,366	10,834	10,858
S1B	Bi-Weekly	3,996	4,197	4,385	4,584	4,766	4,982	4,992
S1B	Hourly	53.28	55.96	58.46	61.12	63.55	66.42	66.56
S1C	Monthly	9,003	9,454	9,877	10,327	10,736	11,221	11,246
S1C	Bi-Weekly	4,139	4,347	4,541	4,748	4,936	5,159	5,171
S1C	Hourly	55.19	57.96	60.55	63.31	65.81	68.79	68.94
S1D	Monthly	9,313	9,780	10,218	10,684	11,106	11,608	11,634
S1D	Bi-Weekly	4,282	4,496	4,698	4,913	5,106	5,337	5,349
S1D	Hourly	57.09	59.95	62.64	65.50	68.08	71.16	71.32
S2A	Monthly	8,669	9,104	9,511	9,945	10,338	10,805	10,829
S2A	Bi-Weekly	3,986	4,186	4,373	4,573	4,753	4,968	4,979
S2A	Hourly	53.14	55.81	58.30	60.97	63.37	66.24	66.38
S2B	Monthly	9,042	9,495	9,920	10,372	10,782	11,269	11,295
S2B	Bi-Weekly	4,157	4,366	4,561	4,769	4,958	5,181	5,193
S2B	Hourly	55.43	58.21	60.81	63.58	66.10	69.08	69.24
S2C	Monthly	9,391	9,862	10,303	10,773	11,199	11,704	11,731
S2C	Bi-Weekly	4,318	4,535	4,737	4,953	5,149	5,381	5,393
S2C	Hourly	57.57	60.46	63.16	66.04	68.65	71.75	71.91
S2D	Monthly	9,779	10,269	10,729	11,218	11,661	12,188	12,216
S2D	Bi-Weekly	4,496	4,721	4,933	5,158	5,362	5,604	5,617
S2D	Hourly	59.95	62.95	65.77	68.77	71.49	74.72	74.89
S3A	Monthly	9,018	9,470	9,894	10,345	10,754	11,240	11,266
S3A	Bi-Weekly	4,146	4,354	4,549	4,757	4,944	5,168	5,180
S3A	Hourly	55.28	58.05	60.65	63.42	65.92	68.90	69.06
S3B	Monthly	9,391	9,862	10,303	10,773	11,199	11,704	11,731
S3B	Bi-Weekly	4,318	4,535	4,737	4,953	5,149	5,381	5,393
S3B	Hourly	57.57	60.46	63.16	66.04	68.65	71.75	71.91
S3C	Monthly	9,779	10,269	10,729	11,218	11,661	12,188	12,216
S3C	Bi-Weekly	4,496	4,721	4,933	5,158	5,362	5,604	5,617
S3C	Hourly	59.95	62.95	65.77	68.77	71.49	74.72	74.89
S3D	Monthly	10,167	10,677	11,155	11,663	12,124	12,672	12,700
S3D	Bi-Weekly	4,675	4,909	5,129	5,363	5,574	5,826	5,839
S3D	Hourly	62.33	65.45	68.38	71.50	74.32	77.68	77.85
S4A	Monthly	9,391	9,862	10,303	10,773	11,199	11,704	11,731
S4A	Bi-Weekly	4,318	4,535	4,737	4,953	5,149	5,381	5,393
S4A	Hourly	57.57	60.46	63.16	66.04	68.65	71.75	71.91
S4B	Monthly	9,779	10,269	10,729	11,218	11,661	12,188	12,216
S4B	Bi-Weekly	4,496	4,721	4,933	5,158	5,362	5,604	5,617
S4B	Hourly	59.95	62.95	65.77	68.77	71.49	74.72	74.89
S4C	Monthly	10,167	10,677	11,155	11,663	12,124	12,672	12,700
S4C	Bi-Weekly	4,675	4,909	5,129	5,363	5,574	5,826	5,839
S4C	Hourly	62.33	65.45	68.38	71.50	74.32	77.68	77.85
S4D	Monthly	10,555	11,084	11,580	12,108	12,587	13,155	13,185
S4D	Bi-Weekly	4,853	5,096	5,324	5,567	5,787	6,048	6,062
S4D	Hourly	64.70	67.95	70.99	74.23	77.16	80.64	80.83

DRAFT

WAGE SCHEDULE J

Occupational Therapist
Physiotherapist

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,150	7,504	7,828	8,177	8,500	8,874	8,896
P1	Bi-Weekly	3,287	3,450	3,599	3,760	3,908	4,080	4,090
P1	Hourly	43.83	46.00	47.99	50.13	52.11	54.40	54.53
P2A	Monthly	7,422	7,789	8,125	8,488	8,823	9,211	9,234
P2A	Bi-Weekly	3,413	3,581	3,736	3,902	4,057	4,235	4,246
P2A	Hourly	45.50	47.75	49.81	52.03	54.09	56.47	56.61
P2BS	Monthly	7,422	7,789	8,125	8,488	8,823	9,211	9,234
P2BS	Bi-Weekly	3,413	3,581	3,736	3,902	4,057	4,235	4,246
P2BS	Hourly	45.50	47.75	49.81	52.03	54.09	56.47	56.61
P2BE, P2BI, P2BQ and P2BR	Monthly	8,001	8,397	8,760	9,150	9,512	9,930	9,955
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,679	3,861	4,028	4,207	4,373	4,565	4,577
P2BE, P2BI, P2BQ and P2BR	Hourly	49.05	51.48	53.70	56.09	58.31	60.87	61.03
S1A	Monthly	7,436	7,804	8,141	8,504	8,840	9,229	9,252
S1A	Bi-Weekly	3,419	3,588	3,743	3,910	4,064	4,244	4,254
S1A	Hourly	45.58	47.84	49.91	52.13	54.19	56.58	56.72
S1B	Monthly	8,008	8,404	8,767	9,158	9,520	9,939	9,964
S1B	Bi-Weekly	3,682	3,864	4,031	4,211	4,377	4,570	4,581
S1B	Hourly	49.09	51.52	53.74	56.14	58.36	60.93	61.08
S1C	Monthly	8,294	8,705	9,080	9,485	9,860	10,294	10,319
S1C	Bi-Weekly	3,813	4,002	4,175	4,361	4,533	4,733	4,745
S1C	Hourly	50.84	53.36	55.66	58.15	60.44	63.10	63.26
S1D	Monthly	8,580	9,005	9,394	9,812	10,200	10,649	10,675
S1D	Bi-Weekly	3,945	4,140	4,319	4,511	4,690	4,896	4,908
S1D	Hourly	52.60	55.20	57.59	60.15	62.53	65.28	65.44
S2A	Monthly	7,722	8,104	8,454	8,831	9,180	9,584	9,608
S2A	Bi-Weekly	3,551	3,726	3,887	4,061	4,221	4,406	4,418
S2A	Hourly	47.34	49.68	51.83	54.14	56.28	58.75	58.90
S2B	Monthly	8,330	8,742	9,120	9,526	9,903	10,338	10,364
S2B	Bi-Weekly	3,830	4,019	4,193	4,380	4,553	4,753	4,765
S2B	Hourly	51.07	53.59	55.91	58.40	60.71	63.37	63.53
S2C	Monthly	8,652	9,080	9,472	9,894	10,285	10,738	10,764
S2C	Bi-Weekly	3,978	4,175	4,355	4,549	4,729	4,937	4,949
S2C	Hourly	53.04	55.66	58.07	60.65	63.05	65.83	65.99
S2D	Monthly	9,009	9,455	9,863	10,303	10,710	11,181	11,209
S2D	Bi-Weekly	4,142	4,347	4,535	4,737	4,925	5,141	5,153
S2D	Hourly	55.23	57.96	60.46	63.16	65.66	68.54	68.71
S3A	Monthly	8,308	8,720	9,096	9,502	9,877	10,312	10,337
S3A	Bi-Weekly	3,820	4,010	4,182	4,369	4,541	4,742	4,753
S3A	Hourly	50.93	53.46	55.76	58.25	60.55	63.22	63.37
S3B	Monthly	8,652	9,080	9,472	9,894	10,285	10,738	10,764
S3B	Bi-Weekly	3,978	4,175	4,355	4,549	4,729	4,937	4,949
S3B	Hourly	53.04	55.66	58.07	60.65	63.05	65.83	65.99
S3C	Monthly	9,009	9,455	9,863	10,303	10,710	11,181	11,209
S3C	Bi-Weekly	4,142	4,347	4,535	4,737	4,925	5,141	5,153
S3C	Hourly	55.23	57.96	60.46	63.16	65.66	68.54	68.71
S3D	Monthly	9,367	9,830	10,255	10,712	11,135	11,625	11,654
S3D	Bi-Weekly	4,307	4,520	4,715	4,925	5,120	5,345	5,358
S3D	Hourly	57.42	60.26	62.87	65.67	68.26	71.26	71.44
S4A	Monthly	8,652	9,080	9,472	9,894	10,285	10,738	10,764
S4A	Bi-Weekly	3,978	4,175	4,355	4,549	4,729	4,937	4,949
S4A	Hourly	53.04	55.66	58.07	60.65	63.05	65.83	65.99
S4B	Monthly	9,009	9,455	9,863	10,303	10,710	11,181	11,209
S4B	Bi-Weekly	4,142	4,347	4,535	4,737	4,925	5,141	5,153
S4B	Hourly	55.23	57.96	60.46	63.16	65.66	68.54	68.71
S4C	Monthly	9,367	9,830	10,255	10,712	11,135	11,625	11,654
S4C	Bi-Weekly	4,307	4,520	4,715	4,925	5,120	5,345	5,358
S4C	Hourly	57.42	60.26	62.87	65.67	68.26	71.26	71.44
S4D	Monthly	9,724	10,205	10,646	11,121	11,560	12,069	12,099
S4D	Bi-Weekly	4,471	4,692	4,895	5,113	5,315	5,549	5,563
S4D	Hourly	59.61	62.56	65.26	68.17	70.87	73.99	74.17

DRAFT

WAGE SCHEDULE J

Occupational Therapist
Physiotherapist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,365	7,729	8,063	8,422	8,755	9,140	9,163
P1	Bi-Weekly	3,386	3,554	3,707	3,872	4,025	4,202	4,213
P1	Hourly	45.15	47.38	49.43	51.63	53.67	56.03	56.17
P2A	Monthly	7,925	8,316	8,676	9,062	9,420	9,835	9,859
P2A	Bi-Weekly	3,644	3,824	3,989	4,166	4,331	4,522	4,533
P2A	Hourly	48.58	50.98	53.19	55.55	57.75	60.29	60.44
P2B (E, I, Q, R, and S)	Monthly	8,241	8,649	9,022	9,424	9,797	10,228	10,253
P2B (E, I, Q, R, and S)	Bi-Weekly	3,789	3,977	4,148	4,333	4,505	4,703	4,714
P2B (E, I, Q, R, and S)	Hourly	50.52	53.02	55.31	57.77	60.06	62.70	62.85
S1A	Monthly	7,925	8,316	8,676	9,062	9,420	9,835	9,859
S1A	Bi-Weekly	3,644	3,824	3,989	4,166	4,331	4,522	4,533
S1A	Hourly	48.58	50.98	53.19	55.55	57.75	60.29	60.44
S1B	Monthly	8,249	8,656	9,031	9,433	9,806	10,237	10,263
S1B	Bi-Weekly	3,793	3,980	4,152	4,337	4,508	4,707	4,718
S1B	Hourly	50.57	53.06	55.36	57.83	60.11	62.76	62.91
S1C	Monthly	8,543	8,966	9,353	9,770	10,156	10,602	10,629
S1C	Bi-Weekly	3,928	4,122	4,301	4,492	4,670	4,874	4,887
S1C	Hourly	52.37	54.96	57.34	59.89	62.26	64.99	65.16
S1D	Monthly	8,838	9,275	9,676	10,106	10,506	10,968	10,996
S1D	Bi-Weekly	4,064	4,265	4,449	4,646	4,830	5,043	5,056
S1D	Hourly	54.18	56.86	59.32	61.95	64.40	67.24	67.41
S2A	Monthly	8,227	8,633	9,006	9,407	9,779	10,209	10,235
S2A	Bi-Weekly	3,782	3,969	4,141	4,325	4,496	4,694	4,706
S2A	Hourly	50.43	52.92	55.21	57.67	59.95	62.58	62.74
S2B	Monthly	8,580	9,004	9,393	9,812	10,200	10,648	10,675
S2B	Bi-Weekly	3,945	4,140	4,319	4,511	4,690	4,896	4,908
S2B	Hourly	52.60	55.20	57.58	60.15	62.53	65.28	65.44
S2C	Monthly	8,912	9,352	9,756	10,191	10,594	11,059	11,087
S2C	Bi-Weekly	4,097	4,300	4,486	4,685	4,871	5,084	5,098
S2C	Hourly	54.63	57.33	59.81	62.47	64.94	67.79	67.97
S2D	Monthly	9,280	9,739	10,159	10,612	11,031	11,516	11,545
S2D	Bi-Weekly	4,267	4,478	4,671	4,879	5,072	5,295	5,308
S2D	Hourly	56.89	59.70	62.28	65.05	67.62	70.60	70.77
S3A	Monthly	8,558	8,981	9,369	9,786	10,173	10,621	10,647
S3A	Bi-Weekly	3,935	4,130	4,307	4,499	4,677	4,883	4,895
S3A	Hourly	52.46	55.06	57.43	59.99	62.36	65.11	65.27
S3B	Monthly	8,912	9,352	9,756	10,191	10,594	11,059	11,087
S3B	Bi-Weekly	4,097	4,300	4,486	4,685	4,871	5,084	5,098
S3B	Hourly	54.63	57.33	59.81	62.47	64.94	67.79	67.97
S3C	Monthly	9,280	9,739	10,159	10,612	11,031	11,516	11,545
S3C	Bi-Weekly	4,267	4,478	4,671	4,879	5,072	5,295	5,308
S3C	Hourly	56.89	59.70	62.28	65.05	67.62	70.60	70.77
S3D	Monthly	9,648	10,125	10,563	11,033	11,469	11,973	12,004
S3D	Bi-Weekly	4,436	4,655	4,856	5,073	5,273	5,505	5,519
S3D	Hourly	59.14	62.07	64.75	67.64	70.31	73.40	73.59
S4A	Monthly	8,912	9,352	9,756	10,191	10,594	11,059	11,087
S4A	Bi-Weekly	4,097	4,300	4,486	4,685	4,871	5,084	5,098
S4A	Hourly	54.63	57.33	59.81	62.47	64.94	67.79	67.97
S4B	Monthly	9,280	9,739	10,159	10,612	11,031	11,516	11,545
S4B	Bi-Weekly	4,267	4,478	4,671	4,879	5,072	5,295	5,308
S4B	Hourly	56.89	59.70	62.28	65.05	67.62	70.60	70.77
S4C	Monthly	9,648	10,125	10,563	11,033	11,469	11,973	12,004
S4C	Bi-Weekly	4,436	4,655	4,856	5,073	5,273	5,505	5,519
S4C	Hourly	59.14	62.07	64.75	67.64	70.31	73.40	73.59
S4D	Monthly	10,016	10,511	10,966	11,454	11,907	12,430	12,462
S4D	Bi-Weekly	4,605	4,833	5,042	5,267	5,474	5,715	5,730
S4D	Hourly	61.40	64.44	67.22	70.22	72.99	76.20	76.40

DRAFT

WAGE SCHEDULE J

Occupational Therapist
Physiotherapist

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,586	7,961	8,305	8,675	9,018	9,414	9,438
P1	Bi-Weekly	3,488	3,660	3,818	3,989	4,146	4,328	4,340
P1	Hourly	46.50	48.80	50.91	53.18	55.28	57.71	57.86
P2A	Monthly	8,163	8,566	8,936	9,334	9,703	10,129	10,155
P2A	Bi-Weekly	3,753	3,938	4,109	4,292	4,461	4,657	4,669
P2A	Hourly	50.04	52.51	54.78	57.22	59.48	62.09	62.25
P2B (E, I, Q, R, and S)	Monthly	8,489	8,908	9,293	9,707	10,091	10,534	10,561
P2B (E, I, Q, R, and S)	Bi-Weekly	3,903	4,096	4,273	4,463	4,640	4,844	4,856
P2B (E, I, Q, R, and S)	Hourly	52.04	54.61	56.97	59.51	61.86	64.58	64.74
S1A	Monthly	8,163	8,566	8,936	9,334	9,703	10,129	10,155
S1A	Bi-Weekly	3,753	3,938	4,109	4,292	4,461	4,657	4,669
S1A	Hourly	50.04	52.51	54.78	57.22	59.48	62.09	62.25
S1B	Monthly	8,496	8,916	9,302	9,716	10,100	10,544	10,571
S1B	Bi-Weekly	3,906	4,100	4,277	4,467	4,644	4,848	4,860
S1B	Hourly	52.08	54.66	57.02	59.56	61.92	64.64	64.80
S1C	Monthly	8,800	9,235	9,634	10,063	10,461	10,920	10,948
S1C	Bi-Weekly	4,046	4,246	4,430	4,627	4,810	5,021	5,033
S1C	Hourly	53.95	56.61	59.06	61.69	64.13	66.94	67.11
S1D	Monthly	9,103	9,553	9,966	10,410	10,822	11,297	11,326
S1D	Bi-Weekly	4,185	4,392	4,582	4,787	4,976	5,194	5,207
S1D	Hourly	55.80	58.56	61.09	63.82	66.34	69.25	69.43
S2A	Monthly	8,474	8,892	9,277	9,690	10,073	10,515	10,542
S2A	Bi-Weekly	3,896	4,088	4,265	4,455	4,631	4,835	4,847
S2A	Hourly	51.95	54.51	56.87	59.40	61.75	64.46	64.63
S2B	Monthly	8,838	9,275	9,675	10,106	10,506	10,967	10,995
S2B	Bi-Weekly	4,064	4,265	4,448	4,646	4,830	5,042	5,055
S2B	Hourly	54.18	56.86	59.31	61.95	64.40	67.23	67.40
S2C	Monthly	9,179	9,633	10,049	10,497	10,912	11,391	11,420
S2C	Bi-Weekly	4,220	4,429	4,620	4,826	5,017	5,237	5,251
S2C	Hourly	56.27	59.05	61.60	64.35	66.89	69.83	70.01
S2D	Monthly	9,558	10,031	10,464	10,931	11,363	11,862	11,892
S2D	Bi-Weekly	4,394	4,612	4,811	5,026	5,225	5,454	5,468
S2D	Hourly	58.59	61.49	64.15	67.01	69.66	72.72	72.90
S3A	Monthly	8,815	9,251	9,650	10,080	10,479	10,939	10,967
S3A	Bi-Weekly	4,053	4,253	4,437	4,634	4,818	5,030	5,042
S3A	Hourly	54.04	56.71	59.16	61.79	64.24	67.06	67.23
S3B	Monthly	9,179	9,633	10,049	10,497	10,912	11,391	11,420
S3B	Bi-Weekly	4,220	4,429	4,620	4,826	5,017	5,237	5,251
S3B	Hourly	56.27	59.05	61.60	64.35	66.89	69.83	70.01
S3C	Monthly	9,558	10,031	10,464	10,931	11,363	11,862	11,892
S3C	Bi-Weekly	4,394	4,612	4,811	5,026	5,225	5,454	5,468
S3C	Hourly	58.59	61.49	64.15	67.01	69.66	72.72	72.90
S3D	Monthly	9,938	10,429	10,880	11,364	11,814	12,332	12,364
S3D	Bi-Weekly	4,569	4,795	5,003	5,225	5,432	5,670	5,684
S3D	Hourly	60.92	63.93	66.70	69.66	72.42	75.60	75.79
S4A	Monthly	9,179	9,633	10,049	10,497	10,912	11,391	11,420
S4A	Bi-Weekly	4,220	4,429	4,620	4,826	5,017	5,237	5,251
S4A	Hourly	56.27	59.05	61.60	64.35	66.89	69.83	70.01
S4B	Monthly	9,558	10,031	10,464	10,931	11,363	11,862	11,892
S4B	Bi-Weekly	4,394	4,612	4,811	5,026	5,225	5,454	5,468
S4B	Hourly	58.59	61.49	64.15	67.01	69.66	72.72	72.90
S4C	Monthly	9,938	10,429	10,880	11,364	11,814	12,332	12,364
S4C	Bi-Weekly	4,569	4,795	5,003	5,225	5,432	5,670	5,684
S4C	Hourly	60.92	63.93	66.70	69.66	72.42	75.60	75.79
S4D	Monthly	10,317	10,827	11,295	11,798	12,264	12,803	12,836
S4D	Bi-Weekly	4,744	4,978	5,193	5,424	5,639	5,887	5,902
S4D	Hourly	63.25	66.37	69.24	72.32	75.18	78.49	78.69

DRAFT

WAGE SCHEDULE J

Occupational Therapist
Physiotherapist

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,814	8,200	8,554	8,935	9,289	9,696	9,721
P1	Bi-Weekly	3,593	3,770	3,933	4,108	4,271	4,458	4,469
P1	Hourly	47.90	50.27	52.44	54.77	56.94	59.44	59.59
P2A	Monthly	8,408	8,823	9,204	9,614	9,995	10,433	10,460
P2A	Bi-Weekly	3,866	4,057	4,232	4,421	4,595	4,797	4,809
P2A	Hourly	51.54	54.09	56.42	58.94	61.27	63.96	64.12
P2B (E, I, Q, R, and S)	Monthly	8,744	9,176	9,572	9,998	10,394	10,850	10,878
P2B (E, I, Q, R, and S)	Bi-Weekly	4,020	4,219	4,401	4,597	4,779	4,988	5,002
P2B (E, I, Q, R, and S)	Hourly	53.60	56.25	58.68	61.29	63.72	66.51	66.69
S1A	Monthly	8,408	8,823	9,204	9,614	9,995	10,433	10,460
S1A	Bi-Weekly	3,866	4,057	4,232	4,421	4,595	4,797	4,809
S1A	Hourly	51.54	54.09	56.42	58.94	61.27	63.96	64.12
S1B	Monthly	8,752	9,184	9,580	10,007	10,404	10,860	10,888
S1B	Bi-Weekly	4,024	4,223	4,405	4,601	4,784	4,993	5,006
S1B	Hourly	53.65	56.30	58.73	61.35	63.78	66.57	66.75
S1C	Monthly	9,064	9,512	9,923	10,365	10,775	11,247	11,276
S1C	Bi-Weekly	4,167	4,373	4,562	4,766	4,954	5,171	5,184
S1C	Hourly	55.56	58.31	60.83	63.54	66.05	68.95	69.12
S1D	Monthly	9,377	9,840	10,265	10,722	11,147	11,635	11,665
S1D	Bi-Weekly	4,311	4,524	4,720	4,930	5,125	5,350	5,363
S1D	Hourly	57.48	60.32	62.93	65.73	68.33	71.33	71.51
S2A	Monthly	8,728	9,159	9,555	9,980	10,376	10,830	10,858
S2A	Bi-Weekly	4,013	4,211	4,393	4,589	4,771	4,979	4,992
S2A	Hourly	53.50	56.15	58.57	61.18	63.61	66.39	66.56
S2B	Monthly	9,103	9,553	9,965	10,409	10,822	11,296	11,325
S2B	Bi-Weekly	4,185	4,392	4,582	4,786	4,976	5,194	5,207
S2B	Hourly	55.80	58.56	61.09	63.81	66.34	69.25	69.43
S2C	Monthly	9,455	9,922	10,350	10,811	11,240	11,732	11,762
S2C	Bi-Weekly	4,347	4,562	4,759	4,970	5,168	5,394	5,408
S2C	Hourly	57.96	60.82	63.45	66.27	68.90	71.92	72.10
S2D	Monthly	9,846	10,332	10,778	11,258	11,704	12,217	12,248
S2D	Bi-Weekly	4,527	4,751	4,955	5,176	5,381	5,617	5,631
S2D	Hourly	60.36	63.34	66.07	69.01	71.75	74.89	75.08
S3A	Monthly	9,080	9,528	9,940	10,382	10,794	11,267	11,296
S3A	Bi-Weekly	4,175	4,381	4,570	4,773	4,963	5,180	5,194
S3A	Hourly	55.66	58.41	60.93	63.64	66.17	69.07	69.25
S3B	Monthly	9,455	9,922	10,350	10,811	11,240	11,732	11,762
S3B	Bi-Weekly	4,347	4,562	4,759	4,970	5,168	5,394	5,408
S3B	Hourly	57.96	60.82	63.45	66.27	68.90	71.92	72.10
S3C	Monthly	9,846	10,332	10,778	11,258	11,704	12,217	12,248
S3C	Bi-Weekly	4,527	4,751	4,955	5,176	5,381	5,617	5,631
S3C	Hourly	60.36	63.34	66.07	69.01	71.75	74.89	75.08
S3D	Monthly	10,236	10,742	11,206	11,705	12,169	12,702	12,735
S3D	Bi-Weekly	4,706	4,939	5,153	5,381	5,595	5,840	5,855
S3D	Hourly	62.75	65.85	68.70	71.75	74.60	77.87	78.07
S4A	Monthly	9,455	9,922	10,350	10,811	11,240	11,732	11,762
S4A	Bi-Weekly	4,347	4,562	4,759	4,970	5,168	5,394	5,408
S4A	Hourly	57.96	60.82	63.45	66.27	68.90	71.92	72.10
S4B	Monthly	9,846	10,332	10,778	11,258	11,704	12,217	12,248
S4B	Bi-Weekly	4,527	4,751	4,955	5,176	5,381	5,617	5,631
S4B	Hourly	60.36	63.34	66.07	69.01	71.75	74.89	75.08
S4C	Monthly	10,236	10,742	11,206	11,705	12,169	12,702	12,735
S4C	Bi-Weekly	4,706	4,939	5,153	5,381	5,595	5,840	5,855
S4C	Hourly	62.75	65.85	68.70	71.75	74.60	77.87	78.07
S4D	Monthly	10,627	11,152	11,633	12,152	12,633	13,187	13,221
S4D	Bi-Weekly	4,886	5,127	5,348	5,588	5,808	6,063	6,079
S4D	Hourly	65.15	68.36	71.31	74.50	77.44	80.84	81.05

DRAFT

WAGE SCHEDULE K

Public Health Engineer
Radiology Service Technologist

Effective First Pay Period After April 1, 2025

**For the Radiology Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,648	8,030	8,392	8,770	9,118	9,529	9,551
P1	Bi-Weekly	3,516	3,692	3,859	4,032	4,193	4,382	4,391
P1	Hourly	46.88	49.23	51.45	53.76	55.90	58.42	58.55
P2A	Monthly	7,939	8,335	8,711	9,103	9,464	9,891	9,914
P2A	Bi-Weekly	3,650	3,833	4,005	4,185	4,352	4,547	4,559
P2A	Hourly	48.67	51.10	53.40	55.80	58.02	60.63	60.78
P2BS	Monthly	7,939	8,335	8,711	9,103	9,464	9,891	9,914
P2BS	Bi-Weekly	3,650	3,833	4,005	4,185	4,352	4,547	4,559
P2BS	Hourly	48.67	51.10	53.40	55.80	58.02	60.63	60.78
P2BE, P2BI, P2BQ and P2BR	Monthly	8,558	8,986	9,391	9,814	10,203	10,663	10,688
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	3,935	4,132	4,318	4,512	4,691	4,903	4,914
P2BE, P2BI, P2BQ and P2BR	Hourly	52.46	55.09	57.57	60.16	62.55	65.37	65.52
S1A	Monthly	7,954	8,351	8,728	9,121	9,483	9,910	9,933
S1A	Bi-Weekly	3,657	3,839	4,013	4,193	4,360	4,556	4,567
S1A	Hourly	48.76	51.19	53.50	55.91	58.13	60.75	60.89
S1B	Monthly	8,566	8,994	9,399	9,822	10,212	10,672	10,697
S1B	Bi-Weekly	3,938	4,136	4,322	4,516	4,695	4,907	4,919
S1B	Hourly	52.51	55.14	57.62	60.21	62.60	65.42	65.58
S1C	Monthly	8,872	9,315	9,735	10,173	10,577	11,054	11,079
S1C	Bi-Weekly	4,079	4,283	4,476	4,677	4,863	5,082	5,094
S1C	Hourly	54.39	57.10	59.68	62.36	64.84	67.76	67.92
S1D	Monthly	9,178	9,636	10,070	10,524	10,942	11,435	11,461
S1D	Bi-Weekly	4,220	4,430	4,630	4,838	5,031	5,258	5,270
S1D	Hourly	56.26	59.07	61.73	64.51	67.08	70.10	70.26
S2A	Monthly	8,260	8,672	9,063	9,472	9,847	10,291	10,315
S2A	Bi-Weekly	3,798	3,987	4,167	4,355	4,527	4,732	4,742
S2A	Hourly	50.64	53.16	55.56	58.07	60.36	63.09	63.23
S2B	Monthly	8,910	9,355	9,777	10,217	10,622	11,101	11,127
S2B	Bi-Weekly	4,097	4,301	4,496	4,697	4,884	5,104	5,116
S2B	Hourly	54.62	57.35	59.94	62.63	65.12	68.05	68.21
S2C	Monthly	9,254	9,716	10,154	10,612	11,033	11,530	11,557
S2C	Bi-Weekly	4,255	4,467	4,669	4,879	5,073	5,301	5,314
S2C	Hourly	56.73	59.56	62.25	65.05	67.64	70.68	70.85
S2D	Monthly	9,636	10,118	10,574	11,050	11,489	12,007	12,034
S2D	Bi-Weekly	4,430	4,652	4,862	5,081	5,282	5,521	5,533
S2D	Hourly	59.07	62.03	64.82	67.74	70.43	73.61	73.77
S3A	Monthly	8,887	9,331	9,752	10,191	10,595	11,073	11,098
S3A	Bi-Weekly	4,086	4,290	4,484	4,685	4,871	5,091	5,102
S3A	Hourly	54.48	57.20	59.78	62.47	64.95	67.88	68.03
S3B	Monthly	9,254	9,716	10,154	10,612	11,033	11,530	11,557
S3B	Bi-Weekly	4,255	4,467	4,669	4,879	5,073	5,301	5,314
S3B	Hourly	56.73	59.56	62.25	65.05	67.64	70.68	70.85
S3C	Monthly	9,636	10,118	10,574	11,050	11,489	12,007	12,034
S3C	Bi-Weekly	4,430	4,652	4,862	5,081	5,282	5,521	5,533
S3C	Hourly	59.07	62.03	64.82	67.74	70.43	73.61	73.77
S3D	Monthly	10,019	10,519	10,994	11,489	11,945	12,483	12,512
S3D	Bi-Weekly	4,607	4,836	5,055	5,282	5,492	5,739	5,753
S3D	Hourly	61.42	64.48	67.40	70.43	73.23	76.52	76.70
S4A	Monthly	9,254	9,716	10,154	10,612	11,033	11,530	11,557
S4A	Bi-Weekly	4,255	4,467	4,669	4,879	5,073	5,301	5,314
S4A	Hourly	56.73	59.56	62.25	65.05	67.64	70.68	70.85
S4B	Monthly	9,636	10,118	10,574	11,050	11,489	12,007	12,034
S4B	Bi-Weekly	4,430	4,652	4,862	5,081	5,282	5,521	5,533
S4B	Hourly	59.07	62.03	64.82	67.74	70.43	73.61	73.77
S4C	Monthly	10,019	10,519	10,994	11,489	11,945	12,483	12,512
S4C	Bi-Weekly	4,607	4,836	5,055	5,282	5,492	5,739	5,753
S4C	Hourly	61.42	64.48	67.40	70.43	73.23	76.52	76.70
S4D	Monthly	10,401	10,921	11,413	11,927	12,400	12,959	12,989
S4D	Bi-Weekly	4,782	5,021	5,247	5,484	5,702	5,958	5,972
S4D	Hourly	63.76	66.95	69.96	73.12	76.02	79.44	79.63

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WAGE SCHEDULE K

Public Health Engineer
Radiology Service Technologist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

**For the Radiology Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,877	8,271	8,644	9,033	9,392	9,815	9,838
P1	Bi-Weekly	3,622	3,803	3,974	4,153	4,319	4,513	4,523
P1	Hourly	48.29	50.70	52.99	55.37	57.58	60.17	60.31
P2A	Monthly	8,476	8,900	9,301	9,720	10,106	10,561	10,586
P2A	Bi-Weekly	3,897	4,092	4,277	4,469	4,646	4,856	4,868
P2A	Hourly	51.96	54.56	57.02	59.59	61.95	64.74	64.90
P2B (E, I, Q, R, and S)	Monthly	8,814	9,255	9,673	10,108	10,510	10,983	11,009
P2B (E, I, Q, R, and S)	Bi-Weekly	4,052	4,256	4,448	4,647	4,832	5,050	5,062
P2B (E, I, Q, R, and S)	Hourly	54.03	56.74	59.30	61.96	64.43	67.33	67.49
S1A	Monthly	8,476	8,900	9,301	9,720	10,106	10,561	10,586
S1A	Bi-Weekly	3,897	4,092	4,277	4,469	4,646	4,856	4,868
S1A	Hourly	51.96	54.56	57.02	59.59	61.95	64.74	64.90
S1B	Monthly	8,822	9,264	9,681	10,117	10,519	10,993	11,019
S1B	Bi-Weekly	4,056	4,259	4,451	4,652	4,836	5,054	5,066
S1B	Hourly	54.08	56.79	59.35	62.02	64.48	67.39	67.55
S1C	Monthly	9,137	9,594	10,027	10,478	10,895	11,385	11,412
S1C	Bi-Weekly	4,201	4,411	4,610	4,817	5,009	5,234	5,247
S1C	Hourly	56.01	58.81	61.47	64.23	66.79	69.79	69.96
S1D	Monthly	9,452	9,925	10,373	10,840	11,270	11,778	11,806
S1D	Bi-Weekly	4,346	4,563	4,769	4,984	5,182	5,415	5,428
S1D	Hourly	57.94	60.84	63.59	66.45	69.09	72.20	72.37
S2A	Monthly	8,799	9,239	9,655	10,090	10,491	10,963	10,989
S2A	Bi-Weekly	4,046	4,248	4,439	4,639	4,823	5,041	5,053
S2A	Hourly	53.94	56.64	59.19	61.85	64.31	67.21	67.37
S2B	Monthly	9,177	9,636	10,070	10,523	10,942	11,434	11,461
S2B	Bi-Weekly	4,220	4,430	4,630	4,838	5,031	5,257	5,270
S2B	Hourly	56.26	59.07	61.73	64.51	67.08	70.09	70.26
S2C	Monthly	9,531	10,008	10,459	10,930	11,364	11,876	11,904
S2C	Bi-Weekly	4,382	4,601	4,809	5,025	5,225	5,460	5,473
S2C	Hourly	58.43	61.35	64.12	67.00	69.66	72.80	72.97
S2D	Monthly	9,925	10,421	10,891	11,382	11,834	12,367	12,396
S2D	Bi-Weekly	4,563	4,791	5,007	5,233	5,441	5,686	5,699
S2D	Hourly	60.84	63.88	66.76	69.77	72.55	75.81	75.99
S3A	Monthly	9,153	9,611	10,044	10,496	10,914	11,405	11,432
S3A	Bi-Weekly	4,208	4,419	4,618	4,826	5,018	5,244	5,256
S3A	Hourly	56.11	58.92	61.57	64.34	66.91	69.92	70.08
S3B	Monthly	9,531	10,008	10,459	10,930	11,364	11,876	11,904
S3B	Bi-Weekly	4,382	4,601	4,809	5,025	5,225	5,460	5,473
S3B	Hourly	58.43	61.35	64.12	67.00	69.66	72.80	72.97
S3C	Monthly	9,925	10,421	10,891	11,382	11,834	12,367	12,396
S3C	Bi-Weekly	4,563	4,791	5,007	5,233	5,441	5,686	5,699
S3C	Hourly	60.84	63.88	66.76	69.77	72.55	75.81	75.99
S3D	Monthly	10,319	10,835	11,324	11,833	12,304	12,858	12,888
S3D	Bi-Weekly	4,745	4,982	5,207	5,441	5,657	5,912	5,926
S3D	Hourly	63.26	66.42	69.42	72.54	75.43	78.82	79.01
S4A	Monthly	9,531	10,008	10,459	10,930	11,364	11,876	11,904
S4A	Bi-Weekly	4,382	4,601	4,809	5,025	5,225	5,460	5,473
S4A	Hourly	58.43	61.35	64.12	67.00	69.66	72.80	72.97
S4B	Monthly	9,925	10,421	10,891	11,382	11,834	12,367	12,396
S4B	Bi-Weekly	4,563	4,791	5,007	5,233	5,441	5,686	5,699
S4B	Hourly	60.84	63.88	66.76	69.77	72.55	75.81	75.99
S4C	Monthly	10,319	10,835	11,324	11,833	12,304	12,858	12,888
S4C	Bi-Weekly	4,745	4,982	5,207	5,441	5,657	5,912	5,926
S4C	Hourly	63.26	66.42	69.42	72.54	75.43	78.82	79.01
S4D	Monthly	10,713	11,249	11,756	12,285	12,773	13,348	13,380
S4D	Bi-Weekly	4,925	5,172	5,405	5,648	5,873	6,137	6,152
S4D	Hourly	65.67	68.96	72.07	75.31	78.30	81.83	82.02

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WAGE SCHEDULE K

Public Health Engineer
Radiology Service Technologist

Effective First Pay Period After April 1, 2027

**For the Radiology Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,113	8,519	8,903	9,304	9,674	10,109	10,133
P1	Bi-Weekly	3,730	3,917	4,094	4,278	4,448	4,648	4,659
P1	Hourly	49.73	52.22	54.58	57.04	59.30	61.97	62.12
P2A	Monthly	8,730	9,166	9,580	10,011	10,409	10,877	10,903
P2A	Bi-Weekly	4,014	4,214	4,405	4,603	4,786	5,001	5,013
P2A	Hourly	53.52	56.19	58.73	61.37	63.81	66.68	66.84
P2B (E, I, Q, R, and S)	Monthly	9,078	9,533	9,962	10,411	10,825	11,312	11,339
P2B (E, I, Q, R, and S)	Bi-Weekly	4,174	4,383	4,580	4,787	4,977	5,201	5,213
P2B (E, I, Q, R, and S)	Hourly	55.65	58.44	61.07	63.82	66.36	69.35	69.51
S1A	Monthly	8,730	9,166	9,580	10,011	10,409	10,877	10,903
S1A	Bi-Weekly	4,014	4,214	4,405	4,603	4,786	5,001	5,013
S1A	Hourly	53.52	56.19	58.73	61.37	63.81	66.68	66.84
S1B	Monthly	9,087	9,541	9,971	10,420	10,835	11,322	11,349
S1B	Bi-Weekly	4,178	4,387	4,584	4,791	4,982	5,206	5,218
S1B	Hourly	55.71	58.49	61.12	63.88	66.42	69.41	69.57
S1C	Monthly	9,411	9,882	10,327	10,793	11,222	11,726	11,754
S1C	Bi-Weekly	4,327	4,544	4,748	4,962	5,159	5,391	5,405
S1C	Hourly	57.69	60.58	63.31	66.16	68.79	71.88	72.06
S1D	Monthly	9,736	10,223	10,684	11,165	11,609	12,131	12,160
S1D	Bi-Weekly	4,476	4,700	4,913	5,133	5,338	5,578	5,591
S1D	Hourly	59.68	62.67	65.50	68.44	71.17	74.37	74.54
S2A	Monthly	9,062	9,516	9,945	10,393	10,806	11,292	11,319
S2A	Bi-Weekly	4,166	4,376	4,573	4,778	4,968	5,192	5,204
S2A	Hourly	55.55	58.34	60.97	63.71	66.24	69.22	69.39
S2B	Monthly	9,452	9,925	10,372	10,839	11,270	11,777	11,805
S2B	Bi-Weekly	4,346	4,563	4,769	4,984	5,182	5,415	5,428
S2B	Hourly	57.94	60.84	63.58	66.45	69.09	72.20	72.37
S2C	Monthly	9,817	10,308	10,773	11,258	11,706	12,232	12,261
S2C	Bi-Weekly	4,514	4,739	4,953	5,176	5,382	5,624	5,637
S2C	Hourly	60.18	63.19	66.04	69.01	71.76	74.99	75.16
S2D	Monthly	10,222	10,734	11,218	11,723	12,189	12,737	12,768
S2D	Bi-Weekly	4,700	4,935	5,158	5,390	5,604	5,856	5,870
S2D	Hourly	62.66	65.80	68.77	71.87	74.72	78.08	78.27
S3A	Monthly	9,427	9,899	10,345	10,811	11,241	11,747	11,775
S3A	Bi-Weekly	4,334	4,551	4,757	4,970	5,168	5,401	5,414
S3A	Hourly	57.79	60.68	63.42	66.27	68.91	72.01	72.18
S3B	Monthly	9,817	10,308	10,773	11,258	11,706	12,232	12,261
S3B	Bi-Weekly	4,514	4,739	4,953	5,176	5,382	5,624	5,637
S3B	Hourly	60.18	63.19	66.04	69.01	71.76	74.99	75.16
S3C	Monthly	10,222	10,734	11,218	11,723	12,189	12,737	12,768
S3C	Bi-Weekly	4,700	4,935	5,158	5,390	5,604	5,856	5,870
S3C	Hourly	62.66	65.80	68.77	71.87	74.72	78.08	78.27
S3D	Monthly	10,628	11,160	11,663	12,188	12,673	13,243	13,274
S3D	Bi-Weekly	4,886	5,131	5,363	5,604	5,827	6,089	6,103
S3D	Hourly	65.15	68.41	71.50	74.72	77.69	81.18	81.37
S4A	Monthly	9,817	10,308	10,773	11,258	11,706	12,232	12,261
S4A	Bi-Weekly	4,514	4,739	4,953	5,176	5,382	5,624	5,637
S4A	Hourly	60.18	63.19	66.04	69.01	71.76	74.99	75.16
S4B	Monthly	10,222	10,734	11,218	11,723	12,189	12,737	12,768
S4B	Bi-Weekly	4,700	4,935	5,158	5,390	5,604	5,856	5,870
S4B	Hourly	62.66	65.80	68.77	71.87	74.72	78.08	78.27
S4C	Monthly	10,628	11,160	11,663	12,188	12,673	13,243	13,274
S4C	Bi-Weekly	4,886	5,131	5,363	5,604	5,827	6,089	6,103
S4C	Hourly	65.15	68.41	71.50	74.72	77.69	81.18	81.37
S4D	Monthly	11,034	11,586	12,108	12,653	13,157	13,748	13,781
S4D	Bi-Weekly	5,073	5,327	5,567	5,818	6,050	6,321	6,336
S4D	Hourly	67.64	71.03	74.23	77.57	80.66	84.28	84.48

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WAGE SCHEDULE K

Public Health Engineer
Radiology Service Technologist

Effective First Pay Period After April 1, 2028

**For the Radiology Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,356	8,775	9,170	9,583	9,964	10,412	10,437
P1	Bi-Weekly	3,842	4,034	4,216	4,406	4,581	4,787	4,799
P1	Hourly	51.22	53.79	56.21	58.75	61.08	63.83	63.98
P2A	Monthly	8,991	9,442	9,867	10,311	10,721	11,203	11,230
P2A	Bi-Weekly	4,134	4,341	4,537	4,741	4,929	5,151	5,163
P2A	Hourly	55.12	57.88	60.49	63.21	65.72	68.68	68.84
P2B (E, I, Q, R, and S)	Monthly	9,350	9,819	10,261	10,723	11,150	11,651	11,679
P2B (E, I, Q, R, and S)	Bi-Weekly	4,299	4,514	4,718	4,930	5,126	5,357	5,370
P2B (E, I, Q, R, and S)	Hourly	57.32	60.19	62.90	65.73	68.35	71.42	71.60
S1A	Monthly	8,991	9,442	9,867	10,311	10,721	11,203	11,230
S1A	Bi-Weekly	4,134	4,341	4,537	4,741	4,929	5,151	5,163
S1A	Hourly	55.12	57.88	60.49	63.21	65.72	68.68	68.84
S1B	Monthly	9,359	9,828	10,270	10,733	11,160	11,661	11,689
S1B	Bi-Weekly	4,303	4,519	4,722	4,935	5,131	5,362	5,375
S1B	Hourly	57.37	60.25	62.96	65.80	68.41	71.49	71.66
S1C	Monthly	9,693	10,179	10,637	11,116	11,558	12,078	12,107
S1C	Bi-Weekly	4,457	4,680	4,891	5,111	5,314	5,553	5,567
S1C	Hourly	59.42	62.40	65.21	68.14	70.85	74.04	74.22
S1D	Monthly	10,027	10,530	11,004	11,500	11,957	12,494	12,524
S1D	Bi-Weekly	4,610	4,841	5,060	5,288	5,498	5,744	5,759
S1D	Hourly	61.47	64.55	67.46	70.50	73.30	76.59	76.78
S2A	Monthly	9,334	9,802	10,243	10,704	11,130	11,630	11,658
S2A	Bi-Weekly	4,292	4,507	4,709	4,922	5,117	5,348	5,360
S2A	Hourly	57.22	60.09	62.79	65.62	68.23	71.30	71.47
S2B	Monthly	9,735	10,223	10,683	11,164	11,608	12,130	12,159
S2B	Bi-Weekly	4,476	4,700	4,912	5,133	5,337	5,577	5,591
S2B	Hourly	59.68	62.67	65.49	68.44	71.16	74.36	74.54
S2C	Monthly	10,111	10,618	11,096	11,595	12,056	12,599	12,629
S2C	Bi-Weekly	4,649	4,882	5,102	5,331	5,543	5,793	5,807
S2C	Hourly	61.98	65.09	68.02	71.08	73.91	77.24	77.42
S2D	Monthly	10,529	11,057	11,554	12,075	12,555	13,119	13,151
S2D	Bi-Weekly	4,841	5,084	5,312	5,552	5,773	6,032	6,047
S2D	Hourly	64.55	67.78	70.83	74.02	76.97	80.42	80.62
S3A	Monthly	9,710	10,197	10,656	11,135	11,578	12,099	12,128
S3A	Bi-Weekly	4,464	4,688	4,899	5,120	5,324	5,563	5,576
S3A	Hourly	59.52	62.51	65.32	68.26	70.98	74.17	74.35
S3B	Monthly	10,111	10,618	11,096	11,595	12,056	12,599	12,629
S3B	Bi-Weekly	4,649	4,882	5,102	5,331	5,543	5,793	5,807
S3B	Hourly	61.98	65.09	68.02	71.08	73.91	77.24	77.42
S3C	Monthly	10,529	11,057	11,554	12,075	12,555	13,119	13,151
S3C	Bi-Weekly	4,841	5,084	5,312	5,552	5,773	6,032	6,047
S3C	Hourly	64.55	67.78	70.83	74.02	76.97	80.42	80.62
S3D	Monthly	10,946	11,495	12,013	12,554	13,053	13,640	13,672
S3D	Bi-Weekly	5,033	5,285	5,523	5,772	6,002	6,272	6,286
S3D	Hourly	67.10	70.47	73.64	76.96	80.02	83.62	83.81
S4A	Monthly	10,111	10,618	11,096	11,595	12,056	12,599	12,629
S4A	Bi-Weekly	4,649	4,882	5,102	5,331	5,543	5,793	5,807
S4A	Hourly	61.98	65.09	68.02	71.08	73.91	77.24	77.42
S4B	Monthly	10,529	11,057	11,554	12,075	12,555	13,119	13,151
S4B	Bi-Weekly	4,841	5,084	5,312	5,552	5,773	6,032	6,047
S4B	Hourly	64.55	67.78	70.83	74.02	76.97	80.42	80.62
S4C	Monthly	10,946	11,495	12,013	12,554	13,053	13,640	13,672
S4C	Bi-Weekly	5,033	5,285	5,523	5,772	6,002	6,272	6,286
S4C	Hourly	67.10	70.47	73.64	76.96	80.02	83.62	83.81
S4D	Monthly	11,364	11,934	12,471	13,033	13,551	14,160	14,194
S4D	Bi-Weekly	5,225	5,487	5,734	5,993	6,230	6,510	6,526
S4D	Hourly	69.66	73.16	76.45	79.90	83.07	86.80	87.01

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WAGE SCHEDULE L

Infection Control Practitioner
Radiation Therapy Service Technologist

Effective First Pay Period After April 1, 2025

**For the Radiation Therapy Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	7,937	8,335	8,708	9,105	9,463	9,888	9,912
P1	Bi-Weekly	3,650	3,833	4,004	4,187	4,351	4,547	4,557
P1	Hourly	48.66	51.10	53.38	55.82	58.01	60.62	60.76
P2A	Monthly	8,239	8,652	9,039	9,451	9,823	10,264	10,289
P2A	Bi-Weekly	3,788	3,978	4,156	4,346	4,517	4,719	4,730
P2A	Hourly	50.51	53.04	55.41	57.94	60.22	62.92	63.07
P2BS	Monthly	8,239	8,652	9,039	9,451	9,823	10,264	10,289
P2BS	Bi-Weekly	3,788	3,978	4,156	4,346	4,517	4,719	4,730
P2BS	Hourly	50.51	53.04	55.41	57.94	60.22	62.92	63.07
P2BE, P2BI, P2BQ and P2BR	Monthly	8,882	9,327	9,744	10,188	10,589	11,065	11,092
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	4,084	4,289	4,480	4,685	4,868	5,087	5,100
P2BE, P2BI, P2BQ and P2BR	Hourly	54.45	57.18	59.73	62.46	64.91	67.83	68.00
S1A	Monthly	8,254	8,668	9,056	9,469	9,842	10,284	10,308
S1A	Bi-Weekly	3,795	3,986	4,164	4,354	4,525	4,728	4,739
S1A	Hourly	50.60	53.14	55.52	58.05	60.33	63.04	63.19
S1B	Monthly	8,889	9,335	9,753	10,198	10,599	11,075	11,101
S1B	Bi-Weekly	4,087	4,292	4,484	4,689	4,873	5,092	5,104
S1B	Hourly	54.49	57.23	59.79	62.52	64.97	67.89	68.05
S1C	Monthly	9,207	9,669	10,101	10,562	10,977	11,470	11,498
S1C	Bi-Weekly	4,233	4,445	4,644	4,856	5,047	5,273	5,287
S1C	Hourly	56.44	59.27	61.92	64.75	67.29	70.31	70.49
S1D	Monthly	9,524	10,002	10,450	10,926	11,356	11,866	11,894
S1D	Bi-Weekly	4,379	4,598	4,805	5,024	5,222	5,456	5,468
S1D	Hourly	58.38	61.31	64.06	66.98	69.62	72.74	72.91
S2A	Monthly	8,572	9,002	9,405	9,833	10,220	10,679	10,705
S2A	Bi-Weekly	3,941	4,139	4,325	4,521	4,699	4,910	4,922
S2A	Hourly	52.55	55.18	57.66	60.28	62.65	65.47	65.62
S2B	Monthly	9,247	9,710	10,145	10,607	11,024	11,520	11,547
S2B	Bi-Weekly	4,252	4,464	4,664	4,877	5,069	5,297	5,309
S2B	Hourly	56.69	59.52	62.19	65.02	67.58	70.62	70.79
S2C	Monthly	9,604	10,085	10,537	11,017	11,450	11,964	11,994
S2C	Bi-Weekly	4,416	4,637	4,844	5,066	5,264	5,501	5,515
S2C	Hourly	58.88	61.82	64.59	67.54	70.19	73.34	73.53
S2D	Monthly	10,001	10,502	10,972	11,472	11,923	12,459	12,489
S2D	Bi-Weekly	4,598	4,829	5,045	5,275	5,482	5,729	5,742
S2D	Hourly	61.31	64.38	67.26	70.33	73.09	76.38	76.56
S3A	Monthly	9,223	9,685	10,119	10,580	10,996	11,490	11,518
S3A	Bi-Weekly	4,241	4,453	4,652	4,865	5,056	5,283	5,296
S3A	Hourly	56.54	59.37	62.03	64.86	67.41	70.44	70.61
S3B	Monthly	9,604	10,085	10,537	11,017	11,450	11,964	11,994
S3B	Bi-Weekly	4,416	4,637	4,844	5,066	5,264	5,501	5,515
S3B	Hourly	58.88	61.82	64.59	67.54	70.19	73.34	73.53
S3C	Monthly	10,001	10,502	10,972	11,472	11,923	12,459	12,489
S3C	Bi-Weekly	4,598	4,829	5,045	5,275	5,482	5,729	5,742
S3C	Hourly	61.31	64.38	67.26	70.33	73.09	76.38	76.56
S3D	Monthly	10,397	10,919	11,407	11,928	12,397	12,953	12,985
S3D	Bi-Weekly	4,781	5,021	5,245	5,484	5,700	5,956	5,970
S3D	Hourly	63.74	66.94	69.93	73.12	76.00	79.41	79.60
S4A	Monthly	9,604	10,085	10,537	11,017	11,450	11,964	11,994
S4A	Bi-Weekly	4,416	4,637	4,844	5,066	5,264	5,501	5,515
S4A	Hourly	58.88	61.82	64.59	67.54	70.19	73.34	73.53
S4B	Monthly	10,001	10,502	10,972	11,472	11,923	12,459	12,489
S4B	Bi-Weekly	4,598	4,829	5,045	5,275	5,482	5,729	5,742
S4B	Hourly	61.31	64.38	67.26	70.33	73.09	76.38	76.56
S4C	Monthly	10,397	10,919	11,407	11,928	12,397	12,953	12,985
S4C	Bi-Weekly	4,781	5,021	5,245	5,484	5,700	5,956	5,970
S4C	Hourly	63.74	66.94	69.93	73.12	76.00	79.41	79.60
S4D	Monthly	10,794	11,336	11,843	12,383	12,870	13,448	13,480
S4D	Bi-Weekly	4,963	5,212	5,445	5,693	5,918	6,183	6,198
S4D	Hourly	66.17	69.49	72.60	75.91	78.90	82.44	82.64

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WAGE SCHEDULE L

Infection Control Practitioner
Radiation Therapy Service Technologist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

**For the Radiation Therapy Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,175	8,585	8,969	9,378	9,747	10,185	10,209
P1	Bi-Weekly	3,758	3,947	4,124	4,312	4,481	4,683	4,694
P1	Hourly	50.11	52.63	54.98	57.49	59.75	62.44	62.58
P2A	Monthly	8,796	9,237	9,651	10,091	10,488	10,959	10,985
P2A	Bi-Weekly	4,044	4,247	4,437	4,640	4,822	5,039	5,051
P2A	Hourly	53.92	56.63	59.16	61.86	64.29	67.18	67.34
P2B (E, I, Q, R, and S)	Monthly	9,148	9,607	10,036	10,494	10,907	11,397	11,424
P2B (E, I, Q, R, and S)	Bi-Weekly	4,206	4,417	4,614	4,825	5,015	5,240	5,252
P2B (E, I, Q, R, and S)	Hourly	56.08	58.89	61.52	64.33	66.86	69.87	70.03
S1A	Monthly	8,796	9,237	9,651	10,091	10,488	10,959	10,985
S1A	Bi-Weekly	4,044	4,247	4,437	4,640	4,822	5,039	5,051
S1A	Hourly	53.92	56.63	59.16	61.86	64.29	67.18	67.34
S1B	Monthly	9,156	9,615	10,045	10,503	10,917	11,407	11,434
S1B	Bi-Weekly	4,210	4,421	4,619	4,829	5,019	5,245	5,257
S1B	Hourly	56.13	58.94	61.58	64.39	66.92	69.93	70.09
S1C	Monthly	9,483	9,959	10,404	10,878	11,307	11,815	11,842
S1C	Bi-Weekly	4,360	4,579	4,784	5,002	5,198	5,432	5,444
S1C	Hourly	58.13	61.05	63.78	66.69	69.31	72.43	72.59
S1D	Monthly	9,810	10,302	10,763	11,254	11,696	12,222	12,251
S1D	Bi-Weekly	4,511	4,736	4,949	5,174	5,378	5,619	5,633
S1D	Hourly	60.14	63.15	65.98	68.99	71.70	74.92	75.10
S2A	Monthly	9,131	9,589	10,018	10,475	10,887	11,377	11,403
S2A	Bi-Weekly	4,199	4,409	4,606	4,816	5,006	5,231	5,243
S2A	Hourly	55.98	58.78	61.41	64.21	66.74	69.74	69.90
S2B	Monthly	9,524	10,002	10,449	10,925	11,355	11,866	11,893
S2B	Bi-Weekly	4,379	4,598	4,805	5,023	5,221	5,456	5,468
S2B	Hourly	58.38	61.31	64.06	66.97	69.61	72.74	72.91
S2C	Monthly	9,892	10,388	10,852	11,347	11,794	12,324	12,353
S2C	Bi-Weekly	4,548	4,776	4,990	5,217	5,423	5,666	5,680
S2C	Hourly	60.64	63.68	66.53	69.56	72.30	75.55	75.73
S2D	Monthly	10,301	10,817	11,301	11,816	12,281	12,833	12,863
S2D	Bi-Weekly	4,736	4,973	5,196	5,433	5,647	5,900	5,914
S2D	Hourly	63.15	66.31	69.28	72.44	75.29	78.67	78.85
S3A	Monthly	9,499	9,976	10,422	10,897	11,326	11,835	11,863
S3A	Bi-Weekly	4,367	4,587	4,792	5,010	5,207	5,441	5,454
S3A	Hourly	58.23	61.16	63.89	66.80	69.43	72.55	72.72
S3B	Monthly	9,892	10,388	10,852	11,347	11,794	12,324	12,353
S3B	Bi-Weekly	4,548	4,776	4,990	5,217	5,423	5,666	5,680
S3B	Hourly	60.64	63.68	66.53	69.56	72.30	75.55	75.73
S3C	Monthly	10,301	10,817	11,301	11,816	12,281	12,833	12,863
S3C	Bi-Weekly	4,736	4,973	5,196	5,433	5,647	5,900	5,914
S3C	Hourly	63.15	66.31	69.28	72.44	75.29	78.67	78.85
S3D	Monthly	10,709	11,246	11,749	12,285	12,769	13,342	13,374
S3D	Bi-Weekly	4,924	5,171	5,402	5,648	5,871	6,134	6,149
S3D	Hourly	65.65	68.94	72.02	75.31	78.28	81.79	81.99
S4A	Monthly	9,892	10,388	10,852	11,347	11,794	12,324	12,353
S4A	Bi-Weekly	4,548	4,776	4,990	5,217	5,423	5,666	5,680
S4A	Hourly	60.64	63.68	66.53	69.56	72.30	75.55	75.73
S4B	Monthly	10,301	10,817	11,301	11,816	12,281	12,833	12,863
S4B	Bi-Weekly	4,736	4,973	5,196	5,433	5,647	5,900	5,914
S4B	Hourly	63.15	66.31	69.28	72.44	75.29	78.67	78.85
S4C	Monthly	10,709	11,246	11,749	12,285	12,769	13,342	13,374
S4C	Bi-Weekly	4,924	5,171	5,402	5,648	5,871	6,134	6,149
S4C	Hourly	65.65	68.94	72.02	75.31	78.28	81.79	81.99
S4D	Monthly	11,118	11,676	12,198	12,754	13,256	13,852	13,884
S4D	Bi-Weekly	5,112	5,369	5,609	5,864	6,095	6,369	6,383
S4D	Hourly	68.16	71.58	74.78	78.19	81.26	84.92	85.11

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WAGE SCHEDULE L

Infection Control Practitioner
Radiation Therapy Service Technologist

Effective First Pay Period After April 1, 2027

**For the Radiation Therapy Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,420	8,843	9,238	9,659	10,039	10,491	10,515
P1	Bi-Weekly	3,872	4,066	4,247	4,441	4,616	4,823	4,835
P1	Hourly	51.62	54.21	56.63	59.21	61.54	64.31	64.46
P2A	Monthly	9,060	9,515	9,940	10,393	10,802	11,288	11,314
P2A	Bi-Weekly	4,166	4,375	4,570	4,778	4,967	5,190	5,202
P2A	Hourly	55.54	58.33	60.93	63.71	66.22	69.20	69.36
P2B (E, I, Q, R, and S)	Monthly	9,422	9,895	10,337	10,808	11,234	11,739	11,766
P2B (E, I, Q, R, and S)	Bi-Weekly	4,332	4,550	4,753	4,970	5,165	5,397	5,410
P2B (E, I, Q, R, and S)	Hourly	57.76	60.66	63.37	66.26	68.87	71.96	72.13
S1A	Monthly	9,060	9,515	9,940	10,393	10,802	11,288	11,314
S1A	Bi-Weekly	4,166	4,375	4,570	4,778	4,967	5,190	5,202
S1A	Hourly	55.54	58.33	60.93	63.71	66.22	69.20	69.36
S1B	Monthly	9,430	9,904	10,347	10,818	11,244	11,750	11,777
S1B	Bi-Weekly	4,336	4,553	4,757	4,974	5,170	5,402	5,415
S1B	Hourly	57.81	60.71	63.43	66.32	68.93	72.03	72.20
S1C	Monthly	9,767	10,258	10,716	11,204	11,645	12,170	12,197
S1C	Bi-Weekly	4,490	4,716	4,927	5,151	5,354	5,596	5,608
S1C	Hourly	59.87	62.88	65.69	68.68	71.39	74.61	74.77
S1D	Monthly	10,104	10,612	11,086	11,591	12,047	12,589	12,618
S1D	Bi-Weekly	4,646	4,879	5,097	5,330	5,539	5,788	5,801
S1D	Hourly	61.94	65.05	67.96	71.06	73.85	77.17	77.35
S2A	Monthly	9,405	9,878	10,319	10,789	11,214	11,718	11,745
S2A	Bi-Weekly	4,325	4,541	4,745	4,961	5,156	5,387	5,400
S2A	Hourly	57.66	60.55	63.26	66.14	68.74	71.83	72.00
S2B	Monthly	9,809	10,302	10,762	11,253	11,695	12,222	12,250
S2B	Bi-Weekly	4,510	4,736	4,948	5,174	5,377	5,619	5,633
S2B	Hourly	60.13	63.15	65.97	68.98	71.69	74.92	75.10
S2C	Monthly	10,188	10,700	11,178	11,687	12,147	12,694	12,723
S2C	Bi-Weekly	4,685	4,919	5,139	5,373	5,585	5,837	5,850
S2C	Hourly	62.46	65.59	68.52	71.64	74.46	77.82	78.00
S2D	Monthly	10,609	11,142	11,640	12,170	12,649	13,219	13,249
S2D	Bi-Weekly	4,878	5,123	5,352	5,596	5,816	6,078	6,092
S2D	Hourly	65.04	68.30	71.36	74.61	77.54	81.04	81.22
S3A	Monthly	9,784	10,276	10,735	11,224	11,665	12,191	12,218
S3A	Bi-Weekly	4,499	4,724	4,936	5,161	5,363	5,605	5,618
S3A	Hourly	59.98	62.99	65.81	68.81	71.51	74.73	74.90
S3B	Monthly	10,188	10,700	11,178	11,687	12,147	12,694	12,723
S3B	Bi-Weekly	4,685	4,919	5,139	5,373	5,585	5,837	5,850
S3B	Hourly	62.46	65.59	68.52	71.64	74.46	77.82	78.00
S3C	Monthly	10,609	11,142	11,640	12,170	12,649	13,219	13,249
S3C	Bi-Weekly	4,878	5,123	5,352	5,596	5,816	6,078	6,092
S3C	Hourly	65.04	68.30	71.36	74.61	77.54	81.04	81.22
S3D	Monthly	11,030	11,584	12,102	12,653	13,151	13,743	13,775
S3D	Bi-Weekly	5,072	5,326	5,564	5,818	6,047	6,319	6,333
S3D	Hourly	67.62	71.01	74.19	77.57	80.62	84.25	84.44
S4A	Monthly	10,188	10,700	11,178	11,687	12,147	12,694	12,723
S4A	Bi-Weekly	4,685	4,919	5,139	5,373	5,585	5,837	5,850
S4A	Hourly	62.46	65.59	68.52	71.64	74.46	77.82	78.00
S4B	Monthly	10,609	11,142	11,640	12,170	12,649	13,219	13,249
S4B	Bi-Weekly	4,878	5,123	5,352	5,596	5,816	6,078	6,092
S4B	Hourly	65.04	68.30	71.36	74.61	77.54	81.04	81.22
S4C	Monthly	11,030	11,584	12,102	12,653	13,151	13,743	13,775
S4C	Bi-Weekly	5,072	5,326	5,564	5,818	6,047	6,319	6,333
S4C	Hourly	67.62	71.01	74.19	77.57	80.62	84.25	84.44
S4D	Monthly	11,451	12,026	12,564	13,136	13,653	14,268	14,300
S4D	Bi-Weekly	5,265	5,529	5,777	6,040	6,278	6,560	6,575
S4D	Hourly	70.20	73.72	77.02	80.53	83.70	87.47	87.66

DRAFT

WAGE SCHEDULE L

Infection Control Practitioner
Radiation Therapy Service Technologist

Effective First Pay Period After April 1, 2028

**For the Radiation Therapy Service Technologist Trainee Salary Structure, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,673	9,108	9,515	9,949	10,340	10,806	10,830
P1	Bi-Weekly	3,988	4,187	4,375	4,574	4,754	4,968	4,979
P1	Hourly	53.17	55.83	58.33	60.99	63.39	66.24	66.39
P2A	Monthly	9,332	9,800	10,238	10,705	11,126	11,627	11,653
P2A	Bi-Weekly	4,291	4,506	4,707	4,922	5,116	5,346	5,358
P2A	Hourly	57.21	60.08	62.76	65.62	68.21	71.28	71.44
P2B (E, I, Q, R, and S)	Monthly	9,705	10,192	10,647	11,133	11,570	12,092	12,119
P2B (E, I, Q, R, and S)	Bi-Weekly	4,462	4,686	4,895	5,119	5,320	5,560	5,572
P2B (E, I, Q, R, and S)	Hourly	59.49	62.48	65.27	68.25	70.93	74.13	74.29
S1A	Monthly	9,332	9,800	10,238	10,705	11,126	11,627	11,653
S1A	Bi-Weekly	4,291	4,506	4,707	4,922	5,116	5,346	5,358
S1A	Hourly	57.21	60.08	62.76	65.62	68.21	71.28	71.44
S1B	Monthly	9,714	10,201	10,657	11,143	11,581	12,103	12,130
S1B	Bi-Weekly	4,466	4,690	4,900	5,123	5,324	5,564	5,577
S1B	Hourly	59.55	62.53	65.33	68.31	70.99	74.19	74.36
S1C	Monthly	10,061	10,565	11,037	11,541	11,994	12,535	12,563
S1C	Bi-Weekly	4,626	4,858	5,075	5,306	5,515	5,763	5,776
S1C	Hourly	61.68	64.77	67.66	70.75	73.53	76.84	77.01
S1D	Monthly	10,408	10,930	11,418	11,939	12,408	12,967	12,996
S1D	Bi-Weekly	4,785	5,025	5,250	5,489	5,705	5,962	5,975
S1D	Hourly	63.80	67.00	70.00	73.19	76.06	79.49	79.67
S2A	Monthly	9,688	10,174	10,628	11,113	11,550	12,070	12,097
S2A	Bi-Weekly	4,454	4,678	4,886	5,110	5,310	5,549	5,562
S2A	Hourly	59.39	62.37	65.15	68.13	70.80	73.99	74.16
S2B	Monthly	10,104	10,611	11,085	11,591	12,046	12,589	12,617
S2B	Bi-Weekly	4,646	4,879	5,096	5,330	5,539	5,788	5,801
S2B	Hourly	61.94	65.05	67.95	71.06	73.85	77.17	77.35
S2C	Monthly	10,494	11,021	11,513	12,038	12,511	13,075	13,104
S2C	Bi-Weekly	4,825	5,067	5,294	5,535	5,753	6,011	6,025
S2C	Hourly	64.33	67.56	70.58	73.80	76.70	80.15	80.33
S2D	Monthly	10,928	11,476	11,989	12,536	13,028	13,616	13,646
S2D	Bi-Weekly	5,024	5,276	5,513	5,764	5,990	6,260	6,274
S2D	Hourly	66.99	70.35	73.50	76.85	79.87	83.47	83.65
S3A	Monthly	10,078	10,583	11,056	11,561	12,015	12,557	12,584
S3A	Bi-Weekly	4,634	4,866	5,084	5,315	5,525	5,774	5,786
S3A	Hourly	61.78	64.88	67.78	70.87	73.66	76.98	77.14
S3B	Monthly	10,494	11,021	11,513	12,038	12,511	13,075	13,104
S3B	Bi-Weekly	4,825	5,067	5,294	5,535	5,753	6,011	6,025
S3B	Hourly	64.33	67.56	70.58	73.80	76.70	80.15	80.33
S3C	Monthly	10,928	11,476	11,989	12,536	13,028	13,616	13,646
S3C	Bi-Weekly	5,024	5,276	5,513	5,764	5,990	6,260	6,274
S3C	Hourly	66.99	70.35	73.50	76.85	79.87	83.47	83.65
S3D	Monthly	11,362	11,931	12,465	13,033	13,545	14,156	14,187
S3D	Bi-Weekly	5,224	5,486	5,731	5,993	6,227	6,509	6,523
S3D	Hourly	69.65	73.14	76.41	79.90	83.03	86.78	86.97
S4A	Monthly	10,494	11,021	11,513	12,038	12,511	13,075	13,104
S4A	Bi-Weekly	4,825	5,067	5,294	5,535	5,753	6,011	6,025
S4A	Hourly	64.33	67.56	70.58	73.80	76.70	80.15	80.33
S4B	Monthly	10,928	11,476	11,989	12,536	13,028	13,616	13,646
S4B	Bi-Weekly	5,024	5,276	5,513	5,764	5,990	6,260	6,274
S4B	Hourly	66.99	70.35	73.50	76.85	79.87	83.47	83.65
S4C	Monthly	11,362	11,931	12,465	13,033	13,545	14,156	14,187
S4C	Bi-Weekly	5,224	5,486	5,731	5,993	6,227	6,509	6,523
S4C	Hourly	69.65	73.14	76.41	79.90	83.03	86.78	86.97
S4D	Monthly	11,795	12,387	12,940	13,531	14,062	14,696	14,729
S4D	Bi-Weekly	5,423	5,696	5,950	6,221	6,465	6,757	6,772
S4D	Hourly	72.31	75.94	79.33	82.95	86.20	90.09	90.29

DRAFT

WAGE SCHEDULE M

Radiation Therapist (PHSA - BC Cancer Agency)

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,572	9,001	9,403	9,828	10,218	10,673	10,700
P1	Bi-Weekly	3,941	4,139	4,323	4,519	4,698	4,907	4,919
P1	Hourly	52.55	55.18	57.64	60.25	62.64	65.43	65.59
P2A	Monthly	8,898	9,343	9,760	10,201	10,606	11,079	11,107
P2A	Bi-Weekly	4,091	4,296	4,487	4,690	4,877	5,094	5,107
P2A	Hourly	54.55	57.28	59.83	62.53	65.02	67.92	68.09
P2BS	Monthly	8,898	9,343	9,760	10,201	10,606	11,079	11,107
P2BS	Bi-Weekly	4,091	4,296	4,487	4,690	4,877	5,094	5,107
P2BS	Hourly	54.55	57.28	59.83	62.53	65.02	67.92	68.09
P2BE, P2BI, P2BQ and P2BR	Monthly	9,592	10,072	10,522	10,998	11,434	11,943	11,973
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	4,410	4,631	4,838	5,057	5,257	5,491	5,505
P2BE, P2BI, P2BQ and P2BR	Hourly	58.80	61.74	64.50	67.42	70.09	73.21	73.40
S1A	Monthly	8,915	9,361	9,779	10,221	10,627	11,100	11,128
S1A	Bi-Weekly	4,099	4,304	4,496	4,700	4,886	5,104	5,117
S1A	Hourly	54.65	57.39	59.95	62.66	65.15	68.05	68.22
S1B	Monthly	9,601	10,081	10,531	11,007	11,444	11,954	11,984
S1B	Bi-Weekly	4,415	4,635	4,842	5,061	5,261	5,496	5,510
S1B	Hourly	58.86	61.80	64.56	67.48	70.15	73.28	73.47
S1C	Monthly	9,944	10,441	10,907	11,400	11,853	12,381	12,412
S1C	Bi-Weekly	4,572	4,801	5,015	5,242	5,450	5,693	5,707
S1C	Hourly	60.96	64.01	66.86	69.89	72.66	75.90	76.09
S1D	Monthly	10,286	10,801	11,284	11,794	12,262	12,808	12,840
S1D	Bi-Weekly	4,730	4,966	5,188	5,423	5,638	5,889	5,903
S1D	Hourly	63.06	66.21	69.17	72.30	75.17	78.52	78.71
S2A	Monthly	9,258	9,721	10,155	10,614	11,035	11,527	11,556
S2A	Bi-Weekly	4,256	4,469	4,669	4,880	5,074	5,300	5,313
S2A	Hourly	56.75	59.59	62.25	65.07	67.65	70.66	70.84
S2B	Monthly	9,986	10,486	10,954	11,450	11,904	12,434	12,466
S2B	Bi-Weekly	4,592	4,821	5,036	5,264	5,473	5,717	5,732
S2B	Hourly	61.22	64.28	67.15	70.19	72.97	76.22	76.42
S2C	Monthly	10,372	10,891	11,378	11,892	12,364	12,914	12,947
S2C	Bi-Weekly	4,769	5,007	5,231	5,468	5,684	5,938	5,953
S2C	Hourly	63.58	66.76	69.75	72.90	75.79	79.17	79.37
S2D	Monthly	10,801	11,341	11,848	12,383	12,875	13,448	13,482
S2D	Bi-Weekly	4,966	5,214	5,447	5,693	5,920	6,183	6,199
S2D	Hourly	66.21	69.52	72.63	75.91	78.93	82.44	82.65
S3A	Monthly	9,961	10,459	10,926	11,420	11,873	12,402	12,433
S3A	Bi-Weekly	4,580	4,809	5,024	5,251	5,459	5,702	5,717
S3A	Hourly	61.06	64.12	66.98	70.01	72.78	76.03	76.22
S3B	Monthly	10,372	10,891	11,378	11,892	12,364	12,914	12,947
S3B	Bi-Weekly	4,769	5,007	5,231	5,468	5,684	5,938	5,953
S3B	Hourly	63.58	66.76	69.75	72.90	75.79	79.17	79.37
S3C	Monthly	10,801	11,341	11,848	12,383	12,875	13,448	13,482
S3C	Bi-Weekly	4,966	5,214	5,447	5,693	5,920	6,183	6,199
S3C	Hourly	66.21	69.52	72.63	75.91	78.93	82.44	82.65
S3D	Monthly	11,229	11,791	12,318	12,875	13,386	13,982	14,017
S3D	Bi-Weekly	5,163	5,421	5,663	5,920	6,155	6,428	6,445
S3D	Hourly	68.84	72.28	75.51	78.93	82.06	85.71	85.93
S4A	Monthly	10,372	10,891	11,378	11,892	12,364	12,914	12,947
S4A	Bi-Weekly	4,769	5,007	5,231	5,468	5,684	5,938	5,953
S4A	Hourly	63.58	66.76	69.75	72.90	75.79	79.17	79.37
S4B	Monthly	10,801	11,341	11,848	12,383	12,875	13,448	13,482
S4B	Bi-Weekly	4,966	5,214	5,447	5,693	5,920	6,183	6,199
S4B	Hourly	66.21	69.52	72.63	75.91	78.93	82.44	82.65
S4C	Monthly	11,229	11,791	12,318	12,875	13,386	13,982	14,017
S4C	Bi-Weekly	5,163	5,421	5,663	5,920	6,155	6,428	6,445
S4C	Hourly	68.84	72.28	75.51	78.93	82.06	85.71	85.93
S4D	Monthly	11,658	12,241	12,788	13,366	13,896	14,515	14,552
S4D	Bi-Weekly	5,360	5,628	5,879	6,146	6,389	6,674	6,691
S4D	Hourly	71.47	75.04	78.39	81.94	85.19	88.98	89.21

DRAFT

WAGE SCHEDULE M

Radiation Therapist (PHSA - BC Cancer Agency)

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,829	9,271	9,685	10,123	10,525	10,993	11,021
P1	Bi-Weekly	4,059	4,262	4,453	4,655	4,839	5,054	5,067
P1	Hourly	54.12	56.83	59.37	62.06	64.52	67.39	67.56
P2A	Monthly	9,500	9,976	10,421	10,892	11,325	11,828	11,859
P2A	Bi-Weekly	4,368	4,587	4,791	5,008	5,207	5,438	5,453
P2A	Hourly	58.24	61.16	63.88	66.77	69.43	72.51	72.70
P2B (E, I, Q, R, and S)	Monthly	9,880	10,374	10,838	11,328	11,777	12,301	12,332
P2B (E, I, Q, R, and S)	Bi-Weekly	4,543	4,770	4,983	5,208	5,415	5,656	5,670
P2B (E, I, Q, R, and S)	Hourly	60.57	63.60	66.44	69.44	72.20	75.41	75.60
S1A	Monthly	9,500	9,976	10,421	10,892	11,325	11,828	11,859
S1A	Bi-Weekly	4,368	4,587	4,791	5,008	5,207	5,438	5,453
S1A	Hourly	58.24	61.16	63.88	66.77	69.43	72.51	72.70
S1B	Monthly	9,888	10,384	10,847	11,338	11,788	12,312	12,344
S1B	Bi-Weekly	4,547	4,775	4,988	5,213	5,420	5,661	5,675
S1B	Hourly	60.62	63.66	66.50	69.50	72.26	75.48	75.67
S1C	Monthly	10,242	10,754	11,235	11,743	12,209	12,752	12,784
S1C	Bi-Weekly	4,709	4,944	5,165	5,399	5,613	5,863	5,878
S1C	Hourly	62.79	65.92	68.87	71.99	74.84	78.17	78.37
S1D	Monthly	10,595	11,125	11,622	12,148	12,630	13,192	13,225
S1D	Bi-Weekly	4,871	5,115	5,344	5,585	5,807	6,065	6,080
S1D	Hourly	64.95	68.20	71.25	74.47	77.43	80.87	81.07
S2A	Monthly	9,862	10,356	10,818	11,307	11,756	12,279	12,310
S2A	Bi-Weekly	4,535	4,762	4,974	5,198	5,405	5,645	5,660
S2A	Hourly	60.46	63.49	66.32	69.31	72.07	75.27	75.46
S2B	Monthly	10,286	10,801	11,283	11,793	12,262	12,807	12,839
S2B	Bi-Weekly	4,730	4,966	5,188	5,422	5,638	5,888	5,903
S2B	Hourly	63.06	66.21	69.17	72.29	75.17	78.51	78.71
S2C	Monthly	10,683	11,218	11,719	12,249	12,735	13,302	13,335
S2C	Bi-Weekly	4,912	5,158	5,388	5,632	5,855	6,116	6,131
S2C	Hourly	65.49	68.77	71.84	75.09	78.07	81.54	81.75
S2D	Monthly	11,125	11,681	12,203	12,755	13,262	13,851	13,886
S2D	Bi-Weekly	5,115	5,371	5,611	5,864	6,098	6,368	6,384
S2D	Hourly	68.20	71.61	74.81	78.19	81.30	84.91	85.12
S3A	Monthly	10,259	10,773	11,254	11,763	12,230	12,774	12,806
S3A	Bi-Weekly	4,717	4,953	5,174	5,408	5,623	5,873	5,888
S3A	Hourly	62.89	66.04	68.99	72.11	74.97	78.31	78.50
S3B	Monthly	10,683	11,218	11,719	12,249	12,735	13,302	13,335
S3B	Bi-Weekly	4,912	5,158	5,388	5,632	5,855	6,116	6,131
S3B	Hourly	65.49	68.77	71.84	75.09	78.07	81.54	81.75
S3C	Monthly	11,125	11,681	12,203	12,755	13,262	13,851	13,886
S3C	Bi-Weekly	5,115	5,371	5,611	5,864	6,098	6,368	6,384
S3C	Hourly	68.20	71.61	74.81	78.19	81.30	84.91	85.12
S3D	Monthly	11,566	12,145	12,687	13,261	13,788	14,401	14,438
S3D	Bi-Weekly	5,318	5,584	5,833	6,097	6,339	6,621	6,638
S3D	Hourly	70.90	74.45	77.77	81.29	84.52	88.28	88.51
S4A	Monthly	10,683	11,218	11,719	12,249	12,735	13,302	13,335
S4A	Bi-Weekly	4,912	5,158	5,388	5,632	5,855	6,116	6,131
S4A	Hourly	65.49	68.77	71.84	75.09	78.07	81.54	81.75
S4B	Monthly	11,125	11,681	12,203	12,755	13,262	13,851	13,886
S4B	Bi-Weekly	5,115	5,371	5,611	5,864	6,098	6,368	6,384
S4B	Hourly	68.20	71.61	74.81	78.19	81.30	84.91	85.12
S4C	Monthly	11,566	12,145	12,687	13,261	13,788	14,401	14,438
S4C	Bi-Weekly	5,318	5,584	5,833	6,097	6,339	6,621	6,638
S4C	Hourly	70.90	74.45	77.77	81.29	84.52	88.28	88.51
S4D	Monthly	12,007	12,609	13,172	13,767	14,314	14,950	14,989
S4D	Bi-Weekly	5,521	5,798	6,056	6,330	6,581	6,874	6,892
S4D	Hourly	73.61	77.30	80.75	84.40	87.75	91.65	91.89

DRAFT

WAGE SCHEDULE M

Radiation Therapist (PHSA - BC Cancer Agency)

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,094	9,549	9,976	10,427	10,841	11,323	11,352
P1	Bi-Weekly	4,181	4,391	4,587	4,794	4,985	5,206	5,219
P1	Hourly	55.75	58.54	61.16	63.92	66.46	69.41	69.59
P2A	Monthly	9,785	10,275	10,734	11,219	11,665	12,184	12,215
P2A	Bi-Weekly	4,499	4,724	4,935	5,159	5,363	5,602	5,616
P2A	Hourly	59.98	62.99	65.80	68.78	71.51	74.69	74.88
P2B (E, I, Q, R, and S)	Monthly	10,176	10,685	11,163	11,668	12,131	12,670	12,703
P2B (E, I, Q, R, and S)	Bi-Weekly	4,679	4,913	5,132	5,365	5,578	5,825	5,840
P2B (E, I, Q, R, and S)	Hourly	62.38	65.50	68.43	71.53	74.37	77.67	77.87
S1A	Monthly	9,785	10,275	10,734	11,219	11,665	12,184	12,215
S1A	Bi-Weekly	4,499	4,724	4,935	5,159	5,363	5,602	5,616
S1A	Hourly	59.98	62.99	65.80	68.78	71.51	74.69	74.88
S1B	Monthly	10,185	10,695	11,173	11,678	12,142	12,682	12,714
S1B	Bi-Weekly	4,683	4,917	5,137	5,369	5,582	5,831	5,846
S1B	Hourly	62.44	65.56	68.49	71.59	74.43	77.74	77.94
S1C	Monthly	10,549	11,077	11,572	12,095	12,576	13,135	13,168
S1C	Bi-Weekly	4,850	5,093	5,321	5,561	5,782	6,039	6,054
S1C	Hourly	64.67	67.90	70.94	74.15	77.09	80.52	80.72
S1D	Monthly	10,913	11,459	11,971	12,512	13,009	13,588	13,622
S1D	Bi-Weekly	5,018	5,269	5,504	5,753	5,981	6,248	6,263
S1D	Hourly	66.90	70.25	73.39	76.70	79.75	83.30	83.51
S2A	Monthly	10,158	10,666	11,143	11,647	12,109	12,648	12,680
S2A	Bi-Weekly	4,670	4,904	5,123	5,355	5,567	5,816	5,830
S2A	Hourly	62.27	65.39	68.31	71.40	74.23	77.54	77.73
S2B	Monthly	10,595	11,125	11,622	12,147	12,630	13,191	13,225
S2B	Bi-Weekly	4,871	5,115	5,344	5,585	5,807	6,065	6,080
S2B	Hourly	64.95	68.20	71.25	74.46	77.43	80.86	81.07
S2C	Monthly	11,004	11,554	12,071	12,617	13,118	13,701	13,736
S2C	Bi-Weekly	5,060	5,312	5,550	5,801	6,032	6,299	6,316
S2C	Hourly	67.46	70.83	74.00	77.35	80.42	83.99	84.21
S2D	Monthly	11,458	12,032	12,570	13,138	13,660	14,267	14,304
S2D	Bi-Weekly	5,268	5,532	5,780	6,041	6,281	6,560	6,577
S2D	Hourly	70.24	73.76	77.06	80.54	83.74	87.46	87.69
S3A	Monthly	10,567	11,096	11,592	12,116	12,597	13,157	13,191
S3A	Bi-Weekly	4,859	5,102	5,330	5,570	5,792	6,050	6,065
S3A	Hourly	64.78	68.02	71.06	74.27	77.22	80.66	80.86
S3B	Monthly	11,004	11,554	12,071	12,617	13,118	13,701	13,736
S3B	Bi-Weekly	5,060	5,312	5,550	5,801	6,032	6,299	6,316
S3B	Hourly	67.46	70.83	74.00	77.35	80.42	83.99	84.21
S3C	Monthly	11,458	12,032	12,570	13,138	13,660	14,267	14,304
S3C	Bi-Weekly	5,268	5,532	5,780	6,041	6,281	6,560	6,577
S3C	Hourly	70.24	73.76	77.06	80.54	83.74	87.46	87.69
S3D	Monthly	11,913	12,509	13,069	13,659	14,202	14,833	14,871
S3D	Bi-Weekly	5,477	5,751	6,009	6,280	6,530	6,820	6,837
S3D	Hourly	73.03	76.68	80.12	83.73	87.06	90.93	91.16
S4A	Monthly	11,004	11,554	12,071	12,617	13,118	13,701	13,736
S4A	Bi-Weekly	5,060	5,312	5,550	5,801	6,032	6,299	6,316
S4A	Hourly	67.46	70.83	74.00	77.35	80.42	83.99	84.21
S4B	Monthly	11,458	12,032	12,570	13,138	13,660	14,267	14,304
S4B	Bi-Weekly	5,268	5,532	5,780	6,041	6,281	6,560	6,577
S4B	Hourly	70.24	73.76	77.06	80.54	83.74	87.46	87.69
S4C	Monthly	11,913	12,509	13,069	13,659	14,202	14,833	14,871
S4C	Bi-Weekly	5,477	5,751	6,009	6,280	6,530	6,820	6,837
S4C	Hourly	73.03	76.68	80.12	83.73	87.06	90.93	91.16
S4D	Monthly	12,368	12,987	13,567	14,181	14,744	15,399	15,439
S4D	Bi-Weekly	5,687	5,971	6,238	6,520	6,779	7,080	7,099
S4D	Hourly	75.82	79.61	83.17	86.93	90.38	94.40	94.65

DRAFT

WAGE SCHEDULE M

Radiation Therapist (PHSA - BC Cancer Agency)

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,367	9,835	10,275	10,740	11,166	11,663	11,693
P1	Bi-Weekly	4,307	4,522	4,724	4,938	5,134	5,363	5,376
P1	Hourly	57.42	60.29	62.99	65.84	68.45	71.50	71.68
P2A	Monthly	10,079	10,582	11,056	11,556	12,015	12,549	12,582
P2A	Bi-Weekly	4,634	4,865	5,084	5,313	5,525	5,770	5,785
P2A	Hourly	61.79	64.87	67.78	70.84	73.66	76.93	77.13
P2B (E, I, Q, R, and S)	Monthly	10,482	11,005	11,498	12,018	12,495	13,051	13,084
P2B (E, I, Q, R, and S)	Bi-Weekly	4,820	5,060	5,287	5,525	5,745	6,001	6,016
P2B (E, I, Q, R, and S)	Hourly	64.26	67.46	70.49	73.67	76.60	80.01	80.21
S1A	Monthly	10,079	10,582	11,056	11,556	12,015	12,549	12,582
S1A	Bi-Weekly	4,634	4,865	5,084	5,313	5,525	5,770	5,785
S1A	Hourly	61.79	64.87	67.78	70.84	73.66	76.93	77.13
S1B	Monthly	10,491	11,015	11,508	12,029	12,506	13,063	13,096
S1B	Bi-Weekly	4,823	5,064	5,291	5,531	5,750	6,006	6,021
S1B	Hourly	64.31	67.52	70.55	73.74	76.67	80.08	80.28
S1C	Monthly	10,866	11,409	11,919	12,458	12,953	13,529	13,564
S1C	Bi-Weekly	4,996	5,246	5,480	5,728	5,956	6,221	6,236
S1C	Hourly	66.61	69.94	73.07	76.37	79.41	82.94	83.15
S1D	Monthly	11,240	11,802	12,330	12,888	13,399	13,996	14,032
S1D	Bi-Weekly	5,168	5,426	5,669	5,926	6,161	6,435	6,452
S1D	Hourly	68.90	72.35	75.59	79.01	82.14	85.80	86.02
S2A	Monthly	10,463	10,986	11,477	11,997	12,472	13,028	13,061
S2A	Bi-Weekly	4,811	5,051	5,277	5,516	5,735	5,990	6,005
S2A	Hourly	64.14	67.35	70.36	73.54	76.46	79.87	80.07
S2B	Monthly	10,913	11,458	11,970	12,512	13,008	13,587	13,622
S2B	Bi-Weekly	5,018	5,268	5,504	5,753	5,981	6,247	6,263
S2B	Hourly	66.90	70.24	73.38	76.70	79.74	83.29	83.51
S2C	Monthly	11,334	11,900	12,433	12,995	13,511	14,112	14,149
S2C	Bi-Weekly	5,211	5,471	5,717	5,975	6,212	6,488	6,506
S2C	Hourly	69.48	72.95	76.22	79.66	82.83	86.51	86.74
S2D	Monthly	11,802	12,392	12,947	13,532	14,069	14,695	14,733
S2D	Bi-Weekly	5,426	5,698	5,953	6,221	6,469	6,756	6,774
S2D	Hourly	72.35	75.97	79.37	82.95	86.25	90.08	90.32
S3A	Monthly	10,884	11,428	11,940	12,480	12,975	13,552	13,587
S3A	Bi-Weekly	5,004	5,255	5,490	5,738	5,966	6,231	6,247
S3A	Hourly	66.72	70.06	73.20	76.51	79.54	83.08	83.29
S3B	Monthly	11,334	11,900	12,433	12,995	13,511	14,112	14,149
S3B	Bi-Weekly	5,211	5,471	5,717	5,975	6,212	6,488	6,506
S3B	Hourly	69.48	72.95	76.22	79.66	82.83	86.51	86.74
S3C	Monthly	11,802	12,392	12,947	13,532	14,069	14,695	14,733
S3C	Bi-Weekly	5,426	5,698	5,953	6,221	6,469	6,756	6,774
S3C	Hourly	72.35	75.97	79.37	82.95	86.25	90.08	90.32
S3D	Monthly	12,271	12,884	13,460	14,069	14,627	15,279	15,318
S3D	Bi-Weekly	5,642	5,924	6,188	6,469	6,725	7,025	7,043
S3D	Hourly	75.22	78.98	82.51	86.25	89.67	93.66	93.90
S4A	Monthly	11,334	11,900	12,433	12,995	13,511	14,112	14,149
S4A	Bi-Weekly	5,211	5,471	5,717	5,975	6,212	6,488	6,506
S4A	Hourly	69.48	72.95	76.22	79.66	82.83	86.51	86.74
S4B	Monthly	11,802	12,392	12,947	13,532	14,069	14,695	14,733
S4B	Bi-Weekly	5,426	5,698	5,953	6,221	6,469	6,756	6,774
S4B	Hourly	72.35	75.97	79.37	82.95	86.25	90.08	90.32
S4C	Monthly	12,271	12,884	13,460	14,069	14,627	15,279	15,318
S4C	Bi-Weekly	5,642	5,924	6,188	6,469	6,725	7,025	7,043
S4C	Hourly	75.22	78.98	82.51	86.25	89.67	93.66	93.90
S4D	Monthly	12,739	13,376	13,974	14,606	15,186	15,862	15,902
S4D	Bi-Weekly	5,857	6,150	6,425	6,716	6,982	7,293	7,311
S4D	Hourly	78.09	82.00	85.66	89.54	93.09	97.24	97.48

DRAFT

WAGE SCHEDULE N

Pharmacist

Effective First Pay Period After April 1, 2025

**For the Pharmacy Resident Year 1 and Year 2 Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,630	9,071	9,477	9,904	10,298	10,757	10,785
P1	Bi-Weekly	3,968	4,171	4,358	4,553	4,735	4,946	4,958
P1	Hourly	52.90	55.61	58.10	60.71	63.13	65.94	66.11
P2A	Monthly	8,958	9,416	9,837	10,280	10,689	11,166	11,195
P2A	Bi-Weekly	4,118	4,329	4,523	4,727	4,915	5,134	5,147
P2A	Hourly	54.91	57.72	60.30	63.02	65.53	68.45	68.63
P2BS	Monthly	8,958	9,416	9,837	10,280	10,689	11,166	11,195
P2BS	Bi-Weekly	4,118	4,329	4,523	4,727	4,915	5,134	5,147
P2BS	Hourly	54.91	57.72	60.30	63.02	65.53	68.45	68.63
P2BE, P2BI, P2BQ and P2BR	Monthly	9,657	10,150	10,605	11,083	11,523	12,037	12,068
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	4,440	4,667	4,876	5,096	5,298	5,534	5,549
P2BE, P2BI, P2BQ and P2BR	Hourly	59.20	62.22	65.01	67.94	70.64	73.79	73.98
S1A	Monthly	8,975	9,434	9,856	10,300	10,710	11,187	11,216
S1A	Bi-Weekly	4,127	4,337	4,532	4,736	4,925	5,144	5,157
S1A	Hourly	55.02	57.83	60.42	63.14	65.66	68.58	68.76
S1B	Monthly	9,666	10,160	10,614	11,092	11,534	12,048	12,079
S1B	Bi-Weekly	4,445	4,671	4,880	5,100	5,303	5,540	5,554
S1B	Hourly	59.26	62.28	65.07	68.00	70.71	73.86	74.05
S1C	Monthly	10,011	10,522	10,993	11,489	11,946	12,478	12,511
S1C	Bi-Weekly	4,603	4,838	5,054	5,282	5,492	5,737	5,753
S1C	Hourly	61.37	64.50	67.39	70.43	73.23	76.49	76.70
S1D	Monthly	10,356	10,885	11,372	11,885	12,358	12,908	12,942
S1D	Bi-Weekly	4,762	5,005	5,228	5,465	5,682	5,935	5,951
S1D	Hourly	63.49	66.73	69.71	72.86	75.76	79.13	79.34
S2A	Monthly	9,320	9,797	10,235	10,696	11,122	11,618	11,648
S2A	Bi-Weekly	4,285	4,505	4,706	4,918	5,114	5,342	5,356
S2A	Hourly	57.13	60.06	62.74	65.57	68.18	71.22	71.41
S2B	Monthly	10,054	10,568	11,041	11,538	11,997	12,532	12,565
S2B	Bi-Weekly	4,622	4,859	5,076	5,305	5,516	5,762	5,777
S2B	Hourly	61.63	64.78	67.68	70.73	73.54	76.82	77.03
S2C	Monthly	10,442	10,976	11,467	11,984	12,461	13,016	13,050
S2C	Bi-Weekly	4,801	5,047	5,273	5,510	5,729	5,984	6,000
S2C	Hourly	64.01	67.29	70.30	73.47	76.39	79.79	80.00
S2D	Monthly	10,874	11,429	11,941	12,479	12,975	13,554	13,589
S2D	Bi-Weekly	5,000	5,255	5,490	5,738	5,966	6,232	6,248
S2D	Hourly	66.66	70.06	73.20	76.50	79.54	83.09	83.30
S3A	Monthly	10,028	10,541	11,012	11,508	11,966	12,500	12,532
S3A	Bi-Weekly	4,610	4,847	5,063	5,291	5,501	5,747	5,762
S3A	Hourly	61.47	64.62	67.51	70.55	73.35	76.63	76.82
S3B	Monthly	10,442	10,976	11,467	11,984	12,461	13,016	13,050
S3B	Bi-Weekly	4,801	5,047	5,273	5,510	5,729	5,984	6,000
S3B	Hourly	64.01	67.29	70.30	73.47	76.39	79.79	80.00
S3C	Monthly	10,874	11,429	11,941	12,479	12,975	13,554	13,589
S3C	Bi-Weekly	5,000	5,255	5,490	5,738	5,966	6,232	6,248
S3C	Hourly	66.66	70.06	73.20	76.50	79.54	83.09	83.30
S3D	Monthly	11,305	11,883	12,415	12,974	13,490	14,092	14,128
S3D	Bi-Weekly	5,198	5,464	5,708	5,965	6,203	6,479	6,496
S3D	Hourly	69.30	72.85	76.11	79.53	82.70	86.39	86.61
S4A	Monthly	10,442	10,976	11,467	11,984	12,461	13,016	13,050
S4A	Bi-Weekly	4,801	5,047	5,273	5,510	5,729	5,984	6,000
S4A	Hourly	64.01	67.29	70.30	73.47	76.39	79.79	80.00
S4B	Monthly	10,874	11,429	11,941	12,479	12,975	13,554	13,589
S4B	Bi-Weekly	5,000	5,255	5,490	5,738	5,966	6,232	6,248
S4B	Hourly	66.66	70.06	73.20	76.50	79.54	83.09	83.30
S4C	Monthly	11,305	11,883	12,415	12,974	13,490	14,092	14,128
S4C	Bi-Weekly	5,198	5,464	5,708	5,965	6,203	6,479	6,496
S4C	Hourly	69.30	72.85	76.11	79.53	82.70	86.39	86.61
S4D	Monthly	11,737	12,337	12,889	13,469	14,005	14,630	14,668
S4D	Bi-Weekly	5,396	5,672	5,926	6,193	6,439	6,727	6,744
S4D	Hourly	71.95	75.63	79.01	82.57	85.85	89.69	89.92

DRAFT

WAGE SCHEDULE N

Pharmacist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

**For the Pharmacy Resident Year 1 and Year 2 Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,889	9,343	9,761	10,201	10,607	11,080	11,109
P1	Bi-Weekly	4,087	4,296	4,488	4,690	4,877	5,094	5,108
P1	Hourly	54.49	57.28	59.84	62.53	65.02	67.92	68.10
P2A	Monthly	9,565	10,053	10,503	10,976	11,413	11,922	11,953
P2A	Bi-Weekly	4,398	4,622	4,829	5,047	5,247	5,482	5,496
P2A	Hourly	58.64	61.63	64.39	67.29	69.96	73.09	73.28
P2B (E, I, Q, R, and S)	Monthly	9,947	10,455	10,923	11,415	11,869	12,399	12,431
P2B (E, I, Q, R, and S)	Bi-Weekly	4,574	4,807	5,022	5,249	5,457	5,701	5,716
P2B (E, I, Q, R, and S)	Hourly	60.98	64.09	66.96	69.98	72.76	76.01	76.21
S1A	Monthly	9,565	10,053	10,503	10,976	11,413	11,922	11,953
S1A	Bi-Weekly	4,398	4,622	4,829	5,047	5,247	5,482	5,496
S1A	Hourly	58.64	61.63	64.39	67.29	69.96	73.09	73.28
S1B	Monthly	9,956	10,464	10,932	11,425	11,880	12,410	12,442
S1B	Bi-Weekly	4,577	4,811	5,027	5,253	5,462	5,706	5,720
S1B	Hourly	61.03	64.15	67.02	70.04	72.83	76.08	76.27
S1C	Monthly	10,311	10,838	11,323	11,833	12,304	12,853	12,886
S1C	Bi-Weekly	4,741	4,983	5,206	5,441	5,657	5,909	5,924
S1C	Hourly	63.21	66.44	69.41	72.54	75.43	78.79	78.99
S1D	Monthly	10,667	11,212	11,713	12,241	12,728	13,296	13,331
S1D	Bi-Weekly	4,904	5,155	5,385	5,628	5,852	6,113	6,129
S1D	Hourly	65.39	68.73	71.80	75.04	78.03	81.51	81.72
S2A	Monthly	9,929	10,436	10,903	11,395	11,848	12,376	12,409
S2A	Bi-Weekly	4,565	4,799	5,013	5,239	5,447	5,690	5,705
S2A	Hourly	60.87	63.98	66.84	69.85	72.63	75.87	76.07
S2B	Monthly	10,356	10,885	11,372	11,884	12,357	12,908	12,942
S2B	Bi-Weekly	4,762	5,005	5,228	5,464	5,681	5,935	5,951
S2B	Hourly	63.49	66.73	69.71	72.85	75.75	79.13	79.34
S2C	Monthly	10,756	11,305	11,811	12,343	12,834	13,407	13,442
S2C	Bi-Weekly	4,946	5,198	5,430	5,675	5,901	6,164	6,180
S2C	Hourly	65.94	69.30	72.40	75.67	78.68	82.19	82.40
S2D	Monthly	11,200	11,772	12,299	12,853	13,365	13,961	13,997
S2D	Bi-Weekly	5,150	5,413	5,655	5,909	6,145	6,419	6,436
S2D	Hourly	68.66	72.17	75.40	78.79	81.93	85.58	85.81
S3A	Monthly	10,329	10,857	11,342	11,854	12,325	12,875	12,909
S3A	Bi-Weekly	4,749	4,992	5,215	5,450	5,667	5,920	5,936
S3A	Hourly	63.32	66.56	69.53	72.67	75.56	78.93	79.14
S3B	Monthly	10,756	11,305	11,811	12,343	12,834	13,407	13,442
S3B	Bi-Weekly	4,946	5,198	5,430	5,675	5,901	6,164	6,180
S3B	Hourly	65.94	69.30	72.40	75.67	78.68	82.19	82.40
S3C	Monthly	11,200	11,772	12,299	12,853	13,365	13,961	13,997
S3C	Bi-Weekly	5,150	5,413	5,655	5,909	6,145	6,419	6,436
S3C	Hourly	68.66	72.17	75.40	78.79	81.93	85.58	85.81
S3D	Monthly	11,645	12,239	12,787	13,363	13,895	14,515	14,553
S3D	Bi-Weekly	5,354	5,627	5,879	6,144	6,389	6,674	6,691
S3D	Hourly	71.39	75.03	78.39	81.92	85.18	88.98	89.21
S4A	Monthly	10,756	11,305	11,811	12,343	12,834	13,407	13,442
S4A	Bi-Weekly	4,946	5,198	5,430	5,675	5,901	6,164	6,180
S4A	Hourly	65.94	69.30	72.40	75.67	78.68	82.19	82.40
S4B	Monthly	11,200	11,772	12,299	12,853	13,365	13,961	13,997
S4B	Bi-Weekly	5,150	5,413	5,655	5,909	6,145	6,419	6,436
S4B	Hourly	68.66	72.17	75.40	78.79	81.93	85.58	85.81
S4C	Monthly	11,645	12,239	12,787	13,363	13,895	14,515	14,553
S4C	Bi-Weekly	5,354	5,627	5,879	6,144	6,389	6,674	6,691
S4C	Hourly	71.39	75.03	78.39	81.92	85.18	88.98	89.21
S4D	Monthly	12,089	12,706	13,275	13,873	14,426	15,069	15,108
S4D	Bi-Weekly	5,558	5,842	6,104	6,379	6,633	6,929	6,947
S4D	Hourly	74.11	77.89	81.38	85.05	88.44	92.38	92.62

DRAFT

WAGE SCHEDULE N

Pharmacist

Effective First Pay Period After April 1, 2027

**For the Pharmacy Resident Year 1 and Year 2 Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,156	9,623	10,054	10,507	10,925	11,412	11,442
P1	Bi-Weekly	4,210	4,424	4,622	4,831	5,023	5,247	5,261
P1	Hourly	56.13	58.99	61.63	64.41	66.97	69.96	70.14
P2A	Monthly	9,852	10,354	10,818	11,306	11,755	12,279	12,312
P2A	Bi-Weekly	4,530	4,760	4,974	5,198	5,405	5,645	5,661
P2A	Hourly	60.40	63.47	66.32	69.31	72.06	75.27	75.48
P2B (E, I, Q, R, and S)	Monthly	10,246	10,768	11,250	11,757	12,225	12,770	12,804
P2B (E, I, Q, R, and S)	Bi-Weekly	4,711	4,951	5,173	5,405	5,621	5,871	5,887
P2B (E, I, Q, R, and S)	Hourly	62.81	66.01	68.97	72.07	74.94	78.28	78.49
S1A	Monthly	9,852	10,354	10,818	11,306	11,755	12,279	12,312
S1A	Bi-Weekly	4,530	4,760	4,974	5,198	5,405	5,645	5,661
S1A	Hourly	60.40	63.47	66.32	69.31	72.06	75.27	75.48
S1B	Monthly	10,255	10,778	11,260	11,768	12,236	12,781	12,815
S1B	Bi-Weekly	4,715	4,955	5,177	5,411	5,626	5,876	5,892
S1B	Hourly	62.87	66.07	69.03	72.14	75.01	78.35	78.56
S1C	Monthly	10,621	11,163	11,663	12,188	12,673	13,238	13,273
S1C	Bi-Weekly	4,883	5,132	5,363	5,604	5,827	6,086	6,103
S1C	Hourly	65.11	68.43	71.50	74.72	77.69	81.15	81.37
S1D	Monthly	10,987	11,548	12,065	12,608	13,110	13,694	13,730
S1D	Bi-Weekly	5,051	5,309	5,547	5,797	6,028	6,296	6,313
S1D	Hourly	67.35	70.79	73.96	77.29	80.37	83.95	84.17
S2A	Monthly	10,227	10,749	11,230	11,736	12,203	12,747	12,781
S2A	Bi-Weekly	4,702	4,942	5,163	5,396	5,611	5,861	5,876
S2A	Hourly	62.69	65.89	68.84	71.94	74.81	78.14	78.35
S2B	Monthly	10,667	11,211	11,713	12,241	12,728	13,295	13,330
S2B	Bi-Weekly	4,904	5,155	5,385	5,628	5,852	6,113	6,129
S2B	Hourly	65.39	68.73	71.80	75.04	78.03	81.50	81.72
S2C	Monthly	11,079	11,644	12,165	12,713	13,219	13,809	13,845
S2C	Bi-Weekly	5,094	5,354	5,593	5,845	6,078	6,349	6,365
S2C	Hourly	67.92	71.38	74.57	77.93	81.04	84.65	84.87
S2D	Monthly	11,537	12,125	12,668	13,239	13,766	14,379	14,417
S2D	Bi-Weekly	5,304	5,575	5,825	6,087	6,329	6,611	6,629
S2D	Hourly	70.72	74.33	77.66	81.16	84.39	88.15	88.38
S3A	Monthly	10,639	11,182	11,683	12,209	12,695	13,261	13,296
S3A	Bi-Weekly	4,892	5,141	5,372	5,613	5,837	6,097	6,113
S3A	Hourly	65.22	68.55	71.62	74.84	77.82	81.29	81.51
S3B	Monthly	11,079	11,644	12,165	12,713	13,219	13,809	13,845
S3B	Bi-Weekly	5,094	5,354	5,593	5,845	6,078	6,349	6,365
S3B	Hourly	67.92	71.38	74.57	77.93	81.04	84.65	84.87
S3C	Monthly	11,537	12,125	12,668	13,239	13,766	14,379	14,417
S3C	Bi-Weekly	5,304	5,575	5,825	6,087	6,329	6,611	6,629
S3C	Hourly	70.72	74.33	77.66	81.16	84.39	88.15	88.38
S3D	Monthly	11,994	12,606	13,171	13,764	14,312	14,950	14,989
S3D	Bi-Weekly	5,515	5,796	6,056	6,329	6,581	6,874	6,892
S3D	Hourly	73.53	77.28	80.74	84.38	87.74	91.65	91.89
S4A	Monthly	11,079	11,644	12,165	12,713	13,219	13,809	13,845
S4A	Bi-Weekly	5,094	5,354	5,593	5,845	6,078	6,349	6,365
S4A	Hourly	67.92	71.38	74.57	77.93	81.04	84.65	84.87
S4B	Monthly	11,537	12,125	12,668	13,239	13,766	14,379	14,417
S4B	Bi-Weekly	5,304	5,575	5,825	6,087	6,329	6,611	6,629
S4B	Hourly	70.72	74.33	77.66	81.16	84.39	88.15	88.38
S4C	Monthly	11,994	12,606	13,171	13,764	14,312	14,950	14,989
S4C	Bi-Weekly	5,515	5,796	6,056	6,329	6,581	6,874	6,892
S4C	Hourly	73.53	77.28	80.74	84.38	87.74	91.65	91.89
S4D	Monthly	12,452	13,087	13,673	14,290	14,858	15,520	15,561
S4D	Bi-Weekly	5,725	6,017	6,287	6,570	6,831	7,136	7,154
S4D	Hourly	76.33	80.23	83.82	87.60	91.08	95.14	95.39

DRAFT

WAGE SCHEDULE N

Pharmacist

Effective First Pay Period After April 1, 2028

**For the Pharmacy Resident Year 1 and Year 2 Salary Structures, see Wage Schedule T*

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,431	9,912	10,356	10,822	11,253	11,754	11,785
P1	Bi-Weekly	4,336	4,557	4,762	4,976	5,174	5,405	5,419
P1	Hourly	57.81	60.76	63.49	66.34	68.98	72.06	72.25
P2A	Monthly	10,148	10,665	11,143	11,644	12,108	12,647	12,681
P2A	Bi-Weekly	4,666	4,904	5,123	5,354	5,567	5,815	5,831
P2A	Hourly	62.21	65.38	68.31	71.38	74.23	77.53	77.74
P2B (E, I, Q, R, and S)	Monthly	10,553	11,092	11,588	12,110	12,592	13,153	13,187
P2B (E, I, Q, R, and S)	Bi-Weekly	4,852	5,100	5,328	5,568	5,789	6,047	6,063
P2B (E, I, Q, R, and S)	Hourly	64.69	68.00	71.04	74.24	77.19	80.63	80.84
S1A	Monthly	10,148	10,665	11,143	11,644	12,108	12,647	12,681
S1A	Bi-Weekly	4,666	4,904	5,123	5,354	5,567	5,815	5,831
S1A	Hourly	62.21	65.38	68.31	71.38	74.23	77.53	77.74
S1B	Monthly	10,563	11,101	11,599	12,121	12,603	13,164	13,199
S1B	Bi-Weekly	4,856	5,104	5,333	5,573	5,795	6,053	6,068
S1B	Hourly	64.75	68.05	71.10	74.30	77.26	80.70	80.91
S1C	Monthly	10,940	11,498	12,013	12,554	13,053	13,635	13,671
S1C	Bi-Weekly	5,030	5,287	5,523	5,772	6,002	6,269	6,286
S1C	Hourly	67.07	70.49	73.64	76.96	80.02	83.59	83.81
S1D	Monthly	11,317	11,894	12,427	12,986	13,504	14,105	14,142
S1D	Bi-Weekly	5,204	5,468	5,714	5,971	6,209	6,485	6,502
S1D	Hourly	69.38	72.91	76.18	79.61	82.78	86.47	86.69
S2A	Monthly	10,534	11,072	11,568	12,088	12,570	13,129	13,164
S2A	Bi-Weekly	4,844	5,090	5,318	5,558	5,780	6,036	6,053
S2A	Hourly	64.58	67.87	70.91	74.10	77.06	80.48	80.70
S2B	Monthly	10,987	11,547	12,065	12,608	13,110	13,693	13,730
S2B	Bi-Weekly	5,051	5,309	5,547	5,797	6,028	6,296	6,313
S2B	Hourly	67.35	70.79	73.96	77.29	80.37	83.94	84.17
S2C	Monthly	11,412	11,994	12,531	13,095	13,616	14,222	14,260
S2C	Bi-Weekly	5,247	5,515	5,762	6,021	6,260	6,539	6,557
S2C	Hourly	69.96	73.53	76.82	80.28	83.47	87.18	87.42
S2D	Monthly	11,883	12,489	13,049	13,636	14,179	14,810	14,849
S2D	Bi-Weekly	5,464	5,742	5,999	6,269	6,519	6,809	6,827
S2D	Hourly	72.85	76.56	79.99	83.59	86.92	90.79	91.03
S3A	Monthly	10,959	11,518	12,034	12,575	13,076	13,658	13,694
S3A	Bi-Weekly	5,039	5,296	5,533	5,782	6,012	6,280	6,296
S3A	Hourly	67.18	70.61	73.77	77.09	80.16	83.73	83.95
S3B	Monthly	11,412	11,994	12,531	13,095	13,616	14,222	14,260
S3B	Bi-Weekly	5,247	5,515	5,762	6,021	6,260	6,539	6,557
S3B	Hourly	69.96	73.53	76.82	80.28	83.47	87.18	87.42
S3C	Monthly	11,883	12,489	13,049	13,636	14,179	14,810	14,849
S3C	Bi-Weekly	5,464	5,742	5,999	6,269	6,519	6,809	6,827
S3C	Hourly	72.85	76.56	79.99	83.59	86.92	90.79	91.03
S3D	Monthly	12,355	12,985	13,566	14,177	14,741	15,398	15,438
S3D	Bi-Weekly	5,681	5,970	6,237	6,518	6,778	7,079	7,098
S3D	Hourly	75.74	79.60	83.16	86.91	90.37	94.39	94.64
S4A	Monthly	11,412	11,994	12,531	13,095	13,616	14,222	14,260
S4A	Bi-Weekly	5,247	5,515	5,762	6,021	6,260	6,539	6,557
S4A	Hourly	69.96	73.53	76.82	80.28	83.47	87.18	87.42
S4B	Monthly	11,883	12,489	13,049	13,636	14,179	14,810	14,849
S4B	Bi-Weekly	5,464	5,742	5,999	6,269	6,519	6,809	6,827
S4B	Hourly	72.85	76.56	79.99	83.59	86.92	90.79	91.03
S4C	Monthly	12,355	12,985	13,566	14,177	14,741	15,398	15,438
S4C	Bi-Weekly	5,681	5,970	6,237	6,518	6,778	7,079	7,098
S4C	Hourly	75.74	79.60	83.16	86.91	90.37	94.39	94.64
S4D	Monthly	12,826	13,480	14,084	14,718	15,304	15,985	16,028
S4D	Bi-Weekly	5,897	6,198	6,476	6,767	7,037	7,349	7,370
S4D	Hourly	78.63	82.64	86.34	90.23	93.82	97.99	98.26

DRAFT

WAGE SCHEDULE O

Psychologist

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	8,873	9,313	9,730	10,172	10,584	11,055	11,083
P1	Bi-Weekly	4,079	4,282	4,474	4,677	4,866	5,083	5,096
P1	Hourly	54.39	57.09	59.65	62.36	64.88	67.77	67.94
P2A	Monthly	9,210	9,667	10,100	10,559	10,986	11,475	11,504
P2A	Bi-Weekly	4,235	4,445	4,644	4,855	5,051	5,276	5,289
P2A	Hourly	56.46	59.26	61.92	64.73	67.35	70.34	70.52
P2BS	Monthly	9,210	9,667	10,100	10,559	10,986	11,475	11,504
P2BS	Bi-Weekly	4,235	4,445	4,644	4,855	5,051	5,276	5,289
P2BS	Hourly	56.46	59.26	61.92	64.73	67.35	70.34	70.52
P2BE, P2BI, P2BQ and P2BR	Monthly	9,929	10,421	10,888	11,382	11,843	12,371	12,402
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	4,565	4,791	5,006	5,233	5,445	5,688	5,702
P2BE, P2BI, P2BQ and P2BR	Hourly	60.87	63.88	66.75	69.77	72.60	75.84	76.03
S1A	Monthly	9,228	9,686	10,119	10,579	11,007	11,497	11,526
S1A	Bi-Weekly	4,243	4,454	4,652	4,864	5,061	5,286	5,300
S1A	Hourly	56.57	59.38	62.03	64.85	67.48	70.48	70.66
S1B	Monthly	9,938	10,431	10,898	11,393	11,854	12,382	12,413
S1B	Bi-Weekly	4,569	4,796	5,011	5,238	5,450	5,693	5,708
S1B	Hourly	60.92	63.94	66.81	69.84	72.67	75.90	76.10
S1C	Monthly	10,293	10,803	11,287	11,800	12,277	12,824	12,856
S1C	Bi-Weekly	4,733	4,967	5,189	5,426	5,645	5,896	5,911
S1C	Hourly	63.10	66.23	69.19	72.34	75.26	78.61	78.81
S1D	Monthly	10,648	11,176	11,676	12,206	12,701	13,266	13,300
S1D	Bi-Weekly	4,896	5,138	5,369	5,612	5,840	6,099	6,115
S1D	Hourly	65.28	68.51	71.58	74.83	77.86	81.32	81.53
S2A	Monthly	9,583	10,058	10,508	10,986	11,431	11,939	11,970
S2A	Bi-Weekly	4,406	4,625	4,832	5,051	5,256	5,489	5,504
S2A	Hourly	58.75	61.66	64.42	67.35	70.08	73.19	73.38
S2B	Monthly	10,337	10,850	11,335	11,850	12,330	12,879	12,912
S2B	Bi-Weekly	4,753	4,988	5,212	5,448	5,669	5,921	5,936
S2B	Hourly	63.37	66.51	69.49	72.64	75.59	78.95	79.15
S2C	Monthly	10,736	11,269	11,773	12,308	12,807	13,377	13,410
S2C	Bi-Weekly	4,936	5,181	5,413	5,659	5,888	6,150	6,166
S2C	Hourly	65.81	69.08	72.17	75.45	78.51	82.00	82.21
S2D	Monthly	11,180	11,734	12,260	12,817	13,336	13,929	13,965
S2D	Bi-Weekly	5,141	5,395	5,637	5,893	6,131	6,404	6,421
S2D	Hourly	68.54	71.93	75.16	78.57	81.75	85.39	85.61
S3A	Monthly	10,310	10,822	11,306	11,820	12,299	12,846	12,878
S3A	Bi-Weekly	4,740	4,976	5,198	5,435	5,655	5,906	5,921
S3A	Hourly	63.20	66.34	69.31	72.46	75.40	78.75	78.95
S3B	Monthly	10,736	11,269	11,773	12,308	12,807	13,377	13,410
S3B	Bi-Weekly	4,936	5,181	5,413	5,659	5,888	6,150	6,166
S3B	Hourly	65.81	69.08	72.17	75.45	78.51	82.00	82.21
S3C	Monthly	11,180	11,734	12,260	12,817	13,336	13,929	13,965
S3C	Bi-Weekly	5,141	5,395	5,637	5,893	6,131	6,404	6,421
S3C	Hourly	68.54	71.93	75.16	78.57	81.75	85.39	85.61
S3D	Monthly	11,624	12,200	12,746	13,325	13,865	14,482	14,519
S3D	Bi-Weekly	5,345	5,609	5,861	6,127	6,375	6,659	6,676
S3D	Hourly	71.26	74.79	78.14	81.69	85.00	88.78	89.01
S4A	Monthly	10,736	11,269	11,773	12,308	12,807	13,377	13,410
S4A	Bi-Weekly	4,936	5,181	5,413	5,659	5,888	6,150	6,166
S4A	Hourly	65.81	69.08	72.17	75.45	78.51	82.00	82.21
S4B	Monthly	11,180	11,734	12,260	12,817	13,336	13,929	13,965
S4B	Bi-Weekly	5,141	5,395	5,637	5,893	6,131	6,404	6,421
S4B	Hourly	68.54	71.93	75.16	78.57	81.75	85.39	85.61
S4C	Monthly	11,624	12,200	12,746	13,325	13,865	14,482	14,519
S4C	Bi-Weekly	5,345	5,609	5,861	6,127	6,375	6,659	6,676
S4C	Hourly	71.26	74.79	78.14	81.69	85.00	88.78	89.01
S4D	Monthly	12,067	12,666	13,233	13,834	14,394	15,035	15,073
S4D	Bi-Weekly	5,548	5,824	6,084	6,361	6,618	6,913	6,930
S4D	Hourly	73.97	77.65	81.12	84.81	88.24	92.17	92.40

DRAFT

WAGE SCHEDULE O

Psychologist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,139	9,592	10,022	10,477	10,902	11,387	11,415
P1	Bi-Weekly	4,202	4,410	4,608	4,817	5,012	5,236	5,249
P1	Hourly	56.02	58.80	61.44	64.23	66.83	69.81	69.98
P2A	Monthly	9,834	10,321	10,784	11,273	11,731	12,252	12,283
P2A	Bi-Weekly	4,522	4,745	4,958	5,183	5,393	5,633	5,648
P2A	Hourly	60.29	63.27	66.11	69.11	71.91	75.11	75.30
P2B (E, I, Q, R, and S)	Monthly	10,227	10,733	11,215	11,724	12,199	12,742	12,773
P2B (E, I, Q, R, and S)	Bi-Weekly	4,702	4,935	5,156	5,390	5,609	5,858	5,873
P2B (E, I, Q, R, and S)	Hourly	62.69	65.80	68.75	71.87	74.78	78.11	78.30
S1A	Monthly	9,834	10,321	10,784	11,273	11,731	12,252	12,283
S1A	Bi-Weekly	4,522	4,745	4,958	5,183	5,393	5,633	5,648
S1A	Hourly	60.29	63.27	66.11	69.11	71.91	75.11	75.30
S1B	Monthly	10,236	10,743	11,225	11,734	12,210	12,753	12,785
S1B	Bi-Weekly	4,706	4,940	5,161	5,395	5,614	5,864	5,879
S1B	Hourly	62.75	65.86	68.81	71.93	74.85	78.18	78.38
S1C	Monthly	10,601	11,127	11,626	12,153	12,646	13,209	13,241
S1C	Bi-Weekly	4,874	5,116	5,345	5,588	5,814	6,073	6,088
S1C	Hourly	64.99	68.21	71.27	74.50	77.52	80.97	81.17
S1D	Monthly	10,967	11,510	12,026	12,572	13,082	13,664	13,698
S1D	Bi-Weekly	5,042	5,292	5,529	5,780	6,015	6,282	6,298
S1D	Hourly	67.23	70.56	73.72	77.07	80.20	83.76	83.97
S2A	Monthly	10,208	10,714	11,195	11,703	12,178	12,719	12,751
S2A	Bi-Weekly	4,694	4,926	5,147	5,381	5,599	5,848	5,863
S2A	Hourly	62.58	65.68	68.63	71.74	74.65	77.97	78.17
S2B	Monthly	10,647	11,175	11,676	12,206	12,701	13,266	13,298
S2B	Bi-Weekly	4,895	5,138	5,369	5,612	5,840	6,099	6,114
S2B	Hourly	65.27	68.51	71.58	74.83	77.86	81.32	81.52
S2C	Monthly	11,058	11,606	12,127	12,677	13,191	13,778	13,812
S2C	Bi-Weekly	5,084	5,336	5,576	5,828	6,065	6,335	6,350
S2C	Hourly	67.79	71.15	74.34	77.71	80.86	84.46	84.67
S2D	Monthly	11,515	12,086	12,628	13,201	13,737	14,348	14,383
S2D	Bi-Weekly	5,294	5,557	5,806	6,070	6,316	6,597	6,613
S2D	Hourly	70.59	74.09	77.41	80.93	84.21	87.96	88.17
S3A	Monthly	10,620	11,146	11,646	12,174	12,668	13,232	13,264
S3A	Bi-Weekly	4,883	5,125	5,354	5,597	5,825	6,084	6,098
S3A	Hourly	65.10	68.33	71.39	74.63	77.66	81.12	81.31
S3B	Monthly	11,058	11,606	12,127	12,677	13,191	13,778	13,812
S3B	Bi-Weekly	5,084	5,336	5,576	5,828	6,065	6,335	6,350
S3B	Hourly	67.79	71.15	74.34	77.71	80.86	84.46	84.67
S3C	Monthly	11,515	12,086	12,628	13,201	13,737	14,348	14,383
S3C	Bi-Weekly	5,294	5,557	5,806	6,070	6,316	6,597	6,613
S3C	Hourly	70.59	74.09	77.41	80.93	84.21	87.96	88.17
S3D	Monthly	11,972	12,566	13,129	13,725	14,282	14,917	14,954
S3D	Bi-Weekly	5,504	5,777	6,036	6,311	6,566	6,859	6,875
S3D	Hourly	73.39	77.03	80.48	84.14	87.55	91.45	91.67
S4A	Monthly	11,058	11,606	12,127	12,677	13,191	13,778	13,812
S4A	Bi-Weekly	5,084	5,336	5,576	5,828	6,065	6,335	6,350
S4A	Hourly	67.79	71.15	74.34	77.71	80.86	84.46	84.67
S4B	Monthly	11,515	12,086	12,628	13,201	13,737	14,348	14,383
S4B	Bi-Weekly	5,294	5,557	5,806	6,070	6,316	6,597	6,613
S4B	Hourly	70.59	74.09	77.41	80.93	84.21	87.96	88.17
S4C	Monthly	11,972	12,566	13,129	13,725	14,282	14,917	14,954
S4C	Bi-Weekly	5,504	5,777	6,036	6,311	6,566	6,859	6,875
S4C	Hourly	73.39	77.03	80.48	84.14	87.55	91.45	91.67
S4D	Monthly	12,429	13,045	13,630	14,249	14,827	15,486	15,524
S4D	Bi-Weekly	5,714	5,998	6,267	6,551	6,817	7,120	7,138
S4D	Hourly	76.19	79.97	83.56	87.35	90.89	94.93	95.17

DRAFT

WAGE SCHEDULE O

Psychologist

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,413	9,880	10,323	10,791	11,229	11,729	11,757
P1	Bi-Weekly	4,328	4,543	4,746	4,961	5,163	5,393	5,405
P1	Hourly	57.70	60.57	63.28	66.15	68.84	71.90	72.07
P2A	Monthly	10,128	10,631	11,108	11,611	12,082	12,620	12,651
P2A	Bi-Weekly	4,657	4,888	5,108	5,339	5,555	5,802	5,816
P2A	Hourly	62.09	65.17	68.10	71.18	74.07	77.36	77.55
P2B (E, I, Q, R, and S)	Monthly	10,533	11,056	11,551	12,075	12,565	13,125	13,156
P2B (E, I, Q, R, and S)	Bi-Weekly	4,843	5,084	5,311	5,552	5,777	6,035	6,049
P2B (E, I, Q, R, and S)	Hourly	64.57	67.78	70.81	74.02	77.03	80.46	80.65
S1A	Monthly	10,128	10,631	11,108	11,611	12,082	12,620	12,651
S1A	Bi-Weekly	4,657	4,888	5,108	5,339	5,555	5,802	5,816
S1A	Hourly	62.09	65.17	68.10	71.18	74.07	77.36	77.55
S1B	Monthly	10,543	11,066	11,562	12,086	12,576	13,136	13,168
S1B	Bi-Weekly	4,847	5,088	5,316	5,557	5,782	6,040	6,054
S1B	Hourly	64.63	67.84	70.88	74.09	77.09	80.53	80.72
S1C	Monthly	10,919	11,461	11,975	12,518	13,026	13,606	13,638
S1C	Bi-Weekly	5,021	5,270	5,506	5,756	5,989	6,256	6,270
S1C	Hourly	66.94	70.26	73.41	76.74	79.85	83.41	83.60
S1D	Monthly	11,296	11,856	12,388	12,949	13,475	14,075	14,108
S1D	Bi-Weekly	5,194	5,451	5,696	5,954	6,196	6,471	6,487
S1D	Hourly	69.25	72.68	75.94	79.38	82.61	86.28	86.49
S2A	Monthly	10,514	11,036	11,531	12,054	12,543	13,101	13,133
S2A	Bi-Weekly	4,834	5,074	5,302	5,542	5,767	6,023	6,038
S2A	Hourly	64.45	67.65	70.69	73.89	76.89	80.31	80.51
S2B	Monthly	10,966	11,510	12,026	12,572	13,082	13,664	13,697
S2B	Bi-Weekly	5,042	5,292	5,529	5,780	6,015	6,282	6,298
S2B	Hourly	67.22	70.56	73.72	77.07	80.20	83.76	83.97
S2C	Monthly	11,390	11,955	12,491	13,057	13,587	14,192	14,226
S2C	Bi-Weekly	5,237	5,497	5,743	6,003	6,247	6,525	6,541
S2C	Hourly	69.82	73.29	76.57	80.04	83.29	87.00	87.21
S2D	Monthly	11,860	12,449	13,007	13,597	14,149	14,779	14,814
S2D	Bi-Weekly	5,453	5,724	5,981	6,251	6,506	6,795	6,811
S2D	Hourly	72.70	76.32	79.74	83.35	86.74	90.60	90.81
S3A	Monthly	10,938	11,481	11,995	12,539	13,048	13,629	13,662
S3A	Bi-Weekly	5,029	5,279	5,515	5,765	5,999	6,266	6,281
S3A	Hourly	67.05	70.38	73.53	76.87	79.99	83.55	83.75
S3B	Monthly	11,390	11,955	12,491	13,057	13,587	14,192	14,226
S3B	Bi-Weekly	5,237	5,497	5,743	6,003	6,247	6,525	6,541
S3B	Hourly	69.82	73.29	76.57	80.04	83.29	87.00	87.21
S3C	Monthly	11,860	12,449	13,007	13,597	14,149	14,779	14,814
S3C	Bi-Weekly	5,453	5,724	5,981	6,251	6,506	6,795	6,811
S3C	Hourly	72.70	76.32	79.74	83.35	86.74	90.60	90.81
S3D	Monthly	12,331	12,943	13,523	14,136	14,710	15,365	15,402
S3D	Bi-Weekly	5,669	5,951	6,218	6,500	6,764	7,064	7,082
S3D	Hourly	75.59	79.34	82.90	86.66	90.18	94.19	94.42
S4A	Monthly	11,390	11,955	12,491	13,057	13,587	14,192	14,226
S4A	Bi-Weekly	5,237	5,497	5,743	6,003	6,247	6,525	6,541
S4A	Hourly	69.82	73.29	76.57	80.04	83.29	87.00	87.21
S4B	Monthly	11,860	12,449	13,007	13,597	14,149	14,779	14,814
S4B	Bi-Weekly	5,453	5,724	5,981	6,251	6,506	6,795	6,811
S4B	Hourly	72.70	76.32	79.74	83.35	86.74	90.60	90.81
S4C	Monthly	12,331	12,943	13,523	14,136	14,710	15,365	15,402
S4C	Bi-Weekly	5,669	5,951	6,218	6,500	6,764	7,064	7,082
S4C	Hourly	75.59	79.34	82.90	86.66	90.18	94.19	94.42
S4D	Monthly	12,802	13,437	14,039	14,676	15,271	15,951	15,990
S4D	Bi-Weekly	5,886	6,178	6,455	6,748	7,022	7,334	7,352
S4D	Hourly	78.48	82.37	86.06	89.97	93.62	97.78	98.02

DRAFT

WAGE SCHEDULE O

Psychologist

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	9,695	10,176	10,633	11,115	11,566	12,081	12,110
P1	Bi-Weekly	4,457	4,679	4,889	5,111	5,318	5,555	5,568
P1	Hourly	59.43	62.38	65.18	68.14	70.90	74.06	74.24
P2A	Monthly	10,432	10,949	11,441	11,960	12,445	12,999	13,030
P2A	Bi-Weekly	4,796	5,034	5,261	5,499	5,722	5,977	5,991
P2A	Hourly	63.95	67.12	70.14	73.32	76.29	79.69	79.88
P2B (E, I, Q, R, and S)	Monthly	10,849	11,387	11,898	12,438	12,942	13,519	13,551
P2B (E, I, Q, R, and S)	Bi-Weekly	4,988	5,236	5,471	5,719	5,951	6,216	6,230
P2B (E, I, Q, R, and S)	Hourly	66.51	69.81	72.94	76.25	79.34	82.88	83.07
S1A	Monthly	10,432	10,949	11,441	11,960	12,445	12,999	13,030
S1A	Bi-Weekly	4,796	5,034	5,261	5,499	5,722	5,977	5,991
S1A	Hourly	63.95	67.12	70.14	73.32	76.29	79.69	79.88
S1B	Monthly	10,858	11,397	11,909	12,449	12,954	13,531	13,563
S1B	Bi-Weekly	4,992	5,240	5,476	5,724	5,956	6,221	6,236
S1B	Hourly	66.56	69.87	73.01	76.32	79.41	82.95	83.14
S1C	Monthly	11,246	11,804	12,334	12,893	13,417	14,014	14,048
S1C	Bi-Weekly	5,171	5,427	5,671	5,928	6,169	6,443	6,459
S1C	Hourly	68.94	72.36	75.61	79.04	82.25	85.91	86.12
S1D	Monthly	11,634	12,211	12,760	13,338	13,879	14,497	14,532
S1D	Bi-Weekly	5,349	5,615	5,867	6,133	6,381	6,665	6,682
S1D	Hourly	71.32	74.86	78.22	81.77	85.08	88.87	89.09
S2A	Monthly	10,829	11,367	11,877	12,415	12,919	13,494	13,527
S2A	Bi-Weekly	4,979	5,226	5,461	5,708	5,940	6,204	6,219
S2A	Hourly	66.38	69.68	72.81	76.11	79.20	82.72	82.92
S2B	Monthly	11,295	11,855	12,387	12,949	13,474	14,074	14,108
S2B	Bi-Weekly	5,193	5,450	5,696	5,954	6,195	6,471	6,487
S2B	Hourly	69.24	72.67	75.94	79.38	82.60	86.28	86.49
S2C	Monthly	11,731	12,313	12,866	13,449	13,995	14,618	14,653
S2C	Bi-Weekly	5,393	5,661	5,915	6,184	6,434	6,721	6,737
S2C	Hourly	71.91	75.48	78.87	82.45	85.79	89.61	89.83
S2D	Monthly	12,216	12,822	13,398	14,005	14,573	15,222	15,259
S2D	Bi-Weekly	5,617	5,895	6,160	6,439	6,701	6,998	7,016
S2D	Hourly	74.89	78.60	82.13	85.85	89.34	93.31	93.54
S3A	Monthly	11,266	11,825	12,356	12,916	13,440	14,038	14,072
S3A	Bi-Weekly	5,180	5,437	5,681	5,939	6,179	6,455	6,470
S3A	Hourly	69.06	72.49	75.75	79.18	82.39	86.06	86.27
S3B	Monthly	11,731	12,313	12,866	13,449	13,995	14,618	14,653
S3B	Bi-Weekly	5,393	5,661	5,915	6,184	6,434	6,721	6,737
S3B	Hourly	71.91	75.48	78.87	82.45	85.79	89.61	89.83
S3C	Monthly	12,216	12,822	13,398	14,005	14,573	15,222	15,259
S3C	Bi-Weekly	5,617	5,895	6,160	6,439	6,701	6,998	7,016
S3C	Hourly	74.89	78.60	82.13	85.85	89.34	93.31	93.54
S3D	Monthly	12,700	13,331	13,929	14,561	15,151	15,826	15,864
S3D	Bi-Weekly	5,839	6,129	6,404	6,695	6,966	7,277	7,294
S3D	Hourly	77.85	81.72	85.39	89.26	92.88	97.02	97.25
S4A	Monthly	11,731	12,313	12,866	13,449	13,995	14,618	14,653
S4A	Bi-Weekly	5,393	5,661	5,915	6,184	6,434	6,721	6,737
S4A	Hourly	71.91	75.48	78.87	82.45	85.79	89.61	89.83
S4B	Monthly	12,216	12,822	13,398	14,005	14,573	15,222	15,259
S4B	Bi-Weekly	5,617	5,895	6,160	6,439	6,701	6,998	7,016
S4B	Hourly	74.89	78.60	82.13	85.85	89.34	93.31	93.54
S4C	Monthly	12,700	13,331	13,929	14,561	15,151	15,826	15,864
S4C	Bi-Weekly	5,839	6,129	6,404	6,695	6,966	7,277	7,294
S4C	Hourly	77.85	81.72	85.39	89.26	92.88	97.02	97.25
S4D	Monthly	13,185	13,839	14,461	15,116	15,730	16,430	16,470
S4D	Bi-Weekly	6,062	6,363	6,649	6,950	7,232	7,554	7,573
S4D	Hourly	80.83	84.84	88.65	92.67	96.43	100.72	100.97

DRAFT

WAGE SCHEDULE P

Perfusionist

Effective First Pay Period After April 1, 2025

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	10,439	10,624	10,820	11,012	11,209	11,413	11,442
P1	Bi-Weekly	4,799	4,885	4,975	5,063	5,153	5,247	5,261
P1	Hourly	63.99	65.13	66.33	67.51	68.71	69.96	70.14
P2A	Monthly	10,836	11,028	11,231	11,430	11,635	11,847	11,877
P2A	Bi-Weekly	4,982	5,070	5,164	5,255	5,350	5,447	5,461
P2A	Hourly	66.43	67.60	68.85	70.07	71.33	72.63	72.81
P2BS	Monthly	10,836	11,028	11,231	11,430	11,635	11,847	11,877
P2BS	Bi-Weekly	4,982	5,070	5,164	5,255	5,350	5,447	5,461
P2BS	Hourly	66.43	67.60	68.85	70.07	71.33	72.63	72.81
P2BE, P2BI, P2BQ and P2BR	Monthly	11,681	11,888	12,108	12,322	12,543	12,771	12,804
P2BE, P2BI, P2BQ and P2BR	Bi-Weekly	5,371	5,466	5,567	5,666	5,767	5,872	5,887
P2BE, P2BI, P2BQ and P2BR	Hourly	71.61	72.88	74.23	75.54	76.89	78.29	78.49
S1A	Monthly	10,857	11,049	11,253	11,452	11,657	11,870	11,900
S1A	Bi-Weekly	4,992	5,080	5,174	5,265	5,360	5,458	5,471
S1A	Hourly	66.56	67.73	68.98	70.20	71.46	72.77	72.95
S1B	Monthly	11,692	11,899	12,118	12,333	12,554	12,783	12,815
S1B	Bi-Weekly	5,376	5,471	5,572	5,670	5,772	5,877	5,892
S1B	Hourly	71.68	72.94	74.29	75.60	76.96	78.36	78.56
S1C	Monthly	12,109	12,324	12,551	12,774	13,002	13,239	13,273
S1C	Bi-Weekly	5,567	5,666	5,771	5,873	5,978	6,087	6,103
S1C	Hourly	74.23	75.55	76.94	78.31	79.71	81.16	81.37
S1D	Monthly	12,527	12,749	12,984	13,214	13,451	13,696	13,730
S1D	Bi-Weekly	5,759	5,861	5,970	6,076	6,185	6,297	6,313
S1D	Hourly	76.79	78.15	79.60	81.01	82.46	83.96	84.17
S2A	Monthly	11,274	11,474	11,686	11,893	12,106	12,326	12,357
S2A	Bi-Weekly	5,183	5,276	5,373	5,468	5,566	5,667	5,681
S2A	Hourly	69.11	70.34	71.64	72.91	74.21	75.56	75.75
S2B	Monthly	12,161	12,377	12,605	12,829	13,058	13,296	13,330
S2B	Bi-Weekly	5,591	5,690	5,795	5,899	6,004	6,113	6,129
S2B	Hourly	74.55	75.87	77.27	78.65	80.05	81.51	81.72
S2C	Monthly	12,631	12,855	13,092	13,325	13,563	13,810	13,845
S2C	Bi-Weekly	5,807	5,910	6,020	6,127	6,236	6,350	6,365
S2C	Hourly	77.43	78.80	80.26	81.69	83.14	84.66	84.87
S2D	Monthly	13,153	13,386	13,633	13,875	14,123	14,380	14,417
S2D	Bi-Weekly	6,047	6,155	6,268	6,380	6,494	6,611	6,629
S2D	Hourly	80.63	82.06	83.57	85.06	86.58	88.15	88.38
S3A	Monthly	12,130	12,345	12,573	12,796	13,025	13,262	13,296
S3A	Bi-Weekly	5,577	5,676	5,781	5,883	5,989	6,098	6,113
S3A	Hourly	74.36	75.68	77.08	78.44	79.85	81.30	81.51
S3B	Monthly	12,631	12,855	13,092	13,325	13,563	13,810	13,845
S3B	Bi-Weekly	5,807	5,910	6,020	6,127	6,236	6,350	6,365
S3B	Hourly	77.43	78.80	80.26	81.69	83.14	84.66	84.87
S3C	Monthly	13,153	13,386	13,633	13,875	14,123	14,380	14,417
S3C	Bi-Weekly	6,047	6,155	6,268	6,380	6,494	6,611	6,629
S3C	Hourly	80.63	82.06	83.57	85.06	86.58	88.15	88.38
S3D	Monthly	13,675	13,917	14,174	14,426	14,684	14,951	14,989
S3D	Bi-Weekly	6,287	6,398	6,517	6,633	6,752	6,874	6,892
S3D	Hourly	83.83	85.31	86.89	88.44	90.02	91.65	91.89
S4A	Monthly	12,631	12,855	13,092	13,325	13,563	13,810	13,845
S4A	Bi-Weekly	5,807	5,910	6,020	6,127	6,236	6,350	6,365
S4A	Hourly	77.43	78.80	80.26	81.69	83.14	84.66	84.87
S4B	Monthly	13,153	13,386	13,633	13,875	14,123	14,380	14,417
S4B	Bi-Weekly	6,047	6,155	6,268	6,380	6,494	6,611	6,629
S4B	Hourly	80.63	82.06	83.57	85.06	86.58	88.15	88.38
S4C	Monthly	13,675	13,917	14,174	14,426	14,684	14,951	14,989
S4C	Bi-Weekly	6,287	6,398	6,517	6,633	6,752	6,874	6,892
S4C	Hourly	83.83	85.31	86.89	88.44	90.02	91.65	91.89
S4D	Monthly	14,197	14,449	14,715	14,976	15,244	15,522	15,561
S4D	Bi-Weekly	6,527	6,644	6,766	6,886	7,009	7,136	7,154
S4D	Hourly	87.03	88.58	90.21	91.81	93.45	95.15	95.39

DRAFT

WAGE SCHEDULE P

Perfusionist

Includes changes to the Salary Structures for P2BS, P2A, S1A, and S2A

Effective First Pay Period After April 1, 2026

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	10,752	10,943	11,145	11,342	11,545	11,755	11,785
P1	Bi-Weekly	4,943	5,031	5,124	5,215	5,308	5,405	5,419
P1	Hourly	65.91	67.08	68.32	69.53	70.77	72.06	72.25
P2A	Monthly	11,569	11,775	11,992	12,204	12,422	12,648	12,681
P2A	Bi-Weekly	5,319	5,414	5,513	5,611	5,711	5,816	5,831
P2A	Hourly	70.92	72.18	73.51	74.81	76.15	77.54	77.74
P2B (E, I, Q, R, and S)	Monthly	12,031	12,245	12,471	12,692	12,919	13,154	13,187
P2B (E, I, Q, R, and S)	Bi-Weekly	5,531	5,630	5,734	5,836	5,940	6,048	6,063
P2B (E, I, Q, R, and S)	Hourly	73.75	75.07	76.45	77.81	79.20	80.64	80.84
S1A	Monthly	11,569	11,775	11,992	12,204	12,422	12,648	12,681
S1A	Bi-Weekly	5,319	5,414	5,513	5,611	5,711	5,816	5,831
S1A	Hourly	70.92	72.18	73.51	74.81	76.15	77.54	77.74
S1B	Monthly	12,042	12,256	12,482	12,703	12,930	13,166	13,199
S1B	Bi-Weekly	5,537	5,635	5,739	5,840	5,945	6,053	6,068
S1B	Hourly	73.82	75.13	76.52	77.87	79.26	80.71	80.91
S1C	Monthly	12,472	12,694	12,928	13,157	13,392	13,636	13,671
S1C	Bi-Weekly	5,735	5,837	5,944	6,050	6,158	6,269	6,286
S1C	Hourly	76.46	77.82	79.25	80.66	82.10	83.59	83.81
S1D	Monthly	12,902	13,132	13,374	13,610	13,854	14,106	14,142
S1D	Bi-Weekly	5,932	6,038	6,149	6,257	6,370	6,485	6,502
S1D	Hourly	79.09	80.50	81.99	83.43	84.93	86.47	86.69
S2A	Monthly	12,010	12,223	12,449	12,669	12,896	13,130	13,164
S2A	Bi-Weekly	5,522	5,620	5,724	5,825	5,930	6,037	6,053
S2A	Hourly	73.62	74.93	76.32	77.66	79.06	80.49	80.70
S2B	Monthly	12,526	12,749	12,984	13,213	13,450	13,695	13,730
S2B	Bi-Weekly	5,759	5,861	5,970	6,075	6,184	6,296	6,313
S2B	Hourly	76.79	78.15	79.60	81.00	82.45	83.95	84.17
S2C	Monthly	13,010	13,241	13,485	13,724	13,969	14,224	14,260
S2C	Bi-Weekly	5,981	6,088	6,200	6,310	6,422	6,540	6,557
S2C	Hourly	79.75	81.17	82.67	84.13	85.63	87.20	87.42
S2D	Monthly	13,548	13,788	14,043	14,291	14,547	14,811	14,849
S2D	Bi-Weekly	6,229	6,339	6,457	6,571	6,689	6,810	6,827
S2D	Hourly	83.05	84.52	86.09	87.61	89.18	90.80	91.03
S3A	Monthly	12,494	12,716	12,950	13,179	13,415	13,659	13,694
S3A	Bi-Weekly	5,744	5,846	5,954	6,059	6,168	6,280	6,296
S3A	Hourly	76.59	77.95	79.39	80.79	82.24	83.73	83.95
S3B	Monthly	13,010	13,241	13,485	13,724	13,969	14,224	14,260
S3B	Bi-Weekly	5,981	6,088	6,200	6,310	6,422	6,540	6,557
S3B	Hourly	79.75	81.17	82.67	84.13	85.63	87.20	87.42
S3C	Monthly	13,548	13,788	14,043	14,291	14,547	14,811	14,849
S3C	Bi-Weekly	6,229	6,339	6,457	6,571	6,689	6,810	6,827
S3C	Hourly	83.05	84.52	86.09	87.61	89.18	90.80	91.03
S3D	Monthly	14,085	14,335	14,600	14,858	15,124	15,399	15,438
S3D	Bi-Weekly	6,476	6,591	6,713	6,831	6,953	7,080	7,098
S3D	Hourly	86.34	87.88	89.50	91.08	92.71	94.40	94.64
S4A	Monthly	13,010	13,241	13,485	13,724	13,969	14,224	14,260
S4A	Bi-Weekly	5,981	6,088	6,200	6,310	6,422	6,540	6,557
S4A	Hourly	79.75	81.17	82.67	84.13	85.63	87.20	87.42
S4B	Monthly	13,548	13,788	14,043	14,291	14,547	14,811	14,849
S4B	Bi-Weekly	6,229	6,339	6,457	6,571	6,689	6,810	6,827
S4B	Hourly	83.05	84.52	86.09	87.61	89.18	90.80	91.03
S4C	Monthly	14,085	14,335	14,600	14,858	15,124	15,399	15,438
S4C	Bi-Weekly	6,476	6,591	6,713	6,831	6,953	7,080	7,098
S4C	Hourly	86.34	87.88	89.50	91.08	92.71	94.40	94.64
S4D	Monthly	14,623	14,882	15,157	15,425	15,701	15,987	16,028
S4D	Bi-Weekly	6,723	6,842	6,969	7,092	7,219	7,350	7,370
S4D	Hourly	89.64	91.23	92.92	94.56	96.25	98.00	98.26

DRAFT

WAGE SCHEDULE P

Perfusionist

Effective First Pay Period After April 1, 2027

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	11,075	11,271	11,479	11,682	11,891	12,108	12,139
P1	Bi-Weekly	5,092	5,182	5,278	5,371	5,468	5,567	5,582
P1	Hourly	67.89	69.09	70.37	71.61	72.90	74.23	74.42
P2A	Monthly	11,917	12,128	12,351	12,570	12,795	13,028	13,062
P2A	Bi-Weekly	5,479	5,576	5,678	5,780	5,883	5,990	6,005
P2A	Hourly	73.05	74.35	75.71	77.06	78.44	79.87	80.07
P2B (E, I, Q, R, and S)	Monthly	12,393	12,612	12,845	13,072	13,306	13,549	13,584
P2B (E, I, Q, R, and S)	Bi-Weekly	5,698	5,798	5,906	6,010	6,118	6,230	6,245
P2B (E, I, Q, R, and S)	Hourly	75.97	77.31	78.74	80.13	81.57	83.06	83.27
S1A	Monthly	11,917	12,128	12,351	12,570	12,795	13,028	13,062
S1A	Bi-Weekly	5,479	5,576	5,678	5,780	5,883	5,990	6,005
S1A	Hourly	73.05	74.35	75.71	77.06	78.44	79.87	80.07
S1B	Monthly	12,404	12,624	12,856	13,084	13,318	13,561	13,596
S1B	Bi-Weekly	5,703	5,804	5,911	6,016	6,123	6,235	6,251
S1B	Hourly	76.04	77.39	78.81	80.21	81.64	83.13	83.35
S1C	Monthly	12,847	13,074	13,316	13,551	13,794	14,045	14,081
S1C	Bi-Weekly	5,907	6,011	6,122	6,230	6,342	6,458	6,474
S1C	Hourly	78.76	80.15	81.63	83.07	84.56	86.10	86.32
S1D	Monthly	13,290	13,525	13,775	14,018	14,269	14,530	14,567
S1D	Bi-Weekly	6,110	6,218	6,333	6,445	6,560	6,680	6,698
S1D	Hourly	81.47	82.91	84.44	85.93	87.47	89.07	89.30
S2A	Monthly	12,371	12,590	12,822	13,049	13,282	13,525	13,559
S2A	Bi-Weekly	5,688	5,789	5,895	5,999	6,107	6,218	6,234
S2A	Hourly	75.84	77.18	78.60	79.99	81.42	82.91	83.12
S2B	Monthly	12,902	13,131	13,373	13,610	13,853	14,106	14,142
S2B	Bi-Weekly	5,932	6,038	6,149	6,257	6,369	6,485	6,502
S2B	Hourly	79.09	80.50	81.98	83.43	84.92	86.47	86.69
S2C	Monthly	13,401	13,638	13,890	14,135	14,388	14,651	14,688
S2C	Bi-Weekly	6,161	6,270	6,386	6,499	6,615	6,736	6,753
S2C	Hourly	82.15	83.60	85.15	86.65	88.20	89.81	90.04
S2D	Monthly	13,955	14,201	14,464	14,719	14,983	15,256	15,295
S2D	Bi-Weekly	6,416	6,530	6,650	6,767	6,889	7,014	7,032
S2D	Hourly	85.55	87.06	88.67	90.23	91.85	93.52	93.76
S3A	Monthly	12,869	13,097	13,335	13,574	13,817	14,069	14,106
S3A	Bi-Weekly	5,917	6,022	6,133	6,241	6,353	6,469	6,485
S3A	Hourly	78.89	80.29	81.77	83.21	84.70	86.25	86.47
S3B	Monthly	13,401	13,638	13,890	14,135	14,388	14,651	14,688
S3B	Bi-Weekly	6,161	6,270	6,386	6,499	6,615	6,736	6,753
S3B	Hourly	82.15	83.60	85.15	86.65	88.20	89.81	90.04
S3C	Monthly	13,955	14,201	14,464	14,719	14,983	15,256	15,295
S3C	Bi-Weekly	6,416	6,530	6,650	6,767	6,889	7,014	7,032
S3C	Hourly	85.55	87.06	88.67	90.23	91.85	93.52	93.76
S3D	Monthly	14,508	14,765	15,037	15,303	15,577	15,861	15,902
S3D	Bi-Weekly	6,671	6,788	6,914	7,036	7,162	7,292	7,311
S3D	Hourly	88.94	90.51	92.18	93.81	95.49	97.23	97.48
S4A	Monthly	13,401	13,638	13,890	14,135	14,388	14,651	14,688
S4A	Bi-Weekly	6,161	6,270	6,386	6,499	6,615	6,736	6,753
S4A	Hourly	82.15	83.60	85.15	86.65	88.20	89.81	90.04
S4B	Monthly	13,955	14,201	14,464	14,719	14,983	15,256	15,295
S4B	Bi-Weekly	6,416	6,530	6,650	6,767	6,889	7,014	7,032
S4B	Hourly	85.55	87.06	88.67	90.23	91.85	93.52	93.76
S4C	Monthly	14,508	14,765	15,037	15,303	15,577	15,861	15,902
S4C	Bi-Weekly	6,671	6,788	6,914	7,036	7,162	7,292	7,311
S4C	Hourly	88.94	90.51	92.18	93.81	95.49	97.23	97.48
S4D	Monthly	15,062	15,329	15,611	15,888	16,172	16,467	16,509
S4D	Bi-Weekly	6,925	7,048	7,178	7,305	7,436	7,571	7,590
S4D	Hourly	92.33	93.97	95.70	97.40	99.14	100.95	101.20

DRAFT

WAGE SCHEDULE P

Perfusionist

Effective First Pay Period After April 1, 2028

Salary Structure		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
P1	Monthly	11,407	11,609	11,823	12,032	12,248	12,471	12,503
P1	Bi-Weekly	5,245	5,338	5,436	5,532	5,631	5,734	5,749
P1	Hourly	69.93	71.17	72.48	73.76	75.08	76.45	76.65
P2A	Monthly	12,274	12,491	12,722	12,946	13,179	13,419	13,453
P2A	Bi-Weekly	5,643	5,743	5,849	5,952	6,059	6,170	6,185
P2A	Hourly	75.24	76.57	77.99	79.36	80.79	82.26	82.47
P2B (E, I, Q, R, and S)	Monthly	12,764	12,990	13,230	13,464	13,706	13,955	13,991
P2B (E, I, Q, R, and S)	Bi-Weekly	5,869	5,972	6,083	6,191	6,302	6,416	6,433
P2B (E, I, Q, R, and S)	Hourly	78.25	79.63	81.10	82.54	84.02	85.55	85.77
S1A	Monthly	12,274	12,491	12,722	12,946	13,179	13,419	13,453
S1A	Bi-Weekly	5,643	5,743	5,849	5,952	6,059	6,170	6,185
S1A	Hourly	75.24	76.57	77.99	79.36	80.79	82.26	82.47
S1B	Monthly	12,776	13,002	13,242	13,476	13,718	13,968	14,003
S1B	Bi-Weekly	5,874	5,978	6,089	6,196	6,308	6,422	6,438
S1B	Hourly	78.32	79.71	81.18	82.61	84.10	85.63	85.84
S1C	Monthly	13,232	13,466	13,715	13,957	14,208	14,466	14,503
S1C	Bi-Weekly	6,084	6,191	6,306	6,417	6,533	6,651	6,668
S1C	Hourly	81.12	82.55	84.08	85.56	87.10	88.68	88.91
S1D	Monthly	13,688	13,931	14,188	14,438	14,698	14,965	15,004
S1D	Bi-Weekly	6,293	6,405	6,524	6,638	6,758	6,881	6,899
S1D	Hourly	83.91	85.40	86.98	88.51	90.10	91.74	91.98
S2A	Monthly	12,742	12,967	13,206	13,440	13,681	13,930	13,966
S2A	Bi-Weekly	5,858	5,962	6,072	6,179	6,290	6,404	6,422
S2A	Hourly	78.11	79.49	80.96	82.39	83.87	85.39	85.62
S2B	Monthly	13,289	13,524	13,774	14,017	14,269	14,529	14,566
S2B	Bi-Weekly	6,110	6,218	6,333	6,445	6,560	6,680	6,697
S2B	Hourly	81.47	82.91	84.44	85.93	87.47	89.07	89.29
S2C	Monthly	13,802	14,047	14,306	14,559	14,820	15,090	15,129
S2C	Bi-Weekly	6,346	6,458	6,578	6,694	6,814	6,938	6,956
S2C	Hourly	84.61	86.11	87.70	89.25	90.85	92.51	92.74
S2D	Monthly	14,373	14,627	14,897	15,160	15,432	15,713	15,754
S2D	Bi-Weekly	6,608	6,725	6,849	6,970	7,095	7,224	7,244
S2D	Hourly	88.11	89.67	91.32	92.93	94.60	96.32	96.58
S3A	Monthly	13,255	13,490	13,738	13,981	14,232	14,491	14,528
S3A	Bi-Weekly	6,095	6,203	6,317	6,428	6,544	6,662	6,680
S3A	Hourly	81.26	82.70	84.22	85.71	87.25	88.83	89.06
S3B	Monthly	13,802	14,047	14,306	14,559	14,820	15,090	15,129
S3B	Bi-Weekly	6,346	6,458	6,578	6,694	6,814	6,938	6,956
S3B	Hourly	84.61	86.11	87.70	89.25	90.85	92.51	92.74
S3C	Monthly	14,373	14,627	14,897	15,160	15,432	15,713	15,754
S3C	Bi-Weekly	6,608	6,725	6,849	6,970	7,095	7,224	7,244
S3C	Hourly	88.11	89.67	91.32	92.93	94.60	96.32	96.58
S3D	Monthly	14,943	15,208	15,488	15,762	16,045	16,337	16,379
S3D	Bi-Weekly	6,870	6,992	7,121	7,247	7,377	7,511	7,531
S3D	Hourly	91.60	93.23	94.95	96.63	98.36	100.15	100.41
S4A	Monthly	13,802	14,047	14,306	14,559	14,820	15,090	15,129
S4A	Bi-Weekly	6,346	6,458	6,578	6,694	6,814	6,938	6,956
S4A	Hourly	84.61	86.11	87.70	89.25	90.85	92.51	92.74
S4B	Monthly	14,373	14,627	14,897	15,160	15,432	15,713	15,754
S4B	Bi-Weekly	6,608	6,725	6,849	6,970	7,095	7,224	7,244
S4B	Hourly	88.11	89.67	91.32	92.93	94.60	96.32	96.58
S4C	Monthly	14,943	15,208	15,488	15,762	16,045	16,337	16,379
S4C	Bi-Weekly	6,870	6,992	7,121	7,247	7,377	7,511	7,531
S4C	Hourly	91.60	93.23	94.95	96.63	98.36	100.15	100.41
S4D	Monthly	15,514	15,788	16,079	16,364	16,657	16,961	17,004
S4D	Bi-Weekly	7,133	7,259	7,393	7,524	7,658	7,799	7,818
S4D	Hourly	95.10	96.78	98.57	100.32	102.11	103.98	104.24

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WAGE SCHEDULE T

Effective First Pay Period After April 1, 2025

Occupation		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
Anesthesia Assistant Trainee	Monthly	6,563	6,892	7,200	7,529	7,825	8,178	8,199
	Bi-Weekly	3,017	3,169	3,311	3,461	3,598	3,760	3,770
	Hourly	40.23	42.25	44.14	46.15	47.97	50.13	50.26
Orthotics Resident	Monthly	5,398	5,673	5,921	6,191	6,437	6,725	6,742
	Bi-Weekly	2,482	2,609	2,723	2,846	2,960	3,092	3,100
	Hourly	33.09	34.78	36.30	37.95	39.46	41.23	41.33
Orthotics Technician Trainee	Monthly	5,476	5,749	6,003	6,275	6,523	6,822	6,839
	Bi-Weekly	2,518	2,643	2,760	2,885	2,999	3,137	3,144
	Hourly	33.57	35.24	36.80	38.47	39.99	41.82	41.92
Pharmacy Resident Year 1	Monthly	7,318	7,692	8,036	8,399	8,733	9,122	9,146
	Bi-Weekly	3,365	3,536	3,695	3,862	4,016	4,194	4,205
	Hourly	44.86	47.15	49.26	51.49	53.54	55.92	56.07
Pharmacy Resident Year 2	Monthly	7,596	7,985	8,342	8,717	9,064	9,469	9,493
	Bi-Weekly	3,493	3,671	3,836	4,008	4,167	4,354	4,364
	Hourly	46.57	48.95	51.14	53.44	55.56	58.05	58.19
Prosthetics Resident	Monthly	5,398	5,673	5,921	6,191	6,437	6,725	6,742
	Bi-Weekly	2,482	2,609	2,723	2,846	2,960	3,092	3,100
	Hourly	33.09	34.78	36.30	37.95	39.46	41.23	41.33
Prosthetics Technician Trainee	Monthly	5,476	5,749	6,003	6,275	6,523	6,822	6,839
	Bi-Weekly	2,518	2,643	2,760	2,885	2,999	3,137	3,144
	Hourly	33.57	35.24	36.80	38.47	39.99	41.82	41.92
Radiation Therapy Service Technologist Trainee	Monthly	7,635	8,018	8,377	8,759	9,103	9,512	9,535
	Bi-Weekly	3,510	3,686	3,851	4,028	4,185	4,373	4,384
	Hourly	46.80	49.15	51.35	53.70	55.80	58.31	58.45
Radiology Service Technologist Trainee	Monthly	7,357	7,725	8,073	8,437	8,772	9,167	9,188
	Bi-Weekly	3,383	3,552	3,712	3,879	4,033	4,215	4,224
	Hourly	45.10	47.36	49.49	51.72	53.77	56.20	56.32
Seating Devices Technician Trainee	Monthly	5,476	5,749	6,003	6,275	6,523	6,822	6,839
	Bi-Weekly	2,518	2,643	2,760	2,885	2,999	3,137	3,144
	Hourly	33.57	35.24	36.80	38.47	39.99	41.82	41.92

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WAGE SCHEDULE T

Effective First Pay Period After April 1, 2026

Occupation		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
Anesthesia Assistant Trainee	Monthly	6,760	7,099	7,416	7,754	8,060	8,424	8,444
	Bi-Weekly	3,108	3,264	3,410	3,565	3,706	3,873	3,882
	Hourly	41.44	43.52	45.46	47.53	49.41	51.64	51.76
Orthotics Resident	Monthly	5,559	5,844	6,098	6,377	6,631	6,926	6,944
	Bi-Weekly	2,556	2,687	2,804	2,932	3,049	3,185	3,193
	Hourly	34.08	35.83	37.38	39.09	40.65	42.46	42.57
Orthotics Technician Trainee	Monthly	5,640	5,922	6,183	6,463	6,719	7,026	7,045
	Bi-Weekly	2,593	2,723	2,843	2,972	3,089	3,230	3,239
	Hourly	34.57	36.30	37.90	39.62	41.19	43.07	43.19
Pharmacy Resident Year 1	Monthly	7,538	7,923	8,277	8,650	8,995	9,396	9,420
	Bi-Weekly	3,466	3,643	3,806	3,977	4,136	4,320	4,331
	Hourly	46.21	48.57	50.74	53.03	55.14	57.60	57.75
Pharmacy Resident Year 2	Monthly	8,435	8,866	9,263	9,680	10,065	10,514	10,541
	Bi-Weekly	3,878	4,076	4,259	4,451	4,628	4,834	4,847
	Hourly	51.71	54.35	56.78	59.34	61.70	64.45	64.62
Prosthetics Resident	Monthly	5,559	5,844	6,098	6,377	6,631	6,926	6,944
	Bi-Weekly	2,556	2,687	2,804	2,932	3,049	3,185	3,193
	Hourly	34.08	35.83	37.38	39.09	40.65	42.46	42.57
Prosthetics Technician Trainee	Monthly	5,640	5,922	6,183	6,463	6,719	7,026	7,045
	Bi-Weekly	2,593	2,723	2,843	2,972	3,089	3,230	3,239
	Hourly	34.57	36.30	37.90	39.62	41.19	43.07	43.19
Radiation Therapy Service Technologist Trainee	Monthly	7,864	8,259	8,628	9,022	9,377	9,798	9,821
	Bi-Weekly	3,616	3,797	3,967	4,148	4,311	4,505	4,516
	Hourly	48.21	50.63	52.89	55.31	57.48	60.06	60.21
Radiology Service Technologist Trainee	Monthly	7,578	7,957	8,316	8,690	9,035	9,442	9,464
	Bi-Weekly	3,485	3,659	3,824	3,995	4,154	4,341	4,352
	Hourly	46.46	48.78	50.98	53.27	55.39	57.88	58.02
Seating Devices Technician Trainee	Monthly	5,640	5,922	6,183	6,463	6,719	7,026	7,045
	Bi-Weekly	2,593	2,723	2,843	2,972	3,089	3,230	3,239
	Hourly	34.57	36.30	37.90	39.62	41.19	43.07	43.19

DRAFT

WAGE SCHEDULE T

Effective First Pay Period After April 1, 2027

Occupation		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
Anesthesia Assistant Trainee	Monthly	6,962	7,312	7,639	7,987	8,302	8,677	8,698
	Bi-Weekly	3,201	3,362	3,512	3,672	3,817	3,989	3,999
	Hourly	42.68	44.82	46.83	48.96	50.89	53.19	53.32
Orthotics Resident	Monthly	5,727	6,019	6,281	6,569	6,830	7,134	7,153
	Bi-Weekly	2,633	2,768	2,888	3,020	3,140	3,280	3,289
	Hourly	35.11	36.90	38.50	40.27	41.87	43.73	43.85
Orthotics Technician Trainee	Monthly	5,809	6,099	6,369	6,657	6,921	7,237	7,256
	Bi-Weekly	2,671	2,804	2,928	3,061	3,182	3,327	3,336
	Hourly	35.61	37.39	39.04	40.81	42.43	44.36	44.48
Pharmacy Resident Year 1	Monthly	7,764	8,160	8,526	8,910	9,264	9,677	9,703
	Bi-Weekly	3,570	3,752	3,920	4,097	4,259	4,449	4,461
	Hourly	47.60	50.02	52.27	54.62	56.79	59.32	59.48
Pharmacy Resident Year 2	Monthly	8,689	9,131	9,540	9,970	10,367	10,829	10,858
	Bi-Weekly	3,995	4,199	4,386	4,584	4,766	4,979	4,992
	Hourly	53.27	55.98	58.48	61.12	63.55	66.38	66.56
Prosthetics Resident	Monthly	5,727	6,019	6,281	6,569	6,830	7,134	7,153
	Bi-Weekly	2,633	2,768	2,888	3,020	3,140	3,280	3,289
	Hourly	35.11	36.90	38.50	40.27	41.87	43.73	43.85
Prosthetics Technician Trainee	Monthly	5,809	6,099	6,369	6,657	6,921	7,237	7,256
	Bi-Weekly	2,671	2,804	2,928	3,061	3,182	3,327	3,336
	Hourly	35.61	37.39	39.04	40.81	42.43	44.36	44.48
Radiation Therapy Service Technologist Trainee	Monthly	8,100	8,507	8,887	9,292	9,658	10,092	10,115
	Bi-Weekly	3,725	3,911	4,086	4,272	4,441	4,640	4,651
	Hourly	49.66	52.15	54.48	56.96	59.21	61.87	62.01
Radiology Service Technologist Trainee	Monthly	7,805	8,195	8,565	8,950	9,306	9,725	9,748
	Bi-Weekly	3,589	3,768	3,938	4,115	4,279	4,472	4,482
	Hourly	47.85	50.24	52.51	54.87	57.05	59.62	59.76
Seating Devices Technician Trainee	Monthly	5,809	6,099	6,369	6,657	6,921	7,237	7,256
	Bi-Weekly	2,671	2,804	2,928	3,061	3,182	3,327	3,336
	Hourly	35.61	37.39	39.04	40.81	42.43	44.36	44.48

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WAGE SCHEDULE T

Effective First Pay Period After April 1, 2028

Occupation		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	25th Year
Anesthesia Assistant Trainee	Monthly	7,171	7,531	7,868	8,226	8,552	8,938	8,958
	Bi-Weekly	3,297	3,463	3,617	3,782	3,932	4,109	4,118
	Hourly	43.96	46.17	48.23	50.43	52.43	54.79	54.91
Orthotics Resident	Monthly	5,899	6,200	6,469	6,765	7,035	7,348	7,367
	Bi-Weekly	2,712	2,851	2,975	3,110	3,235	3,379	3,387
	Hourly	36.16	38.01	39.66	41.47	43.13	45.05	45.16
Orthotics Technician Trainee	Monthly	5,984	6,282	6,560	6,857	7,129	7,454	7,474
	Bi-Weekly	2,751	2,888	3,016	3,153	3,278	3,428	3,437
	Hourly	36.68	38.51	40.21	42.04	43.70	45.70	45.82
Pharmacy Resident Year 1	Monthly	7,997	8,405	8,782	9,177	9,543	9,967	9,994
	Bi-Weekly	3,677	3,864	4,038	4,220	4,388	4,583	4,595
	Hourly	49.02	51.52	53.84	56.26	58.50	61.10	61.27
Pharmacy Resident Year 2	Monthly	8,949	9,406	9,827	10,269	10,678	11,154	11,183
	Bi-Weekly	4,115	4,325	4,518	4,721	4,910	5,129	5,141
	Hourly	54.86	57.66	60.24	62.95	65.46	68.38	68.55
Prosthetics Resident	Monthly	5,899	6,200	6,469	6,765	7,035	7,348	7,367
	Bi-Weekly	2,712	2,851	2,975	3,110	3,235	3,379	3,387
	Hourly	36.16	38.01	39.66	41.47	43.13	45.05	45.16
Prosthetics Technician Trainee	Monthly	5,984	6,282	6,560	6,857	7,129	7,454	7,474
	Bi-Weekly	2,751	2,888	3,016	3,153	3,278	3,428	3,437
	Hourly	36.68	38.51	40.21	42.04	43.70	45.70	45.82
Radiation Therapy Service Technologist Trainee	Monthly	8,343	8,762	9,153	9,571	9,947	10,395	10,418
	Bi-Weekly	3,836	4,028	4,208	4,400	4,574	4,779	4,790
	Hourly	51.14	53.71	56.11	58.67	60.98	63.72	63.87
Radiology Service Technologist Trainee	Monthly	8,038	8,442	8,822	9,219	9,585	10,016	10,040
	Bi-Weekly	3,696	3,881	4,056	4,238	4,407	4,605	4,616
	Hourly	49.28	51.75	54.08	56.51	58.76	61.40	61.55
Seating Devices Technician Trainee	Monthly	5,984	6,282	6,560	6,857	7,129	7,454	7,474
	Bi-Weekly	2,751	2,888	3,016	3,153	3,278	3,428	3,437
	Hourly	36.68	38.51	40.21	42.04	43.70	45.70	45.82

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MAINTENANCE AGREEMENT

1. Introduction

1.1. The purpose of this Maintenance Agreement is to provide a standard procedure for the description and Classification of jobs in the Health Science Professionals sector.

2. Coverage

2.1. The provisions of this Maintenance Agreement shall apply to all work that is now or shall come within the scope of the Collective Agreement.

2.2. This Maintenance Agreement shall be subject to the grievance and arbitration procedures under the Collective Agreement.

3. Existing Rights

Without intending to create any new rights and obligations but only for greater certainty it is agreed that:

3.1. Subject to the Collective Agreement and subject to procedures of this Maintenance Agreement, the Employer has the right to organize its work in a manner that best suits its operational requirements and to establish new jobs and to change existing jobs;

3.2. The Union has the right to enforce all provisions of the Collective Agreement and this Maintenance Agreement and to ensure that:

a. a job has been established in a proper manner under the terms of the Collective Agreement and this Maintenance Agreement;

b. a job description accurately describes the work required to be done;

c. the qualifications established by the Employer for a job are reasonable and relevant to the work required to be done;

d. a job is properly classified in relation to the Classification profiles; and

e. a job is assigned to the appropriate Salary Structure for the profession within a professional occupation group and profile.

4. Profiles

4.1 The profiles in existence at the date of full implementation of this profile-based classification system and agreed to by the parties and listed in

DRAFT

Schedule A (Profiles), are the sole criteria for classifying jobs, and together with the corresponding Classification Manual, and any other application guidance and interpretation documents mutually agreed to, provide the criteria and guidance for classifying jobs under the Classification system for Health Science Professionals.

4.2 No new profile shall be introduced, and no existing profile shall be changed except by mutual agreement between the HEABC and the Health Science Professional Bargaining Association. Neither party shall withhold mutual agreement unreasonably.

5. Salary Structures

5.1. Each profession under each profile shall be assigned to a Salary Structure (i.e. a wage grid level of a wage schedule of the Collective Agreement). In the case of a supervisory profile, there will be multiple Salary Structures in accordance with FTE supervised.

5.2. When determining the Salary Structure of each profession within a profile, consideration is given to the educational requirements to practice as governed by regulatory colleges, provincial regulatory frameworks, professional associations, and accreditation bodies for the specific occupation.

6. Job Descriptions

6.1. The Employer shall prepare job descriptions for all jobs covered under this Collective Agreement.

6.2. All job descriptions must be drafted in a similar format to include the job title, the profile against which the job has been classified (including, in the case of a Supervisory/Leadership Classification, the Salary Structure, which may be expressed as a letter or range), the applicable wage schedule, the workplaces at which the job description is in use, the date the job description was created, the date(s) the job description was revised if applicable, a job summary, a listing of the typical duties, and the qualifications required to perform the job.

6.3. Employees shall have input and access to their job description.

7. Classification of New Jobs

7.1. Where the Employer creates a new job, the Employer will create the job description and compare it to the profiles (together with the corresponding Classification Manual, and any other application guidance and interpretation documents mutually agreed to) to determine the appropriate Classification and corresponding Salary Structure for the job.

7.2. Within twenty (20) calendar days of the creation of a new job, the Employer

DRAFT

will submit the new job description to the Union together with the corresponding proposed Classification and Salary Structure.

7.3. Submissions of job descriptions classified to Supervisory/Leadership Profiles shall also include the Classification of the highest subordinate position and the range and/or current number of FTE supervised.

7.4. If the Union does not object in writing (that a job or position is not classified to the appropriate profile, or assigned to the appropriate Salary Structure), within twenty-eight (28) days of receipt of a new job description, the Classification and Salary Structure shall be considered as established.

7.4 Where a job (or jobs) does not fall within an existing professional grouping, HEABC (on behalf of the Employer) shall:

(a) propose an addition of the profession to an existing professional grouping; or

(b) propose a new professional grouping and corresponding new P1 profile; or

(c) if a job is anomalous/unique, propose a separate memorandum to the Union;

after which the new Salary Structures for the profession (across all profiles that apply to the new job or jobs), or the anomalous/unique job shall be established.

HEABC and HSPBA shall meet and attempt to reach agreement on the above within sixty (60) calendar days.

7.5 The parties agree that it is a core principle of the Classification system that all jobs fit within a professional grouping and have a corresponding P1 profile. A job shall not be considered anomalous/unique unless there is a reason to believe sufficient related jobs do not exist and/or will not be created that would:

(a) justify a new professional grouping; or,

(b) justify a new profession within an existing professional grouping.

7.6 In the event that either party considers that a job is no longer anomalous, it shall notify the other party in writing and propose (along with supporting rationale) the creation of a new professional grouping or profile. When such a profile/grouping is established, the memorandum will no longer be in effect.

8. Changes to Existing Jobs

8.1. Where the Employer makes a material change to an existing job, the

DRAFT

Employer will revise the job description and compare it to the profiles (together with the corresponding Classification Manual, and any other application and interpretation documents mutually agreed to) to determine the appropriate Classification and corresponding Salary Structure for the job.

8.2. Within twenty (20) calendar days of a change to an existing job, the Employer will submit the revised job description to the Union together with the corresponding proposed Classification and Salary Structure.

Submissions of job descriptions classified to Supervisory/Leadership Profiles shall also include the Classification of the highest subordinate position and the range and/or current number of FTE supervised.

8.3. If the Union does not object in writing within twenty-eight (28) days of receipt of a revised job description, the Classification and Salary Structure shall be considered as established effective the date that the existing job was materially changed.

8.4. Where a changed job (or jobs) does not fall within an existing professional grouping, HEABC (on behalf of the Employer) shall:

(a) propose an addition of the profession to an existing professional grouping;

(b) propose a new professional grouping and corresponding new P1 profile; or,

(c) if a job is anomalous/unique, propose a separate memorandum to the Union;

after which the new salary structures for the profession (across all profiles that apply to the changed job or jobs), or the anomalous/unique job shall be established. HEABC and HSPBA shall meet and attempt to reach agreement on the above within sixty (60) calendar days.

8.5. Maintenance Agreement 8.2 shall not be applied when a change in Salary Structure occurs as a result of a change in the number of FTE supervised.

9. Classification Disputes

9.1 Where the Union or an Employee considers that a job or position is not classified to the appropriate profile or assigned to the appropriate Salary Structure for the profession, either of them may file a Classification grievance in accordance with the provisions of Article 7 Grievance Procedure at Stage 2. Stage 2 shall commence with the filing of a written grievance. Grievances filed under Maintenance Agreement 9.1 will include written reasons for the Classification dispute.

DRAFT

9.2 Where the Union determines a new job is not anomalous/unique the Union may file a grievance in accordance with the provisions of Article 7 of the Grievance Procedure at Stage 2. Grievances filed under Maintenance Agreement 9.2 will include written reasons for the disagreement as to the anomalous/unique dispute.

9.3 Arbitrators appointed to hear any Classification dispute shall have full power to establish the Classification and Salary Structure for any job and to determine if a job is anomalous/unique and establish the Salary Structure for an anomalous/unique job.

10. Review of Special Procedures/Techniques

10.1 Where HEABC or the HSPBA considers, on behalf of its respective members, that there needs to be an addition to, or deletion from, the list of established Special Procedures/Techniques, notification shall be provided to the other party. Such notice shall include the Special Procedure/Technique(s) at issue and the reasons for the proposal, including how the Special Procedures/Technique(s) meets, or no longer meets, the definition outlined in Classification Manual 6.1. The parties will meet to discuss the matter without delay. If the parties are unable to reach agreement, a notice of review may be initiated in accordance with the provisions of Article 7 Grievance Procedure at Stage 3.

10.2 Where, as a result of the Maintenance Agreement 10.1 process, a Special Procedures/Technique is added to the list, the adjusted Salary Structure will be retroactive to the date of the notification.

10.3 Where, as a result of the Maintenance Agreement 10.1 process, a Special Procedure/Technique is removed from the list, the adjusted Salary Structure shall commence the date the decision to remove the Special Procedure/Technique is finalized. In the case of jobs reclassified from P2A to P1, the pay of regular Employees will be in accordance with Maintenance Agreement 11.3.

11. Pay Adjustments

11.1 Where the Salary Structure of a job or position is adjusted upward as a result of the settlement of a Classification grievance filed under Maintenance Agreement 7, 8, or 9, the Employee shall be moved to the pay increment step of the new Salary Structure that results in:

a. in the case of a new job or position placement on the lowest step in the new increment structure which results in a minimum pay increase of three point eight percent (3.8%). The maximum rate of the new increment structure will not be exceeded because of the application of this provision, or

DRAFT

b. in the case of a changed job or position placement on the lowest step in the new increment structure which results in a minimum pay increase of three point eight percent (3.8%). The maximum rate of the new increment structure will not be exceeded because of the application of this provision,

c. in the case of a job or position where there is no change in job content, a step-to-step increase.

11.2 a. Where the Salary Structure of a job or position is adjusted upward as a result of the settlement of a Classification grievance filed under Maintenance Agreement 7, the adjusted Salary Structure shall be retroactive to the Employee's date of employment in the new job or position.

b. Where the Salary Structure of a job or position is adjusted upward as a result of the settlement of a Classification grievance filed under Maintenance Agreement 8, the adjusted Salary Structure shall be retroactive to the date that the existing job has materially changed.

c. Where the Salary Structure of a job or position is adjusted upward as a result of the settlement of a Classification grievance filed under Maintenance Agreement 9, the adjusted Salary Structure shall be retroactive to 21 days prior to the date of the grievance.

11.3 Where the Salary Structure of a job or position is adjusted downward, the Employee shall continue to be paid at the Employee's current rate of pay until their wage rate in the new or revised job or position equals or exceeds it.

CLASSIFICATION MANUAL

1. Introduction

1.1. The Classification Manual outlines the definitions, format and principles of Classification used in the Classification of jobs, and forms part of the Maintenance Agreement.

2. Principles of Classification

2.1. The HSPBA Collective Agreement Classification system is an assessment tool for determining where jobs fit in the pay hierarchy. The Classification system examines the level of work required by a job.

2.2. The Classification system has qualitative criteria (profiles) used for determining where jobs fit in a hierarchy.

2.3 Throughout the process of classifying jobs, it is the job that is evaluated and not the Employee(s) in the job.

DRAFT

3. Application Guidelines

3.1. When classifying jobs, the nature of work is compared (on a whole job basis) to the established profiles, and the job is classified to the profile on the basis of best fit.

3.2. Where the nature of work overlaps between two profiles, the application of best fit is used by identifying the regular and ongoing delegated responsibilities of the job, taking into account the overall duties and level of responsibilities performed.

3.3. Without limiting the application of Classification Manual 3.2:

a) Where a job has regular, ongoing delegated responsibility and accountability for work matched to a Supervisory/Leadership profile, the job will be assigned to the appropriate Supervisory/Leadership profile.

b) Where a job has regular, ongoing delegated responsibility and accountability for work matched to an Advanced Working Professional profile, the job will be assigned to the appropriate Advanced Working Professional profile.

3.4 Where a job's qualifications are not exclusive to any one Health Science Profession, the job shall be considered anomalous/unique and shall be assigned a single Salary Structure to be determined as per Maintenance Agreement 7.4 (c).

4. Profiles

4.1 Profiles describe the nature of work performed and include illustrative responsibilities found within the HSPBA professions. The illustrative responsibilities are a representative sampling of duties performed that result in a job being classified to the profile and are not intended to be exhaustive or all-encompassing.

4.2 Profiles are general enough to encompass all areas and levels of each health science professions within the bargaining unit, but specific enough to differentiate between them.

4.3 Profiles are used by the parties in establishing and classifying jobs.

4.4 Profiles represent the nature of work and illustrative responsibilities and describe Health Science Professionals' career progression.

5. Professional Groupings

5.1 Professions are listed in each working level profile and are grouped together on the basis of closely related functional duties, fields of work, or

DRAFT

occupations. Each of these groups is called a "professional grouping". There are eighteen (18) professional groupings as follows:

1. Biomedical Technology
2. Counselling and Social Service
3. Dental
4. Dietitian
5. Electrodiagnostic
6. Expressive Therapy
7. Health Information
8. Infant/Child Development and Special Needs Education
9. Laboratory
10. Medical Imaging and Radiation
11. Pharmacy
12. Rehabilitation/Therapeutic
13. Psychology
14. Public and Environmental Health, Control and Prevention
15. Research
16. Surgical and Respiratory Services
17. Technical
18. Vision

5.2 The list of professional groupings may be amended by mutual agreement of the parties.

6. Special Procedures/Techniques

6.1 Definition:

A recognized level of expertise or competency in a specialized area of practice. This qualification is obtained through specialized education, training, and experience, which is over and above the full-scope working level and is required in order to carry out duties. To qualify for an increased pay level under the Special Procedure/Techniques qualification clause it will

DRAFT

be necessary for the Employee to have the qualifications related to the required Special Procedures/Techniques.

6.2 The parties shall develop and maintain an agreed to list of Special Procedures/Techniques. The list of Special Procedures/Techniques shall appear in the P2A Profile. The initial list shall be the list of Special Procedures/Techniques recognized on the effective date of this manual. Subsequent additions or deletions shall be made in accordance with the procedures set out in the Maintenance Agreement.

6.3 An Employee in a job where Special Procedures/Techniques are performed for the majority of time will be paid at the P2A Level.

6.4 When Special Procedures/Techniques are performed for less than the majority of time, the Employee will be paid at the applicable P2A Salary Structure on the basis of time scheduled to cover the procedure. The minimum time to be coded for payroll purposes will be four (4) hours. Time scheduled over four (4) hours requires payroll coding for the whole shift.

7. Supervision

7.1 Where the job requires the supervision of another Health Science Professional, the supervised Health Science Professional must be a regular Employee.7.2 The number of staff does not include the supervisor and excluded personnel.

7.3 Where a Nurse position is supervised by a Health Science Professional, the Nurse FTEs are considered as Health Science Professional FTEs for the purposes of determining the Supervisory/Practice Leadership Classification.

8. Supervisory/Leadership Compensation

8.1 Where the Salary Structure of a Supervisory/Leadership position is at the same or a lower Salary Structure as a subordinate position in the same health science profession, then the Supervisory/Leadership position will be paid at least three point eight percent (3.8%) above the Salary Structure of the highest paid subordinate.

8.2 In the case of multi-professional team supervisory positions where the team includes more than one (1) Health Science Profession, the job shall be considered anomalous/unique and shall be assigned a single Salary Structure to be determined as per Maintenance Agreement 7.4 (c).

8.3 Supervisory/Leadership Salary Structure (based on the number of FTE supervised as outlined in the table below) will be reviewed on the following reference dates: March 31, June 30, September 30, and December 31. A change in Salary Structure occurring as a result of a change in the number

DRAFT

of FTE will be made on the day following the reference date, i.e. on either April 1, July 1, October 1, or January 1.

FTE Supervised	Up to 8 FTE	More than 8 FTE Up to 16 FTE	More than 16 FTE Up to 24 FTE	More than 24 FTE
Salary Structure	A	B	C	D

8.4 If there is any question as to the number of FTEs then the number of staff is the greater of: the approved staff compliment; or the total number of staff hours in a three (3) month period divided by four hundred and eighty-nine point three seven five (489.375) (i.e. 3 x 163.125) to give the average number of FTE for the three (3) month period.

8.5 Changes as a result of Classification Manual 8.3 are not considered a Promotion or Demotion. An adjustment to a higher Salary Structure will be made in accordance with Article 10.02. An adjustment to a lower Salary Structure will not be subject to Maintenance Agreement 11.3.

9. Dual Qualification

9.1 An Employee who is required to be qualified in a second discipline and who utilizes the second discipline in order to carry out the required duties.

To qualify for dual qualification pay it will be necessary for the Employee to have the appropriate formal qualifications in each discipline and to use both qualifications in the course of their work.

Where this applies, the Employee shall be paid in accordance with the higher of the two applicable Salary Structures plus three point eight percent (3.8%).

9.2 A Technologist who performs Diagnostic Medical Sonography and/or Magnetic Resonance Imaging procedures for less than the majority of time will be paid at the Diagnostic Medical Sonographer P1 level or Magnetic Resonance Imaging Technologist P1 level on the basis of time scheduled to cover the procedure. The minimum time to be coded for payroll purposes will be four (4) hours. Time scheduled over four (4) hours requires payroll coding for the whole shift. The remainder of the time will be paid at the Radiological Technologist P1 level plus three point eight percent (3.8%), in accordance with this dual qualification clause.

10. Qualification Differential

10.1 Qualification differential will be paid for the highest qualification held, subject to the following:

(a) The qualification must be utilized in the normal course of duties.

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(b) The qualification differential shall not be paid where the qualification forms part of the requirement for licensure, registration, or other authorization to practice in the particular profession.

(c) The qualification differential shall not be paid where the qualification forms part of the requirement for entry into a particular Classification and its Salary Structure within the respective profession.

Advanced Certification or Advanced Registered Technologist one hundred dollars ($100) per month.

Post Entry to Practice Baccalaureate degree one hundred dollars ($100) per month.

Post Entry to Practice Baccalaureate degree plus Advanced Certification or Advanced Registered Technologist one hundred and fifteen dollars ($115) per month.

CHA Hospital Department Management Course and/or BCIT certificate program in Health Care Management twenty-five dollars ($25) per month.

F. (C.A.M.R.T.) or F.C.S.M.L.S. one hundred and twenty-five dollars ($125) per month.

Post Entry to Practice Graduate degree one hundred and twenty-five dollars ($125) per month.

(d) Qualifications must be Canadian standard or equivalent as recognized by relevant professional associations or appropriate post-secondary institutions.

10.2 Effective the first pay period after April 1, 2027, an Employee working in a P1 Social Work (SW) position or in a P1 Disciplines Allied to Social Work (DASW) position who holds a Master's Degree qualification outlined below that is utilized in the normal course of their duties shall be paid a qualification differential of one hundred and twenty-five dollars ($125) per month.

The following Master's Degrees, or an equivalent Master's Degree where recognized by the appropriate regulatory body or professional association, are eligible for such qualification differential:

- Masters of Social Work
- Masters of Clinical Counselling
- Masters of Counselling Psychology
- Masters of Educational Psychology

10.3 Effective the first pay period after April 1, 2026, a Pharmacist in a P1 position

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who has completed a Year One Residency is entitled to a qualification differential of two hundred and fifty dollars ($250) a month.

A Pharmacist in a P1 position that requires completion of a residency or equivalent, but who has not completed a residency, will, effective the first pay period after April 1, 2026, receive a qualification differential of two hundred and fifty dollars ($250) a month. Any Pharmacist hired after March 31, 2029 who has not completed a Residency is not entitled to a qualification differential.

11. Training Jobs

11.1 The list of known training jobs and their Salary Structures is as follows:

a) Anesthesia Assistant Trainee – seven point six percent (7.6%) less than P1 Anesthesia Assistant;

b) Orthotics Resident – fifteen point two percent (15.2%) less than P1 Orthotist

c) Orthotics Technician Trainee – seven point six percent (7.6 %) less than P1 Orthotics Technician;

d) Pharmacy Resident Year 1 – fifteen point two percent (15.2%) less than P1 Pharmacist;

e) Pharmacy Resident Year 1 – fifteen point two percent (15.2%) less than P2B(S) Pharmacist;

f) Prosthetic Resident – fifteen point two percent (15.2%) less than the P1 Prosthetist;

g) Prosthetics Technician Trainee – seven point six percent (7.6%) less than P1 Prosthetic Technician;

h) Radiation Therapy Service Technologist Trainee – three point eight percent (3.8%) less than P1 Radiation Therapy Service Technologist;

i) Radiology Services Technologist Trainee – three point eight percent (3.8%) less than P1 Radiology Services Technologist;

j) Seating Devices Technician Trainee– seven point six percent (7.6%) less than P1Seating Devices Technician.

11.2 Any newly established training jobs or any existing training jobs not set out in Classification Manual 11.1 shall be determined under Maintenance Agreement 7. Failing agreement, the Parties shall refer the matter to binding arbitration pursuant to Maintenance Agreement 9.

12. Definitions

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Position: a group of duties and responsibilities regularly assigned to one person.

Job: one or more positions performing essentially the same duties, similar scope, and level of responsibility, and required qualifications covered by the same job description.

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PROFESSIONAL GROUPINGS

PROFESSIONAL GROUPINGS					
Biomedical Technology	**Dental**	**Dietitian**	**Electrodiagnostic**	**Expressive Therapy**	**Health Information**
Biomedical Engineering Technologist	Dental Hygienist	Dietitian	Cardiology Technologist *(including but not limited to Cardiovascular Technologist, Electrophysiology Technologist and Cardiac Rhythm Devices Technologist)*	Art Therapist	Health Information Management Professional
Physics Assistant			Electroneurophysiology Technologist *(including but not limited to Electroencephalography Technologist, Electromyography Technologist, Electronystagmography Technologist*	Music Therapist	
Radiation Therapy Service Technologist					
Radiology Service Technologist					
Infant/Child Development and Special Needs Education	**Laboratory**	**Medical Imaging & Radiation**	**Pharmacy**	**Psychology**	**Public & Environmental Health, Control & Prevention**
Child Life Specialist	Combined Laboratory/X-Ray Tech	Diagnostic Medical Sonographer	Pharmacist	Psychologist	Public Health Inspector/Environmental Health Officer
Early Childhood Educators	Cytotechnologist	Magnetic Resonance Imaging Technologist		Psychometrist	Infection Control Practitioner
Infant Development Consultant	Medical Laboratory Technologist	Nuclear Medicine Technologist			Licensing Officer
Supported Child Development Consultant	Pathologists' Assistant	Radiation Therapist			Public Health Engineer
		Radiological Technologist			Tobacco and Vapour Products Enforcement Officer
					Tobacco and Vapour Products Reduction Coordinator
Research	**Social Service and Counselling**	**Surgical and Respiratory Services**	**Technical**	**Rehabilitation /Therapeutic**	**Vision**
Biostatistical Analyst	Genetic Counsellor	Anesthesia Assistant	Orthotics Technician	Aquatic Therapist	Orthoptist
Bioinformatics Technologist	Professions Allied to Social Work *(including but not limited to Addictions/Substance Use Counsellor, Applied Behavior Analyst, Child & Youth Counsellor, Clinical Counsellor, Mental Health Counsellor, positions formally classified as Social Program Officers)*	Perfusionist	Orthotist	Audiologist	
Cancer Research Technologist	Social Worker	Polysomnographic Technologist	Pedorthist	Cardiac/Exercise Physiologist	
Genomics Technologist	Vocational Counsellor	Respiratory Therapist	Prosthetist	Massage Therapist	
			Prosthetics Technician	Occupational Therapist	
			Seating Devices Technician	Physiotherapist	
				Recreation Therapist	
				Speech/Language Pathologist	

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PROFILES – P1 – WORKING PROFESSIONAL

Biomedical Technology

Classification Level P1 – Working Professional
Professional Grouping: **BIOMEDICAL TECHNOLOGY**
Professions *Biomedical Engineering Technologist, Physics Assistant, Radiation Therapy Service Technologist, Radiology Service Technologist*
Nature of Work:
Jobs matched to this profile perform a wide range of skilled technical services in the installation, and maintenance of medic al/diagnostic devices, equipment, instrumentation, and systems within professional scope of practice and established policies, procedures, and standards in a variety of healthcare environments (e.g. acute care, long term care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.
Illustrative Responsibilities:
Consistent with professional scope of practice perform some or all of the following: • Exercises independent judgment in decision making in the installation and maintenance of medical/diagnostic devices, equipment, instrumentation and ancillary systems related to patient care and treatment delivery. • Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols. • Tests, calibrates, maintains, troubleshoots, repairs and/or replaces components for a variety of equipment and ancillary systems; conducts scheduled safety and performance inspections, including setting up and operating equipment to test and analyze performance. • Evaluates new equipment for technical acceptance; installs or monitors the installation of equipment; performs appropriate quality control and safety checks; prepares specifications, schedules and technical reports. • Acts as a technical resource to clinical staff and trains them in equipment use; participates in identification of equipment needs and procurement; participates in incident investigation, hazard follow -up and quality assurance. • Maintains established inventory of supplies, equipment, and devices and assists in the evaluation of new products; liaises with suppliers to determine availability and costs of systems/parts. • Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders. • Provides information on the use, maintenance and care of devices and equipment to patient/client. • Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meeting s, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations. • Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. • Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports. • Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on stude nt progress. Provides work direction to support staff. **Additional Profession Specific Details:** *Biomedical Engineering Technologist:* • Work primarily involves the installation, maintenance and repair of biomedical equipment and ancillary systems such as heart-lung perfusion equipment, electro-surgical units, medical laboratory equipment, physiological monitors, ventilators, incubators, infusion pumps, blood pressure machines, dialysis equipment and defibrillators. *Physics Assistant:* • Work primarily involves performing machine and patient specific quality assurance measurements for radiation emission and for treatment plan dose verification. *Radiation Therapy Service Technologist:* • Work primarily involves the installation, maintenance and repair of radiation therapy equipment and ancillary systems such as linear accelerators, cobalt units, low energy x-ray units, simulators, and remote after loading devices; dosimeters, electrometers and beam scanners. *Radiology Service Technologist:* • Work primarily involves the installation, maintenance and repair of medical imaging equipment and ancillary systems such as magnetic resonance imaging scanners, computed tomography scanners, angiography equipment and nuclear medicine scanners.

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Dental

Classification Level P1 - Working Professional
Professional Grouping: ***DENTAL***
Professions *Dental Hygienist*
NATURE OF WORK:
Jobs matched to this profile provide therapeutic, educational, and preventive oral care, procedures and strategies to promote wellness within professional scope of practice and established policies, procedures and standards in a variety of healthcare environments (e. g. hospital, clinic, home and community care, primary and residential care, etc.) and in individual and/or group settings. These jobs utilize tech nical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional sco pe of practice as determined by the relevant college, accrediting body, or professional association.
Illustrative Responsibilities of Working Professionals within Dental Professional Grouping:
Consistent with professional scope of practice perform some or all of the following: • Exercises independence of judgment in decision making related to therapeutic, educational, and preventive oral care. • Work is performed in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols. • Conducts assessments and/or examinations of patient/client/resident status; interviews/gathers information from patient/client/resident/family; reviews patient/client heath record including test results to determine, develop and implemen t care/treatment plans; in collaboration with Dentist, evaluates and prioritizes treatment including diagnostic and other testing procedures to support diagnosis and treatment. Engages patient/client/resident/family/caregivers in setting treatment/service goals. • Assists Dentist during operative procedures by setting up equipment, trays and passing instruments. Assists in four-handed dentistry by performing duties such as placing and removing rubber dams and clamps and placing and removing matrices and wedges. Provides post-operative care instructions and answers questions. Performs prophylaxis, scaling and root planing and polishing of fillings, removes sutures and places medicated dressings on designated areas. Prepares plaster and makes impressions. Applies localized agents, sealant s and solutions as required and within scope. May take dental radiographs. • Monitors patient/client/resident progress; evaluates outcomes/goals and reassesses and/or modifies care/treatment plan or refers patient/client/resident to other health care resources as required. • Identifies patient/client/resident/family learning needs. Promotes oral health and provides related instruction, guidance and/or education materials in clinic, hospital and community health settings. • Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders; provides information on the use, maintenance and care of devices and equipment to patient/client. • Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes t o discussions; reports back on decisions, outcomes and recommendations. • Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client/resident information in health systems. Compiles/prepares reports. • Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

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Dietitian

Classification Level P1 – Working Professional
Professional Grouping: **DIETITIAN**
Professions: *Dietitian*
NATURE OF WORK:
Jobs matched to this profile perform services related to the planning and implementation of nutrition and food service programs aimed at optimal nutritional outcomes and the prevention of nutritional disorders within professional scope of practice and established polici es, procedures and standards in a variety of healthcare environments (e.g. hospital, clinic, home and community care, primary and residential ca re, etc.) and in individual and/or group settings. Utilizes technical and scientific knowledge and proficiency gained through required post-secondary qualifications. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.
Illustrative Responsibilities of Working Professionals within Dietitian Professional Grouping:
Consistent with professional scope of practice perform some or all of the following: • Exercises independence of judgment in decision making related to the planning, implementation of nutrition and food service programs aimed at optimal nutritional outcomes and the prevention of nutritional disorders. • Work is performed in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols. • Conducts assessments and/or examinations of patient/client/resident nutritional status; interviews/gathers information from patient/client/resident/family; reviews patient/client heath record, including test results to determine, develop, and implement nutritional care plans, including use of enteral and parenteral therapy and/or coordinates services for patient/client/resident; determines psycho - social factors that may influence nutrition intake/status; analyzes and compares food intake with nutrition requ irements; determines potential nutrient drug interactions; evaluates and prioritizes interventions, including diagnostic and other testing procedu res to support diagnosis and treatment. Engages patient/client/resident/family/caregivers in setting treatment/service goals. • Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies nutritional care plan and/or refers patient/client/resident to other health care resources as required. • Identifies patient/client/resident/family learning needs and provides related nutrition counselling and instruction in individual or group settings, guidance and/or education materials. Advocate on behalf of patient/client/resident and family/caregiver. • Develops, implements, and evaluates therapeutic menus and/or oversees the adequacy of food preparation; assists in the management of food distribution services to patients/clients/residents. • Participates in program development and provides community and public health education on topics related to food and nutrition. • Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates administrative tasks related to the provision of care; provides information on the use, maintenance and care of devices and equipment to patient/client. • Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes t o discussions; reports back on decisions, outcomes, and recommendations. • Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client/resident information in health systems. Compiles/prepares reports. • Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to staff and volunteers, such as Dietary Aides, Cooks, and Food Service Supervisors.

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Electrodiagnostic

Classification Level P1 – Working Professional

Professional Grouping:
ELECTRODIAGNOSTIC

Professions: *Cardiology Technologist* (*including but not limited to Cardiovascular Technologist, Electrophysiology Technologist, and Cardiac Rhythm Devices Technologist*), *Electroneurophysiology Technologist* (*including but not limited to Electroencephalography Technologist, Electromyography Technologist, Electronystagmography Technologist)*

NATURE OF WORK:

Jobs matched to this job profile perform a wide range of electro-diagnostic and/or technical procedures: conduct tests, experiments, analyses, and studies to assist in the diagnosis, prevention, monitoring, and treatment of physical injury or disease within profession al scope of practice and established policies, procedures, and standards in a variety of healthcare environments. These jobs utilize technical and scientific proficiency gained through required post-secondary qualifications for designated profe ssions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determine d by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to the provision of diagnostic and/or technical procedures.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures, and guidelines, including patient safety and quality protocols.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family, and other stakeholders; interviews/gathers/verifies information from patient/client/family, reviews patient/client heath record if applicable.
- Performs diverse procedures, tests or studies to obtain data for use by physicians or other health care providers in the diagnosis, prevention, monitoring, and treatment using a variety of tools, equipment, and machinery. Determines appropriate parameters to obtain diagnostic information.
- Sets up and operates and maintains equipment. Prepares patient/client for procedure such as by attaching electrodes/leads; provides patients/clients with appropriate instruction and care during procedures; and provides pre and post instruction and education to patients/clients as required.
- Observes and monitors patient/client activity based on accepted standards, modifies/adjusts recording parameters, protocols, and machine settings. Notifies physician of adverse reaction and/or seeks medical assistance.
- Record results/measurements, or description of analysis or procedure; prepares summaries or technical reports for interpretation by physicians or other staff. Performs, interprets, and reviews quality control results.
- Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meeting s, and the development of new policies, procedures, and standards for care/program delivery. Contributes to discussions, reports back on decisions, outcomes, and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Checks, calibrates, or programs equipment or devices.
- Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to student; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Cardiology Technologist:

- Work primarily involves conducting a wide range of cardiac diagnostic tests such as Electrocardiograms (ECG/EKG), exercise tolerance, standard and nuclear stress testing, and Holter Monitoring to record cardiac function.

Electroneurophysiology Technologist:

- Work primarily involves conducting electroneurophysiological (ENP) tests such as electroencephalograms (EEG), electronystagmo grams (ENG), multiple sleep latency, evoked potentials, nerve conduction studies, magnetic evoked potentials (MEP), electroretinograms, electro oculograms, and videonystagmograms (VNG) on patients/clients/residents to record the electrical activity of the brain, crania l and central nervous system; assessment of the oculomotor and vestibular systems or assess muscle strength and repetitive stimulation; may perform intraoperative monitoring procedures.

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Expressive Therapy

Classification Level P1 – Working Professional

Professional Grouping:
EXPRESSIVE THERAPY

Professions: *Art Therapist*/*Music Therapist*

NATURE OF WORK:

Jobs matched to this profile provide expressive/creative arts therapy within professional scope of practice and established p olicies, procedures and standards in a variety of healthcare environments (e.g. acute care, long term care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post -secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accredi ting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to the provision of expressive/creative arts therapy.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Conducts assessments, interviews/gathers information from patient/client/resident/family and/or other team members, reviews patient/client/resident heath record including test and assessment results to determine, develops, and implements expressive therapy plans and/or coordinates services for clients; evaluates and prioritizes interventions including diagnostic and other testing procedures to support diagnosis, treatment and/or care delivery. Considers patient/client/resident family goals and preferences.
- Provides expressive therapy or support in individual or group settings; implements support groups and workshops; facilitates one-on-one and group programs and/or workshops to assist clients with fostering self -expression, enhancing coping skills, managing stress, and strengthening a sense of self.
- Supports patient/client/resident in the development of social, emotional, intellectual, and physical development and/or rehabilitation using a variety of therapeutic modalities, techniques, and methods.
- Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies care/treatment plan as required and/or refers to other resources in health/community resources/government.
- Identifies patient/client/resident/family learning needs and provides related instruction, guidance and/or education material s and/or facilitates training and education opportunities. Collaborates with multi-disciplinary care teams, practice leaders, patient/client/resident, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates administrative tasks related to the provision of care.
- Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality i mprovement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes, and recommendations.
- Utilizes, maintains, and participates in the evaluation of work -related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client/resident information in health systems. Compiles/prepa res reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Art Therapist:

- Work primarily involves the prescribed use of visual arts materials and media in therapeutic intervention, and rehabilitation to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational p roblems.
- Encourages and assists clients/families to express intense emotion and explore thoughts in a non-verbal way, using a wide range of art materials to promote, maintain and restore clients' physical, psycho -social, cognitive, emotional and spiritual health.

Music Therapist:

- Work primarily involves the prescribed use of music in therapeutic intervention and rehabilitation to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems.
- Encourages and assists clients/families to sing, play instruments, improvise, compose, listen, move rhythmically, reminisce, relax and review life to promote, maintain and restore clients' physical, psycho -social, cognitive, emotional and spiritual health.

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Health Information

Classification Level P1 – Working Professional

Professional Grouping:
HEALTH INFORMATION

Professions: *Health Information Management Professional*

NATURE OF WORK:

Jobs matched to this profile perform classification, coding and abstracting of patient/client data and/or provide data collection, documentation analysis, and clinical database management services within professional scope of practice, regulatory standards and establish ed policies, procedures and standards of Employer in a variety of healthcare environments (e.g. acute care, long term care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determine d by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to the administration, analysis, and reporting of health information.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Interprets, selects, codes and abstracts data in a variety of databases/electronic clinical/health systems in accordance with Employer, provincial, and national health care regulatory classification systems and professional standards. Processes corrections for abstracts for the Canadian Institute for Health Information by receiving reports, retrieving and reviewing patient charts, re -coding and updating the correct information into computerized abstracting system, and completing appropriate documentation.
- Conducts audits, monitors and maintains data to ensure data quality, coding accuracy, and data storage and security.
- Performs assigned data management procedures, capturing and recording data in accordance with applicable protocol, procedures, guidelines and professional standards of practice.
- Participates in the development of data collection tools and documentation. Provides instruction on their use to other health care professionals and community resources. Maintains computerized abstracting system's dictionaries, indices, and tables in accordance with changes from the Canadian Institute for Health Information.
- Performs data retrieval, either manually from paper -based health records or through computerized databases. Analyzes clinical and administrative data in health records. Performs statistical analysis. Presents information in a variety of formats (e.g., narrative, table and/or graphic format) and generates required reports.
- Participates in the development, operation, and maintenance of clinical databases for ongoing assessment of patient/client ca re by performing duties such as developing data definitions, designing database field requirements, entering, manipulating and abstracting data, and developing associated data models to facilitate on-line application processing by end users.
- Processes approved requests for release of information, and performs other activities related to legal and compliance issues.
- Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for program delivery. Contributes to discussions; reports back on decis ions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work -related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in clinical information systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on stude nt progress. Provides work direction to support staff.

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Infant/Child Development and Special Needs Education

Classification Level P1 – Working Professional

Professional Grouping:
INFANT/CHILD DEVELOPMENT AND SPECIAL NEEDS EDUCATION

Professions: *Child Life Specialist, Early Childhood Educator, Infant Development Consultant, Supported Child Development Consultant*

NATURE OF WORK:

Jobs matched to this profile perform a wide range of infant/child/adolescent educational development work using therapeutic a nd/or learning modalities, techniques methods within professional scope of practice and established policies, procedures and standards in a variety of healthcare and/or educational environments (e.g. acute care, long term care, home and community health services, primary health care, et c.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to educational development work for clients at risk of developmental delays or with disabilities.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Screens referrals and completes intake. Conducts assessments, interviews/gathers information from client/family, reviews client record, including test results to determine, develop, and implement educational/developmental plans/curriculum; guides and monitors developmentally appropriate activities and/or coordinates services for clients. Evaluates and prioritizes interventions.
- Plans, initiates, supervises, and monitors suitable activities for children and adolescents to encourage further social, emotional, intellectual and physical growth and development; provides educational/support information to patients/clients and parents/family.
- Monitors client progress, evaluates outcomes/goals and reassesses and/or modifies plan and/or refers client to other health care/community/government resources as required. Identifies client/family learning needs and provides related instruction and education materials and/or facilitates training and education opportunities. Advocates on behalf client and family/caregiver.
- Provides assessment, education, and developmental guidance, information and referral access to families, community professionals and school-based service providers who service children disabilities or developmental delays.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates administrative tasks related to the provision of care. Facilitates transition of patient/client to other educational and/or community programs and institutions.
- Participates in employer programs and initiatives such as research activities, quality improvement, parent/family/team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment.
- Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on stude nt progress. Provides work direction to support staff.

Additional Profession Specific Details:

Child Development Specialist:

- Work primarily involves supporting children, youth and family/caregivers in difficult, traumatic and/or stressful situations such as hospitalization, medical and surgical procedures including major surgeries and providing developmentally appropriate interventions to promote coping skills and reduce stress and anxiety such as preparing children, youth and families cognitively and emotionally for me dical and surgical procedures and accompanying child to and throughout procedures.

Early Childhood Educator:

- Work primarily implementing or developing curriculum to address children's identified needs, stages of development and interests, and planning developmentally appropriate activities and play environments that help children make developmental progress.

Infant Development Consultant:

- Work primarily involves planning, implementing, and evaluating infant/special needs programs including home support programs to meet the needs of infants with special needs, developmental delays, or substance exposure; may include integration of harm reduction s trategies with early childhood and infant development practice. Provides consultation to education professionals in the development of inter vention and support plans for children with special needs or developmental delays.

Supported Child Development Consultant:

- Work primarily involves providing support, planning, and coordination for the inclusion of children who require additional support in childcare settings chosen by their families; supports families in making child care decisions including type and level of care and supports and coordinates the services of childcare and other community providers to facilitate the inclusion.

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Laboratory

Classification Level P1 – Working Professional

Professional Grouping:
LABORATORY

Professions: *Combined Laboratory-X-ray Technologist, Cytotechnologist, Medical Laboratory Technologist, Pathologists' Assistant*

NATURE OF WORK:

Jobs matched to this job profile perform a wide range of diagnostic and/or technical procedures: conduct tests, analyses and studies to assist in the diagnosis, prevention, monitoring, and treatment of within professional scope of practice and establ ished policies, procedures and standards in a variety of healthcare environments. These jobs utilize technical and scientific proficiency gained through required post-secondary qualifications for designated professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities of Professions within the Laboratory Grouping:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to the provision of diagnostic and/or technical procedures in the field of medical laboratory science.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Performs diverse procedures, tests or studies of a generalist or section specific nature that produce sample analysis and/or to obtain data for use by physicians or other health care providers in the diagnosis, prevention, monitoring, and treatment using a variety of t ools, equipment and machinery.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family, and other stakeholders; interviews/gathers/verifies information from patient/client/family, reviews patient/client heath record if applicable.
- Sets up and operates and maintains equipment. Positions patients or equipment to best advantage for procedures; provides patients/clients with appropriate instruction and care during procedures; and provides pre and post instruction and education to patients/clients as required.
- Assists other health care staff such as physicians during interventional procedures; positions patient/client and sets up, operates and/or monitors equipment and instruments; prepares equipment trays.
- Receives or obtains samples; prepares samples or preserves samples for analysis. Prepares media, stains or other agents. Performs, interprets, and reviews quality control results. Receives and/or prepares samples/waste for shipment or disposal.
- Records results/measurements, or description of analysis or procedure; prepares summaries or technical reports for interpretation by physicians or other staff.
- Performs microscopic examinations of stained specimens/samples, marks areas of interest and flags cases for review; and/or notifies physicians or other staff as appropriate.
- Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meeting s, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Checks, calibrates or programs equipment or devices. Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on stude nt progress. Provides work direction to support staff.

Additional Profession Specific Details:

Combined Laboratory/X-ray Technologist:

- In combination with performance of medical laboratory procedures, may also perform general radiological imaging.

Cytotechnologist:

- Work primarily involves performing microscopic examination/screening of stained slides prepared from gynaecological and non - gynaecological specimens for the interpretation of cells to detect cancer and other anomalies or disease; marks areas of interest and flags cases for review. Includes independent sign -out of specimens showing unsatisfactory, negative and benign change.

Medical Laboratory Technologist:

- Work primarily involves performance of medical laboratory procedures including analysis of blood, body fluids, tissues, and/o r cells. May be dedicated to a section of laboratory science such as microbiology, clinical/bio chemistry, histopathology, hematology, or immunohematology; or perform work of a generalist nature covering several sections of the discipline. In combination with performance of medica l laboratory procedures, may also perform routine electrocardiogram (ECG) and Holter monitoring procedures .

Pathologists' Assistant:

- Working primarily involves assisting Pathologists with duties such as autopsy and surgical pathology procedures including gross dissection and embryo pathology, post mortem prosection, organ removal and dissection; tissue sampling and complex specimen examination.

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Medical Imaging and Radiation

Classification Level P1 – Working Professional

Professional Grouping:
MEDICAL IMAGING AND RADIATION

Professions *Diagnostic Medical Sonographer; Magnetic Resonance Imaging Technologist; Radiological Technologist; Nuclear Medicine Technologist; Radiation Therapist*

NATURE OF WORK:

Jobs matched to this job profile perform a variety of diagnostic imaging services and techniques to produce quality images used in the diagnosis, treatment and monitoring of patients; or to administer prescribed doses of ionizing radiation for patient treatment. Extensive knowledge of anatomy, pathology and physiology, as well as patient care skills are applied to obtain the necessary images and monitor patients during scans ensuring that high-quality images are produced for interpretation; or treatments administered in accordance with medical staffs' requests. Assists medical staff such as radiologists or oncologists during some procedures. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for designated professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

- Exercises independent judgment in decision making related to the provision of diagnostic, treatment and/or technical procedures.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Reviews requisitions and checks for accuracy and completeness.
- Interviews/gathers information from patient/client/family; reviews patient/client heath record.
- Develops procedure plan and assesses contra-indications to procedure
- Operates and/or monitors equipment and instruments in a variety of health care settings (e.g., bedside, procedure room, OR, Emergency); applies extensive knowledge of anatomy, pathology and physiology and patient care skills to obtain the necessary images and monitor patients during scans ensuring that high-quality images are produced for interpretation; or treatments administered in accordance with medical staffs' requests.
- Assists other health care staff/physicians during interventional or diagnostic procedures as required.
- Within scope of practice or delegated by authority performs calculations for accurate delivery of medications, prepares and administers medications under the direction of a physician. Prepares and administers diagnostic media and agents.
- Evaluates the diagnostic quality of images produced and takes corrective action when necessary; performs quality control procedures and reviews results.
- Collaborates with multi-disciplinary care teams and a variety of other health care staff, including technologists, therapists, nurses, physicians, practice leaders, patient/client, family, and other stakeholders to provide patients with the best care.
- Ensures that equipment is functioning, and work areas are sanitized and well stocked with supplies; cleans and disinfects equipment and supplies required for procedures.
- Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; report back on decisions, outcomes, and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems such as clinical information systems and image archiving systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Diagnostic Medical Sonographer:

- Work primarily involves the operation of ultrasound equipment for the examination and diagnosis of multiple body systems and structures such as obstetric, gynecologic, pelvic, carotid, lower extremity venous, cardiac, abdominal, basic musculoskeletal, neurologic, and small parts; provides sonographic guidance for interventional procedures such as biopsies, aspirations, injections and treatments. Within scope of practice or delegated authority, inserts and maintains or assists with the insertion of devices such as endovaginal probes.

Magnetic Resonance Imaging (MRI) Technologist:

- Work primarily involves the operation of MRI scanning equipment for the examination of multiple body systems and structures; performs venipuncture for contrast media injections as directed by a radiologist; performs computer generated, post-processing, quantitative analysis including recording of results.
- Within scope of practice or delegated authority, inserts and maintains or assists with the insertion of devices such as peripheral intravenous lines.

Nuclear Medicine Technologist:

- Work primarily involves performing diagnostic nuclear medicine imaging and treatment procedures/techniques through the preparation

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and administration of radiopharmaceutical drugs/tracers, and the operation of a variety of radiation detection and computeriz ed imaging equipment to obtain data for use by physicians in the diagnosis and treatment of disease. Studies multiple body systems and s tructures including cardiology, neurology, gastroenterology, endocrinology, renal, musculoskeletal, cardiovascular, and respiratory systems. Prepares radiopharmaceutical drugs/tracers by measuring and mixing materials in accordance with precise formul as, determining total volume and radioactivity to be added to kits and ensuring maintenance of product sterility, accurate product handling and record keeping . Dispenses/administers radiopharmaceutical drugs/tracers by calculating the activity and volume required for diagnostic procedures to be conducted, and by various means.

Radiological Technologist:

- Work primarily involves performing diagnostic and medical imaging procedures/techniques through the operation of a variety of radiographic and computerized imaging equipment using film or digital/analog media to produce anatomic images of the human bo dy to assist radiologists and attending physicians in the diagnosis and treatment of injury or disease. Assists radiologist and attending physician in fluoroscopic examination procedures; may under direction prepare drugs mixed with solvents to be administered by a radiologist or attending physician; prepares contrast agents required for examinations; administers contrast enemas as required; Applies kno wledge of radiation safety in the protection of patients, self, co -workers, other personnel, and the general public.

Radiation Therapist:

- Work primarily providing cancer patients with radiation treatment through the design, planning, patient and treatment preparation, X-ray, computed tomography and ultrasound equipment operation, and application of external ionizing beam radiation or the administra tion of interstitial or contact brachytherapy. Work also involves the design, fabrication and placement of patient immobilizing devices, and the set up, programming, data and image analysis, and manipulation of a variety of advanced on-board imaging and treatment equipment such as linear accelerators, cobalt 60, orthovoltage, radium, iridium, and other radioactive source application units X -ray and computed tomography scanners. Applies knowledge of radiation safety in the protection of patients, self, co -workers, other personnel, and the general public. Assists in performing calculations for the accurate delivery of the physician's prescribed dose of radiation for cancer treatment, documents pertinent information in the patient record, and verifies the mathematical accuracy of all calculations using established systems.

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Pharmacy

Classification Level P1 – Working Professional

Professional Grouping:
PHARMACY

Professions: *Pharmacist*

NATURE OF WORK:

Jobs matched to this profile provide clinical and/or distribution pharmacy services to clients within professional scope of p ractice and established policies, procedures and standards in a variety of healthcare environments (e.g. hospital, clinic, home and community care, p rimary and residential care, etc.). Jobs matched to this profile utilize technical and scientific knowledge and proficiency gained throu gh required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accredi ting body, professional association, or as mutually agreed to by the Union and Employer, where scope of practice is not defined by anoth er recognized entity.

Illustrative Responsibilities of Professions with the Pharmacy Grouping:

Consistent with Professional Scope of Practice performs some or all of the following:

- Exercises independence of judgment in decision making related to provision of patient-oriented pharmacy services.
- Work is performed in accordance with established professional standards and scope of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Ensures and/or performs safe, effective and efficient preparation and distribution of pharmaceuticals to patients/clients; provides or ensures provision of clinical pharmacy services related to medication distribution; and monitors drug use.
- Verifies and interprets medication orders/prescriptions for therapeutic suitability; consults the prescriber to make therapeutic recommendations and document outcomes in the patient/client/resident health record.
- References standard literature, interprets clinical information, and communicates with the care team and patient/client/resident to make an accurate patient/client/resident assessment, identify goals of therapy, develop and implement an evidence -informed patient/client/resident- specific care plan, and monitors to evaluate patient progress.
- Manages medication therapy ordering of specific laboratory tests and adjusting medication therapy accordingly in collaboratio n with a provider. With appropriate certification from the College of Pharmacists of BC, this function can be expanded to most medications and more extensive prescribing and ordering of relevant laboratory diagnostics involved in a patient/client/resident's care plan.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family, and other stakeholders in the provision of clinical pharmacy services including establishment and management of appropriate therapeutic plans. Verifies and interprets medication orders/prescriptions for therapeutic suitability; consults the prescriber to make therapeutic recommendations and document outcomes in the patient/client/resident health record.
- Coordinates the medication reconciliation process by ensuring proper communication of medication information to patients/clients, families and other healthcare providers on admission, transfer, and discharge.
- Provides consulting services and provides drug information, education and counselling services to patients/clients/residents and their families. Provides patient/client/resident medication counselling regarding drug therapy.
- Responds to drug information inquiries and prepares verbal and written recommendations based on a review of appropriate literature.
- Collects data for medication use evaluation; recommends criteria and standards for appropriate medication use; and performs evaluation of medication use.
- Responsible for the control of drugs within a designated site or area, and for the preparation and maintenance of related legal, clinical, administrative records, statistics and reports.
- Compounds or oversees the compounding of pharmaceutical preparations as required and maintains related monitoring records. Ensures medications are appropriately dispensed and/or compounded.
- Participates in employer programs and initiatives such as clinical rounds, research activities, quality improvement, team con ferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems such as clinical information systems and image archiving systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

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Psychology

Classification Level P1 – Working Professional

Professional Grouping:
PSYCHOLOGY

Professions: *Psychologist, Psychometrist*

NATURE OF WORK:

Jobs matched to this profile utilize knowledge of psychological theories, interventions and evaluation techniques to provide a wide range of psychological services in the diagnosis and treatment of mental health and emotional disorders within professional scope of practice and established policies, procedures and standards in a variety of healthcare environments or to administer, score and interpret a variety of psychodiagnostic, psychoeducational and other related tests prescribed by a psychologist in a variety of healthcare environments. (e.g. acute care, long term care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced profession. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with Professional Scope of Practice performs some or all of the following:

- Exercises independent judgment in decision making related to the provision of psychological services and treatment.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates administrative tasks related to the provision of care. Assists with planning discharge and/or placement with other health care/community resources and supports.
- Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Psychologist:

- Screens referrals and completes intake. Conducts diagnostic, psychological/vocational and intellectual assessments and consultation, including neuropsychological assessments; interviews and gathers information from patient/client/family, and reviews patient/client/resident health record including test results; administers, scores and interprets standard psychological tests; reviews findings and clinical evaluations; consults with physicians or other health care providers regarding other contributing medical issues ; formulates diagnosis; and develops and implements psychotherapeutic treatment plans.
- Conducts psychotherapeutic treatment and counselling in individual, family and group sessions as applicable.
- Provides short-term behavioural and cognitive/behavioural interventions for patients admitted to hospital with psychological or psychosocial problems consequent to central nervous system disorder.
- Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies care/treatment plan and/or refers patient/client/resident to other health care/community/government resources as required. Identifies patient/client/family learning needs and provides related instruction, guidance and/or education materials and/or facilitates training and education opportunities. Advocates on behalf of patient/client/resident and family/caregiver.
- Provides psychological and/or neuropsychological services in a Forensic Psychiatric setting for persons ordered by the Court, certified under the Mental Health Act, or found unfit to stand trial or not criminally responsible on account of a mental disorder under the Criminal Code of Canada. Reviews legal orders, conducts psychological interviews with various collaterals, and completes psychological assessments including assessing risk to re-offend. Prepares psychological reports for submission to the Courts or the BC Review Board including recommendations for treatment and management of risk related behaviours. Provides testimony as an expert forensic witness in the Courts or BC Review Board hearings.

Psychometrist:

- Work primarily involves administering, scoring and interpreting standard tests that evaluate the cognitive, behavioral, academic, neuropsychological, or emotional status of a patient/client/resident.

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Public and Environmental Health, Control and Prevention

Classification Level P1 – Working Professional

Professional Grouping:
PUBLIC AND ENVIRONMENTAL HEALTH, CONTROL AND PREVENTION

Professions: *Infection Control Practitioner, Licensing Officer, Public Health Engineer, Public Health Inspector/Environmental Health Officer, Tobacco and Vapour Products Enforcement Officer, Tobacco and Vapour Products Reduction Coordinator*

NATURE OF WORK:

Jobs matched to this profile perform human health risk assessment including inspectional, regulatory, enforcement, and/or inf ection prevention and control and advisory services within professional scope of practice and established policies, procedures, acts, regulations and standards. These jobs utilize technical and scientific knowledge and proficiency gained through required post -secondary qualifications for the referenced professions. This includes additional specific certifications required to perform t he full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, professional association.

Illustrative Responsibilities:

Consistent with Professional Scope of Practice performs some or all of the following:

- Exercises independent judgment in decision making related to inspectional, regulatory, enforcement, and advisory work.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Conducts Inspections and investigations; communicates standards, implements control measures and recommends action for non-compliance.
- Assists in the development and implementation of related educational programs; provides advice and consultation and prepares and conducts workshops and lectures for a variety of stakeholders such as students, public, businesses and other practitioners.
- Performs communicable disease follow up for reportable communicable diseases as part of the interdisciplinary team.
- Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meeting s, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work -related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Infection Control Practitioner:

- Work primarily involves activities related to prevention, surveillance and control of infections such as implementation of tr ansmission precaution strategies and investigating and reporting on healthcare acquired infections in order to minimize the risk of infe ction to patients/residents/clients, staff and visitors. Participates in the development, implementation and evaluation of an infection prevention and control program that is specific to the practice setting, the population served, and the continuum o f care
- Applies epidemiological principles and statistical methods, including risk stratification, to identify target populations, analyzes trends and risk factors, and designs and evaluates prevention and control strategies.

Licensing Officer:

- Performs inspectional, regulatory and advisory work involving the licensing and inspection of child care and residential care facilities within a health authority's jurisdiction; inspects and assesses new and existing community care facilities and programs to ensure compliance with acts and regulations; reviews, evaluates, and processes licensing applications and requests for exemptions and variances with in requirements of applicable acts, regulations, and established procedures; investigates complaints and contraventions to acts and regulations; investigates reportable incidents in facilities. Provides information, guidance, and consultation to facility op erators, the public and others on related matters and interprets, explains and ensures that applicable requirements of the act and regulations are enforced to promote the health, safety and well-being of children and vulnerable adults in care.

Public Health Engineer:

- Work primarily involves the application of Public Health Engineering practice for the review and approval of plans and the preparation and issuance of certificates of approval permitting construction of facilities such as waterworks and swimming pools pursuant to the Health Act as delegated by the Medical Health Officer. Conducts inspections of industrial operations, municipal water and wastewater infrastructure and develops monitoring programs.
- Acts as a Drinking Water Officer pursuant to the Drinking Water Protection Act and Regulations; reviews and assess package se wage treatment plants, prefabricated septic tanks, sewage and effluent pipe and any other related device, appurtenance or product. Collaborates with and monitors private consultants, professional engineers and architects to ensure compliance with policies, regulations and specifics; analyzes and resolves Public Health Engineering problems and related issues; provides engineering exper tise, advice and guidance to Medical Health Officers, Public Health Inspectors, other agencies and the public on matters pertaining to environmental healt h issues such as pollution control; researches, develops and administers environmental legislation.

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Rehabilitation/Therapeutic

Classification Level P1 – Working Professional

Professional Grouping:
REHABILITATION/THERAPEUTIC

Professions: *Aquatic Therapist, Audiologist, Cardiac/Exercise Physiologist, Massage Therapist, Occupational Therapist, Physiotherapist, Respiratory Therapist, Speech/Language Pathologist*

NATURE OF WORK:

Jobs matched to this profile perform a wide range of therapeutic, preventative, recreational , and/or rehabilitative services within professional scope of practice and established policies, procedures and standards in a variety of healthcare environments (e.g. acute care, long term care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional sco pe of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to therapeutic, preventative and/or rehabilitative services to promote, develop, maintain and/or restore optimal function.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Screens referrals and performs intake. Conducts assessments and/or examinations of patient/client/resident status; interviews/gathers information from patient/client/resident/family; reviews patient/client heath record including test results to determine, dev elop and implement care/treatment plans using diverse approaches and/or coordinates services for patient/client/resident; evaluates and prioritizes interventions including diagnostic and other testing procedures to support diagnosis and treatment.
- Engages patient/client/resident/family/caregivers in setting treatment/service goals.
- Provides treatment, education and guidance in individual or group settings.
- Provides education to patients/clients and families/caregivers regarding functional and rehabilitation issues of patients/clients; coaches patients/clients to ensure their maximum effort and cooperation and promotes their independence and return to optimum functioning.
- Administers standard clinical diagnostic tests to assess impairment/function.
- Applies localized medications and solutions as required and within scope.
- Instructs patients/residents/clients on equipment/aid use and safety.
- Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies care/treatment plan and/or refers patient/client/resident to other health care resources as required. Identifies patient/client/resident/family learning needs and provides related instruction, guidance and/or education materials. Advocate on behalf of patient/client/resident and family/caregiver. Assists patient/clients/residents to obtain community supports and links clients to community partners and programs
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client/resident, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates admi nistrative tasks related to the provision of care.
- Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality i mprovement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work -related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client/resident information in health systems. Compiles/prepa res reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Aquatic Therapist:

- Work primarily involves conducting water-based therapeutic treatments or exercises to improve movement and function potential in patients/clients/residents using the mechanical and thermal properties of water.

Audiologist:

- Work primarily involves screening, identifying, assessing, diagnosing and treating patients/clients/residents with hearing lo ss; prescribes, fits, monitors and maintains hearing aids; examines auditory pathways to evaluate hearing function, to determine location of pathology, or to monitor use of hearing aids; administers standard clinical diagnostic tests, such as speech audiometry, pure tone audiomet ry, acoustic immittance and optoacoustic emissions testing; performs a range of test procedures to assess the adequacy of amplification de vices.

Cardiac/Exercise Physiologist:

- Work primarily involves conducting fitness and movement tests and assessments and developing fitness and mobility programs for patients/resident/client rehabilitation with cardiac disease.

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Massage Therapist:

- Work primarily involves the assessment of soft tissues and joints and manipulation of soft tissues of the body including muscles, connective tissue, tendons, ligaments and joints to develop, maintain and/or restore the patient/client/resident's physical functioning and reduce pain.

Occupational Therapist:

- Work primarily involves assessment of occupational engagement and assessment of various setting such as home, work and other environments; uses diverse therapeutic interventions to improve engagement; identifies requirements for equipment or modifications to home or other environments; prescribes, fits, monitors and tests adaptive/assistive devices and aids; mobility equipment and self-care aids; constructs basic splints, designs adaptive equipment and submit requests for construction of such equipment.

Physiotherapist:

- Works primarily involves assessment and the implementation of individualized treatment interventions, utilizing diverse inter vention approaches such as therapeutic exercise, manipulations, massage, electro-therapeutic and mechanical equipment, and hydro-therapy to promote, develop, maintain and/or restore the patient/client/resident's physical functioning and reduce pain.

Recreation Therapist:

- Work primarily involves the use of social and leisure activities to provide various goal-oriented therapies; assesses the recreation/leisure goals, needs, interests and abilities of patients/clients/residents; develops and implements individual and group therapeutic recreation treatment interventions based on the social, physical, emotional, mental and spiritual needs of patients/clients/residents.

Speech/Language Pathologist:

- Work primarily involves identification, assessment, diagnosis and treatment of communication, voice and/or swallowing disorders, such as speech delays and disorders, language delays and disorders, fluency disorders, voice and resonance disorders, feeding disorders, cognitive-communication disorders, pre-literacy and literacy.

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Research

Classification Level P1 – Working Professional

Professional Grouping:
RESEARCH

Professions: *Biostatistical Analyst, Bioinformatics Technologist, Cancer Research Technologist, Genomics Technologist*

NATURE OF WORK:

Jobs matched to this profile develop, modify and implement a variety of laboratory techniques and perform laboratory procedures in a research laboratory setting, and/or develop and apply statistical and/or mathematical theory and methods in a research setting to test hypotheses for investigation and/or to analyze large volumes of data. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to work in a research laboratory setting.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Develops, modifies and implements experimental laboratory techniques; performs laboratory experiments, tests and procedures, records and reports results, and summarizes results for interpretation.
- Assist in the development and/or implementation of new methods, materials, procedures, instruments and techniques, and/or undertakes special projects.
- Tracks samples using information management systems; performs sample, reagent and solution preparation; participates in troubleshooting process, performance and data quality issues.
- Prepares presentations and status reports on scientific processes; collaborates in or makes significant contributions to preparation of research grant applications, scientific research papers and/or conference presentation.
- Participates in the development and revision of existing standard operating procedures and protocols. Maintains formal documentation systems for standard operating procedures and protocols.
- Operates, calibrates and performs routine maintenance on specialized research laboratory equipment; maintains supply inventory.
- Maintains and troubleshoots related computer software applications and systems.
- Participates in employer programs and initiatives such as quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains and participates in the evaluation of work-related systems, tools supplies and equipment in the conduct of research. Gathers, enters, reviews and maintains data in computer systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Biostatistical Analyst:

- Work primarily involves conducting statistical analysis and interpreting cancer control data using a variety of established and newly developed statistical software; interprets statistical analyses and makes recommendations; develops and advises on study design for clinical trials, including randomization procedures and selection of outcome measures in order to achieve study objections.

Bioinformatics Technologist:

- Work primarily involves the design of bioinformatics computer software, protocols and user interfaces. Implements and maintains bioinformatics software for the assembly, analysis and manipulation of large volumes of data. Performs biological sequence searches utilizing public databases. Participates in creating computational sequence analysis methods for database searches and the analysis of resulting data. Implements quality systems procedures for bioinformatics groups and specific large-scale research projects to ensure data processing and software development protocols meet research centre quality standards.

Cancer Research Technologist:

- Work primarily involves performance of cytogenetic procedures including research and experimentation with new instruments, techniques, methods, materials and procedures.

Genomics Technologist:

- Work primarily involves participating in a variety of non-production or high volume experimental production or developmental procedures and other laboratory research activities for genome mapping, sequencing, library construction, gene expression profiling, gene collection, gene annotation, or microarray data generation and analysis, or to assist in the development and/or implementation of new methods, materials, procedures, instruments and techniques, and/or to undertake special projects. Provides genomics laboratory research assistance related to specific research projects or programs. Independently designs. Modifies, conducts and tests novel experimental methods, instruments, materials and procedures. Contributes to the development of guidelines, procedures and standards for production platform application of new technologies.

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Social Service and Counselling

Classification Level P1 – Working Professional

Professional Grouping:
SOCIAL SERVICE AND COUNSELLING

*Professions: *Disciplines Allied to Social Work (including but not limited to Addictions/Substance Use Counsellor, Applied Behaviour Analyst, Child & Youth Counsellor, Clinical Counsellor, Mental Health Counsellor, positions formerly classified as Social Program Officer) Genetic Counsellor, Social Worker, Vocational Counsellor*

NATURE OF WORK:

Jobs matched to this profile perform a wide range of social work, counselling, social program development, or vocational reha bilitation work within professional scope of practice and established policies, procedures and standards in a variety of healthcare environments (e.g. acute care, long term care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post -secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related to social work, counselling, social program development, or vocational rehabilitation work.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Screens referrals and completes intake.
- Conducts assessments, interviews/gathers information from patient/client/resident/family and/or other team members, reviews patient/client/resident heath record including test and assessment results to determine, develop and implement care/treatment plans and/or coordinate services for clients; evaluates and prioritizes interventions including diagnostic and other testing procedures to support diagnosis, treatment and/or care delivery. Considers patient/client/resident family goals and preferences.
- Provides counselling, therapy or support in individual or group settings; implements support groups and workshops.
- Supports patient/client/resident in the development of life and employment skills, social, emotional, intellectual and physical development and/or rehabilitation using a variety of therapeutic modalities, techniques and methods.
- Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies care/treatment plan as required and/or refers to other resources in health/community resources/government.
- Identifies patient/client/resident/family learning needs and provides related instruction, guidance and/or education materials and/or facilitates training and education opportunities. Advocates on behalf of patient/client/resident and family/caregiver. Assist s with patient/client/resident navigation through health care, government, judicial and other environments.
- Provides advice on social policy legislation; participates in program planning and community development work; and prevention programs.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates administrative tasks related to the provision of care.
- Provides consultation and/or assistance with planning discharge and/or placement with other health care/community resources and supports.
- Participates in employer programs and initiatives such as clinical rounds, research activities, quality improvement, team con ferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems. Meets organizational and regulatory clinical record/documentation standards. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Disciplines Allied to Social Work Professions:*
** Positions where the qualifications are not exclusive to any one discipline and where the position provides a counselling, education, prevention, referral , or advocacy service to individuals, families or groups with mental health, addiction or chronic medical concerns.*

Addictions/Substance Use Counsellor:

- Work primarily involves assessment and counselling of individuals with eating disorders or addictions (e.g., drugs, alcohol, sex, gambling) through various stages of recovery using appropriate intervention strategies and treatment.

Applied Behaviour Analyst:

- Work primarily involves assessment and treatment of individuals using a variety of specialized therapies and consultation to

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patients/clients, families, and hospital/community personnel regarding the management of behaviour, adjustment, and psychological disorders as well as cognitive impairment consequent to nervous system disorder.

Child and Youth Counsellor:

- Work primarily involves assessment and short term interventions including crisis intervention and counselling, individual and family counselling, as well as providing consultations to caregivers on referral or discharge for children and youth treated in Emer gency for psychiatric problems, suicide threats, or substance abuse.

Clinical Counsellor:

- Work primarily involves assessment and clinical counselling of individuals with complex mental health conditions, such as mood, anxiety, personality, trauma, anxiety, depression and substance related disorders. Provides individual and group counselling services; plans, designs, and delivers individual and various modalities of group psychotherapy to mental health patients.

Mental Health Counsellor:

- Work primarily involves assessment and short term interventions including crisis intervention and counselling, individual and family counselling, as well as providing consultations to caregivers on referral or discharge for adults and treated in Emergency fo r psychiatric problems, suicide threats, or substance abuse.

Genetic Counsellor:

- Work primarily involves genetic counselling and support to patients and family members by providing families with information about particular genetic disorders, inheritance patterns, genetic risk, genetic testing options, and available support groups, in addition to assisting patients/families in coping with emotional stress associated with genetic diagnosis.

Social Worker:

- Work primarily involves the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work theory, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to achieve optimum psychological and social functioning. Manages client cases and discharge needs. When necessary and within designated professional scope of practice, investigates cases of child or vulnerable adult abuse or neglect and takes authorized protect ive action, in accordance with established legislative and regulatory requirements.
- Coordinates referrals, admission, waitlists and placement for clients in specific types of care facilities.

Vocational Counsellor:

- Work primarily involves providing counselling, guidance and direction to assist individuals on how to enter or return to the workforce by methods such as determining clients' interests/goals, guiding labour market research, identifying barriers/solutions, and sug gesting potential career paths and relevant education/training programs.

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Surgical and Respiratory Services

Classification Level P1 – Working Professional

Professional Grouping:
SURGICAL AND RESPIRATORY SERVICES

Professions: *Anesthesia Assistant, Perfusionist, Polysomnographic Technologist, Respiratory Therapist*

NATURE OF WORK:

Jobs matched to this profile provide therapeutic and diagnostic services to maintain cardiopulmonary function and/or work und er the supervision of a physician such as aiding anesthesiologists or cardiac surgeons during surgical procedures or other forms of medical therapy within professional scope of practice and established policies, procedures and standards. These jobs utilize technical and sc ientific knowledge and proficiency gained through required post -secondary qualifications for the referenced profes sions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making related performing paramedical professional health care cardiopulmonary function services.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures, and guidelines, including patient safety and quality protocols.
- Conducts assessments and/or examinations of patient/client/resident status, interviews/gathers information from patient/client/resident/family, reviews patient/client heath record including test results to determine, develop and implemen t care/treatment plans and/or coordinates services for patient/client/resident; evaluates and prioritizes interventions including diagnostic and other testing procedures to support diagnosis and treatment.
- Monitors and operates equipment, positions patients/clients and performs procedures/interventions within scope of practice or delegated authority or as directed.
- Monitors patient/client physiological status, response to equipment operation; records observations and reports problems and/or changes in patient/client condition to appropriate staff.
- Conducts diagnostic tests and studies and carry out various physiological measurements and calculations.
- Within the scope of practice or delegated authority performs various procedures such as administration of medical gases and medical gas analysis and cell saving; inserts or assists with insertion of devices such as catheters and airway suctioning, nasogastric tubes, esophageal stethoscopes, IVs, and inter-arterial lines.
- Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies care/treatment plan and/or refers patient/client/resident to other health care resources as required. Identify patient/client/resident/family learning needs an d provide related instruction, guidance and/or education materials. Advocates on behalf of patient/client/resident and family/caregiver .
- Selects, assembles, tests, calibrates, and cleans equipment and supplies required for procedures.
- Performs quality control activities on processes, systems, and equipment.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders in the provision of care across the continuum; provides clinical work direction to designated care providers and volunteers; and coordinates administrative tasks related to the provision of care; provides information on the use, maintenance and care of devices and equipment to patient/c lient.
- Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for program delivery. Contributes to discussions; report back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedbac k on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Anesthesia Assistant:

- Work primarily involves assisting the Anesthesiologist with complex airway management, anesthesia equipment operation and pat ient physiological monitoring during surgery.

Perfusionist:

- Work primarily involves the operation of a heart-lung machine to conduct a cardiopulmonary bypass enabling surgeons to operate on the heart; administers blood products and medications through heart-lung machine; operates life support equipment such as ventricular assist devices and intra-aortic balloon pumps; and performs physiological monitoring of patient during surgery.

Polysomnographic Technologist:

- Work primarily involves assessment, physiological monitoring and testing, to assist the physician with the diagnosis and mana gement of sleep related disorders using various diagnostic equipment and tools such as polysomnographs, positive airway pressure device s, and at home sleep testing devices. May also use electro-diagnostic modalities such as electrocardiograms, EMG and EEG in performance of work.

Respiratory Therapist:

- Works primarily involves the assessment and treatment of the patient/client/resident's heart and lung function and associated disorders using specific testing, therapeutic interventions and the operation of equipment such as ventilators to maintain and restore ventilation.

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Technical

Classification Level P1 – Working Professional

Professional Grouping:
TECHNICAL

Professions: *Orthotics Technician, Orthotist, Pedorthist, Prosthetist, Prosthetics Technician, Seating Devices Technician*

NATURE OF WORK:

Jobs matched to this profile perform a wide range of skilled services in the assessment, design, fit and fabrication of ortho ses, prostheses, orthopaedic footwear, seating and/or protective devices within professional scope of practice and established policies, procedures and standards in a variety of healthcare environments (e.g. hospital, clinic, home and community care, primary and residential care, etc.). These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within scope of practice as determined by the relevant college, accrediting body, or professional association.

Illustrative Responsibilities:

Consistent with professional scope of practice performs some or all of the following:

- Exercises independent judgment in decision making in the design, fit and fabrication of orthoses, prostheses, orthopaedic footwear, seating, and/or protective devices and for patients/residents/clients.
- Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols.
- Assesses physical and functional limitations of patient/client/resident. Collaborates with physicians and other health care providers on treatment planning.
- Designs and fabricates custom fitted appliances; interprets specifications from health providers; prepares drawings; takes casts or moulds; adjusts and fits appliances. Perform modifications or customizations to consumer products and/or commercial adaptive equipment to meet patient/client needs.
- Assembles, builds or modifies appliances according to drawings, measurements and plaster casts/moulds using a variety of materials; takes patient measurements; repairs appliances and/or equipment.
- Provides education and instruction on use and care of appliances. Monitors patient/client/resident progress and adaptation.
- Maintains established inventory of supplies and assists in the evaluation of new products; liaise with suppliers to determine availability of materials.
- Collaborates with multi-disciplinary care teams, practice leaders, patient/client, family and other stakeholders; provides information on the use, maintenance and care of devices and equipment to patient/client.
- Participates in employer programs and initiatives such as research activities, quality improvement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations.
- Utilizes, maintains, and participates in the evaluation of work-related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client information in health systems. Compiles/prepares reports.
- Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to others including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

Additional Profession Specific Details:

Orthotics Technician:

- Work primarily involves technical work in the fabrication of custom orthoses; assists with finishing adjustment and repair of orthoses; collaborates in clinical staff on design of orthoses.

Orthotist:

- Work primarily involves assessment and treatment of patients/clients/residents through the evaluation, design and fitting of orthoses (braces) or protective support or correction due to muscle/bone impairment, disease or deformity.

Pedorthist:

- Work primarily involves assessment and treatment of the foot and lower limb anatomy for patients/clients/residents through the evaluation, design and fitting of foot orthotic devices and orthopaedic footwear as protective support or correction to muscle/bone impairment, disease or deformity.

Prosthetics Technician:

- Work primarily involves technical work in the fabrication of custom prosthetic limbs and other devices; assists with finishing adjustment and repair of prosthetics; collaborates in clinical staff on design of prosthetics.

Prosthetist:

- Work primarily involves assessment and treatment of patients/clients/residents through the evaluation, design, and fabrication of prostheses (artificial limbs) resulting from amputations due to accidents, congenital birth problems, or disabling diseases.

Seating Devices Technician:

- Work primarily involves technical work in the fabrication of custom seating including seats, backs and positioning products; modifies and adapts existing seating systems.

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Vision

Classification Level P1 – Working Professional
Professional Grouping: **VISION**
Professions *Orthoptist*
NATURE OF WORK:
Jobs matched to this profile provide services related to the assessment and management of diseases of the eye within professi onal scope of practice and established policies, procedures and standards in a variety of healthcare environments (e.g. acute care, long te rm care, home and community health services, primary health care, etc.) and in individual and/or group settings. These jobs utilize technical and scientific knowledge and proficiency gained through required post-secondary qualifications for the referenced professions. This includes additional specific certifications required to perform the full scope of the job as described by the job description, and within professional sco pe of practice as determined by the relevant college, accrediting body, or professional association.
Illustrative Responsibilities of Working Professionals within Vision Professional Grouping:
Consistent with professional scope of practice performs some or all of the following: • Exercises independent judgment in decision making related to the provision of services for the assessment and management of vision disorders and diseases of the eye. • Performs work in accordance with established standards of practice, Employer policies, and work-related processes, procedures and guidelines, including patient safety and quality protocols. • Interviews/gathers information from patient/client/resident/family; reviews patient/client heath record including test results to determine, develop and implement care/treatment plans; evaluates and prioritizes treatment including diagnostic and other testing proced ures to support diagnosis and treatment. Engages patient/client/resident/family/caregivers in setting treatment/service goals. • Conducts assessments, measurements and interprets matters such as distance and near vision acuity testing, field of vision, colour vision, eye position, eye movement and eye coordination. Uses equipment to measure pressure inside patient/client/resident's eye. Per forms ophthalmic photography. • Applies localized medications and solutions as required and within scope of practice. • Monitors patient/client/resident progress, evaluates outcomes/goals and reassesses and/or modifies care/treatment plan and/or refers patient/client/resident for corrective lenses, patches or to physician's for surgery or other health care resources. • Identifies patient/client/resident/family learning needs. Provides related instruction, guidance and/or education materials in clinic, hospital and community health settings. Assists with lens fitting. Recommends solutions for low vision related to magnification, lighting and contrast as applicable. • Collaborates with multi-disciplinary care teams, practice leaders, patient/client/resident, family and other stakeholders in the provision of care across the continuum; provides information on the use, maintenance and care of devices and equipment to patient/client. • Participates in employer programs and initiatives such as clinical rounds, discharge planning, research activities, quality i mprovement, team conferences, meetings, and the development of new policies, procedures and standards for care/program delivery. Contributes to discussions; reports back on decisions, outcomes and recommendations. • Utilizes, maintains, and participates in the evaluation of work -related systems, tools, supplies, and equipment in the provision of care/treatment. Gathers, enters, reviews, and maintains patient/client/resident information in health systems. Compiles/prepa res reports. • Provides orientation, guidance, and collegial information or demonstration of equipment or work methods and processes to othe rs including peers, new staff, and students. Provides instruction and/or supervision to students; evaluates and provides feedback on student progress. Provides work direction to support staff.

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PROFILES – P2A – SPECIAL PROCEDURES/TECHNIQUES

Interim Classification Profile P2A - SPECIAL PROCEDURES/TECHNIQUES

THE FOLLOWING DOCUMENT IS WITHOUT PREJUDICE AND WITHOUT PRECEDENT AND IS ONLY FOR USE IN THE MATCHING PROCESS. THIS DOCUMENT SHALL NOT BE REFERRED TO IN ANY ARBITRATION HEARING OR OTHER PROCEEDING BETWEEN THE PARTIES . THIS DOCUMENT WILL NOT BE USED, REFERRED TO OR RELIED UPON BY THE PARTIES IN ANY CIRCUMSTANCES EXCEPT AS IS NECESSARY FOR ITS APPLICATION AND ENFORCEMENT IN THE MATCHING PROCESS AND SUBSEQUENT DISPUTE RESOLUTION PROCESS.

PROFESSIONAL GROUPING : ALL

Professions: Including but not limited to *Cardiology Technologist, Medical Technologist, Nuclear Medicine Technologist, Radiological Technologist, Respiratory Therapist.*

NATURE OF WORK:

Jobs matched to this profile require that their work encompass procedure(s) and/or technique(s) that involve a specialized area of practice which in turn requires a recognized level of expertise or competency obtained through specialized education, training and experience which is over and above the P1 working level and is required in order to carry out the duties.

SPECIAL PROCEDURES/TECHNIQUES

Cardiology Technologist: *[as per collective agreement]*

- Cardiac Rhythm Devices Technology
- Cardiovascular Technology -
- Cardiac Electrophysiology Technology -

Medical Laboratory Technologist: *[as per January 2011 MoU]*

- All Cytogenetic Procedures
  (BSc plus post Graduate Subject RT in Cytogenetics or BSc plus graduation from a recognized Clinical Genetics program)
- Bone Marrow Cryopreservation Procedures
  (BSc in Cell Biology plus Post Graduate Course in Tissue Culture/Cryopreservation Procedures, from a recognized Educational Institution, [or equivalent if acceptable to facility])

Nuclear Medicine Technologist: *[No agreed to province wide Special Procedures/Techniques at this time]*

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Radiological Technologist: *[as per collective agreement]*

- Neuro Radiography
- Vascular Radiography
- Polytomography
- Cardio-radiography - includes Angiography and Cardiac Catheterization
- Computed Tomography (CT) Scan
- Diagnostic Mammography
- Biliary Intervention Procedures

Respiratory Therapist: *[No agreed to province wide Special Procedures/Techniques at this time]*

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For the purposes of the matching process the Parties will match job descriptions to the P2A profile based upon existing special procedures that meet the following criteria:

a. Currently identified in the Collective Agreement;
b. Agreed to within memoranda between HEABC and HSPBA;
c. Established by a Job Description pursuant to the Article 11 process; or,
d. Previously determined by arbitration.

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PROFILES – P2B – ADVANCED WORKING PROFESSIONAL

Classification Level P2B Advanced Working Professional
Professional Grouping: **ALL**
Professions: *All professions identified in P1 profiles.* Jobs matched to this level are delegated by the Employer and their main purpose is to provide clinical and/or technical advice and guidance to their own or other organizations based on using advanced specialized technical and scientific proficiency. This advanced specialized technical and scientific proficiency is gained through a combination of significant experience in the specialized area plus relevant clinic al and/or technical post-graduate training/certification relevant to the required work. Jobs matched to this profile level enable the delivery of care by others or the administration of the program/service through provision of; clinical education/student training programs, specialized clinica l and/or technical consultation, specialized information systems and applications; quality control programs; and/or formal accountability for research and development activities.

(E) Education

(E) EDUCATION
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for the development, planning and delivery of clinical/technical education programs for health science professional staff and/or administration of student training program/s for the profession through the identification of educational needs, development and provision of educational content and accountability for learning outcomes.
Illustrative Responsibilities:
• Assigned accountability to develop, implement, facilitate, and evaluate learning outcomes of formal education programs for th e designated profession(s). Identify learning needs, develop, and facilitate course content and hold accountability for the assessment and effectiveness of staff education programs. • Acts as a clinical/technical educational resource using advanced theory and knowledge of the designated profession(s). Evalua tes and provides formal feedback related to the clinical/technical competency of other staff. • Coordinates the clinical education program for students for their profession(s). Responsible and accountable for student training in the designated profession(s) which includes teaching students to provide them the knowledge and skills to practice their profession and/or arranging staff instruction of students. • Liaises with educational institutions, professional Associations/Colleges and other external networks relative to current curriculum, learning objectives and professional practice for the designated profession(s).

(S) Clinical/Technical Specialist

(S) CLINICAL/TECHNICAL SPECIALIST
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for the provision of clinical or technical spec ialist services to health science professionals within the profession through the provision of formal clinical or technical consultation and advisory services to own or other organizations within a specialized area of the profession.
Illustrative Responsibilities:
• Assigned accountability to provide specialized clinical or technical consultation and advisory services to others, both internally and externally, in a specialized area of expertise within the designated profession. • Plans and assesses treatment procedures and practices for the specialty area or is delegated to provide technical consultation. • Acts as a clinical/technical resource using advanced theory and knowledge of the specialized area of expertise within the profession. • Holds responsibility for the full spectrum of consultation to health science professionals through the identification of scop e and nature of consultation required, assessment and provision of clinical/technical consultations to ensure best practice and effective outcomes in the provision of designated programs and services.

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(I) Health Science Information Systems and Applications

(I) HEALTH SCIENCE INFORMATION SYSTEMS AND APPLICATIONS
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability to administer and coordinate changes to designated health care information systems and applications and share accountability for achieving program objectives. This category of professional occupation must utilize both their health science professional scope of work and knowledge of, and training in, information and computer science to enable the work of others.
Illustrative Responsibilities:
• Assigned accountability to develop, design, test, and modify databases, instrument interfaces, and computer peripherals. • Provides clinical/technical consultation and advisory services related to health sciences information systems and applications to others both internally and externally. • Coordinates and enables application/information system changes and upgrades; proposes new methods, configures systems and creates solutions; and provides related workflow assessment and user training. • Liaises with central information technology staff, vendors, and clinicians. • Designs and deploys front-end templates/web pages for health sciences related applications. • Troubleshoots issues, builds system dictionaries, coordinates consensus on data elements, performs test codes, and creates customized reports and queries.

(R) Research and Development

(R) RESEARCH AND DEVELOPMENT
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for the provision of formal research and development by planning, developing and coordinating research and development activities for the profession.
Illustrative Responsibilities:
• Assigned accountability to plan, develop, coordinate, deliver outcomes of research, and development activities within the designated profession. • Executes project work plans and develops research methods. • Liaises on behalf of department with vendors/funding agencies/academic institutions on research and development activities. • Monitors resource utilization for research activities.

(Q) Quality Control Program

(Q) QUALITY CONTROL PROGRAM
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for the planning, development, assessment and implementation of the quality control program for the profession, including ensuring technical/professional competency and compliance with organizational, professional, statutory and regulatory requirements.
Illustrative Responsibilities:
• Assigned accountability for the administration of the quality control program for the profession including but not limited to establishment of documentation, audits, controls, and validation methods. • Establishes and maintains systems to ensure compliance with organizational, professional, statutory and regulatory requirements. • Plans, develops, assesses and implements related policies, procedures, processes, standards, protocols to ensure professional staff competency and/or compliance.

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PROFILES – S1 – SUPERVISORY/LEADERSHIP

Classification Level S1 – Supervisory/Leadership
PROFESSIONAL GROUPING : ALL
Professions: All professions identified in P1 Profiles
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for providing supervision and leadership to professionals *These jobs utilize supervisory and leadership skills gained through related education, training and experience.*
Illustrative Responsibilities:
• *Oversees, monitors and directs the work of others including accountability for the scheduling, assignment, monitoring, and evaluation of resources (e.g., staff, equipment, finances, and time) to meet operational needs; evaluates and makes adjustments as required.* • *Develops, assigns, and monitors work activities to meet operational needs; evaluates and adjusts as required.* • *Provides input to the recruitment and selection of staff.* • *Clarifies job expectations for staff. Provides leadership in the identification and evaluation of staff competencies.* • *Monitors and provides performance feedback, resolves conflict, identifies and recommends training and/or skill enhancement and/or discipline.* • *Leads coordination or provision of orientation, training, and evaluation of new staff to area.* • *Ongoing evaluation of staff and coordination of staff, equipment, and other resources to ensure effective utilization* • *Provides input to the effective administration of operating and capital budgets.* • *Collaborates with organizational leadership and clinical leadership staff to ensure performance indicators, outcomes, and other measures are met.* • *Supports the implementation of changed or new service delivery models.* • *Ensures standards, guidelines, and practices are communicated and incorporated in work processes and communicated to other health care staff as applicable.*

Supervisory/Leadership Salary Structure levels:

FTE Supervised			
Up to 8 FTE	*More than 8 and up to 16 FTE*	*More than 16 and up to 24 FTE*	*More than 24 FTE*

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PROFILES – S2 – SUPERVISORY/LEADERSHIP

Classification Level S2 - Supervisory/Leadership
PROFESSIONAL GROUPING : ALL
Professions: All professions identified in P1 Profiles
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for providing supervision/leadership to P2 and P1 and/or professional(s), and/or S1 Supervisory/Leadership level professional(s). Majority supervise health science professional staff. These jobs utilize supervisory and leadership skills gained through related education, training and experience.
Illustrative Responsibilities:
• Oversees, monitors and directs the work of others including accountability for the scheduling, assignment, monitoring, and evaluation of resources (e.g., staff, equipment, finances, and time) to meet operational needs; evaluates and makes adjustments as required. • Recruits and selects staff; makes hiring recommendations. • Clarifies job expectations for staff; coordinates access to professional practice and educational resources and work with Operational/Program Leaders to ensure staff work is performed to assigned scope of practice. • Assesses clinical and/or technical performance to support the development of clinical and/or technical skills; identifies learning gaps and direct remedial action. • Monitors and provides performance feedback; resolves conflict; identifies and recommends training and/or skill enhancement and/or discipline. • Provides leadership in the identification and evaluation of staff competencies, including the promotion and maintenance of for designated professions. • Ensures standards of practice meet relevant legislative, regulatory, and accreditation requirements. • Collaborates with organizational leadership and clinical leadership staff to ensure performance indicators, outcomes, and other measures are met. • Supports the implementation of changed or new service delivery models. • Facilitates the development of interdisciplinary clinical pathways/service delivery protocols to ensure effective interdisciplinary teamwork. • Evaluates and/or implements best practice/guidelines; develops standards, procedures, policies, guidelines. • Ensures standards, guidelines and practices are communicated and incorporated into work processes and communicated to other health care staff as applicable. • Participates in the effective administration of operating and capital budgets. • Interprets and evaluates quality and safety standards for the profession.

Supervisory/Leadership Salary Structure levels:

FTE Supervised			
Up to 8 FTE	More than 8 and up to 16 FTE	More than 16 and up to 24 FTE	More than 24 FTE

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PROFILES – S3 – SUPERVISORY/LEADERSHIP

Classification Level S3 – Supervisory/Leadership
PROFESSIONAL GROUPING : ALL
Professions: All professions identified in P1 Profiles
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for providing supervision/leadership to P2B working level health sciences professional(s) and/or S2 Supervisory/Leadership level professional(s). May also supervise non-health sciences professional staff and/or P1 and/or P2A staff. These jobs utilize supervisory and leadership skills gained through related education, training and experience.
Illustrative Responsibilities:
• Oversees, monitors and directs the work of others including accountability for the scheduling, assignment, monitoring, and evaluation of resources (e.g., staff, equipment, finances, and time) to meet operational needs; evaluates and makes adjustments as required. • Recruits and selects staff makes hiring recommendations. • Clarifies job expectations for staff; coordinates access to professional practice and educational resources and work with Operational/Program Leaders to ensure staff work is performed to assigned scope of practice. • Assesses clinical and/or technical performance to support the development of clinical and/or technical skills and knowledge; identifies learning gaps and direct remedial action. • Monitors and provides performance feedback; resolves conflict; identifies and recommends training and/or skill enhancement and/or discipline. • Provides leadership in the identification and evaluation of staff competencies, including the promotion and maintenance of for designated professions. • Ensures standards of practice meet relevant legislative, regulatory, and accreditation requirements. • Collaborates with organizational leadership and clinical leadership staff to ensure performance indicators, outcomes, and other measures are met. • Supports the implementation of changed or new service delivery models. • Facilitates the development of interdisciplinary clinical pathways/service delivery protocols to ensure effective interdisciplinary teamwork. • Evaluates and/or implements best practice/guidelines; develops standards, procedures, policies guidelines. • Ensures standards, guidelines and practices are communicated and incorporated into work processes and communicated to other health care staff as applicable. • Participates in the effective administration of operating and capital budgets. • Interprets and evaluates quality and safety standards for the profession.

Supervisory/Leadership Salary Structure levels:

FTE Supervised			
Up to 8 FTE	More than 8 and up to 16 FTE	More than 16 and up to 24 FTE	More than 24 FTE

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PROFILES – S4 – SUPERVISORY/LEADERSHIP

Classification Level S4 - Supervisory/Leadership
PROFESSIONAL GROUPING : ALL
Professions: All professions identified in P1 Profiles
NATURE OF WORK:
Jobs matched to this profile have delegated responsibility and accountability for providing supervision/leadership to S3 Supervised professional(s). May also supervise health sciences professionals at the same level and health sciences professionals noted in the S1, S2 and S3 profiles. These jobs utilize supervisory and leadership skills gained through related education, training and experience.
Illustrative Responsibilities:
• Oversees, monitors and directs the work of others including accountability for the scheduling, assignment, monitoring, and evaluation of resources (e.g., staff, equipment, finances, and time) to meet operational needs; evaluates and makes adjustments as required. • Recruits and selects staff; makes hiring recommendations. • Clarifies job expectations for staff; coordinates access to professional practice and educational resources and work with Operational/Program Leaders to ensure staff work is performed to assigned scope of practice. • Assesses clinical and/or technical performance to support the development of clinical and/or technical skills of designated staff; identifies learning gaps and direct remedial action. • Monitors and provides performance feedback; resolves conflict; identifies and recommends training and/or skill enhancement and/or discipline. • Provides leadership in the identification and evaluation of staff competencies, including the promotion and maintenance of practice for designated professions. • Ensures standards of practice meet relevant legislative, regulatory, and accreditation requirements. • Collaborates with organizational leadership and clinical leadership staff to ensure performance indicators, outcomes, and other measures are met. • Supports the implementation of changed or new service delivery models. • Facilitates the development of interdisciplinary clinical pathways/service delivery protocols to ensure effective interdisciplinary teamwork. • Evaluates and/or implements best practice/guidelines; develops standards, procedures, policies, guidelines. • Ensures standards, guidelines and practices are communicated and incorporated into work processes and communicated to other health care staff as applicable. • Participates in the effective administration of operating and capital budgets. • Interprets and evaluates quality and safety standards for the profession.

Supervisory/Leadership Salary Structure levels:

FTE Supervised			
Up to 8 FTE	More than 8 and up to 16 FTE	More than 16 and up to 24 FTE	More than 24 FTE

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APPENDIX 1 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously Occupational Health and Safety Agency for Healthcare

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APPENDIX 1.1 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Provincial Occupational Health and Safety

The parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces at all worksites, throughout the healthcare sector.

The parties acknowledge the need for a provincially coordinated and integrated effort to improve the health and safety of health care workers and to establish systems to implement the shared objectives below:

- Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, promotion of safer work practices and healthy workforces, including pilot and demonstration programs;
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases;
- Support the adoption of leading (best) practices, programs or models;
- Facilitate co-operation between Unions and Employers on health and safety issues;
- Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees;
- Share information, data, and experience across the sector;
- Improve awareness of and compliance with *Workers Compensation Act*, Occupational Health and Safety Regulation and relevant physical and psychological standards; and
- Support the implementation of the Canadian Standards Association (CSA) Standards for Occupational Health and Safety Management and Psychological Health and Safety in the Workplace.

And whereas the BC Health Care Occupational Health and Safety Society (currently known as SWITCH BC) was jointly established in November 2020 to provide the organizational basis for an innovative and collaborative initiative to

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influence, invest in and support province wide initiatives to improve health care worker health and safety. SWITCH BC was built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency;
- Evidence based decision making; and
- Accountability/Commitment (Compliance).

Therefore, the parties agree as follows:

1. The parties commit to support occupational health and safety projects and the above objectives that have been initiated by SWITCH BC. Examples of these projects include the OHS Resource Centre and PVPC.

2. The parties will assist SWITCH BC in securing sources of ongoing funding.

3. HEABC will contribute a sum of two hundred and fifty thousand dollars ($250,000) per annum to HSPBA for occupational health and safety initiatives. The HSPBA may use all or part of the funding allocated to it to contribute towards provincial projects undertaken by the SWITCH BC, or the HSPBA may choose to use all or part of this funding to, in conjunction with the member Employers and HEABC, identify and address initiatives specific to the HSPBA.

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APPENDIX 1.2 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Pandemic Information Sharing Forum on Occupational Health and Safety

The parties acknowledge the hard work of Employees, Employers and Unions in responding to the COVID-19 pandemic.

Throughout the COVID-19 pandemic, the parties recognized the value of collaboration and cooperation, and convened a provincial occupational health and safety forum to share information and address provincial-level pandemic OHS issues as they arose.

The parties acknowledge the importance of learnings from the previous public health emergencies, such as those outlined in the 2003 Ontario SARS Commission final report.

The parties acknowledge the importance of providing timely information to Employees and JOHSC.

Accordingly, the parties agree to establish a pandemic information sharing forum (the "forum") where a public health emergency is declared by the Government of British Columbia that creates a health risk for a significant number of Employees.

The forum will consist of one (1) representative from each participating bargaining associations, HEABC, Employer representatives, and a senior representative from Ministry of Health. The forum may also include a representative from Doctors of BC, WorkSafeBC or other relevant groups as agreed by the participants.

The purpose of the forum is to promote information sharing related to pandemic occupational health and safety matters, with the following principles:

- Open, transparent and respectful communications
- Focus on provincial level issues
- Interest based approach

The forum will determine the meeting frequency.

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APPENDIX 2 – LETTER OF INTENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Employee Assistance Plans

HEABC will encourage its membership to explore the concept and benefits to be derived from establishing Employee Assistance Programs.

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APPENDIX 3 – LETTER OF INTENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Salary Deferment Leave Plan

HEABC will encourage its membership to explore the concept and benefits to be derived from establishing a salary deferment leave plan.

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APPENDIX 4 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously PEA Classifications covered by the May 12, 1997 Memorandum of Agreement between the Professional Employees Association and the Public Service Employee Relations Commission with respect to Licensed Psychologists and Pharmacists

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APPENDIX 5 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Article 19.14 – Leave – Workers' Compensation – Entitlement to Leave

Additional shifts worked by part-time Employees, shift and Weekend premiums, and statutory holiday premiums (in accordance with the three arbitration awards listed below) shall be taken into account when calculating 'regular net take-home wages':

- Surrey Memorial Hospital -and- BCNU; Donald Munroe; April 1, 1996.
- Peace Arch Hospital -and- BCNU; Mervin Chertkow; December 2, 1997.
- Vancouver Hospital and Health Sciences Centre -and- BCNU; Donald Munroe; January 28, 1998.

In addition, the parties agree to apply the following arbitration award:

- Royal Columbian Hospital -and- Nurses' Bargaining Association; Dalton Larson; February 10, 2001.

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APPENDIX 6 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Previously Article 24.01 – Hours of Work

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APPENDIX 7 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Extended Work Day or Extended Work Week

The purpose of this Memorandum of Agreement is to vary certain terms of the April 1, 2004 – March 31, 2006 Collective Agreement to provide for the introduction of the extended work day or extended work week.

With the exception of the specific variations set forth in this Memorandum all other conditions and terms of the Collective Agreement shall remain in full force and effect. Notwithstanding the specific variations contained herein, no Employee covered by the Memorandum shall receive less than they would have received under the terms of the Collective Agreement in force, including amendments thereto which may occur from time-to-time.

This Memorandum will continue to be in effect until terminated by either party, or until a new Memorandum is prepared to coincide with a new Collective Agreement, whichever occurs sooner.

Either party may terminate this Memorandum after serving thirty (30) calendar days' written notice to the other party of its intention to terminate.

Article 1 – Definitions

Overtime – means authorized services performed by an Employee in excess of scheduled daily full shift hours or weekly full shift hours as set out in the Paramedical Professional Bargaining Association/HEABC Application for Extended Hours and agreed to by the Employees and their representative (the Union) and the Employer and its representative (HEABC).

Shift – means the consecutive working hours scheduled for each Employee (regular full-time, regular part-time or casual) which occur in any twenty-four (24) hour period.

Article 13 – Severance Allowance

13.01 Severance Allowance

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Employees with ten (10) years of service (other than those mentioned in item (c) below) will be entitled to thirty-seven point five (37.5) hours of pay for every two (2) years of service to a maximum of seven hundred and fifty (750) hours' pay.

In the calculation of severance allowance, hours worked between the first pay period prior to September 30, 1993 and the first pay period prior to September 1, 2013, will be based on a thirty-six (36) hour work week.

Article 17 – Leave – Education

17.02 Education leave granted by the Employer to regular Employees requesting such leave shall be in accordance with the following provisions:

(a) The Employer will grant up to a maximum of thirty-seven point five (37.5) hours education leave of absence with pay per agreement year.

The Employer shall grant seven point five (7.5) hours leave of absence at straight-time rates when an Employee attends an approved educational program on two (2) consecutive days off.

Article 21 – Leave – Statutory Holidays

21.04 Work on a Calendar Statutory Holiday

If an Employee is required to work on any Calendar Statutory Holiday as outlined in Article 21.01, the Employee shall be paid at double time (2x) rates for all regular hours worked, and in addition will receive another seven point five (7.5) paid hours off as a holiday. For shifts longer than seven point five (7.5) hours, double time (2x) rates will be paid for all hours worked between 0001 and 2400 hours on the holiday.

21.07 Super Stats

Employees who are required to work on Christmas Day, Labour Day, or Good Friday, shall be paid at the rate of two and one-half (2.5x) time for the first seven point five (7.5) hours worked and shall receive another seven point five (7.5) paid hours off as a holiday. For shifts longer than seven point five (7.5) hours, the rate of two and one-half (2.5x) time shall be paid for all regular hours worked between 0001 and 2400 hours on the named day. In such cases, the rate of two and one-half (2.5x) time shall be paid for the total hours worked.

Article 24 – Hours of Work

24.01 The hours of work shall be those described in the Union/HEABC Application for Extended Hours and agreed to by the Employees and their representative (the Union) and the Employer Health Organization (HEABC). The weekly hours of work will average thirty-seven point five (37.5) hours per week over the period of weeks in the rotation.

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24.05 A minimum meal period of one-half (½) hour shall be provided during each shift of less than ten (10) hours. Two (2) meal periods of one-half (½) hour shall be provided during each shift of ten (10) hours or more.

When an Employee is designated by the Employer to be available for work during a meal period and:

(i) The Employee is scheduled to work ten (10) hours or more and receives two meal periods (of thirty [30] minutes each, exclusive of the shift hours), then the Employee shall receive one hour of straight-time pay.

(ii) The Employee is scheduled to work ten (10) hours or more and does not receive the two (2) meal periods, exclusive of the shift, then the Employee shall receive regular pay for the shift worked plus sixty (60) minutes pay at time and one-half (1.5) the regular pay.

If an Employee is directed by the Employer to remain at their work area during the meal break and is not given compensatory time off later in the shift the meal break will be paid for as Overtime.

24.06 Employees working a shift of ten (10) hours or more shall receive three (3) rest periods distributed evenly throughout the shift. Employees working less than ten (10) hours shall receive one (1) rest period for each four (4) hours of work.

Employees taking rest periods in their work areas shall receive fifteen (15) minute breaks; those using the cafeteria shall be allowed ten (10) minutes in the cafeteria.

Article 25 – Overtime

25.03.1 Overtime Rates

(a) Overtime shall be calculated on the Employee's regular hourly rate of pay and paid at the rate of time and one-half (1.5x) on the following basis:

(1) for the first two (2) hours in excess of the scheduled hours per day (as outlined in the Union/HEABC Extended Hours Application).

(2) for the first seven point five (7.5) hours in excess of the scheduled hours per week (as outlined in the Union/HEABC Extended Hours Application).

(b) Overtime shall be calculated on the Employee's regular hourly rate of pay and paid at the rate of double time (2x) on the following basis:

(1) for all hours in excess of the first two (2) hours worked after the scheduled hours per day (as outlined in the Union/HEABC Extended Hours Application).

(2) for all hours in excess of the first seven point five (7.5) hours worked after the scheduled hours per week (as outlined in the Union/HEABC Extended Hours Application).

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(3) for all hours worked on an Employee's scheduled day off.

(c) Overtime at the rate of one and one-half times (1.5x) the appropriate holiday rate shall be paid on the following basis:

(1) for all hours worked in excess of the scheduled hours per day (as outlined in the Union/HEABC Extended Hours Application) on a Calendar Statutory Holiday.

(2) for all hours worked in excess of the scheduled hours per day (as outlined in the Union/HEABC Extended Hours Application) on a day which had originally been scheduled as a paid holiday but was changed by the Employer with less than fourteen (14) calendar days' advance notice.

Article 27 – Shift Premium

27.01 Shift Premium

Shift premium is payable for all hours worked between 1600 and 2400 hours and between 0001 and 0800 hours.

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APPENDIX 8 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Job Sharing

Article 1 – Preamble

1.1 This Memorandum of Understanding establishes provision for any group of Employees, at least one (1) of whom holds regular status, to voluntarily "job share" one (1) or more regular position(s).

1.2 A "Job Sharing Arrangement" refers to a specific written agreement between the Employer and participating Employees within the framework of this Memorandum of Understanding. Participating Employees will agree upon the job sharing arrangement, including:

- the FTE for each participant,
- schedule assigned to each participant,
- vacation coverage,
- short notice leave (such as sick, special and compassionate leave) coverage, and
- the assignment of Statutory Holidays.

This agreement must be signed by participating Employees and approved by the Employer before a job sharing arrangement can be implemented.

1.3 It may be to the advantage of the parties to initiate job sharing agreements in circumstances such as:

- Avoiding the potential loss of an Employee whose circumstances prevent them from working full-time;
- Maintaining a mix of backgrounds/experience that will enhance the operation.

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Article 2 – Participation

2.1 The parties recognize that involvement in job sharing is voluntary for all parties and at the discretion of the Employer.

2.2 Employees may initiate a request for job sharing in writing (subject to Article 2.3 and 2.4). Where an Employee request is denied, they shall be provided with an explanation as to why their request was denied.

2.3 Upon approval of a request to job share a notice will be posted electronically within the department to determine interest in job sharing. Those interested in job sharing will respond to the Employer in writing. Should the number of qualified Employees responding exceed the number of positions available, then selection shall be on the basis of Seniority.

Eligibility to participate in a job share is only open to those Employees within the same department and Classification except where the Employer and the Union agree in good faith.

Job shares for positions above the P1 Classification will be a competitive process within the department pursuant to Article 10.01.

2.4 A notice will also be posted to elicit interest in job sharing arrangements to accommodate Employees facing displacement. Approval and selection are subject to 2.1, 2.2 and 2.3, above.

2.5 For the first three (3) months of a job sharing arrangement, an Employee will be deemed to be on a qualifying period pursuant to Article 10.03.

Article 3 – Maintenance of Full-Time Positions

3.1 Shared positions shall be treated as regular positions with each Employee having an FTE equal to the FTE they hold within the job sharing arrangement for the purpose of scheduling.

3.2 Where a vacancy becomes available as a result of an Employee participating in a job sharing arrangement, the vacated position shall be treated in accordance with the provisions of the Collective Agreement.

3.3 If a job sharing partner decides to discontinue participating in a job sharing arrangement, the Employee must give thirty (30) days' notice of their intent to vacate the job share, and that Employee will then post into another regular position, revert to casual, or resign. If those remaining in the job sharing arrangement wish to continue with the arrangement, every effort will be made to fill the vacated position.

The Employer will post a notice within the department to determine interest in filling the vacated portion of the job share. Should more than one (1)

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qualified Employee wish to assume this vacated portion of the job share, the selection shall be on the basis of Seniority.

3.4 If no other Employee comes forward to fill the vacated portion of the job share, participants of the job share who entered with regular status may select, in Seniority order, one of the original FTEs that was brought into the job sharing arrangement. If a participant is left with no FTE, they will be entitled to all displacement rights under Article 10. Participants who were promoted into a job share shall exercise any rights under Article 10 consistent with their pre-job share Classification. Participants who held casual status entering into the job sharing arrangement will return to casual status unless successful in posting into an alternate regular position. Any vacancy remaining will be treated in accordance with the provisions in the Collective Agreement.

3.5 Either party may give sixty (60) calendar days' notice to end the job sharing arrangement. In this case, participants of the job share who entered with regular status may select, in Seniority order, one of the original FTEs that was brought into the job sharing arrangement. If a participant is left with no FTE, they will be entitled to all displacement rights under Article 10. Participants who were promoted into a job share shall exercise any rights under Article 10 consistent with their pre-job share Classification. Participants who held casual status entering into the job sharing arrangement will return to casual status unless successful in posting into an alternate regular position. Any vacancy remaining will be treated in accordance with the provisions in the Collective Agreement.

3.6 If a shift schedule change occurs, participants of the job share must first determine their FTEs through provision 3.5. Subsequently, participants will use this FTE to select their line on the new shift schedule. If the original FTEs that made up the job share are secured, the job sharing arrangement continues.

Article 4 – Schedules and Job Descriptions

4.1 A work schedule will be set out in advance showing the days and hours or shifts to be worked for each job sharing partner.

4.2 Job descriptions for the job sharing partners will be identical.

4.3 The Employer agrees not to increase workload levels expected of job sharers for the sole reason the position is shared.

4.4 Once established, the portion of hours shared may be altered by mutual agreement of the parties.

Article 5 – Benefits

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5.1 As a general principle and unless otherwise revised in this Memorandum, the Employees will neither gain nor lose any benefits presently contained in the Collective Agreement.

5.2 Each Employee in a job sharing arrangement will be treated as a part-time Employee for all benefit and pension purposes.

5.3 Each Employee in a job sharing arrangement must maintain unbroken eligibility for Employment Insurance and Canada Pension coverage.

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APPENDIX 9 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Overtime Payments

The following is an interpretation regarding certain circumstances which may arise under this Provincial Agreement.

Article 25.03(a)

(1) provides for time and one-half (1.5) rates for the first two (2) hours worked in excess of the full regularly scheduled work hours per day, except as provided in Article 25.03(c).

(2) provides for time and one-half (1.5) rates for the first seven point five (7.5) hours worked in excess of the full regularly scheduled work hours per week. (Midnight Saturday to midnight Saturday) except as provided in Article 25.03(b)(3).

Article 25.03(b)

(1) provides for double time (2x) rates for all hours worked in excess of the first two (2) hours worked after the full regularly scheduled work hours per day, except as provided in Article 25.03(c).

(2) provides for double time (2x) rates for all hours in excess of the first seven point five (7.5) hours worked after the full regularly scheduled hours per week (midnight Saturday to midnight Saturday). Overtime hours worked may be counted in the accumulation of the first seven point five (7.5) hours in excess of the regularly scheduled hours per week worked, however, Overtime hours paid at the rate of double time (2x) on a daily basis will not be counted into the weekly computation.

(3) provides for double time (2x) rates for all hours worked on an Employee's scheduled day off.

For the purpose of this Memorandum, full scheduled hours per day refers to a seven point five (7.5) hour or greater day, and full scheduled hours per week refers to thirty-seven point five (37.5) hours per week, or the equivalent on the schedule.

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Article 25.03(c)

(1) provides for one and one-half times (1.5x) the appropriate holiday rate for all hours worked on a Calendar Statutory Holiday.

(2) provides for one and one-half times (1.5x) the appropriate holiday rate for all Overtime hours worked on a day which has originally been scheduled as a statutory holiday, but was changed by the Employer with less than fourteen (14) calendar days advance notice.

Article 27.02

Day(s) off shall not be rescheduled with less than fourteen (14) calendar days advance notice except as follows:

(a) by mutual agreement between the Employee and the Employer, or

(b) to accommodate a permanent schedule change (a duration of more than fourteen calendar days).

Regular part-time Employees shall receive scheduled days off as per Article 24.08.

Article 28.02

A regular Employee called back to work, shall be paid a minimum of two (2) hours at double time (2x) rates. Overtime hours paid at the rate of double time (2x) on a daily basis will not be counted in the weekly computation.

Schedules (Article 24: Hours of Work)

In situations where schedules are other than five (5) days on, two (2) days off, the following rules shall apply:

(a) averaging schedules that encompass more than fourteen (14) calendar days must be developed under Article 24.07 and must receive prior approval of HEABC and the Association.

(b) schedules of fourteen (14) days duration must average hours worked for the purpose of Overtime payments according to the following example (these examples apply only to shift schedules where the shifts are seven point five [7.5] hours in length):

    (i) Employees working on a 6-1, 4-3, or 6-2, 4-2 schedule will be entitled to time and one-half (1.5x) rates as per Article 25.03(a)(2) for the first seven point five (7.5) hours worked in excess of forty-five (45) hours during the six (6) day week and for the first seven point five (7.5) hours worked in excess of thirty (30) hours during the four (4) day week.

    Article 25.03(b)(2) must be modified to reflect double time (2x) for hours in excess of fifty-two point five (52.5) hours during the six (6) day week,

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and for hours worked in excess of thirty-seven point five (37.5) during the four (4) day week.

(ii) Employees working on a 10-4 schedule must average their time over a fourteen (14) calendar day period in order to accumulate the required hours for the payment of double time (2x).

Article 25.03(a)(2) must be modified to reflect time and one-half (1.5x) rates for the first seven point five (7.5) hours in excess of seventy-five (75) hours except as provided in Article 25.03(b)(3).

Article 25.03(b)(2) must be modified to reflect double time (2x) rates for all hours in excess of eighty-two point five (82.5).

Schedules other than the listed examples should be submitted to the Association and HEABC for interpretation should a dispute arise over the application of Overtime.

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APPENDIX 10 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Enhanced Disability Management Program

Section A – General Principles and Application

The purpose of the Enhanced Disability Management Program (EDMP) is to facilitate an Employee-centered, pro-active, appropriate and customized disability management program for Employees with occupational and non-occupational illness/injury.

Employees who participate in the program will benefit from a holistic Case Management Plan (CMP) that may include medical intervention, transitional work (TW), a graduated return to work (GRTW), workplace modifications, vocational rehabilitation and/or retraining.

1. Elements of the EDMP

1.1 A CMP will be developed for all Employees who participate in the EDMP and will include milestones and expected outcomes. An Employee's CMP will be based on the assessment of factors such as prognosis, capabilities and limitations, skill and education, and the likelihood of a return to work. The CMP is intended to provide early, appropriate and on-going support for ill or injured Employees. The EDMP process sets out regular reviews and monitoring of individuals and is intended to provide a more seamless process for Employees returning to work or requiring support from the Long Term Disability (LTD) Plan while in receipt of benefits.

1.2 The LTD Plan is available to Employees who meet the LTD eligibility requirements. In circumstances where the Employee's absence results in an Employee receiving an LTD benefit, this benefit will be part of the Employee's EDMP.

1.3 The EDMP shall be made up of this Appendix, the Policies and Procedures, and the Case Management Dispute Resolution Process. The Policies & Procedures document can be updated, as necessary, by the Provincial Steering Committee (PSC).

2. Effective Date

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2.1 The EDMP is effective April 1, 2011.

2.2 The EDMP shall address all phases of the disability management process and will replace existing Collective Agreement provisions related to early intervention, long term disability and early safe return to work for all Employees with a date of disability on or after April 1, 2011. Unless otherwise mutually agreed by the parties, existing collective agreement provisions related to early intervention, long term disability and early safe return to work will continue to apply to Employees with a date of disability prior to April 1, 2011.

3. Goals

The Goal of EDMP is to:

- Provide early, appropriate and on-going support so that ill/injured Employees maintain their connection with the workplace and return to work in a safe and timely manner.
- Provide support to Employees who are struggling at work when participation in this program could reasonably prevent the Employee from being off work.
- Provide appropriate, caring, professional case management of the iII/injured Employee's medical, personal, workplace and vocational issues to facilitate a timely return to work.
- Promote a safe, accessible and healthy workplace.
- Encourage health promotion and Employee wellness.
- Reduce the cost of sick, long term disability (LTD) and Workers Compensation Board (WCB) leaves.

4. Overriding Principles

- Improvements in disability management processes will be jointly developed and administered.
- Disability management is intended to facilitate early intervention, effective rehabilitation, stay at work and early return to work programs.
- Reasonably addresses barriers to return to work – medical, personal, vocational and/or workplace.
- Emphasis will be placed on developing a program that responds in a timely manner. The earliest possible return to work is in the best interest of an Employee who is disabled.

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- Prevention and disability management processes will be evidence based, continuous and integrated.
- EDMP processes will potentially apply to all incidents of inability to work as a result of illness, injury, disability or impairment.
- Regular Employees who are off work with a work related illness/injury or who are off work for a non-work related illness/injury for five (5) consecutive shifts are required to participate in the program unless the Employee has a bona fide reason to decline.
- All medical accommodations must go through EDMP.
- EDMP will be compliant with legislation and regulations (e.g. *Workers Compensation Act*, human rights legislation, including duty to accommodate and privacy laws), and the Collective Agreement.
- Confidential medical information will be protected.
- Disability management is most effective when delivered as close to the workplace as possible.
- An effective system-wide evaluation will be implemented. This requires the development of a framework, determining key metrics and identifying the frequency of data sharing.
- Effective disability management is intended to reduce costs and should recognize that a cost/benefit analysis of individual situations may be required.

5. Governance and Administration

5.1 Provincial Steering Committee (PSC)

5.1.1 The PSC will be made up of 6 (six) representatives of HEABC and its members, and 6 (six) representatives of the Association.

5.1.2 The PSC will be the governing body and will carry out its roles and functions in accordance with the EDMP, and will establish a sufficient number of Working Groups to oversee the day to day operation of the program.

5.2 Working Group Participation

5.2.1 The Union and the Employer will appoint an equal number of representatives.

6. Standard Practices

DRAFT

6.1 The EDMP will be administered in a manner consistent with the Collective Agreement and the policies and procedures developed by the PSC.

6.2 In the event the Employer uses a third party to provide EDMP services, the Employer will ensure that the third party fulfills its role in a manner consistent with the EDMP. The Employer will ensure that the necessary service level standards are in place with the third party provider.

7. Evaluation

7.1 The parties agree to conduct evaluations in accordance with the established framework.

8. Provision of Services

8.1 EDMP will provide appropriate services at no cost to the Employee, including the cost of obtaining Occupational Functional Assessments (OFAs).

9. Dispute Resolution Process

9.1 All case management disputes shall be resolved in accordance with the Case Management Dispute Resolution Process.

9.2 All other disputes concerning the interpretation, application, operation or any alleged violation of the EDMP are subject to the grievance and arbitration procedure set out in the Collective Agreement.

10. Privacy

10.1. Confidentiality and the right to privacy protection is an important guiding principle of the EDMP. Confidentiality policies will be developed by the PSC including rules regarding what information is collected, from whom and under what circumstances it is shared, and where and for how long it is stored.

11. Case Management

11.1 Eligible Employees will benefit from a holistic CMP that may include medical intervention, transitional work, graduated return to work, workplace modifications, vocational rehabilitation, and/or retraining. All CMPs will be developed in accordance with the EDMP. The CMP will be based on the assessment of factors such as prognosis, capabilities and limitations, skill and education, and likelihood of a return to work.

11.2 Upon successful completion of a CMP and being deemed as fit to return to work, an Employee will return to their own job unless it is identified in the CMP that an Employee cannot return to their own job and requires a

DRAFT

medical accommodation. The Employee's ongoing limitations and restrictions will be communicated to their Employer.

11.3 Within two (2) weeks of receipt of the Employee's limitations and restrictions and confirmation that the Employee is fit to return to work, the will contact the Employee and the Union to discuss possible accommodation options.

11.4 Within four (4) weeks of receiving the Employee's limitations and restrictions and confirmation that the Employee is fit to return to work, the Employer will offer the Employee transitional work consistent with their limitations and restrictions, or must begin paying the Employee at their pre-disability rate of pay and FTE. Where an Employee's limitations and restrictions require that the Employee works a lower FTE than their pre-disability FTE, or complete a Graduated Return to Work, the Employee will be paid for the hours that the Employee is cleared to work. Transitional work may include modified duties, access to education funds to upgrade skills, and/or special projects.

11.5 For Employees in receipt of long-term disability benefits, transitional work set out in Section A – 11.4, will be considered rehabilitative employment and will be paid according to Section B – 15.

11.6 An Employee who cannot return to their own job will be an automatic candidate for all vacancies with the Employer and shall have the ability to bump under the Collective Agreement for positions that the Employee is qualified and capable of performing, within their limitations and restrictions.

12. Request for Leave while engaged in a CMP

12.1 Employees who are engaged in a CMP may request leave on a day that they are scheduled to work. Leaves will be granted and paid in accordance with the Collective Agreement (see Section B 16.1 for Employees in receipt of LTD Benefits).

13. Graduated Return to Work (GRTW)

13.1 A Graduated Return to Work (GRTW) supports an Employee through a time limited gradual increase in hours and/or duties to return to their own job or suitable alternate position.

13.2 Participation in a GRTW is contingent upon clearance from the appropriate medical professional. The GRTW shall be considered as part of the treatment/rehabilitation process under the EDMP. All Employees engaged in a GRTW shall be supernumerary.

13.3 A written GRTW for the Employee will include:

DRAFT

13.3.1 An overview of the Employee's GRTW, including its expected outcome and end date, and

13.3.2 The number of phases, their duration and the number of hours to be worked per shift in each phase.

14. Wages and Benefits on a GRTW as part of a CMP

14.1 Employees will receive pay and appropriate premiums for all hours worked. Sick, vacation or banked time off, if available, may be used for hours not worked.

14.2 Benefits under Article 34 are reinstated on commencement of a GRTW and continue while the Employee is actively participating in the program.

14.3 All other benefits of the Collective Agreement accrue on a proportionate basis (see Section B17 for Employees in receipt of LTD benefits).

Section B – Long Term Disability (LTD) Plan

1. Eligibility

1.1 Based on the probationary period for regular full-time Employees, upon completion of three (3) months of continuous employment, regular full-time and regular part-time Employees (except for casual Employees appointed to temporary positions or temporary vacancies), become members of the Long Term Disability (LTD) Plan as a condition of employment.

1.2 The Employer will deduct premiums in accordance with Article 34.05 from each eligible Employee. The premium will be a percentage of straight-time wages, as determined by the HBT/underwriter. The HBT/underwriter will provide the Employer and the Association with reasonable notice of changes to the premium.

1.3 In the event an Employee, while enrolled in this Plan, becomes totally disabled on or after April 1, 2011 as a result of an accident or sickness, then, after the Employee has been totally disabled for five (5) months, the Employee shall be eligible for long term disability benefits.

1.4 Total Disability, as used in this LTD Plan, means the complete inability because of an accident or sickness, of a covered Employee to perform the duties of their own occupation for the first two (2) years of disability. Thereafter, an Employee who is able by reason of education, training, or experience to perform the duties of any gainful occupation for which the rate of pay equals or exceeds seventy percent (70%) of the current rate of pay for their regular occupation at the date of disability shall no longer be considered totally disabled under the Plan. However, the Employee

DRAFT

may be eligible for a Residual Monthly Disability Benefit. (See Section B – 6 – Residual Monthly Disability Benefit of this Appendix)

Total disabilities resulting from mental or nervous disorders are covered by the plan in the same manner as total disabilities resulting from accidents or other sicknesses.

1.5 During a period of total disability an Employee must be under the regular care of a medical doctor and participating and cooperating in a reasonable and customary treatment program.

2. Exclusions from Coverage

2.1 The LTD Plan does not cover total disabilities resulting from:

2.1.1 war, insurrection, rebellion, or service in the armed forces of any country;

2.1.2 voluntary participation in a riot or civil commotion, except while an Employee is in the course of performing the duties of their regular occupation;

2.1.3 intentionally self-inflicted injuries or illness.

3. Application for LTD Benefits

3.1 A written application under the LTD plan shall be sent to the claims-paying agent no longer than forty-five (45) days after the earliest foreseeable commencement date of benefit payments from the LTD Plan or as soon thereafter as is reasonably possible. Failure to apply within the time stated shall not invalidate nor reduce the claim if it was not reasonably possible to file the required application within such time, provided the application is sent no later than six (6) months from the time the application is otherwise required.

4. Waiting Period/Transition to LTD

4.1 Employees who still have unused sick leave credits after the waiting period when the long term disability benefit becomes payable shall have the option of:

4.1.1 using sick leave credits to top up the long term disability benefit; or

4.1.2 banking the unused sick leave credits for future use.

4.2 Employees who will be eligible for benefits under the LTD Plan shall not have their employment terminated. Following expiration of their sick leave credits and/or any other paid leaves to which they are entitled, they shall be placed on unpaid leave of absence until receipt of LTD benefits.

DRAFT

4.3 Employees who have a CMP and participate in transitional work, a graduated return to work or an accommodation during the LTD waiting period will not have their entitlement to LTD benefits delayed as a result of participating in the CMP.

4.4 An Employee who has been granted any unpaid leave of absence totalling less than twenty-one (21) days in any year (including time while in receipt of LTD) shall continue to accumulate all benefits.

4.5 An Employee shall not accumulate benefits from the twenty-first (21st) day of unpaid leave (including time while in receipt of LTD) to the last day of the unpaid leave (see Article 22 of the Collective Agreement).

4.6 Upon expiration of an unpaid leave an Employee shall receive credit for previously earned benefits and shall resume accumulating benefits.

5. LTD Benefits

5.1 Provisions set out under Section B 4.4, 4.5 and 4.6 apply to Employees in receipt of LTD benefits.

5.2 Medical, Extended Health and Dental – Employees on long term disability who have already been granted unpaid leave of absence (including time while in receipt of LTD benefits) totalling up to twenty (20) days in any year may choose to continue to maintain any or all of the Medical, Extended Health and Dental benefit plan coverage. The premiums will be cost shared by the Employer and Employee on a fifty-fifty (50-50) basis provided the Employee pays their portion of the premium for such coverage in advance on a monthly basis.

5.3 Pension – Employees on long term disability shall be considered Employees for the purposes of pension in accordance with the Municipal or the Public Service Pension Plan Rules, as applicable.

5.4 Group Life Insurance – Employees on long term disability shall have their group life insurance and AD&D premiums waived and their coverage continued.

5.5 LTD Premiums – LTD premiums shall be waived while an Employee is in receipt of a disability benefit from the LTD Plan.

5.6 Totally disabled Employees shall receive a benefit equal to seventy percent (70%) of the first five thousand two hundred and ninety-eight dollars ($5,298) of the pre-disability monthly earnings and fifty percent 50%) on the pre-disability monthly earnings above five thousand two hundred and ninety-eight dollars ($5,298) or sixty-six and two thirds percent (66-2/3%) of pre-disability monthly earnings, whichever is more. The five thousand two hundred and ninety-eight dollars ($5,298) level is

DRAFT

to be increased annually by the increase in the weighted average wage rate for Employees under the Collective Agreement for the purpose of determining the benefit amount for eligible Employees as at their date of disability.

It is understood that this adjustment will only be applied once for each eligible Employee, i.e. at the date of the disability, to determine the benefit amount to be paid prospectively for the duration of entitlement to benefits under the LTD Plan.

5.7 The benefit is taxable.

5.8 In the event that the LTD benefit falls below the amount set out in Section B 5.6 above for the job that the claimant was in at the time of commencement of receipt of benefits, LTD benefits will be adjusted prospectively to seventy percent (70%) of the first five thousand two hundred and ninety-eight dollars ($5,298) of the current monthly earnings and fifty percent (50%) on the current monthly earnings above five thousand two hundred and ninety-eight dollars ($5,298) or sixty-six and two thirds percent (66-2/3%) of current monthly earnings, whichever is more based on the wage rate in effect following review by HBT/underwriter every four years. (Note: the five thousand two hundred and ninety-eight dollars [$5,298] figure will be adjusted as set out in Section B 5.6 above).

5.9 For the purposes of the above, earnings shall mean basic monthly earnings (including isolation allowances where applicable) as at the date of disability. Basic monthly earnings for regular part-time Employees shall be calculated on the basis of the Employee's average monthly hours of work for the twelve-month period or such shorter period that the Employee has been employed, prior to the date of disability, multiplied by their hourly pay rate as at the date of disability.

5.10 The LTD benefit payment shall be made so long as an Employee remains totally disabled and shall cease on the date the Employee reaches age sixty-five (65), recovers, dies, or is eligible for and begins receiving the Early Retirement Incentive Benefit, whichever occurs first.

5.11 Employees are not to be terminated for non-culpable absenteeism while in receipt of long term disability benefits.

6. Residual Monthly Disability Benefit

6.1 The Residual Monthly Disability Benefit is based on eighty-five percent (85%) of the rate of pay at the date of the disability less the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that the Employee is able to perform. The Residual Monthly Disability Benefit will continue until the rate of pay (the minimum being equal to seventy

DRAFT

percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that the Employee is able to perform equals or exceeds eighty-five percent (85%) of the rate of pay for their regular occupation at the date of the disability. The benefit is calculated using the Employee's monthly long term disability net of offsets benefit and the percentage difference between the eighty-five percent (85%) of the Employee's rate of pay at the date of disability and the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that they are able to perform.

Example:

a. Monthly long term disability net of offsets benefit = one thousand dollars ($1,000) per month

b. eighty-five percent (85%) rate of pay at date of disability = thirteen dollars and sixty cents ($13.60) per hour

c. seventy percent (70%) of current rate of pay = twelve dollars and twelve cents ($12.12) per hour

d. percentage difference [(b/c) - 1] = twelve point two percent (12.2%)

e. Residual Monthly Disability Benefit (a x d) = one hundred and twenty-two dollars ($122)

7. Integration with other Disability Income

7.1 In the event a totally disabled Employee is entitled to any other income as a result of the same accident, sickness, mental or nervous disorder that caused them to be eligible to receive benefits from this Plan, the benefits from this LTD Plan shall be reduced by one hundred percent (100%) of such other disability income.

7.2 If other disability income is available to the Employee, they must apply for this income prior to receiving LTD benefits. Other disability income shall include but is not limited to:

7.2.1 any amount payable under any *Workers' Compensation Act* or law or any other legislation of similar purpose; and

7.2.2 any amount the disabled Employee receives from any group insurance, wage continuation, or pension plan of the Employer that provides disability income; and

7.2.3 any amount of disability income provided by a compulsory act or law; and

DRAFT

7.2.4 any periodic primary benefit payment from the Canada or Quebec Pension Plans or other similar social security plan of any country to which the disabled Employee is entitled or to which they would be entitled had they applied for such a benefit; and

7.2.5 any amount of disability income provided by any group or association disability plan to which the disabled Employee might belong to or subscribe.

7.3 Private or individual disability plan benefits of the disabled Employee shall not reduce the benefit from this Plan.

7.4 If a disabled Employee becomes entitled to other disability income, such as a WCB or CPP award, as a result of the same accident, sickness, or illness for which they are eligible and entitled to receive LTD benefits under the LTD Plan, then the LTD Plan is entitled to be repaid.

7.5 The amount by which the disability benefit from this Plan is reduced by other disability income shall be the amount to which the disabled Employee is entitled upon becoming first eligible for such other disability income. Future increases in such other disability income resulting from increases in the Canadian Consumer Price Index or similar indexing arrangements shall not further reduce the benefit from this Plan until the LTD benefit payable is recalculated to reflect current wage rates (Reference Section B – 5.8).

8. LTD Plan Early Retirement Incentive Provision

8.1 The LTD Plan Early Retirement Incentive Benefit is to ensure that the eligible Employee will not realize a pension benefit that is less than the pension benefit that they would have been entitled to receive at the normal retirement date, had they not applied for early retirement, regardless of when the early retirement incentive provision is activated (Reference Appendix 32).

8.2 An Employee under this Agreement who is:

8.2.1 eligible for, or who is receiving LTD benefits or who has been in receipt of LTD under this Plan for four (4) years or more;

8.2.2 eligible for early retirement pension benefits; and not eligible for the LTD Plan Rehabilitation Provisions shall apply for early retirement.

8.3 The Employee's entitlement to benefits under the LTD Plan shall, provided the Employee remains eligible as per the definition of Total Disability, continue during the period of time that their application for early

DRAFT

retirement is being processed with their pension plan administrator. In the event that the Employee is not eligible for an unreduced pension benefit, they may still be eligible for the LTD Plan Early Retirement LTD Incentive Benefit.

8.4 Entitlement to and the amount of the LTD Plan Early Retirement Incentive Benefit shall be determined by considering the following factors:

8.4.1 the amount of the monthly pension benefit that the Employee would have been entitled to receive if early retirement was not elected;

8.4.2 the amount of the monthly early retirement benefit that the Employee will receive;

8.4.3 the amount of the gross monthly LTD benefit that the Employee is entitled to receive;

8.4.4 the amount of the net-of-offsets monthly LTD benefit that the Employee is entitled to receive; and

8.4.5 the maximum LTD benefit duration period applicable to the Employee.

8.5 If the combination of pension benefit, Canada Pension Plan retirement benefit and any other disability income referred to in Section B – 7.2 of this Appendix results in monthly income of less than the LTD monthly income benefit, then the eligible Employee shall be entitled to remain on LTD benefits.

8.6 An Employee who is eligible for the LTD Plan Early Retirement Incentive Benefit shall be entitled to receive the benefit in a lump sum, or direct the HBT to any other designate. The Employee shall complete an LTD Plan Early Retirement Incentive Benefit Application. Upon approval of the Employee's application, the Employee and the HSPBA/HBT will jointly sign the Terms of the LTD Plan Early Retirement Incentive Benefit.

8.7 All eligible Employees who are entitled to the LTD Plan Early Retirement Incentive Benefit shall be entitled to the continuation of the Life Benefit coverage in effect until sixty-five (65) years of age or death, whichever is earlier.

9. LTD Appeals

9.1 LTD claims shall be adjudicated and paid by a claims-paying agent to be appointed by the Trustee. The claims paying agent shall provide toll free telephone access to claimants. In the event a covered Employee disputes a decision of the claims-paying agent regarding a claim for benefits under

DRAFT

the LTD Plan, the Employee may file an appeal requesting that the claim be re-examined by the claims-paying agent.

9.2 The claims paying agent shall provide a decision letter which includes the reasons for acceptance or denial of an appeal and shall provide it to the claimant, and the Union upon receipt of authorization from the claimant.

9.3 File disclosure including all medical opinions and case notes shall be provided to the Union when requested and upon receipt of authorization from the claimant.

9.4 A claimant shall have a two (2) year time limit to appeal any decision to deny or terminate a claim unless there are good and sufficient reasons to extend the time period. Claimants shall be provided with information about the appeal process and contact information for their Union representative.

10. Claims Review Committee (CRC)

10.1 If the Employee continues to dispute a decision of the claims-paying agent, the Employee may request to have the claim reviewed by a Claims Review Committee (CRC) comprised of three (3) independent and qualified medical doctors agreed to by the LTD Plan Advisory Committee.

10.2 The decision of the claims review committee is final and binding on all parties.

11. Return to Work

11.1 Upon return to work following recovery, an Employee who was on claim for less than twenty-four (24) months shall continue in their former job. An Employee who was on claim for more than twenty-four (24) months shall return to an equivalent position, exercising their Seniority rights if necessary, pursuant to Article 6.04.

12. Successive Disabilities

12.1 If, following a period of total disability with respect to which benefits are paid from this Plan, an Employee returns to work for a continuous period of six (6) months or more, any subsequent total disability suffered by that Employee, whether related to the preceding disability or not, shall be considered a new disability and the disabled Employee shall be entitled to benefit payments after the completion of another waiting period.

12.2 In the event the period during which such an Employee has returned to work is less than six (6) months and the Employee again suffers a total disability that is related to the preceding disability, the subsequent disability shall be deemed a continuation of the preceding disability, and

DRAFT

the disabled Employee shall be entitled to benefit payments without the necessity of completing another waiting period.

12.3 Should such an Employee suffer a subsequent disability that is unrelated to the previous disability and provided the period during which the Employee returned to work is longer than one (1) month, the subsequent disability shall be considered a new disability and the Employee shall be entitled to benefit payments after the completion of another waiting period. If the period during which the Employee returned to work is one (1) month or less, the subsequent disability shall be deemed a continuation of the preceding disability and the disabled Employee shall be entitled to benefit payments without the necessity of completing another waiting period.

13. Rehabilitation under LTD Plan

13.1 Rehabilitative employment shall mean any occupation or employment for wages or profit or any course or training that entitles the disabled Employee to an allowance, provided such rehabilitative employment has the approval of the Employee's doctor and the underwriter of the LTD Plan.

13.2 Approved Rehabilitation Plan (ARP) means a rehabilitation plan that has been jointly developed by the Employee and the Employee's Union, the Disability Management Professional (DMP) and the HBT/underwriter and approved by HBT/underwriter, consistent with the principles of the EDMP. The ARP shalt be signed by the Employee and the HBT/underwriter.

In the event that an Employee is medically able to participate in a rehabilitation activity or program, called an ARP, that can be expected to facilitate a return to their own job or other gainful employment, entitlement to benefits under the LTD Plan will continue for the duration of the ARP as long as the Employee continues to participate and cooperate in the ARP.

14. Rehabilitation Review Committee (RRC)

14.1 In the event that the eligible Employee does not agree with the rehabilitation plan or does not agree that they are medically able to participate and cooperate in the rehabilitation plan, then, to ensure benefit entitlement under the LTD Plan, the Employee must either:

14.1.1 be able to demonstrate reasonable grounds for being unable to participate and cooperate in the rehabilitation plan; or,

14.1.2 appeal the dispute to the Rehabilitation Review Committee (RRC) for a resolution.

DRAFT

14.2 The RRC shall be composed of three (3) qualified individuals who, by education, training and experience are recognized specialists in the rehabilitation of disabled Employees. The RRC shall be composed of three (3) individuals chosen on a rotating basis from a list of rehabilitation specialists mutually acceptable to the parties. The purpose of the RRC shall be to resolve the appeal of an eligible Employee who:

14.2.1 does not agree with the rehabilitation plan; or,

14.2.2 does not agree that they could medically participate in the rehabilitation plan.

14.3 During the appeal process, the eligible Employee's entitlement to benefits under the LTD Plan shall continue until the RRC has made its decision. The decision of the RRC shall determine whether or not the eligible Employee is required to participate and cooperate in the rehabilitation plan. The rehabilitation plan approved by the RRC shall be deemed to be the ARP. In the event that the eligible Employee does not accept the RRC's decision, their entitlement to benefits under the LTD Plan shall be suspended until such time as the eligible Employee is willing to participate and cooperate in the ARP.

15. Rehabilitative Employment Benefits and Entitlements while in receipt of LTD Benefits

15.1 An Employee who returns to gainful rehabilitative employment under an ARP will receive all monthly rehabilitation earnings plus a monthly Long Term Disability benefit up to the amount set out in Section B – 5.6 of this Appendix provided that the total of such income does not exceed one hundred percent (100%) of the current rate of pay for their regular occupation at the date of the disability.

15.2 An Employee who returns to gainful rehabilitative employment under an ARP and works fourteen point four (14.4) hours or more per week will have their Medical, Dental, and Extended Health benefits reinstated. Group life insurance, AD&D and LTD premiums are waived.

15.3 An Employee who returns to gainful rehabilitative employment under an ARP will have all other benefits accrue on a proportionate basis.

15.4 Earnings received by an Employee during a period of total disability that are derived from employment which has not been approved as rehabilitative employment under an ARP, shall reduce the regular monthly benefit from the Plan by one hundred percent (100%) of such earnings.

15.5 If the ARP involves a change in own occupation, the LTD benefit period will continue at least until the end of the first two (2) years of disability or

DRAFT

some lesser period as agreed to by the Employee, the Union and the DMP as part of a CMP.

15.6 Upon successful completion of the ARP an Employee who is unable to return to their own job may have their LTD benefit period extended for a maximum of six (6) months for the purpose of job search.

16. Request for Paid Leave while engaged in Rehabilitative Employment and in receipt of LTD Benefits

16.1 Requests for paid leaves, except sick leave, on a day that an Employee is scheduled to work will be granted and paid in accordance with the Collective Agreement and will not result in income that exceeds one hundred percent (100%) of the current rate of pay for their regular occupation at the date of the disability. (See Section A – 12.1 for leaves while engaged in rehabilitative employment and not in receipt of LTD benefits).

17. GRTW Wages and Benefits while in receipt of LTD Benefits

17.1 These Employees are considered disabled and under treatment.

17.2 The Employees will receive pay and appropriate premiums for all hours worked. The LTD Plan will pay for hours not worked at two-thirds (2/3) of basic monthly earnings at the date of disability.

17.3 On the commencement of a GRTW Medical, Dental, and Extended Health benefits are reinstated. Group life insurance, AD&D and LTD premiums are waived.

17.4 An Employee who is engaged in a GRTW under an ARP will have all other benefits accrue on a proportionate basis.

18. LTD premiums while on a Leave of Absence

18.1 Employees on leave of absence without pay may opt to retain coverage under the Plan and shall pay the full premium. Coverage shall be permitted for a period of twelve (12) months of absence without pay, except if such leave is for educational purposes, when the maximum period shall be extended to two (2) years. If an Employee on leave of absence without pay becomes disabled, their allowance under this Plan shall be based upon monthly earnings immediately prior to the leave of absence.

19. Benefits Upon plan Termination

19.1 In the event this LTD Plan is terminated, the benefit payments shall continue to be paid in accordance with the provisions of this Plan to

DRAFT

disabled Employees who became disabled while covered by the LTD Plan prior to its termination.

20. Premiums

20.1 The cost of the LTD Plan shall be borne by the Employer and the Employee in accordance with Article 34.05. Payment of premiums shall cease on termination of employment or five (5) months prior to an Employee's sixty-fifth (65th) birthday, whichever occurs first.

21. Administration

21.1 The LTD Plan is to be administered and Trusteed by the Healthcare Benefit Trust (HBT).

21.2 The claims-paying agent shall provide HEABC and the Association with copies of policies, procedures and guidelines used for claims adjudication.

21.3 The Union shall have access to any reports provided by the claims-paying agent regarding experience information.

21.4 All questions arising as to the interpretation of this Plan shall be subject to the grievance and arbitration procedure in the Collective Agreement.

22. Long Term Disability Plan Advisory Committee

22.1 The parties will work together to improve the LTD plan processes. Two (2) persons from HEABC and one (1) person from the HBT or other benefit administrator or service provider shall meet with three (3) representatives of the Association.

23. Collective Agreement Unprejudiced

23.1 The terms of the plan set out above shall not prejudice the application or interpretation of the Collective Agreement.

DRAFT

APPENDIX 11 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Long Term Disability Plan – Effective August 4, 2006

The following Long Term Disability (LTD) Plan is to be administered and Trusteed by the Healthcare Benefit Trust (HBT) and is applicable to all eligible Employees who are disabled on or after August 4, 2006.

Section 1 – Eligibility

(A) Based on the probationary period for regular full-time Employees, upon completion of three (3) months of continuous employment, regular full-time and regular part-time Employees, except for casual Employees appointed to temporary positions or temporary vacancies, become members of the Long Term Disability plan as a condition of employment.

The Employer will deduct premiums, in accordance with Article 34.05, Long Term Disability, from each eligible Employee. The premium will be a percentage of straight-time wages, as determined by the HBT. The HBT will provide the Employer and the Health Science Professionals Bargaining Association (HSPBA) with reasonable notice of changes to the premium.

(B) Seniority and Benefits – Seniority accumulation and benefit entitlement for Employees on long-term disability shall be consistent with the following provisions:

Any Employee granted unpaid leave of absence totalling up to twenty (20) working days in any year shall continue to accumulate Seniority and all benefits and shall return to their former job and increment step.

If an unpaid leave of absence or an accumulation of unpaid leaves of absence exceeds twenty (20) working days in any year, the Employee shall not accumulate benefits from the twenty-first (21st) day of the unpaid leave to the last day of the unpaid leave but shall accumulate benefits and receive credit for previously earned benefits upon expiration of the unpaid leave.

Upon return-to-work following recovery, an Employee who was on claim for less than twenty-four (24) months shall continue in their former job; an

DRAFT

Employee who was on claim for more than twenty-four (24) months shall return to an equivalent position, exercising their Seniority rights if necessary, pursuant to Article 6.04 of the Master Agreement.

Employees on long term disability who have exhausted all sick leave credits and in addition have been granted twenty (20) working days unpaid leave shall be covered by the Medical, Extended Health Care and Dental Plans provided they pay fifty percent (50%) of the total premiums for such coverage in advance on a monthly basis. Employees may choose to maintain any or all of such plans.

Municipal Pension Plan Employees on long-term disability shall be considered Employees for the purposes of the Municipal Pension Plan in accordance with the *Public Sector Pension Plans Act*.

(C) Employment status during the intervening period between expiration of sick leave credits and receipt of long term disability benefits:

Employees who will be eligible for benefits under the Long Term Disability Plan shall not have their employment terminated; following expiration of their sick leave credits they shall be placed on unpaid leave of absence until receipt of long-term disability benefits.

Section 2 – Benefit Entitlement

(A)

(1) In the event an Employee while enrolled in this Plan, becomes totally disabled on or after August 4, 2006, as a result of an accident or sickness, then, after the Employee has been totally disabled for five (5) months the Employee shall receive a benefit equal to seventy percent (70%) of the first five thousand two hundred and ninety-eight dollars ($5,298) of the pre-disability monthly earnings and fifty percent (50%) on the pre-disability monthly earnings above five thousand two hundred and ninety-eight dollars ($5,298) or, sixty-six and two thirds percent (66 2/3%) of pre-disability monthly earnings, whichever is more. The five thousand two hundred and ninety-eight dollars ($5,298) level is to be increased annually by the increase in the weighted average wage rate for Employees under the Collective Agreement for the purpose of determining the benefit amount for eligible Employees as at their date of disability.

It is understood that this adjustment will only be applied once for each eligible Employee, i.e. at the date of the disability, to determine the benefit amount to be paid prospectively for the duration of entitlement to benefits under the LTD plan.

DRAFT

(2) In the event that the benefit falls below the amount set out in Section 2 (A)(1) above for the job that the claimant was in at the time of commencement of receipt of benefits, LTD benefits to be adjusted prospectively to seventy percent (70%) of the first five thousand two hundred and ninety-eight dollars ($5,298) of the current monthly earnings and fifty percent (50%) on the currently monthly earnings above five thousand two hundred and ninety-eight dollars ($5,298) or, sixty-six and two thirds percent (66 2/3%) of currently monthly earnings, whichever amount is more, based on the wage rate in effect following review by the HBT every four years. (Note: the five thousand two hundred and ninety-eight dollars [$5,298] figure will be adjusted as set out in Section 2(A)(1) above).

(3) The benefit is taxable.

(B) For the purpose of the above, earnings shall mean basic monthly earnings (including isolation allowances where applicable) as at the date of disability. Basic monthly earnings for regular part-time Employees shall be calculated on the basis of the Employee's average monthly hours of work for the twelve-month period or such shorter period that the Employee has been employed, prior to the date of disability, multiplied by their hourly pay rate as at the date of disability.

The long-term disability benefit payment shall be made so long as an Employee remains totally disabled and shall cease on the date the Employee reaches age sixty-five (65), recovers, dies, or is eligible for early retirement, whichever occurs first.

(C) Employees who still have unused sick leave credits after the waiting period when the long-term disability benefit becomes payable shall have the option of:

(1) exhausting all sick leave credits before receiving the long-term disability benefit;

(2) using sick leave credits to top off the long-term disability benefit; or

(3) banking the unused sick leave credits for future use.

(D) Employees are not to be terminated for non-culpable absenteeism, while in receipt of long-term disability benefits.

Section 3 – Total Disability Defined

(A) Total Disability as used in this Plan, means the complete inability because of an accident or sickness of a covered Employee to perform the duties

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of their own occupation for the first two (2) years of the disability. Thereafter, an Employee who is able, by reason of education, training, or experience, to perform the duties of any gainful occupation for which the rate of pay equals or exceeds seventy percent (70%) of the current rate of pay for their regular occupation at the date of disability shall no longer be considered totally disabled under the Plan. However, the Employee may be eligible for a Residual Monthly Disability Benefit.

(B)

(1) Residual Monthly Disability Benefit

The Residual Monthly Disability Benefit is based on eighty-five percent (85%) of their rate of pay at the date of the disability less the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that the Employee is able to perform. The Residual Monthly Disability Benefit will continue until the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that the Employee is able to perform equals or exceeds eighty-five percent (85%) of the rate of pay for their regular occupation at the date of the disability. The benefit is calculated using the Employee's rate of pay at the date of disability and the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that they are able to perform.

Example:

(a) Monthly LTD net of offsets benefit = one thousand dollars ($1,000) per month

(b) eighty-five percent (85%) of rate of pay at date of disability = thirteen dollars and sixty cents ($13.60) per hour

(c) seventy percent (70%) of current rate of pay = twelve dollars and twelve cents ($12.12) per hour

(d) Percentage of difference [(b/c) - 1] = twelve point two percent (12.2%)

(e) Residual Monthly Disability Benefit (a x d) = one hundred and twenty two dollars ($122)

DRAFT

(2) Total disabilities resulting from mental or nervous disorders are covered by the Plan in the same manner as total disabilities resulting from accidents or other sicknesses.

(3) During the period of total disability an Employee must be under the regular and personal care of a legally qualified doctor of medicine and participating and cooperating in a reasonable and customary treatment program.

(4) Commitment to Rehabilitation

In the event that an Employee is medically able to participate in a rehabilitation activity or program that:

(a) can be expected to facilitate their return to their own job or other gainful occupation; and

(b) is recommended by the Plan Trustees, or their designate, as a Rehabilitation Plan, then,

The entitlement to benefits under the LTD Plan will continue for the duration of the Rehabilitation Plan as long as they continue to participate and co-operate in the Rehabilitation Plan. If the Plan involves a change in own occupation, the LTD benefit period will continue at least until the end of the first two (2) years of disability. In addition, the Employee may be eligible for the Rehabilitation Benefit Incentive Provision.

The Rehabilitation Plan will be jointly determined by the Employee and the HBT. In consideration whether or not a rehabilitation plan is appropriate, factors such as the expected duration of disability and the level of activity required to facilitate the earliest return to a gainful occupation will be considered along with all other relevant criteria. A rehabilitation plan may include training. The Employee's entitlement to benefits under the LTD plan shall continue until the successful completion of the Rehabilitation Plan provided the Employee is participating and cooperating in the Rehabilitation Plan.

(5) Rehabilitation Review Committee

(a) In the event the eligible Employee does not agree:

(i) with the Rehabilitation Plan, or,

(ii) that they are medically able to participate and co-operate in the Rehabilitation Plan then,

DRAFT

To ensure benefit entitlement under the LTD plan the Employee must either:

(i) be able to demonstrate reasonable grounds for being unable to participate and co-operate in a rehabilitation plan; or,

(ii) appeal the dispute to the Rehabilitation Review Committee for resolution.

(b) During the appeal process, the Employee's benefit entitlement under the LTD Plan shall not be suspended.

(c) The Rehabilitation Review Committee shall be composed of three qualified individuals who, by education, training, and experience are recognized specialists in the rehabilitation of disabled Employees. The Committee shall be composed of three (3) individuals chosen on a rotating basis from a list of rehabilitation specialists identified by the HSPBA/HBT. The purpose of the Rehabilitation Review Committee shall be to resolve the appeal of an eligible Employee whom;

(i) does not agree with the Rehabilitation Plan; or,

(ii) does not agree that they could medically participate in the Rehabilitation Plan.

(d) The decision of the Committee shall determine the Rehabilitation Plan and whether or not the eligible Employee is required to participate and co-operate in the Rehabilitation Plan. In the event that the eligible Employee does not accept the Committee's decision, their entitlement to benefits under the LTD Plan shall be suspended until such time as the eligible Employee is willing to participate and co-operate in the Rehabilitation Plan.

(6) Rehabilitation Benefit Incentive Provisions

(a) An Employee who has been unable to work due to illness or injury and who subsequently is determined to be medically able to:

(i) return to work on a gradual or part-time basis;

DRAFT

(ii) engage in a physical rehabilitation activity; and/or

(iii) engage in a vocational retraining program

shall be eligible for any or all of the Rehabilitation Benefit Incentive Provision.

(b) The intent of the Provision is to assist the Employee with a return to gainful occupation. In many situations an Employee who returns to work by participating and co-operating in a Rehabilitation Plan will be able to increase their monthly earnings above the LTD benefit amount. The objective of the Rehabilitation Benefit Incentive Provision is to promote the successful completion of the Rehabilitation as follows:

(i) The Employee, upon return to gainful rehabilitative employment under the Rehabilitation Plan, will be entitled to receive all monthly rehabilitation earnings plus a monthly LTD benefit up to the amount set out in Section 2(A) of the Appendix, provided that the total of such income does not exceed one hundred percent (100%) of the current rate of pay for their regular occupation at the date of the disability.

(ii) Upon successful completion of the Rehabilitation Plan, the Employee becomes an automatic candidate for all job postings with the Employer and shall have the ability to bump under the Collective Agreement for positions that the Employee is qualified and physically capable of performing.

(iii) Upon successful completion of the Rehabilitation Plan, the LTD benefit period may be extended for a maximum of six (6) months for the purpose of job search; and

(iv) The eligible Employee shall be entitled to participate in the Job Exploration and Development program.

"Rehabilitative Employment" shall mean any occupation or employment for wage or profit or any course of training that entitles the disabled Employee

DRAFT

to an allowance, provided such rehabilitative employment has the approval of the Employee's doctor and the HBT.

If earnings are received by an Employee during the period of total disability and if such earnings are derived from employment, which has not been approved as rehabilitative employment, then the regular monthly benefit from the Plan shall be reduced by one hundred percent (100%) of such earnings.

Section 4 – Exclusions from Coverage

The Long-Term Disability Plan does not cover total disabilities resulting from:

(a) war, insurrection, rebellion or service in the armed forces of any country;

(b) voluntary participation in a riot or civil commotion, except while an Employee is in the course of performing the duties of their regular occupation;

(c) Intentionally self-inflicted injuries or illness.

Section 5 – Integration with other Disability Income

In the event a totally disabled Employee is entitled to any other income as a result of the same accident, sickness, mental or nervous disorder that caused them to be eligible to receive benefits from this Plan, the benefits from this Plan shall be reduced by one hundred percent (100%) of such other disability income.

If other disability income is available to the Employee, they must apply for this income prior to receiving LTD.

Other disability income shall include, but is not limited to:

(A) any amount payable under the *Workers Compensation Act* or law or any other legislation of similar purpose; and

(B) any amount the disabled Employee receives from any group insurance, wage continuation, or pension plan of the Employer that provides disability income; and

(C) any amount of disability income provided by a compulsory act of law; and

(D) any periodic primary benefit payment from the Canada or Quebec Pension Plans or other similar social security plan of any country to which the disabled Employee is entitled or to which they would be entitled had they applied for such a benefit; and

DRAFT

(E) any amount of disability income provided by any group or association disability plan to which the disabled Employee might belong to or subscribe.

Private or individual disability plan benefits of the disabled Employee shall not reduce the benefit from this Plan.

The amount by which the disability benefit from this Plan is reduced by other disability income shall be the amount to which the disabled Employee is entitled upon becoming first eligible for such other disability income. Future increases in such other disability income resulting from increases in the Canadian Consumer Price Index or similar indexing arrangements shall not further reduce the benefit from this Plan until the LTD benefit payable is recalculated to reflect current wage rates. [Reference 2A(2)]

Section 6 – Successive Disabilities

If, following a period of total disability with respect to which benefits are paid from this Plan, an Employee returns to work for a continuous period of six (6) months or more, any subsequent total disability suffered by that Employee, whether related to the preceding disability or not, shall be considered a new disability and the disabled Employee shall be entitled to benefit payments after the completion of another waiting period.

In the event the period during which such an Employee has returned to work is less than six (6) months and the Employee again suffers a total disability that is related to the preceding disability, the subsequent disability shall be deemed a continuation of the preceding disability, and the disabled Employee shall be entitled to benefit payments without the necessity of completing another waiting period.

Should such an Employee suffer a subsequent disability that is unrelated to the previous disability and provided the period during which the Employee returned to work is longer than one (1) month, the subsequent disability shall be considered a new disability and the Employee shall be entitled to benefit payments after the completion of another waiting period. If the period during which the Employee returned to work is one (1) month or less, the subsequent disability shall be deemed a continuation of the preceding disability and the disabled Employee shall be entitled to benefit payments without the necessity of completing another waiting period.

Section 7 – Leave of Absence

Employees on leave of absence without pay may opt to retain coverage under the Plan and shall continue to pay the full premium. Coverage shall be permitted for a period of twelve (12) months of absence without pay, except if such leave is for educational purposes, when the maximum period shall be extended to two (2) years. If any Employee on leave of absence without pay becomes disabled, their

DRAFT

allowance under this Plan shall be based upon monthly earnings immediately prior to the leave of absence.

Section 8 – Benefits upon Plan Termination

In the event this Long Term Disability Plan is terminated, the benefit payments shall continue to be paid in accordance with the provisions of the Plan to disabled Employees who become disabled while covered by this Plan prior to its termination.

Section 9 – Premiums

The cost of this Plan shall be borne by the Employer and the Employee in accordance with Article 34.05, Long Term Disability. Payment of premiums shall cease on termination of employment or five (5) months prior to an Employee's sixty-fifth (65th) birthday, whichever occurs first.

Section 10 – Waiver of Premiums

The premiums of this Plan shall be waived with respect to the disabled Employee during the time such an Employee is in receipt of disability payments from this Plan.

Section 11 – Claims

(A) Long Term Disability claims shall be adjudicated and paid by a claims-paying agent to be appointed by the Plan Trustees. The claims-paying agent shall provide toll free telephone access to claimants. In the event a covered Employee or the HSPBA/HBT disputes the decision of the claims-paying agent regarding a claim for benefits under this Plan, the Employee or the HSPBA/HBT may request that the claim be re-examined by the claims-paying agent. If the Employee disputes the decision, the Employee may request to have the claim reviewed by a claims review committee composed of three (3) independent and qualified medical doctors agreed to by the HSPBA and the HBT. The decision of the claims review committee is final and binding on all parties.

Written notice of a claim under this Plan shall be sent to the claims-paying agent no longer than forty-five (45) days after the earliest foreseeable commencement date of benefit payments from this Plan or so soon thereafter as is reasonably possible. Failure to furnish the required notice of claim within the time stated shall not invalidate nor reduce the claim if it was not reasonably possible to file the required notice within such time, provided the notice is furnished no later than six (6) months from the time notice of claims is otherwise required.

DRAFT

The HBT will arrange to have an information brochure prepared to explain the procedures for claims submissions, re-examination and decision review by the medical panel.

Section 12 – Administration

All questions arising as to the interpretation of this Plan shall be subject to the grievance and arbitration procedures in Article 7 and 8 of the Provincial Agreement.

The HSPBA shall have access to any reports provided by the claims-paying agent regarding experience information.

Section 13 – Provincial Collective Agreement Unprejudiced

The terms of the Plan set out above shall not prejudice the application or interpretation of the Collective Agreement between the Health Employers Association of B.C. and The Health Science Professionals Bargaining Association.

Section 14 – LTD Plan Early Retirement Incentive Provision

The LTD Plan Early Retirement Incentive Benefit is to ensure that the eligible Employee will not realise a pension benefit that is less than the pension benefit that they would have been entitled to receive at the normal retirement date, had they not applied for early retirement, regardless of when the early retirement incentive provision is activated (Reference Appendix 32).

(A) An Employee under this Agreement who is:

(1) eligible for, or who is receiving LTD benefits or who has been in receipt of LTD under this Plan for four (4) years or more;

(2) eligible for early retirement pension benefits; and

(3) not eligible for the LTD Plan Rehabilitation Provisions

shall apply for early retirement.

The Employee's entitlement to benefits under the LTD Plan shall, provided the Employee remains eligible as per the definition of Total Disability, continue during the period of time that their application for early retirement is being processed with their pension plan administrator. In the event that the Employee is not eligible for an unreduced pension benefit, they may still be eligible for the LTD Plan Early Retirement LTD Incentive Benefit.

(B) Entitlement to and the amount of the LTD Plan Early Retirement Incentive Benefit shall be determined by considering the following factors:

DRAFT

(1) the amount of the monthly pension benefit that the Employee would have been entitled to receive if early retirement was not elected;

(2) amount of the monthly early retirement benefit that the Employee will receive;

(3) the amount of the gross monthly LTD benefit that the Employee is entitled to receive;

(4) the amount of the net-of-offsets monthly LTD benefit that the Employee is entitled to receive; and

(5) the maximum LTD benefit duration period applicable to the Employee.

If the combination of the Municipal Pension Plan benefit, Canada Pension Plan retirement benefit and any other disability income referred to in Section 5 of the LTD Appendix, results in monthly income of less than the LTD monthly income benefit, then the eligible Employee shall be entitled to remain on LTD benefits.

(C) An Employee who is eligible for the LTD Plan Early Retirement Incentive Benefit shall be entitled to receive the benefit in a lump sum, or direct the HBT to any other designate. The Employee shall complete an LTD Plan Early Retirement Incentive Benefit Application. Upon approval of the Employee's application, the Employee and the HSPBA/HBT will jointly sign the Terms of the LTD Plan Early Retirement Incentive Benefit.

(D) All eligible Employees who are entitled to the LTD Plan Early Retirement Incentive Benefit shall be entitled to the continuation of the Life Benefit coverage in effect until sixty-five (65) years of age or death, whichever is earlier.

Section 15 – Early Intervention Program

The Long Term Disability Plan shall include an Early Intervention Program as set out in the Early Intervention Program Policies and Procedures.

DRAFT

APPENDIX 12 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Long Term Disability

Trust #1 and #2

For Employees covered by these Trusts the following continues to apply:

Employees are not to be terminated for non-culpable absenteeism, while in receipt of long-term disability benefits.

All eligible Employees who are entitled to the LTD Plan Early Retirement Incentive Benefit shall be entitled to the continuation of the Life Benefit coverage in effect until sixty-five (65) years of age or death, whichever is earlier.

HBT/Non-HSA Paramedical Professional LTD Plan

The following Long Term Disability (LTD) Plan is to be administered and Trusteed by Healthcare Benefit Trust (HBT) and is applicable to all Non-HSA Health Science Professionals Bargaining Association (HSPBA) members who are disabled on or after April 1, 1999 and up to and including August 3, 2006.

Section 1 – Eligibility

(a) The Employer will sign up regular full-time and regular part-time Employees, except for casuals appointed to temporary positions under Article 9.02, as a condition of continuing employment, on such forms as the Union, or a Plan Administrator designated by the Union, may require.

The Employer will deduct premiums at least monthly from each regular full-time and part-time Employee, except for casuals appointed to temporary positions under Article 9.02, from the date they become a regular Employee. The premium will be a percentage of straight-time wages, and the Union will give the Employer sixty (60) days' notice of any change in the percentage figure. The Employer will send HBT a cheque for the total, together with a list of the Employees on whose behalf the deductions have been made and the straight-time salaries of those Employees, within twenty-eight (28) days of the deduction. The cheque will be made out to the applicable LTD Trusted Fund.

DRAFT

The Employer will also provide the Union start dates and termination dates of all regular Employees.

(b) Seniority and Benefits – Seniority accumulation and benefit entitlement for Employees on long-term disability shall be consistent with the following provisions:

Any Employee granted unpaid leave of absence totalling up to twenty (20) working days in any year shall continue to accumulate Seniority and all benefits and shall return to their former job and increment step.

If an unpaid leave of absence or an accumulation of unpaid leaves of absence exceeds twenty (20) working days in any year, the Employee shall not accumulate benefits from the twenty-first (21st) day of the unpaid leave to the last day of the unpaid leave but shall accumulate benefits and receive credit for previously earned benefits upon expiration of the unpaid leave.

Upon return to work following recovery, an Employee who was on claim for less than twenty-four (24) months shall continue in their former job; an Employee who was on claim for more than twenty-four (24) months shall return to an equivalent position, exercising their Seniority rights if necessary, pursuant to Article 6.04 of the Master Agreement.

Employees on long-term disability who have exhausted all sick leave credits and in addition have been granted twenty (20) working days unpaid leave shall be covered by the Medical, Extended Health Care and Dental Plans provided they pay fifty percent (50%) of the total premiums for such coverage in advance on a monthly basis. Employees may choose to maintain any or all of such plans.

Municipal Pension Plan Employees on long-term disability shall be considered Employees for the purposes of the Municipal Pension Plan in accordance with the *Public Sector Pension Plans Act*.

(c) Employment status during the intervening period between expiration of sick leave credits and receipt of long-term disability benefits:

Employees who will be eligible for benefits under the Long-Term Disability Plan shall not have their employment terminated; following expiration of their sick leave credits they shall be placed on unpaid leave of absence until receipt of long-term disability benefits.

Section 2 – Benefit Entitlement

(A)

(1) In the event an Employee while enrolled in this Plan, becomes totally disabled on or after April 1, 1999, as a result of an

DRAFT

accident or sickness, then, after the Employee has been totally disabled for five (5) months the Employee shall receive a benefit equal to seventy percent (70%) of the first five thousand two hundred and ninety-eight dollars ($5,298) of the pre-disability monthly earnings and fifty percent (50%) on the pre-disability monthly earnings above five thousand two hundred and ninety-eight dollars ($5,298) or, sixty-six and two thirds percent (66 2/3%) of pre-disability monthly earnings, whichever is more. The five thousand two hundred and ninety-eight dollars ($5,298) level is to be increased annually by the increase in the weighted average wage rate for Employees under the Collective Agreement for the purpose of determining the benefit amount for eligible Employees as at their date of disability.

It is understood that this adjustment will only be applied once for each eligible Employee, i.e. at the date of the disability, to determine the benefit amount to be paid prospectively for the duration of entitlement to benefits under the LTD plan.

(2) In the event that the benefit falls below the amount set out in Section 2(A)(1) above for the job that the claimant was in at the time of commencement of receipt of benefits, LTD benefits to be adjusted prospectively to seventy percent (70%) of the first five thousand two hundred and ninety-eight dollars ($5,298) of the current monthly earnings and fifty percent (50%) on the currently monthly earnings above five thousand two hundred and ninety-eight dollars ($5,298) or, sixty-six and two thirds percent (66 2/3%) of currently monthly earnings, whichever amount is more, based on the wage rate in effect following review by the HSPBA/HBT every four years. (Note: the five thousand two hundred and ninety-eight dollars [$5,298] figure will be adjusted as set out in Section 2(A)(1) above).

(3) The benefit is taxable.

(B) For the purpose of the above, earnings shall mean basic monthly earnings (including isolation allowances where applicable) as at the date of disability. Basic monthly earnings for regular part-time Employees shall be calculated on the basis of the Employee's average monthly hours of work for the twelve-month period or such shorter period that the Employee has been employed, prior to the date of disability, multiplied by their hourly pay rate as at the date of disability.

The long-term disability benefit payment shall be made so long as an Employee remains totally disabled and shall cease on the date the Employee reaches age sixty-five (65), recovers, dies, or is eligible for early retirement, whichever occurs first.

DRAFT

(C) Employees who still have unused sick leave credits after the waiting period when the long-term disability benefit becomes payable shall have the option of:

(1) exhausting all sick leave credits before receiving the long-term disability benefit;

(2) using sick leave credits to top off the long-term disability benefit; or

(3) banking the unused sick leave credits for future use.

(D) Employees are not to be terminated for non-culpable absenteeism, while in receipt of long-term disability benefits.

Section 3 – Total Disability Defined

(A) Total Disability as used in this Plan, means the complete inability because of an accident or sickness of a covered Employee to perform the duties of their own occupation for the first two (2) years of the disability. Thereafter, an Employee who is able, by reason of education, training, or experience, to perform the duties of any gainful occupation for which the rate of pay equals or exceeds seventy percent (70%) of the current rate of pay for their regular occupation at the date of disability shall no longer be considered totally disabled under the Plan. However, the Employee may be eligible for a Residual Monthly Disability Benefit.

(B)

(1) Residual Monthly Disability Benefit

The Residual Monthly Disability Benefit is based on eighty-five percent (85%) of their rate of pay at the date of the disability less the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that the Employee is able to perform. The Residual Monthly Disability Benefit will continue until the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that the Employee is able to perform equals or exceeds eighty-five percent (85%) of the rate of pay for their regular occupation at the date of the disability. The benefit is calculated using the Employee's rate of pay at the date of disability and the rate of pay (the minimum being equal to seventy percent [70%] of the current rate of pay for their regular occupation) applicable to any gainful occupation that they are able to perform.

DRAFT

Example:

(a) Monthly LTD net of offsets benefit = one thousand dollars ($1,000) per month

(b) eighty-five percent (85%) of rate of pay at date of disability = thirteen dollars and sixty cents ($13.60) per hour

(c) seventy percent (70%) of current rate of pay = twelve dollars and twelve cents ($12.12) per hour

(d) Percentage of difference [(b/c) - 1] = twelve point two percent (12.2%)

(e) Residual Monthly Disability Benefit (a x d) = one hundred and twenty-two dollars ($122)

(2) Total disabilities resulting from mental or nervous disorders are covered by the Plan in the same manner as total disabilities resulting from accidents or other sicknesses.

(3) During a period of total disability an Employee must be under the regular and personal care of a legal qualified doctor of medicine.

(4) Commitment to Rehabilitation

In the event that an Employee is medically able to participate in a rehabilitation activity or program that:

(a) can be expected to facilitate their return to their own job or other gainful occupation; and

(b) is recommended by the Plan Trustees, or their designate, and approved as a Rehabilitation Plan, then,

The entitlement to benefits under the LTD Plan will continue for the duration of the Approved Rehabilitation Plan as long as they continue to participate and co-operate in the Rehabilitation Plan. If the Plan involves a change in own occupation, the LTD benefit period will continue at least until the end of the first two (2) years of disability. In addition, the Employee may be eligible for the Rehabilitation Benefit Incentive Provision.

The Rehabilitation Plan will be jointly determined by the Employee and the HBT. In consideration whether or not a rehabilitation plan is appropriate, such factors as the expected

DRAFT

duration of disability and the level of activity required to facilitate the earliest return to a gainful occupation will be considered along with all other relevant criteria. A rehabilitation plan may include training. Once the Rehabilitation Plan has been determined, the Employee and the HBT will jointly sign the Terms of the Rehabilitation Plan which will, thereby, become the Approved Rehabilitation Plan, and the Employee's entitlement to benefits under the LTD plan shall continue until the successful completion of the Approved Rehabilitation Plan provided the eligible Employee is willing to participate and co-operate in the Approved Rehabilitation Plan. In addition, the Employee may be eligible for any, or all, of the Rehabilitation Benefit Incentive Provisions.

(5) Rehabilitation Review Committee

(a) In the event the eligible Employee does not agree:

(i) with the recommended rehabilitation plan, or,

(ii) that they are medically able to participate and co-operate in the Rehabilitation Plan defined in the Terms of the Rehabilitation Plan then

To ensure benefit entitlement under the LTD plan the Employee must either:

(iii) be able to demonstrate reasonable grounds for being unable to participate and co-operate in a rehabilitation plan; or,

(iv) appeal the dispute to the Rehabilitation Review Committee for resolution.

(b) During the appeal process, the Employee's benefit entitlement under the LTD Plan shall not be suspended.

(c) The Rehabilitation Review Committee shall be composed of three qualified individuals who, by education, training, and experience are recognised specialists in the rehabilitation of disabled Employees. The Committee shall be composed of three (3) individuals chosen on a rotating basis from a list of rehabilitation specialists identified by the HSPBA/HBT. The purpose of the Rehabilitation Review Committee shall be to resolve the appeal of an eligible Employee whom;

DRAFT

(i) does not agree with the recommended Rehabilitation Plan; or,

(ii) does not agree that they could medically participate in the Rehabilitation Plan.

During the appeal process, the eligible Employee's entitlement to benefits under the LTD plan shall continue until the Committee has made its decision. The decision of the Committee shall determine whether or not the eligible Employee is required to participate and co-operate in the Rehabilitation Plan approved by the Committee. In the event that the eligible Employee does not accept the Committee's decision their entitlement to benefits under the LTD Plan shall be suspended until such time as the eligible Employee is willing to participate and co-operate in the Approved Rehabilitation Plan.

(6) Rehabilitation Benefit Incentive Provisions

(a) An Employee who has been unable to work due to illness or injury and who subsequently is determined to be medically able to:

(i) return to work on a gradual or part-time basis;

(ii) engage in a physical rehabilitation activity; and/or

(iii) engage in a vocational retraining program

shall be eligible for any or all of the Rehabilitation Benefit Incentive Provision.

(b) The intent of the Provision is to assist the Employee with a return to gainful occupation. In many situations an Employee who returns to work by participating and co-operating in an Approved Rehabilitation Plan will be able to increase their monthly earnings above the LTD benefit amount. The objective of the Rehabilitation Benefit Incentive Provision is to promote the successful completion of the Rehabilitation as follows:

(i) The Employee, upon return to gainful rehabilitative employment under an Approved Rehabilitation Plan, will be entitled to receive all monthly rehabilitation earnings plus a

DRAFT

monthly LTD benefit up to the amount set out in Section 2(A) of the Addendum, provided that the total of such income does not exceed one hundred percent (100%) of the current rate of pay for their regular occupation at the date of the disability.

(ii) Upon successful completion of the Approved Rehabilitation Plan, the Employee becomes an automatic candidate for all job postings with the Employer and shall have the ability to bump under the Collective Agreement for positions that the Employee is qualified and physically capable of performing.

(iii) Upon successful completion of the Approved Rehabilitation Plan, the LTD benefit period may be extended for a maximum of six (6) months for the purpose of job search; and

(iv) The eligible Employee shall be entitled to participate in the Job Exploration and Development program.

"Rehabilitative Employment" shall mean any occupation or employment for wage or profit or any course of training that entitles the disabled Employee to an allowance, provided such rehabilitative employment has the approval of the Employee's doctor and the HSPBA/HBT.

If earnings are received by an Employee during the period of total disability and if such earnings are derived from employment, which has not been approved as rehabilitative employment, then the regular monthly benefit from the Plan shall be reduced by one hundred percent (100%) of such earnings.

(7) Rehabilitation Improvement Committee

During the term of the agreement, one (1) person from The Plan Administrator and one (1) person from the claims paying agent shall meet with two (2) representatives of the HSPBA. This Committee will work together to improve the Rehabilitation Process.

DRAFT

The Committee will have access to all relevant information available to the Trust to determine the cost savings experienced by the LTD Plan as a result of the Rehabilitation Provisions.

Section 4 – Exclusions from Coverage

The Long Term Disability Plan does not cover total disabilities resulting from:

(A) war, insurrection, rebellion or service in the armed forces of any country;

(B) voluntary participation in a riot or civil commotion, except while an Employee is in the course of performing the duties of their regular occupation;

(C) Intentionally self-inflicted injuries or illness.

Section 5 – Integration with other Disability Income

In the event a totally disabled Employee is entitled to any other income as a result of the same accident, sickness, mental or nervous disorder that caused them to be eligible to receive benefits from this Plan, the benefits from this Plan shall be reduced by one hundred percent (100%) of such other disability income.

If other disability income is available to the Employee, they must apply for this income prior to receiving LTD.

Other disability income shall include, but is not limited to:

(A) any amount payable under the *Workers Compensation Act* or law or any other legislation of similar purpose; and

(B) any amount the disabled Employee receives from any group insurance, wage continuation, or pension plan of the Employer that provides disability income; and

(C) any amount of disability income provided by a compulsory act of law; and

(D) any periodic primary benefit payment from the Canada or Quebec Pension Plans or other similar social security plan of any country to which the disabled Employee is entitled or to which they would be entitled had they applied for such a benefit; and

(E) any amount of disability income provided by any group or association disability plan to which the disabled Employee might belong to or subscribe.

Private or individual disability plan benefits of the disabled Employee shall not reduce the benefit from this Plan.

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The amount by which the disability benefit from this Plan is reduced by other disability income shall be the amount to which the disabled Employee is entitled upon becoming first eligible for such other disability income. Future increases in such other disability income resulting from increases in the Canadian Consumer Price Index or similar indexing arrangements shall not further reduce the benefit from this Plan until the LTD benefit payable is recalculated to reflect current wage rates. [Reference 2A(2)]

Section 6 – Successive Disabilities

If, following a period of total disability with respect to which benefits are paid from this Plan, an Employee returns to work for a continuous period of six (6) months or more, any subsequent total disability suffered by that Employee, whether related to the preceding disability or not, shall be considered a new disability and the disabled Employee shall be entitled to benefit payments after the completion of another waiting period.

In the event the period during which such an Employee has returned to work is less than six (6) months and the Employee again suffers a total disability that is related to the preceding disability, the subsequent disability shall be deemed a continuation of the preceding disability, and the disabled Employee shall be entitled to benefit payments without the necessity of completing another waiting period.

Should such an Employee suffer a subsequent disability that is unrelated to the previous disability and provided the period during which the Employee returned to work is longer than one (1) month, the subsequent disability shall be considered a new disability and the Employee shall be entitled to benefit payments after the completion of another waiting period. If the period during which the Employee returned to work is one (1) month or less, the subsequent disability shall be deemed a continuation of the preceding disability and the disabled Employee shall be entitled to benefit payments without the necessity of completing another waiting period.

Section 7 – Leave of Absence

Employees on leave of absence without pay may opt to retain coverage under the Plan and shall continue to pay the full premium. Coverage shall be permitted for a period of twelve (12) months of absence without pay, except if such leave is for educational purposes, when the maximum period shall be extended to two (2) years. If any Employee on leave of absence without pay becomes disabled, their allowance under this Plan shall be based upon monthly earnings immediately prior to the leave of absence.

Section 8 – Benefits upon Plan Termination

In the event this Long Term Disability Plan is terminated, the benefit payments shall continue to be paid in accordance with the provisions of the Plan to disabled

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Employees who become disabled while covered by this Plan prior to its termination.

Section 9 – Premiums

The cost of this Plan shall be borne by the Employee. Payment of premiums shall cease on termination of employment or five (5) months prior to an Employee's sixty-fifth (65th) birthday, whichever occurs first.

Section 10 – Waiver of Premiums

The premiums of this Plan shall be waived with respect to the disabled Employee during the time such an Employee is in receipt of disability payments from this Plan.

Section 11 – Claims

(a) Long Term Disability claims shall be adjudicated and paid by a claims-paying agent to be appointed by the Plan Trustees. The claims-paying agent shall provide toll free telephone access to claimants. In the event a covered Employee or the HSPBA/HBT disputes the decision of the claims-paying agent regarding a claim for benefits under this Plan, the Employee or the HSPBA/HBT may request that the claim be re-examined by the claims-paying agent. If the Employee disputes the decision, the Employee may request to have the claim reviewed by a claims review committee comprised of three (3) independent and qualified medical doctors agreed to by the Claims Adjudication Committee. The decision of the claims review committee is final and binding on all parties.

Written notice of a claim under this Plan shall be sent to the claims-paying agent no longer than forty-five (45) days after the earliest foreseeable commencement date of benefit payments from this Plan or so soon thereafter as is reasonably possible. Failure to furnish the required notice of claim within the time stated shall not invalidate nor reduce the claim if it was not reasonably possible to file the required notice within such time, provided the notice is furnished no later than six months from the time notice of claims is otherwise required.

The Plan Administrator will arrange to have an information brochure prepared to explain the procedures for claims submissions, re-examination and decision review by the medical panel.

Section 12 – Administration

The HSPBA shall have access to any reports provided by HBT and the claims-paying agent regarding experience information.

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All questions arising as to the interpretation of this Plan shall be subject to the grievance and arbitration procedures in Article 7 and 8 of the Provincial Collective Agreement.

Section 13 – Provincial Collective Agreement Unprejudiced

The terms of the Plan set out above shall not prejudice the application or interpretation of the Collective Agreement between the Health Employers Association of B.C. and The Health Science Professionals Bargaining Association.

Section 14 – LTD Plan Early Retirement Incentive Provision

The LTD Plan Early Retirement Incentive Benefit is to ensure that the eligible Employee will not realise a pension benefit that is less than the pension benefit that they would have been entitled to receive at the normal retirement date, had they not applied for early retirement, regardless of when the early retirement incentive provision is activated (Reference Appendix 32).

(A) An Employee under this Agreement who is:

(1) eligible for, or who is receiving LTD benefits or who has been in receipt of LTD under this Plan for four (4) years or more;

(2) eligible for early retirement pension benefits; and

(3) not eligible for the LTD Plan Rehabilitation Provisions

shall apply for early retirement.

The Employee's entitlement to benefits under the LTD Plan shall, provided the Employee remains eligible as per the definition of Total Disability, continue during the period of time that their application for early retirement is being processed with their pension plan administrator. In the event that the Employee is not eligible for an unreduced pension benefit, they may still be eligible for the LTD Plan Early Retirement LTD Incentive Benefit.

(B) Entitlement to and the amount of the LTD Plan Early Retirement Incentive Benefit shall be determined by considering the following factors:

(1) the amount of the monthly pension benefit that the Employee would have been entitled to receive if early retirement was not elected;

(2) amount of the monthly early retirement benefit that the Employee will receive;

(3) the amount of the gross monthly LTD benefit that the Employee is entitled to receive;

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(4) the amount of the net-of-offsets monthly LTD benefit that the Employee is entitled to receive; and

(5) the maximum LTD benefit duration period applicable to the Employee.

If the combination of the Municipal Pension Plan benefit, Canada Pension Plan retirement benefit and any other disability income referred to in Section 4 of the LTD Addendum, results in monthly income of less than the LTD monthly income benefit, then the eligible Employee shall be entitled to remain on LTD benefits.

(C) An Employee who is eligible for the LTD Plan Early Retirement Incentive Benefit shall be entitled to receive the benefit in a lump sum, or direct the HBT to any other designate. The Employee shall complete an LTD Plan Early Retirement Incentive Benefit Application. Upon approval of the Employee's application, the Employee and the HSPBA/HBT will jointly sign the Terms of the LTD Plan Early Retirement Incentive Benefit and the Employee and the members of the Joint LTD Plan Early Retirement Incentive Committee shall sign the LTD Plan Early Retirement Incentive Agreement.

(D) All eligible Employees who are entitled to the LTD Plan Early Retirement Incentive Benefit shall be entitled to the continuation of the Life Benefit coverage in effect until sixty-five (65) years of age or death, whichever is earlier.

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APPENDIX 13 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Return-To-Work Committee

The parties agree to form a Return-to-Work Committee consisting of two (2) representatives from the Association and two (2) representatives of the Employer. Employees who are members of the Committee shall be granted leave without loss of pay or receive straight-time regular wages to participate in the Committee process.

Purpose

The purpose of the Committee is to promote the philosophy and encourage the introduction of Return-to-Work Programs.

Role and Function

The role and function of the Committee are as follows:

(1) Assist in the development of processes and structures for return-to-work programs in facilities.

(2) Act as an advisor to Employees and Employers on return-to-work programs in facilities.

(3) Request information and provide feedback concerning individual Employer return-to-work programs.

(4) Develop and promote industry pilot projects on return-to-work programs and seek funding to support those pilot projects.

(5) Develop and maintain an effective communications system for Employees and Employers concerning return-to-work initiatives.

(6) The parties will perform regular reviews of the Committee's work. The Committee will report to the parties on an annual basis.

The parties shall meet within one (1) month of the signing of the agreement and at least quarterly thereafter over the term of the agreement.

The expenses of the Committee will be the responsibility of the Employer.

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APPENDIX 14 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

(on behalf of its members)

and

THE ASSOCIATION

Re: Return-To-Work Program

Preamble

The parties recognize that prevention of injuries and rehabilitation of injured Employees are equally important goals. The parties further recognize that return-to-work programs are part of a continuum of injury prevention and rehabilitation.

Mutual Commitment

The Employer and the Union are committed to a voluntary, safe return-to-work program that addresses the needs of those able to return-to-work.

Return-to-work programs will recognize the specific needs of each individual Employee who participates.

Voluntary Participation (Not applicable to HSA LTD Trust #2 and HBT/Non-HSA LTD)

Employee participation in an established return-to-work program is voluntary. Employees may enter, withdraw and re-enter the program and an Employee's participation or non-participation will not be the basis for any disciplinary action. Participation must include the consent of the Employees' physician.

Employer creation of a return-to-work program is voluntary.

Consultation

Prior to entry into a return-to-work program, the Employer, the Employee and the Union-designated representative(s) shall discuss the planned program and its duration. The details of the return-to-work program will be confirmed in writing to the Employee and to the Union.

Supernumerary

An Employee involved in a return-to-work program will be employed in a position that is additional to the Employer's regular number of full-time, part-time and casual positions and further will not cause the dismissal, layoff or reduction in hours or period of work of any existing Employees of the Employer.

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Confidentiality

The parties jointly recognize the importance of confidentiality and will ensure that full confidentiality is guaranteed.

The Employer shall not have contact with the Employee's physician without the Employee's consent.

Program Coverage

The return-to-work program will be available to WCB claimants, LTD claimants, convalescent Employees and injured Employees.

Types of Initiatives

Return-to-work programs may consist of one (1) or more of the following:

1. Modified return-to-work: not performing the full scope of duties.
2. Graduated return-to-work: not working regular number of hours.
3. Rehabilitation: special rehabilitation programs.
4. Ergonomic adjustments: modifications to the workplace.

Re-orientation to the Workplace

A departmental orientation will be provided for the Employee as well as a general facility orientation if necessary for an Employee who has been off work for an extended period of time.

Pay and Benefits

An Employee involved in a return-to-work program will receive pay and benefits as set out below.

Employees participating in a return-to-work program for fifteen (15) hours or more per week are entitled to all the benefits of the agreement, on a proportionate basis, except for medical, extended health and dental plan coverage, which shall be paid in accordance with Article 34.

Employees engaged in a return-to-work program will fall into one (1) of four (4) groups although on occasion an Employee may, depending on changed circumstances, move from one (1) group to another. Wage entitlement, when participating in the program, will be consistent with the terms of the agreement and is outlined below:

(a) Employees who have been granted Workers' Compensation Leave: Receive full salary and all benefits pursuant to Article 19.14.

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(b) Employees who are awaiting approval of a WCB claim or who have been granted paid sick leave and have accumulated sick leave credits: Receive pay and appropriate premiums for all hours worked in the program and receive sick leave pay for hours not worked until accumulated sick leave credits are exhausted. All benefits continue uninterrupted for the duration of the program.

(c) Employees who have no accumulated sick leave credits and who have been granted an unpaid sick leave and/or who are awaiting acceptance of a WCB or LTD claim: Receive pay and appropriate premiums for all hours worked in the program. Medical, dental, extended health coverage, group life and LTD premiums and Municipal Pension Plan payments are reinstated on commencement of the program and all other benefits are implemented when working fifteen (15) hours or more per week.

(d) Employees in receipt of LTD benefits: These Employees are considered disabled and under treatment. These Employees receive pay for all hours worked. The LTD plan will pay for hours not worked in accordance with the Plan. Benefits will be reinstated in the same manner as set out in (c) above except Group Life and Long Term Disability Plan premiums may continue to be waived.

No Adverse Effect on Benefits

An Employee's participation in a return-to-work program will not adversely affect an Employee's entitlements with respect to Workers' Compensation or Long Term Disability. Participation in a program will not delay entitlement to LTD benefits.

The period that the Employee is involved in a return-to-work program shall be considered as part of the recovery process and will not be used or referred by the Employer in any other proceedings.

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APPENDIX 15 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: New Certifications

With respect to bargaining units certified during the term of this Provincial Agreement, Employees affected will receive full and complete application of non-monetary provisions of the Provincial Agreement effective from three (3) months after the date of Certification and complete application of all of the provisions of the Provincial Agreement effective from six (6) months after the date of Certification.

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APPENDIX 16 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Provincial Recruitment and Retention Initiatives

1. The parties agree that addressing the recruitment and retention of HSPBA professions is a priority for the health sector. As such, the parties will work together on recruitment and retention strategies for identified Ministry of Health priority professions.

2. The parties recognize and agree there is a need to engage interest holders to further this work, and commit to consulting with academic institutions, regulatory bodies or any other relevant groups where appropriate.

3. Accordingly, the parties agree to establish a Provincial Recruitment and Retention Working Group (the "Working Group") within one hundred and twenty (120) days of ratification. The Working Group will meet at a minimum of quarterly (or as otherwise agreed), and will be comprised of:

   (a) One (1) representative from HEABC;

   (b) Two (2) senior level representatives from HEABC member organizations;

   (c) Three (3) representatives from the HSPBA; and

   (d) One (1) representative from the Ministry of Health at the Assistant Deputy Minister level and one (1) senior level alternate.

   The Ministry of Health will provide one (1) Ministry of Health Labour Market Analysis writer to support the Working Group.

4. Each party will bear its own costs of participation in the Working Group.

5. HEABC and the MOH will provide the working group with regular workforce data reports.

6. The Working Group will:

   (a) develop terms of reference including a process for alternating chair;

   (b) engage and consult interest holders;

   (c) consider all relevant data;

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(d) identify initiatives to address recruitment and/or retention issues for the Ministry of Health's identified priority professions;

(e) consider initiatives to address Employee engagement as a means of addressing identified recruitment and retention issues;

(f) consider initiatives to foster attractive work environments;

(g) identify recommendations for training at the post-secondary institutions;

(h) consider other initiatives to address recruitment and retention issues for health science professionals.

7. The Working Group will develop a list of comprehensive recruitment and retention recommendations, which will be incorporated into the Labour Market Analysis and presented to the Standing Committee on Health Workforce.

8. This agreement will expire March 31, 2022.

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APPENDIX 16.1 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Provincial Recruitment and Retention

The parties agree that addressing the recruitment and retention of HSPBA members is a priority for the health sector.

The parties also agree that recruitment and retention must contribute to a workplace based on the principles of diversity, equity and inclusion, and support health care system transformation. Recruitment and Retention within the health sector must also be structured to break down barriers to equity and inclusion and extend opportunities widely within diverse, geographic and marginalized communities.

Accordingly, the parties agree to have established a Provincial Healthcare Recruitment and Retention Working Group (the "Working Group"). The Working Group will meet quarterly (or otherwise agreed), and will be composed of:

(a) One (1) representative from HEABC;

(b) Two (2) senior level representatives from HEABC member organizations;

(c) Three (3) representatives from the HSPBA; and

(d) One (1) senior representative from the Ministry of Health at the Assistant Deputy Minister level or delegate.

HEABC will provide the Working Group with regular workforce data reports at least two (2) weeks prior to scheduled quarterly meetings. The Working Group will also consider relevant and available aggregate/anonymized data regarding diversity, equity, inclusion, and MOH identified professions.

The Working Group will develop a list of comprehensive recruitment and retention recommendations including but not limited to embedding the principles of accessibility in job creation, hiring, onboarding, accommodation, offboarding, and supporting leadership development, such as Employer-sponsored training, career laddering, and upskilling, which will be presented to the Provincial Health Human Resources Coordination Centre (PHHRCC).

A list of comprehensive recruitment and retention initiatives will be presented to the PHHRCC on an annual basis.

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To that end, the Working Group will:

- maintain terms of reference including a process for an alternating chair;
- receive and review all necessary data and information in advance of the Working Group's meetings;
- engage and consult interest holders;
- identify issues related to changing models of care that impact health care workers;
- identify initiatives to address recruitment and/or retention issues for the MOH identified target professions, including occupations covered by the HSPBA;
- identify initiatives to foster attractive work environments and Employee engagement;
- develop recommendations for education at post-secondary institutions; and,
- consider opportunities for redeployment of workers displaced from the bargaining unit by health system restructuring, and;
- consider any additional initiatives, strategies, and actions to address recruitment and retention issues for HSPBA professions.

Unless otherwise agreed by the parties, this MOA will expire on March 31, 2029.

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APPENDIX 17 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously Joint Benefits Review Committee

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APPENDIX 18 – MEMORANDUM OF UNDERSTANDING

Between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

And

THE ASSOCIATION

Re: Health Science Professional Office of Arbitration

WHEREAS: the Parties to the HSPBA Provincial Collective Agreement previously agreed to form the Dispute and Arbitration Redesign Committee ("DARC") with the stated goal to resolve grievances in a timely manner, explore litigation efficiencies and the best practices for good labour relations and dispute resolution;

AND WHEREAS: the Parties also agreed to make detailed recommendations for a revised grievance and arbitration system, examining how adopting British Columbia Healthcare Office of Arbitration (BCHOA)-like procedures would affect other arbitration processes set out in Article 8.

NOW THEREFORE, The Parties agree to implement the recommendations of the DARC as follows:

Definitions:

"Union" means any constituent Union in the HSPBA.

Establishment of the HSPOA

1. The Health Science Professional Office of Arbitration ("the HSPOA") will be established on a trial basis between the Parties.

2. The HSPOA will have a registrar ("the Registrar").

3. Lisa Southern will be the Registrar. Should Lisa Southern be no longer available, or should the Parties agree by mutual consent to appoint another Registrar, a new Registrar will be chosen by mutual agreement. Should Lisa Southern be temporarily unavailable she may designate a substitute Registrar in consultation with the Parties.

Powers of the Registrar

4. The Registrar will have jurisdiction pursuant to Section 88.1 of the *Labour Relations Code* [RSBC 1996] CHAPTER 244 ("the Code") to make orders with respect to scheduling the exchange of information and documents, scheduling hearing dates, and encouraging settlement of the dispute for all matters referred to HSPOA. The Registrar will have the ability to make such pre-hearing orders including, but not limited to, exchange of particulars; witness

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lists; witness will-say statements; document disclosure, etc., as the Registrar deems appropriate or necessary.

5. The Registrar shall have the authority to mediate and encourage settlement of a dispute between the Parties to a grievance.

6. Where an extension of time or adjournment is required for an obligation established by the Registrar, the Parties to a grievance will make reasonable efforts to first discuss the need for an extension or adjournment with each other, prior to a timeline being missed, to explore whether there is consent for the extension or adjournment. Consent should not be unreasonably withheld, and, to the greatest extent possible, cooperation and reciprocity of courtesies of these kinds should be fostered.

7. The Registrar will assist the Parties to a grievance in choosing an arbitrator for matters which proceed through HSPOA. The Parties to a grievance will endeavour to agree on an Arbitrator without delay in front of the Registrar. In the event the Parties to a grievance cannot agree on an arbitrator, the Registrar shall have the authority to appoint an Arbitrator from the appropriate list of agreed upon Arbitrators. The Registrar may act as an Arbitrator for a matter if chosen by the Parties to a grievance.

Matters referred to the HSPOA

8. All matters previously referred through Article 8.04 (Expedited Arbitration Process) in the HSPBA CA will proceed through the HSPOA.

9. The Parties to a grievance may agree to process a matter referred under Article 8.02 (Full Arbitration Process) of the HSPBA CA through HSPOA by mutual consent. Should there be no mutual consent to use the HSPOA process the ordinary process under Article 8 will apply.

10. The Registrar will have the authority to determine whether a matter is eligible to proceed through the HSPOA.

Classification Disputes

11. Notwithstanding any other provision in this Agreement or the HSPBA CA, the Parties agree that any Classification matter arising under the **previous** Classification system (i.e. prior to the Full Implementation Date for Year 3 of the redesigned Classification system contemplated under Appendix 21.2), including matters arising under Article 8 or Article 11.04, will proceed through the HSPOA. The Parties agree that any Classification matter existing at the time the HSPOA is established may be referred to the HSPOA by mutual agreement.

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12. The Parties agree that any Classification matter arising under the **Profile-Based** Classification system shall be referred to the HSPOA but may be removed from HSPOA unilaterally by either party.

Jurisdiction once arbitrator agreed to

13. Once the Registrar has made prehearing orders and those orders have been fulfilled by the Parties to a grievance, the Registrar shall refer the matter on to the chosen Arbitrator. The chosen arbitrator will then have all the powers provided to an Arbitrator under the Code.

14. Referral from the Registrar shall include direction on which arbitration process under the HSPBA CA applies to the matter. Whether the matter will be precedential will be consistent with the arbitration process directed by the Registrar.

Acceptable Arbitrators

15. The Parties agree that the Arbitrators listed in Article 8 are acceptable for use as Arbitrators for the arbitration process they are identified for. The Parties to a grievance may depart from these lists and appoint another Arbitrator whose name is not listed in Article 8 by mutual agreement.

Administration of the HSPOA

16. The Parties will work together to create a referral form to send matters to the Arbitrator. The Parties may agree to utilize an electronic referral form for all referrals**.** The party that filed the grievance will initiate the HSPOA process by sending the form to the Registrar of HSPOA. The Union will copy HEABC on the referral form at the same time as sending it to the Registrar if it initiates a grievance. HEABC will copy the respective Union(s) on the referral form at the same time as sending to the Registrar if it initiates a grievance.

17. Once referred, a matter will appear on the next Case Management Meeting ("CMM") of the HSPOA. The Registrar will keep a master file list of matters referred to the HSPOA. The Registrar will make the list available to the Parties upon request.

18. Administrative services in support of the HSPOA will be shared between the Parties.

19. The Parties agree to hold meetings virtually or, where directed by the Registrar, in person at the offices of HEABC, HSABC or any of the Constituent Unions of the HSPBA. The meetings may be held by conference call.

20. Minutes of the HSPOA meetings will be kept and distributed to all Parties after a meeting has concluded and a week prior to the next HSPOA meeting.

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Success of HSPOA

21. The Parties agree to make all of the best efforts to make the HSPOA successful and to continue to constructively improve the process.

22. The Parties agree to review the success of HSPOA annually with the Registrar to measure its success. If the Parties and the Registrar agree, they may measure success by keeping statistics of matters which proceed through HSPOA, including such benchmarks as the number of cases referred, settlements reached, and time to completion of files.

Termination of HSPOA

23. While the Parties agree to work towards the continued success of HSPOA, the HSPOA will be terminated on September 30, 2026, unless mutually agreed to otherwise by the Parties.

General Process Guidelines

24. Timelines: Once the schedule is agreed to and accepted by the Office, Parties to a grievance are expected to adhere to the deadlines. Extensions may be sought by consent, or by making an application to the Registrar if consent is not given.

25. When seeking a pre-hearing Order from the Registrar, a party to a grievance will provide at least seven (7) days notice to every other party to the grievance, unless the Order is deemed urgent by the Registrar.

26. Each party agrees to share all legally permissible information during the grievance procedure relevant to the grievance. If, in the opinion of either party, the grievance procedure has failed to provide sufficient information to understand the merits of the other party's case, either party may apply to the Registrar of the HSPOA for an order for the production of documents and/or particulars. This application may be made immediately and does not require a referral to arbitration. Where there is an application, the Registrar must deal with it expeditiously and may order the respondent or both parties' documents and/or particulars.

27. Particulars: To the greatest extent possible, the Parties to a grievance will work together to define and narrow the issues in dispute through early exchange of particulars. Should either Party to a grievance wish to amend their particulars after the particulars have been exchanged, the Party may seek consent to change the particulars, or an order from the Registrar to have them changed.

28. Joint Statement of Facts: To the greatest extent possible, the Parties to a grievance will work together to narrow the evidence in dispute.

29. Documents: Reliance documents and documents material to the case are to be disclosed to the opposing party according to the schedule for disclosure.

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Orders for document production can be made by the Registrar if there is a delay, or a dispute about relevance or any other dispute related to the disclosure of documents. Where possible, a joint book of documents will be prepared.

30. Joint Book of Documents (JBOD): The JBOD may include documents which the Parties to a grievance do not agree to admit. Inclusion in the JBOD does not equate to agreement on the admissibility of documents or the use to be made of them at arbitration; rather, it is meant to assist the arbitrator by centralizing all the documents into one (1) book.

31. Written Submissions/Alternate Means to Introduce Evidence or Conduct Hearing: Where appropriate, the Parties to a grievance will consider if the matter can be decided on written submissions alone and/or if oral argument can be conducted by video conferencing or conference call.

32. Common Question: The Parties to a grievance are encouraged to agree to a common question or common questions to be answered by the Arbitrator.

33. Legal Authorities: The CMM will include discussion about limiting authorities and may include orders limiting the number of authorities.

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APPENDIX 18.1 – MEMORANDUM OF AGREEMENT

Between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Expedited Dispute Resolution Process for Short Term Union Leave

1. A dispute regarding Article 5.12 may be referred to this expedited resolution process if the anticipated start date of the leave requested pursuant to Article 5.12 is imminent. For the purposes of this MOA, imminent means that there is no reasonable probability that the dispute could be resolved through the process described in Article 8.04 before the anticipated start date of the leave requested. If the leave requested is not imminent, the parties will refer disputes to the process described in Article 8.04.

2. For the purposes of the expedited process an arbitrator will be appointed from the following list:

    - Chris Sullivan
    - Corinn Bell
    - Lisa Southern
    - Najeeb Hassan
    - Tonie Beharrell

3. The party referring the matter to this expedited arbitration process will provide written notice of the expedited referral to the other party (to the Employer and HEABC or to the Union, as the case may be). The referring party will contact the expedited arbitrator to arrange a hearing with the parties. The expedited arbitrator will conduct a hearing by way of telephone conference call within two (2) business days of the appointment.

4. The expedited arbitrator shall receive submissions from the parties in an expedited manner by way of telephone conference. All submissions are intended to be short and concise and will include a brief summary of the facts relevant to each party's position. The parties agree to make limited use of authorities in their submissions.

5. The expedited arbitrator will render a written "bottom line" decision and provide a copy to the parties within twenty-four (24) hours of the conference call. The decision will be limited in application to that particular dispute and will have no precedential value.

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6. The parties agree to share the costs of the fees and expenses of the arbitrator equally.

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APPENDIX 19 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously Seniority Consolidation and Merger of Certifications

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APPENDIX 20 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Geographic Areas

Geographic areas are defined as:

> seventy-five kilometres (75 km) from the Employee's home site, based on the Employer's mileage charts.

Notwithstanding the above definition, no Employee will be denied wage protection on the basis of refusing a position within a geographic area where it requires:

- traveling the Malahat Highway,
- traveling on the Sea to Sky highway between West Vancouver and Squamish, or
- crossing a body of water by ferry.

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APPENDIX 21 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Classification Redesign Committee

Whereas the classification system was last modified in 1988;

Whereas the parties have a common interest in developing a redesigned classification system which supports and promotes the role of health science professionals;

Whereas the parties have had significant discussions concerning the Employers' proposal for a Job Profile Classification Plan and the Union's proposed principles for amending the classification system;

Therefore the parties agree:

1. The parties will establish a Classification Committee (the "Committee") to assist the parties in reaching agreement on the redesigned classification system in subsequent negotiations.

2. The Committee will be comprised of no more than seven representatives from HEABC/member organizations and no more than seven representatives from the HSPBA.

3. The Committee will endeavor to make detailed recommendations for a new profile-based classification system.

4. At the request of either party, the Committee will appoint Mr. John Kinzie as a facilitator to assist the parties in developing joint recommendations. The facilitator may provide written non-binding recommendations to the Committee to resolve any differences that arise in the Committee process.

5. The Committee will report back to their respective bargaining committees prior to the expiration of the current Collective Agreement. The report will identify any joint recommendations of the Committee and any areas where the Committee did not reach consensus.

6. The Committee's recommendations will only be implemented by mutual agreement of the parties.

7. The Interim Order issued by Arbitrator Hall on September 25, 2012 shall continue to bind the parties during the term of this Collective Agreement and

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until such time as the parties have agreed to a redesigned classification system to be incorporated into a new collective agreement. Arbitrator Hall shall continue to remain seized with respect to any dispute regarding the interpretation or implementation of the Interim Order.

Upon ratification of a new collective agreement and, provided that the parties have agreed to a redesigned classification system to be incorporated in that collective agreement, the Memoranda of Understanding re Joint Classification Committee, Interim Classification Modifications and Classification System Implementation will be deleted.

All Employees that were subject to downward classification prior to the September 25, 2012 Interim Order based on the application of the Interim Classification Modifications MOU shall be entitled to receive any wage increase that takes effect prior to April 1, 2014, notwithstanding the provisions of Article 10.04(b).

Coding up that had been discontinued pursuant to the Interim Classification Modification memorandum shall be restored upon ratification.

The HSPBA Policy Grievance dated November 10, 2011 and any related grievances or objections are withdrawn effective the date of ratification.

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APPENDIX 21.1 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: HSPBA Classification Redesign – Interim Agreement

WHEREAS the parties negotiated a joint Classification Redesign Committee ("CRC") in accordance with Appendices 21-23 of the 2014 – 2019 HSPBA Provincial Collective Agreement with an aim to designing a new profile-based classification system; and

WHEREAS the CRC has agreed upon a number of components for the new classification system but still has some work to complete; and

WHEREAS it has been recognized that full implementation of a new classification system and corresponding Salary Structures, as contemplated by the parties, will not be achievable within the fiscal mandate of this round of collective bargaining; and

WHEREAS the CRC has recommended that, until the new classification system can be implemented, any available compensation and classification funds shall be distributed with an aim to:

- Address inequities within the current compensation and classification system;
- Address skills shortages, difficult-to-fill positions and recruitment and retention;
- Facilitate the development of community interprofessional teams;
- Facilitate the modernization and implementation of the new classification system; and

WHEREAS any compensation and classification funds must be distributed in accordance with furthering the 2019 Sustainable Services Mandate to:

- Improving the services people count on;
- Making life more affordable;
- Building a strong, sustainable economy;

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- Sustaining, enhancing and modernizing the delivery of services that British Columbians rely on; and

WHEREAS the parties are bound by the fiscal mandate;

THEREFORE, THE PARTIES AGREE THAT:

1. The CRC will complete the development of the new profile-based classification system no later than **March 31, 2019**.

2. As part of the completion of the new profile-based classification system, the CRC will develop and adopt:

   (a) A complete job profile classification system including profiles for:

      (i) working level I and supervisor/leadership I;

      (ii) working level II and supervisor/leadership II;

      (iii) supervisory/leadership III; and

      (iv) supervisory/leadership IV;

      consistent with the format and level of detail in the agreed upon sample/prototypical full-scope working level profile;

   (b) A classification manual and compensation framework [in the case of the working professional II profile, may result in more than one (1) pay level, and in the case of the supervisor/leadership I-IV profiles, may result in differentiated compensation depending on the outcome of (g), below], including classification tools, term definitions, user instructions and guidelines to assist with the classification of roles including in the HSPBA bargaining unit and to eventually replace the Operating Instructions;

   (c) Principles for the use of job profiles;

   (d) Classification groupings;

   (e) A definition of special procedures and a process for identifications of special procedures including the removal of procedures no longer determined to be special;

   (f) A Classification Plan Maintenance Agreement, which will include a dispute resolution procedure to replace Article 11 of the Collective Agreement; and

   (g) Methodology to revise and standardize the impact of the number of FTE staff supervised on supervisory classification and/or compensation, with gradations/levels based on the number of FTE supervised.

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3. At the request of either party the CRC may engage John Kinzie as a facilitator to assist the parties with respect to the process set out above. Should the parties reach an impasse, Mr. Kinzie may provide written binding recommendations before April 1, 2019.

4. HEABC and its Employer members will match existing jobs to profiles by March 31, 2020. The CRC will develop an expedited dispute resolution process for Unions to represent their members who believe that their position has been matched to an incorrect profile. All disputes must be resolved no later than December 31, 2020.

5. The CRC will distribute all available funds as set out within the attached Appendix A.

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APPENDIX A

The parties have allocated a fund of ten million dollars ($10,000,000) (the "Fund") for the purposes of moving towards a profile-based, modernized classification and compensation system. The parties recognize that this fund will not be enough to fully implement the new classification and compensation system during the term of this Collective Agreement and have prioritized measures that:

- Support the future implementation of the new system;
- Improve recruitment and retention;
- Support implementation of the Ministry of Health Target Operating Model, including creation of community-based care teams; and
- Address existing inequities.

To this end, within thirty (30) days of ratification of the Collective Agreement, the parties shall draft terms of reference for the establishment of a joint working group to implement the initiatives and to administer the Fund as set out herein (the "Working Group"). It is understood that these initiatives cannot exceed the mandated fiscal envelope on a year-over-year basis, and that the ongoing end rate costs of these initiatives cannot exceed ten million dollars ($10,000,000) at the end of the Collective Agreement term.

With these objectives in mind, the funds shall be applied as follows:

YEAR 1 (effective the first pay period after April 1, 2019)

(a) A new and distinct Diagnostic Medical Sonographer four (4) grade job family shall be established retaining the current Grades III to VI classification level definitions and Salary Structures applicable to Diagnostic Medical Sonographers and renaming them as Grades I to IV. Further, the Diagnostic Medical Sonographer job family will have appropriate Grade II classifications for Sole Charge and working without general supervision*.

*NB – see provision (r) regarding working without general supervision being subject to the Working Group.

(b) A new and distinct Magnetic Resonance Imaging Technologist four (4) grade job family shall be established retaining the current Grades III to VI classification level definitions and Salary Structures applicable to Magnetic Resonance Imaging Technologist and renaming them as Grades I to IV. Further, the Magnetic Resonance Imaging Technologist job family will have appropriate Grade II classifications for responsibility for a student, Sole Charge, and working without general supervision*.

*NB – see provision (r) regarding working without general supervision being subject to the Working Group.

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(c) A new Miscellaneous Provision applicable to the new Grade IV Diagnostic Medical Sonographer and Magnetic Resonance Imaging Technologist classifications shall be added to the Operating Instructions 2 – Miscellaneous Provisions stating that where the number of FTE in a department/section exceeds the maximum stated in the Grade IV classification definitions by fifty percent (50%) or more, an additional five percent (5%) will be paid above the Grade IV wage rate. In the event of a Grade IV Lead supervising a Grade IV section head who is receiving the additional five percent (5%), the Lead will receive an additional ten percent (10%).

(d) The classifications and corresponding wage grid levels of all professions/occupations classified in accordance with separate memoranda (i.e. related to establishing wage rates for a profession or occupation, not memoranda particular to single situations) shall be added to the Industry Wide Miscellaneous Rates (IWMR) section of the Collective Agreement. The Unions and Employers will identify all such existing memoranda and provide them to HEABC, allowing sufficient time for verification. The parties will make best efforts to complete this work by March 31, 2019.

(e) Staff level IWMR (including those in (d), above) shall be compensated at one (1) grid higher* when assigned to work sole charge or when they are responsible for a student or when assigned to work without general supervision**.

"Staff level" are generally positions that do not work sole charge and are under general supervision (i.e. the job is equivalent to grade 1 jobs in job families). Where there is dispute about whether a position is "staff level", the Working Group will review the job description, Employer organizational charts, and past and current practice of the job to determine if it is appropriately classified as a staff level position.

*Placement at the higher grid level shall be at the rate that results in a minimum monthly increase of eighty-two dollars ($82).

**NB – see provision (r) regarding working without general supervision being subject to the Working Group.

(f) For those classifications that have two (2) entry level qualifications (such as Art Therapist, Child Life Specialist, Dental Hygienist, Infant Development Program Consultant, Licensing Officer, Recreation Therapist, Speech-Language Pathologist and Vocational Counsellor) there shall remain two (2) staff level classifications and Salary Structures, however, for classifications above staff level in such disciplines there shall be only one (1) Salary Structure (i.e. the higher of the previously existing two). Initial placements within the new increment structures shall be at the rate that results in a minimum monthly increase of eighty-two dollars ($82).

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(g) The Social Program Officer classifications are deleted and the following shall apply:

Health Science Professional Disciplines Allied to the Social Work Discipline

Positions where the qualifications are not exclusive to any one (1) discipline and where the position provides a counselling, education, prevention, referral, or advocacy service to individuals, families, or groups with mental health, behavioural, addiction, or chronic medical concerns will be classified in accordance with the Social Worker definitions* and grid levels.

For any and all grid level increases resulting from the above, initial placements within the new increment structures shall be at the rate that results in a minimum monthly increase of eighty-two dollars ($82).

*NB – see provision (r) re working without general supervision.

(h) The Combined Laboratory/X-Ray Technologist references in the Industry Wide Miscellaneous Rates are deleted, and Combined Laboratory/X-Ray Technologist is added to the list of Health Science Professional Disciplines Allied to the Medical Technology Disciplines. Movement to the Medical Technologist Salary Structure shall be based on placement within the new increment structure which results in a minimum monthly increase of eighty-two dollars ($82). It remains agreed that a Combined Laboratory/XRay Technologist at the Grade I Level is working under the general supervision of a Medical Technologist or a Radiological Technologist or a Diagnostic Medical Sonographer or a Combined Laboratory/X-Ray Technologist. For situations where work is performed without general supervision, see provision (r) re working without general supervision.

(i) The Salary Structures for Supported Child Development Consultants shall be:

Supported Child Development Consultant – Diploma – Staff Grid 4

Supported Child Development Consultant – Bachelor's – Staff Grid 4

Supported Child Development Supervisor Grid 6

Movement of Supported Child Development Consultants and Supervisors to the new Salary Structure shall be based on placement within the new increment structure which results in a minimum monthly increase of eighty two dollars ($82).

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(j) The Perfusionist Salary Structures* will be:

		1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year
Perfusionist, Clinical	Monthly	7657	7794	7936	8079	8224	8374
	Bi-Weekly	3521	3584	3649	3715	3782	3850
	Hourly	46.94	47.78	48.65	49.53	50.42	51.33
Perfusionist, Educator	Monthly	8250	8397	8551	8705	8861	9022
	Bi-Weekly	3793	3861	3932	4002	4074	4148
	Hourly	50.57	51.48	52.42	53.36	54.32	55.31
Perfusionist, Supervisor	Monthly	8564	8716	8876	9036	9198	9365
	Bi-Weekly	3938	4007	4081	4154	4229	4306
	Hourly	52.50	53.43	54.41	55.39	56.39	57.41

[*the above wage schedule shall be revised per the wage increases of February 1, 2019 and beyond and shall appear in the Collective Agreement]

For any and all grid level increases resulting from the above, initial placements within the new increment structures shall be at the rate that results in a minimum monthly increase of eighty-two dollars ($82).

(k) All references to "Testing Technician – Psychometrist" are replaced with "Psychometrist". The Salary Structure for Psychometrist shall be Grid 8. Movement of Psychometrists to the new Salary Structure shall be based on placement within the new increment structure which results in a minimum monthly increase of eighty-two dollars ($82). For clarity, no Psychometrist shall have their hourly pay reduced as a result of the application of this provision. Psychometrists are no longer eligible for Qualification Differential based on a Baccalaureate Degree.

(l) Replace all references to "Health Records Administrator" in the Collective Agreement with "Health Information Management Professionals". The Working Group will identify any further profession names that need modernization and make the necessary amendments to the Collective Agreement.

(m) The Salary Structure for Infection Control Practitioner shall be Grid 15. For any and all grid level increases resulting from the above, initial placements within the new increment structures shall be at the rate that results in a minimum monthly increase of eighty-two dollars ($82).

(n) The provisions of Wage Schedule 2 – Qualification Differential shall be amended as follows:

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(i) The Master's and PharmD Qualification Differentials shall be deleted and replaced with a single entry "Post entry to practice graduate degree" at one hundred and twenty-five dollars ($125) per month.

(ii) The Baccalaureate Qualification Differential shall be amended to read "Post entry to practice Baccalaureate degree".

(iii) The Baccalaureate plus A.C. or A.R.T. Qualification Differential shall be amended to read "Post entry to practice Baccalaureate degree plus Advanced Certification or-Advanced Registered Technologist".

For clarity, all Employees receiving Qualification Differential in accordance with the current language shall continue to receive it under the above revised language.

YEAR 2 (effective the first pay period after April 1, 2020)

(o) The Salary Structures for Supported Child Development Consultants shall be:

Supported Child Development Consultant – Diploma – Staff Grid 5

Supported Child Development Consultant – Bachelor's – Staff Grid 6

Supported Child Development Supervisor – Grid 8

Movement of Supported Child Development Consultants and Supervisors to the new Salary Structure shall be based on placement within the new increment structure which results in a minimum monthly increase of eighty-two dollars ($82).

(p) Qualification Differential for Occupational Therapists and Physiotherapists is amended as follows:

(i) The March 16, 2006 agreement regarding Qualification Differential for Occupational Therapists and Physiotherapists is deleted. Accordingly, Qualification Differential shall no longer be paid for entry to practice Master's degrees in OT and PT.

(ii) All Salary Structures of the OT and PT wage schedule shall be increased by one hundred and twenty-five dollars ($125) per month.

YEAR 3 (effective the first pay period after April 1, 2021)

(q) The Salary Structures for Supported Child Development Consultants shall be:

Supported Child Development Consultant – Diploma – Staff Grid 6

Supported Child Development Consultant – Bachelor's – Staff Grid 8

Supported Child Development Supervisor Grid 10

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Movement of Supported Child Development Consultants and Supervisors to the new Salary Structure shall be based on placement within the new increment structure which results in a minimum monthly increase of eighty-two dollars ($82).

YEAR 2 and 3

(r) The Working Group shall allocate any monies remaining from the ten million dollars ($10,000,000) fund after provisions (a) through (q) have been implemented. The Working Group shall allocate the remaining funds in the following priority order:

- To address anomalies flowing from the transition of MOU classifications to the IWMR per provision (d). An example of an anomaly may be where a MOU position is classified at a grid level that is inconsistent with other positions in the IWMR (e.g. the position requires a degree but has been classified lower than grid 8). It is agreed that any compensation increases will not be inconsistent with the classification system.

- To compensate staff level positions that have new provisions for working without general supervision pursuant to this Appendix. The Working Group will first identify such staff level positions working without general supervision and then evaluate the cost of coding up these professionals for the time that they are working without general supervision. The Working Group will determine how fully the applicable compensation levels can be applied and the date that the compensation will be implemented on a go-forward basis.

(s) The Working Group will investigate and report back to the respective bargaining committees regarding the cost impact of implementing the following prospective language:

Staff level Employees assigned to perform a higher rated job or supervise a student for four (4) hours or less during their shift will be coded up for a minimum of four (4) hours. Where a staff level Employee is assigned to relieve in a higher rated job or supervise a student for more than four (4) hours during their shift, the Employee will be coded up for the entire shift. It is understood that this change in payroll practice will not, in and of itself, lead to a finding that the Employee is performing these duties/tasks for the "majority of the time".

(t) The Working Group will identify identical jobs performed at different wage rates by one (1) or more professions. Either HSPBA or HEABC may bring forward identical jobs for review by the Working Group. The Working Group will report back to the respective bargaining committees regarding the cost of assigning a single Salary Structure (the highest) to the jobs found to be identical.

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APPENDIX 21.2 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: HSPBA Classification Redesign Completion and Implementation

WHEREAS the parties negotiated a joint Classification Redesign Committee ("CRC") in accordance with Appendices 21-24 of the 2014 – 2019 HSPBA Provincial Collective Agreement with an aim to designing a new profile-based classification system; and

WHEREAS the CRC has made considerable progress towards this objective but still has some work to complete; and

WHEREAS the parties agree to complete the development and implement the new profile-based classification system during the term of the 2022 – 2025 Collective Agreement; and

WHEREAS the parties are bound by the fiscal mandate; THEREFORE, THE PARTIES AGREE THAT:

1. The Classification Redesign Completion and Implementation Committee (CRCIC) will complete the new profile-based classification system no later than June 30th, 2023. Provisions of the new profile-based classification system previously agreed to or decided by Mr. Kinzie shall not be revised unless agreed to by the CRCIC.

2. The new profile-based classification system will include:

   (a) A completed Classification Manual and Maintenance Agreement;

      (i) Up to date professional groupings;

      (ii) Agreed language covering all items that had not been finalized by the Classification Redesign Committee process of the previous Collective Agreement;

      (iii) Any additional considerations mutually agreed to by the CRCIC;

   (b) Finalized Salary Structures for the advanced practice and supervisory profiles as agreed by the CRCIC.

3. At the request of either party the CRCIC may engage XXXX to assist the parties with respect to the process set out above. Should the parties reach an

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impasse, XXXX will provide written binding recommendations before June 1, 2023 (the parties will agree to a mediator/arbitrator as framed above).

4. The CRCIC will develop a Classification/Profile Matching Process to match existing jobs to the profiles by September 30, 2023. The Process will include HEABC and its Employer members matching existing jobs to profiles, and an expedited dispute resolution process for Unions to represent their members who believe that their position has been matched to an incorrect profile; All disputes must be resolved no later than February 29, 2024.

The new profile-based classification system shall be phased in during the term of the 2022 – 2025 Collective Agreement as follows:

For the purposes of the calculations for P1 Salary Structure increases, the following shall apply:

Base Salary Structure:

The April 2021 staff level Salary Structure grid levels plus the General Wage Increase(s) and/or COLA(s), as applicable.

OR

The April 2021 Grade I job family Salary Structure plus the General Wage Increase(s) and/or COLA(s), as applicable.

Target Salary Structure:

The Sole Charge, Student Supervision, or Working Without General Supervision grid level, where Sole Charge, Student Supervision, or Working Without General Supervision Salary Structures exist for Industry-Wide Miscellaneous Rates (IWMR) professions, plus the General Wage Increase(s) and/or COLA(s), as applicable.

OR

The Grade II Salary Structure for job family professions plus the General Wage Increase(s) and/or COLA(s), as applicable.

YEAR 1 (effective the first pay period after April 1, 2022)

P1 Salary Structure Phase-In (to be applied after the applicable GWI)

a) Health Science Professionals classified under the Industry-Wide Miscellaneous Rates (IWMR) provisions at the Staff level or at Grade I under the job families provisions shall move to Salary Structures that are equal to thirty-three point nine six percent (33.96%) of the difference between the Base Salary Structure and the Target Salary Structure.

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b) IWMR Staff level Employees assigned duties and responsibilities at the Sole Charge, Student Supervision, or Working Without General Supervision level will be paid in accordance with the Sole Charge, Student Supervision, or Working Without General Supervision Salary Structure for their profession, in accordance with the appropriate payroll coding up methodology.

c) Health Science Professionals classified at Grade I assigned Grade II duties and responsibilities will be paid in accordance with the Grade II Salary Structure for their profession, in accordance with the appropriate payroll coding up methodology.

d) Employees shall move to their new Salary Structures on a same increment step basis. Employees shall maintain their increment anniversary date.

YEAR 2 (effective the first pay period after April 1, 2023)

P1 Salary Structure Phase-In (to be applied after the applicable GWI/COLA)

a) Health Science Professionals classified under the Industry-Wide Miscellaneous Rates (IWMR) provisions at the Staff level or at Grade I under the job families provisions shall move to Salary Structures that are equal to sixty-five point five two percent (65.52%) of the difference between the Base Salary Structure and the Target Salary Structure.

b) IWMR Staff level Employees assigned duties and responsibilities at the Sole Charge, Student Supervision, or Working Without General Supervision level will be paid in accordance with the Sole Charge, Student Supervision, or Working Without General Supervision Salary Structure for their profession, in accordance with the appropriate payroll coding up methodology.

c) Health Science Professionals classified at Grade I assigned Grade II duties and responsibilities will be paid in accordance with the Grade II Salary Structure for their profession, in accordance with the appropriate payroll coding up methodology.

d) Employees shall move to their new Salary Structures on a same increment step basis. Employees shall maintain their increment anniversary date.

e) Further to a review of the Year 1 expenditure for the P1 Salary Structure Phase in the sixty-five point five two percent (65.52%) increase above will be confirmed or expanded as necessary by the CRCIC by no later than May 1st, 2023.

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Grid Level Adjustments (to be applied before the P1 Salary Structure Phase-In above)

The following professions will receive the following wage grid level adjustments:

- Anesthesia Assistant Trainee – two (2) grid lift
- Public Health Inspectors/Environmental Health Officers – one (1) grid lift
- Radiation Therapists – four (4) grid lift
- Respiratory Therapists – one (1) grid lift
- Radiation Therapy Service Technologists – four (4) grid lift
- Radiology Service Technologists and Radiology Service Technologist Trainees – four (4) grid lift
- Radiology Service Technologists Supervisors – three (3) grid lift

YEAR 3 (effective the first pay period after April 1, 2024)

Full Implementation of the P1 Profile and Corresponding Salary Structures (to be applied after the applicable GWI/COLA)

a) Health Science Professionals classified under the Industry-Wide Miscellaneous Rates (IWMR) provisions at the Staff level or at Grade I under the job families provisions shall move to the Target Salary Structure.

b) Employees shall move to their new Salary Structures on a same increment step basis. Employees shall maintain their increment anniversary date.

YEAR 3 (effective dates to be determined by the CRCIC but no later than February 28, 2025)

a) Full implementation of the new profile-based classification system, i.e. all remaining profiles and corresponding Salary Structures, Classification Manual, and Maintenance Agreement. In conjunction with the implementation of the new classification system, the CRCIC will review the Year 2 expenditure for the P1 Salary Structure Phase-In.

b) Where a new Salary Structure is less than an incumbent's current rate, the incumbent shall maintain their current rate and receive all future general wage increases while they continue to occupy the same position.

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APPENDIX 21.3 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously Hospital Pharmacy Residency Program Note

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APPENDIX 21.3(a) – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: P2B Profile

The parties agree to amend the P2B(S) Clinical/Technical Specialist section of the P2B Profile as follows:

(S) CLINICAL/TECHNICAL SPECIALIST

NATURE OF WORK:

Jobs matched to this profile have delegated responsibility and accountability for the provision of clinical or technical specialist services to health science professionals within the profession through the provision of formal clinical or technical consultation and advisory services to own or other organizations within a specialized area of the profession.

Illustrative Responsibilities:

- Assigned accountability ~~to utilize specialized education, training and/or experience~~ to provide specialized clinical or technical consultation and advisory services to others, both internally and externally, ~~with~~in a specialized area of expertise within the designated profession.
- Plans and assesses treatment procedures and practices for the specialty area or is delegated to provide technical consultation.
- Acts as a clinical/technical resource using advanced theory and knowledge of the specialized area of expertise within the profession.
- Holds responsibility for the full spectrum of consultation to health science professionals through the identification of scope and nature of consultation required, assessment and provision of clinical/technical consultations to ensure best practice and effective outcomes in the provision of designated programs and services.

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APPENDIX 21.4 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Classifications Provisions of the Collective Agreement

Whereas the new profile-based classifications system came into full force and effect on December 6, 2024, the parties hereby agree to amend the Collective Agreement as follows:

A. Delete the following that pertained to the previous classifications system:

- Provisions of the Wage Schedule
- Health Science Professionals Job Rates
- Health Science Professionals Allied to the Medical Technology Disciplines
- Health Science Professionals Allied to the Social Work Discipline
- Industry-Wide Miscellaneous Rates (General)
- Wage Schedules
- Classifications Definitions
- Operating Instructions
- The Health Science Professional Job Families Classifications

  Diagnostic Medical Sonographer

  Dietitian

  Health Information Management Professional

  Magnetic Resonance Imaging Technologist

  Medical Technologist

  Nuclear Medicine Technologist

  Occupational Therapist

  Orthotist & Prosthetist

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Pharmacist

Physiotherapist

Psychologist

Radiological Technologist

Respiratory Therapist

Social Worker

Speech/Language Pathologist & Audiologist

B. Add the following that pertain to the profile-based classifications system:

- Wage Schedules
- Maintenance Agreement and Classification Manual
- Professional Groupings
- Profiles
  - P1 – Working Professional

    Biomedical Technology

    Dental

    Dietitian

    Electrodiagnostic

    Expressive Therapy

    Health Information

    Infant/Child Development and Special Needs Education

    Laboratory

    Medical Imaging and Radiation

    Pharmacy

    Psychology

    Public and Environmental Health, Control and Prevention

    Rehabilitation/Therapeutic

    Research

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Social Service and Counselling

Surgical and Respiratory Services

Technical

Vision

- P2A – Special Procedures/Techniques
- P2B – Advanced Working Professional

  (E) Education

  (I) Health Science Information Systems and Applications

  (Q) Quality Control Program

  (R) Research and Development

  (S) Clinical/Technical Specialist
- S1 – Supervisory/Leadership
- S2 – Supervisory/Leadership
- S3 – Supervisory/Leadership
- S4 – Supervisory/Leadership

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APPENDIX 22 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Joint Classification Committee

1. The parties will establish a joint classification committee (the "Committee") which will make recommendations to the parties to modernize the classification system.

2. The Committee will be comprised of three (3) representatives from the HEABC/Health Authorities and three (3) from the HSPBA.

3. The Committee will develop objective job classification criteria and operating instructions for all jobs within the scope of the HSPBA bargaining unit.

4. The Committee will develop a new classification system which:

   (a) creates administrative and procedural efficiencies,

   (b) defines the full scope working level professional which will include the work and responsibilities classified at Grade I and Grade II of the current classification system,

   (c) defines the full scope working level professional for both Industry-Wide Miscellaneous Rates ("IWMR") and memoranda professions in priority sequence based on the number of Employees working in the profession for the purposes of developing the classification system. Full scope working level for IWMR and/or memorandum professionals shall include, but is not limited to, sole charge, senior, student supervision and working without general supervision classification levels,

   (d) provides for valid and meaningful distinctions between classification levels above the full working level professional, which may include clinical and/or administrative/supervisory streams,

   (e) supports flexibility in the design of jobs within the scope of the bargaining unit, and

   (f) values professional practice leadership.

5. The Committee members will exchange relevant documentation and information from existing databases and/or reports that will facilitate the work of the Committee.

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6. The Committee will make appropriate arrangements for meetings with each party covering its own costs and cost sharing where mutually agreeable.

7. In the event that the parties agree to request the assistance of a mutually agreeable facilitator, they will share the costs equally.

8. The Committee will report back to the parties, in writing, no later than October 31, 2011. The written report will identify the findings and the joint recommendations of the Committee and will also report on areas where the Committee did not reach consensus.

9. The recommendations will only be implemented by mutual agreement of the parties and will be conditional on the funding being available should the recommendations have a cost.

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APPENDIX 23 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Classification System Implementation

During negotiations of the renewal of the 2006 – 2010 Health Science Professional Collective Agreement the parties created a Joint Classification Committee with the objective of making recommendations to the parties in relation to a new classification system.

The parties agree that the recommendations of the Joint Classification Review Committee are subject to mutual agreement and will only be implemented if there is funding identified in the Provincial Government's fiscal mandate.

In considering the implementation of these joint recommendations the parties agree that the introduction of the full working level professional is an important priority and the parties will make every reasonable effort to fulfill this priority.

This priority is subject to the allocation of sufficient funding and will be deemed to be satisfied once the wage rate of the full scope working level professional is equal to the existing Grade II rate of pay.

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APPENDIX 24 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

THIS APPENDIX APPLIES ONLY TO EMPLOYEES WHO WERE SUBJECT TO CHANGES MADE PURSUANT TO THIS APPENDIX BETWEEN APRIL 1, 2011 AND SEPTEMBER 25, 2012.

Previously Interim Classification Modifications

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APPENDIX 25 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously Multi-Employer Steward

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APPENDIX 26 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Early Accommodation Measures for Employees

The parties agree that the long-term health of injured and disabled workers benefits from timely and proactive measures that meet their medical restrictions to keep them working, or results in their early return to work from long-term disability (LTD). To that end, the parties agree that:

1) During the LTD qualifying period, Employees who are permanently disabled from their own job may be accommodated into an available position that is not less than eighty percent (80%) of their pre-disability earnings. However, in the event the Employee is unable to continue working in their accommodated position in the subsequent six (6) month period due to the same or related medical condition, the pre-disability position will continue to be applicable for the purposes of adjudication and calculation of any claim for LTD.

2) During the first twenty-four (24) months of LTD benefits, Employees who are permanently disabled from their own job may be accommodated into an available position that is not less than seventy-five percent (75%) of their pre-disability earnings. However, in the event an Employee is unable to continue working in their accommodated position during the twenty-four (24) month period of benefit entitlement, due to the same or related medical condition, the pre-disability position will continue to be applicable for the purposes of the adjudication and calculation of any claim for LTD during that twenty-four (24) month period.

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APPENDIX 27 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Previously Transition to 37.5 Hour Work Week

DRAFT

APPENDIX 28 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Requirement to Join and Maintain Membership in Professional Bodies as a Condition of Employment

WHEREAS:

A. Employers represented by HEABC at times required Employees represented by the Union to become members of various professional bodies as a condition of employment;

B. Employers at times incorporated this requirement into job descriptions;

C. The Union grieved the ability of the Employers to require Employees represented by the Union membership to join and maintain membership in professional bodies as a condition of employment;

D. The Union filed several grievances in respect of job descriptions that referenced mandatory membership in a professional body as a condition of employment; and

E. The parties have agreed to settle all matters arising from the above grievances on the following terms.

Therefore HEABC and HSA agree as follows:

1) This agreement, including the definitions contained within it, (together referred to herein as the "Agreement") is made on a without prejudice basis to the positions either party may adopt or advance at subsequent bargaining.

2) In this Agreement and only for the purposes of this Agreement, the following terms are deemed to have the meanings that are set out below each term:

   i) Professional Association

      An organization representing the interests of a particular profession through various activities including but not limited to education, certification, professional development, publications, knowledge resources, conferences, research or networking.

   ii) Licensure

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A process required by law where a regulatory body permits individuals who possess the necessary credentials and/or qualifications to engage in a particular occupation or profession and/or to use a particular title. In certain professions, licensure and registration (see below) might be synonymous terms.

iii) Certification

A process to ensure individuals have achieved entry-level competency (skills, knowledge, education) to practice their profession. Measurement of competency can include but is not limited to examination (written or oral), minimum work experience and/or educational requirements.

Certification is not intended to assure appropriate professional conduct or continued competency once an individual is deemed certified and practicing.

Certification can be a one-time process (i.e. once certified always certified) or an on-going process where Certification must be maintained by meeting specified criteria such as annual continuing education credits or clinical hour requirements.

Certification can be offered through a professional association (see above) or through another certifying body.

iv) Registration

A process whereby a group of professionals establish, maintain, and enforce standards of practice, standards of conduct and competency to ensure individuals practicing in their designated profession are doing so in a competent and professional manner at all times.

Registration can be mandatory (see "Licensure" above) or voluntary.

v) Membership

The process whereby an individual joins a professional association (see above) by meeting pre-defined membership requirements and paying annual dues.

3) Employers can continue to require Certification as a condition of employment.

4) The Employer, in its sole discretion, may bear the cost of Employees' membership in a professional association. Other than in circumstances where membership in a professional association is required for statutory, regulatory or accreditation purposes, as described in Paragraph 7 below, if an Employer requires membership in a professional association, the cost of the membership will be borne by the Employer.

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5) Employers can continue to require that Employees meet the eligibility requirements for membership in an applicable professional association.

6) This Agreement does not in anyway diminish an Employer's right to continue an existing practice related to those professions that, currently or in the future, are required by professional statutes to be registered in order to practice the profession.

7) It is not the intention of this Agreement to reduce or otherwise negatively impact an Employer's ability to fulfill its mandated service expectations. It is recognized that in certain instances, a statute, regulation or accrediting body may require registration or membership in a particular professional association. Current practices in these circumstances are not impacted by this agreement. If, during the life of this Agreement, a new obligation arises from an accrediting body for the Employer to require other than Certification and eligibility for membership, the Employer, HEABC and the Union will meet to address the specific circumstances and find a resolve. The Employer acknowledges that requirements for membership by an accrediting body have typically arisen in the context of educational initiatives that require membership of program staff.

   It is typically obligations of this nature that are contemplated under the term "new obligations" in this Agreement. If they are not able to reach agreement, a mutually agreed arbitrator will be appointed to assist the parties up to and including expedited arbitration.

8) HSPBA will continue to encourage its members to actively participate in their respective professional association.

9) Future job descriptions will reflect the terms of this agreement. Any inconsistencies between existing job descriptions and this agreement will be governed by this agreement.

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APPENDIX 28.1 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Professional Licensing Fees

Effective January 1, 2027, on a go forward basis, where the Employer requires an Employee in an Eligible Profession, as a condition of employment, to be licensed with a provincial regulatory college, (or in the case of Social Workers, registered with the BC College of Social Work) the Employer will reimburse the Employee for the cost of that respective provincial regulatory college license/registration renewal fee if:

(a) they are a regular Employee at the Employer on the date the renewal fee is due; or

(b) they are a casual Employee who has worked more than seven hundred and eighty (780) straight-time hours at the Employer in the three hundred and sixty-five (365) days preceding the date the renewal fee is due.

Reimbursement is not pro-rated for part-time or casual Employees.

Eligible Professions shall include:

- Professions regulated with a provincial regulatory college as of January 1, 2027; and
- Effective April 1, 2028, the following professions:
    - Respiratory Therapists
    - Clinical Perfusionists
    - Radiation Therapists
    - Medical Laboratory Technologists

At the Employer's request, an Employee must confirm the cost of their provincial regulatory college license renewal fee by presenting their license/registration and proof of payment acceptable to the Employer.

Employers may require Employees complete an attestation form confirming their request for reimbursement has been submitted to only one (1) Employer.

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This Memorandum of Understanding applies to Employees who must pay annual membership fees to maintain Certification as required by Ministerial Order and issued by the Canadian Institute of Public Health Inspectors.

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APPENDIX 29 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Disability Management Representatives

Whereas the parties agreed in the Memorandum of Agreement Re Enhanced Disability Management Program negotiated during bargaining of the 2010 – 2012 Health Science Professionals Collective Agreement to a formula for allocation of the cost savings from improved disability management as follows:

> …from the date of implementation any cost savings from improved disability management will be allocated as follows:
>
> - A minimum of twenty-five percent (25%) for prevention initiatives,
> - A minimum of twenty-five percent (25%) to be invested in improved disability management, and
> - The remainder for general investment in health services.
>
> The parties will develop a method of accounting for savings or costs associated with improved disability management; and

Therefore, the parties agree that, effective April 1, 2013, the Employer will contribute four hundred and eight thousand dollars ($408,000) annually for the creation of disability management representatives to support the EDMP. This will extinguish the obligation to allocate twenty-five percent (25%) of cost savings from the EDMP to improved disability management.

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APPENDIX 30 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: EDMP Representatives

There shall be a maximum of ten point two five (10.25) FTE of Union-appointed, Employer-paid, EDMP Representatives, including one (1) EDMP Coordinator.

Effective April 1, 2028, Representatives will increase to eleven point two five (11.25) FTE of Union-appointed, Employer-paid, EDMP Representatives, including two (2) EDMP Coordinators.

The Union shall advise the Employer in writing of the names of the Union-appointed EDMP Representatives and EDMP Coordinators.

The EDMP Representatives shall be granted Employer-paid union leave from their regular position with the Employer, without loss of salary and benefits, to perform their Union Representative role and function as set out in the EDMP Policies & Procedures at an FTE to be determined by the Union. The EDMP Representatives will continue to be covered by all provisions of the Collective Agreement and shall continue to be eligible for additional shifts on the same basis as if they were working in their regular position. The EDMP Representative's Union leave from their regular position with the Employer is temporary for the duration of their appointment, and they retain full rights to their regular position with the Employer. Upon the Employee leaving the EDMP Representative role, they will return to the full FTE of their regular position with the Employer. The Employer will post the temporary vacancy created by the EDMP Representative's Union leave, pursuant to Article 9.

The Employer will pay mileage as set out in Article 26.01 where the EDMP Representative's/Coordinator's attendance is required at a meeting and where videoconference/ teleconference is not possible or appropriate.

Where appropriate, EDMP Representatives will be included in education provided to the Employer's disability management staff.

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APPENDIX 30.1 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: EDMP Expenses and Joint Education

Effective April 1, 2019, the Employer will contribute one hundred thousand dollars ($100,000) per fiscal year to pay for administration costs, including jointly developed training and education, travel, electronic equipment and other expenses associated with the provision of HSPBA EDMP representation on a provincial basis.

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APPENDIX 31 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Expedited Arbitration Process for Classification

1. All Article 11 grievances shall be considered suitable for expedited arbitration. Where it is mutually agreed that multiple grievances pertain to the same issue, such grievances will be consolidated. The arbitrator may determine that a dispute is not appropriate for expedited arbitration and that a full hearing is required as per Article 8.

2. The expedited arbitration process outlined below shall be utilised for all Classification grievances filed up until the time of the implementation of a new Classification system or April 1, 2016, whichever is sooner. The process may be continued by mutual agreement.

3. A representative of HEABC and the Union shall meet monthly, or as often as is required, to review the outstanding grievances and assign named arbitrators on a rotational basis. The location of the hearing will be at a location central to the geographic area in which the dispute arose.

4. Following the parties' disclosure of all relevant documents, exchange of particulars of their respective case, including the current Classification, the rationale for the current Classification, the Classification sought and the proposed rationale for reclassification and the resolve each party is seeking, and at least one (1) month prior to the hearing, the parties will prepare a joint statement of the agreed/disputed facts.

5. On a rotational basis, the parties shall use Joan Gordon, John Kinzie, and Vince Ready (or other mutually agreed arbitrator) as sole arbitrators.

6. The process is intended to be informal, although HEABC may be used to represent the Employer. Outside legal counsel will not be used to represent either party.

7. All presentations are to be short and concise and are to include a comprehensive opening statement clearly stating the expected resolve. The parties agree to make limited use of authorities during their presentations.

8. The number of witnesses shall be limited and shall only be called to give evidence where the arbitrator deems it necessary to resolve a conflict of facts.

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9. Where the parties mutually agree that an in-person hearing is not necessary to resolve the dispute, the parties may proceed by way of written submission and/or teleconference.

10. Prior to rendering a decision, the arbitrator may assist the parties in mediating a resolution to the grievance. Where mediation fails, or is not appropriate, a decision shall be rendered as contemplated herein.

11. All decisions of the arbitrator are to be limited in application to that particular dispute and are without prejudice. No written reasons for the decision shall be provided beyond that which the arbitrator deems appropriate to convey the decision. These decisions shall have no precedential value and shall not be referred to by either party in any subsequent proceeding or in any discussions or processes relating to the creation or implementation of a new Classification system.

12. All settlements of proposed expedited arbitration cases made prior to hearing shall be without prejudice.

13. The parties shall equally share the costs of the fees and expenses of the arbitrator.

14. The expedited arbitrator shall have the same powers and authority as an arbitration board established under the provisions of Article 8 of the HSPBA/HEABC Provincial Agreement and under the *Labour Relations Code*.

15. It is understood that it is not the intention of either party to appeal a decision of an expedited arbitration.

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APPENDIX 32 – LETTER OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Early Retirement Incentive Benefit

The parties agree to the following changes to the Early Retirement Incentive Benefit:

Notwithstanding the current Early Retirement Incentive Benefit (ERIB) provision contained in the, Collective Agreement, the parties agree to enhance and support efforts to increase the uptake of ERIB by eligible Employees.

It is agreed that:

- The Union will be provided with the information necessary in order to contact potentially eligible Employees, three months prior to their earliest possible eligibility.
- The Union will contact Employees on the list referenced above to explain how the ERIB provision works and to encourage Employees to provide the necessary authorization to determine their eligibility.
- Employees who apply for ERIB may choose to continue to maintain the Extended Health Benefit plan and Dental plan coverage to age sixty-five (65). The premiums will be cost shared by the Employer and Employee on a fifty-fifty (50-50) basis provided the Employee pays their portion of the premium for such coverage in advance, on a monthly basis (See Appendix 10 Section B (5.2) and Appendix 11 Section I(B) and Appendix 12 Section I(B)).

In order to expedite the processing of ERIB applications, it is further agreed that ERIB packages will be prepared and sent out at least four times (4x) per year, timing to be determined by mutual agreement of the parties.

(Note: This provision impacts Appendix 10 – Enhanced Disability Management Program, Appendix 11 – Long Term Disability Plan – Effective August 4, 2006, and Appendix 12 – Long Term Disability Trust)

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APPENDIX 33 – LETTER OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: Improving Quality and Safety through the Appropriate Use of On-call and Call-backs

Whereas the parties recognize that the work of Health Science Professionals is often critical in the care of patients*, and as such Employees are often required to be on-call and to be called back to work to perform procedures or work that cannot wait until the next regularly scheduled shift.

And whereas the parties recognize that being on-call and being called back to work can have an impact on an Employee's personal life and that call-backs can negatively impact on the amount and quality of sleep an Employee may achieve.

And whereas the parties share a concern that insufficient sleep affects Employees and may affect patient safety and quality of care.

And whereas the parties recognize that the appropriate use of on-call service and call-backs will contribute to Employee health, wellness and quality of life, occupational safety, the provision of safer care for patients and better utilization of health budgets, and these goals are consistent with the Institute for Healthcare Improvement (IHI) Triple Aim for quality improvement (improved quality or safety, improved provider satisfaction, improved per capita cost of care).

And whereas the parties have agreed to create a process whereby Employees may request a meeting to discuss instances in which they believe a pattern or recurring incidents of unwarranted call-back occurred (Reference Article 28.03).

Now therefore the parties have a mutual interest in the appropriate use of call-backs. Call-backs should be limited to situations requiring emergent or urgent care. It is the intent of the parties to increase awareness of existing Employer developed review processes, and to develop review processes where none exist and the volume is appropriate.

The following definitions are offered as a guideline for work that may result in a call-back.

> **Emergent Care** is required when the failure to provide the services of the Health Science Professional could result in an immediate, serious negative impact on the health of the patient.

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Urgent Care is required when the failure to provide the services of the Health Science Professional, before the next regularly scheduled shift, could result in a decline in the health of a patient or irreparable harm as a result of care not being provided within a defined window of opportunity.

The following are provided as examples of circumstances when a call back should not normally be used to provide the services of a Health Science Professional.

- Where the patient's condition does not meet the definition of either Emergent or Urgent Care and the health practitioner seeks the provision of the service in time for the conclusion of their shift
- Where the patient's condition does not meet the definition of either Emergent or Urgent Care and the health practitioner orders a service provided by an HSP, to prevent a return trip by the patient

**read patients as 'patients, residents or clients'*

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APPENDIX 34 – LETTER OF AGREEMENT

between

FRASER HEALTH AUTHORITY

INTERIOR HEALTH AUTHORITY

NORTHERN HEALTH AUTHORITY

PROVINCIAL HEALTH SERVICES AUTHORITY

VANCOUVER COASTAL HEALTH AUTHORITY

VANCOUVER ISLAND HEALTH AUTHORITY

and

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Professional Development Fund

Effective April 1, 2027 the Professional Development Fund will increase to six hundred thousand dollars ($600,000) for each year of the term of the Collective Agreement is to be established for use by HSPBA members. The administration of the Fund will be determined by the HSPBA.

The HSPBA will provide HEABC with an annual written report containing a summary of the Fund's expenditures and balances and will outline how the Funds were used for Professional Development.

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APPENDIX 34.1 – MEMORANDUM OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE ASSOCIATION

Re: One Time Allocation: Professional Development

HEABC will allocate three million five hundred thousand dollars ($3,500,000) (the "Funds") to the Health Science Professionals Bargaining Association (HSPBA) for the Professional Development Fund during the first year of the 2025 – 2029 Collective Agreement (2025).

The Funds are to be held in trust by HSPBA and must be administered by HSPBA only to support eligible Health Science Professionals to meet their ongoing requirements for professional development, and to enhance their professional development opportunities in rural or remote areas. In particular, by agreeing to accept the Funds in trust, HSPBA agrees to administer the Funds in accordance with the following requirements:

The Funds are to be allocated to training and upgrading skills for HSPBA members working in professions experiencing shortages or rural and remote locations, as well as ongoing required professional development for all HSPBA members; and

The Funds are to be administered by the HSPBA and disbursed to the constituent Unions of the HSPBA on a pro-rated basis; and

All applicants, regardless of Union membership, must be within the HSPBA bargaining unit and covered by the HSPBA/HEABC Provincial Agreement; and

The Funds must only be applied to education/training that pertains to professional development in a Health Science Professional discipline being practiced in the public health care system; and

Notwithstanding permissible administrative costs as described below, the Funds must only be applied to the following eligible expenses: reimbursement of tuition fees, registration fees, cost of required books/materials, and other reasonable education-related expenses. This may also include the reasonable costs of travel and accommodation, if the applicant must travel or temporarily relocate to attend education/training or related clinical placement; and

Reasonable funding guidelines will be established by each of the constituent Unions to ensure that the Funds benefit as many members as possible; and

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Up to ten percent (10%) of the Funds received by each constituent Union may be used to cover administrative costs. This is in the sole discretion and for the sole benefit of each constituent Union; and

The Funds are specifically targeted for the purposes described herein and cannot be re-allocated for any other purpose without agreement from HEABC.

The HSPBA will provide HEABC with an annual written report containing a summary of the Fund's expenditures and balances and will outline how the Funds were used for Professional Development.

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APPENDIX 35 – LETTER OF AGREEMENT

between

MINISTRY OF HEALTH

and

FRASER HEALTH AUTHORITY

INTERIOR HEALTH AUTHORITY

NORTHERN HEALTH AUTHORITY

PROVINCIAL HEALTH SERVICES AUTHORITY

VANCOUVER COASTAL HEALTH AUTHORITY

VANCOUVER ISLAND HEALTH AUTHORITY

and

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

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Re: Joint Strategic Partnership Committee

The parties agree to create a Joint Strategic Partnership Committee (the "Committee"). The Committee will bring together key representatives from the HSPBA, the Ministry, the Health Authorities, and the HEABC to discuss system wide improvements and sustainability across the health care system.

The Committee will use a collaborative approach and will focus on initiatives and opportunities that support health sector strategies, to maximize the utilization of health human resources, improve system quality, productivity, safety and service delivery and ensure sustainability of the health care system.

Key policy areas and agenda items for the committee will be determined by mutual agreement of the Committee.

The Committee will have access to data relevant for the purposes of conducting Committee business.

The Committee will meet quarterly and will include high-level representation from the HSPBA, the Ministry, the Health Authorities, and the HEABC. The HSPBA and the Ministry will co-chair the Committee.

Any initiatives and/or opportunities undertaken by the Committee shall be time limited and targeted towards specific outcomes.

Each party will pay the costs of its own participation in the Committee.

The parties agree the function and purpose of the Committee will be reviewed every two years.

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APPENDIX 35.1 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Health Science Strategic Relations Committees (the "Committees")

The Parties to this agreement are the HSPBA and the HEABC. The Parties have a shared commitment to work collaboratively through consultation to address issues relating to HSPBA Employees within the context of HEABC Employers' (the "Employer") service delivery changes, workforce planning, and labour relations issues. To advance this commitment, the Parties agree to the value of establishing Health Science Strategic Relations Committees between the Union and the Employer at the local level.

The purpose of the Committees shall be to discuss developments and potential initiatives, which may include technological change, that may have a significant impact on the members of the HSPBA, and to develop collaborative approaches and timely resolutions to recurring workplace issues or issues arising at multiple worksites.

The Committees will be established as follows:

1. The frequency of the meetings will be determined by the Committees based on the size and structure of the Employer.

2. For the purposes of this work, consultation means seeking advice from, listening to, and acknowledging the mutual concerns of the Union and the Employer.

3. The Committees may be used to discuss recruitment and retention strategies at the local level, engage in workforce planning discussions and information sharing, and implementation of approved initiatives. The Committees may meet to discuss issues and resolve disputes, including policy applications, before they become grievances, and to schedule case management meetings.

4. The establishment of the Committees will not replace the current local level committees and processes that address issues related to individual grievances, local Joint Occupational Health and Safety Committee meetings, local Labour Management meetings, or consulting obligations that arise elsewhere in the Collective Agreement or under relevant legislation (for example, Section 54 of the *Labour Relations Code*, [RSBC 1996] Chapter 244).

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5. The Committees will have equal representation from both the Union and the Employer and must include senior representatives with decision making authority. Other representatives or participants may be included to assist or provide expertise, as mutually agreed by the Committee members.

6. The Union and the Employer will determine the agenda which will be circulated to all attendees in advance of each meeting.

7. The Committees will meet within sixty (60) days of ratification to discuss a schedule for meetings. Additional meetings may be set outside the schedule if required.

8. Ninety (90) days prior to the expiration of the Collective Agreement an evaluation will be conducted by the Parties who will make recommendations to improve the effectiveness of the Committees.

9. This Memorandum of Understanding will expire on March 31, 2029 or unless expressly agreed to by the Parties.

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APPENDIX 35.2 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Labour Management Committees

The parties agree that to advance better relations between the parties, local level Labour Management Committees provide a forum for meaningful consultation.

Local Labour Management Committees shall meet upon request of either party at a mutually agreeable time and place. Stewards shall be granted leave without loss of pay to attend the Committee meeting(s) during scheduled work time, or shall receive regular straight-time wages for time spent attending meetings of the Committee outside regular work hours.

Discussions of an issue at Labour Management Committee meetings are without prejudice, and do not reduce the authority or legal right of either party.

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APPENDIX 36 – LETTER OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Compensation Bargaining Comparability

1. If the net total compensation increase in the 2014 collective bargaining settlement between the Public Service Agency and the BCGEU or HEABC and the NBA exceeds the net total compensation increase in the HSPBA settlement for the corresponding period, wage rates in the HSPBA Collective Agreement will be adjusted by an across-the-board percentage increase so that the net total compensation increase of the HSPBA settlement is equal to the net total compensation increase of the higher of the BCGEU or NBA settlements.

2. "Net total compensation increase" means in each instance the amount calculated as such by the PSEC Secretariat and reported by the Secretariat to the Minister of Finance.

3. For clarity, it is understood that the PSEC Secretariat's calculation and reporting of a net total compensation increase to the Minister of Finance:

   (a) Will not include wage comparability adjustments, labour market adjustments approved by the PSEC Secretariat or adjustments to include LPNs within the NBA collective agreement; and

   (b) Will be net of the value of any change to their collective agreements which were agreed by the BCGEU, the NBA or the HSPBA (as the case may be) to obtain a compensation adjustment.

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APPENDIX 36.1 – LETTER OF UNDERSTANDING

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Public Sector General Wage Increases

As part of the Memorandum of Settlement between HEABC and the HSBPA to renew the 2014 – 2019 HSPBA Collective Agreement, the parties also agree to the following:

1. If a public sector employer as defined in s. 1 of the *Public Sector Employers Act* enters into a collective agreement with an effective date after December 31, 2018 and the first three years of the collective agreement includes a cumulative nominal (i.e.: not compounded) general wage increase of more than six percent (6%), the general wage increase in the 2019 – 2022 Collective Agreement will be adjusted on the third anniversary of the 2019 – 2022 Collective Agreement so the cumulative nominal general wage increases are equivalent. This Letter of Understanding is not triggered by any general wage increase awarded via binding interest arbitration.

2. A general wage increase and its magnitude in any agreement is as defined by the Public Sector Employers' Council Secretariat and reported by the Secretariat to the Minister responsible for the *Public Sector Employers Act*.

3. For clarity, a general wage increase applies to all bargaining unit members and does not include wage comparability adjustments, targeted low wage redress adjustments, labour market adjustments, service improvement allocations, and is net of the value of any changes agreed to by a bargaining agent for public sector Employees to obtain a compensation adjustment.

4. This Letter of Understanding will be in effect during the term of the 2019 – 2022 Collective Agreement.

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APPENDIX 36.2 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Public Sector General Wage Increases

1. If a public sector employer, as defined in s. 1 of the *Public Sector Employers Act*, enters into a collective agreement with an effective date after December 31, 2021 and the first three years of the collective agreement under the Shared Recovery Mandate includes cumulative nominal (not compounded) general wage increases (GWIs) and Cost of Living Adjustments (COLAs) that, in accordance with how GWIs are defined and calculated in this MOA, are paid out and exceed the sum of the GWIs and COLAs that are paid out in the Collective Agreement, the total GWIs and COLAs paid out will be adjusted on the third anniversary of the collective agreement so that the cumulative nominal (not compounded) GWIs and COLAs are equivalent. This Memorandum of Agreement (MOA) is not triggered by any wage increase or lump sum awarded as a result of binding interest arbitration.

2. For the purposes of calculating the general wage increases in paragraph 1:

   (a) a twenty-five cents ($0.25) per hour flat-rate wage increase for employees with their hourly wage rates set out in the Collective Agreement; or

   (b) any alternative flat-rate wage increase for employees whose hourly wage rates are not set out in the Collective Agreement that is determined by the Public Sector Employers' Council Secretariat to be roughly equivalent to a twenty-five cents ($0.25) per hour flat-rate wage increase;

   shall be considered to be a zero point five percent (0.5%) general wage increase, notwithstanding what it actually represents for the average bargaining unit member covered by the Collective Agreement. For clarity, under paragraph 2 a), the combined GWIs of twenty-five cents ($0.25) per hour and three point two four percent (3.24%) in Year 1 are considered to be a single increase of three point seven four percent (3.74%) for this MOA. For example purposes only, combining the three point seven four percent (3.74%) increase (as it is considered in this MOA) in Year 1 with the maximum potential combined GWI and COLA increases of six point seven five percent (6.75%) in Year 2 and three percent (3%) in Year 3 would result in a cumulative nominal increases of thirteen point four nine percent (13.49%) over three (3) years.

3. For certainty, a general wage increase is one that applies to all members of a bargaining unit (e.g. everyone receives an additional twenty-five cents [$0.25]

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per hour, four hundred dollars [$400] per year, or one percent [1%] increase) and does not include wage comparability adjustments, lower wage redress adjustments, labour market adjustments, flexibility allocations, classification system changes, or any compensation increases that are funded by equivalent Collective Agreement savings or grievance resolutions that are agreed to in bargaining.

4. A general wage increase and its magnitude in any agreement is as confirmed by the Public Sector Employers' Council Secretariat.

5. This MOA will be effective during the term of the Collective Agreement.

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APPENDIX 36.3 – LETTER OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: HSPBA Net Compensation Increases

1. If a public sector employer, as defined in s. 1 of the *Public Sector Employers Act*, enters into a collective agreement in respect of a bargaining unit for which a trade union is certified under the BC Labour Relations Code, with an effective date after December 31, 2024 and the first four (4) years of the collective agreement under the Balanced Measures Mandate includes cumulative nominal (not compounded) net compensation increases (NCIs) that, in accordance with how NCIs are defined and calculated in this LOA, are paid out and exceed the sum of the NCIs that are paid out in the 2025 HSPBA Agreement, the total NCIs paid out will be adjusted on the fourth anniversary of the collective agreement so that the cumulative nominal NCIs are equivalent.

2. Unless otherwise specified in this LOA, an NCI is an increase to the total compensation envelope in the form of a wage or benefit increase that is expressed as a percentage increase to the combined wages and wage-impacted benefits (W&WIB) compensation base for the bargaining unit. For clarity, a three percent (3%) GWI also equals a three percent (3%) NCI as it increases wages and wage-impacted benefits by three percent (3%). For further clarity, if an increase is only applied to wage-impacted benefits (WIB) in a collective agreement, such as a five percent (5%) increase to WIB, it would be the percentage increase it represents to the overall W&WIB compensation base, e.g. zero point one precent (0.1%), that would be treated as the NCI.

3. For the purposes of this LOA, the value of any flexibility allocations and any increase to non-wage impacted benefits shall be determined in accordance with the following steps:

    i. The value shall be calculated based on the percentage increase represented to the overall total compensation base, including non-wage-impacted benefits;

    ii. The value in (i) above shall then be treated as the NCI value. For clarity, a zero point two percent (0.2%) flexibility allocation shall be treated as a zero point two percent (0.2%) NCI, notwithstanding the fact that a zero point two percent (0.2%) flexibility allocation is applied

to the overall compensation base and may be greater than a zero point two percent (0.2%) increase to the W&WIB compensation base.

4. The sum of all GWIs and the flexibility allocation for the HSPBA under the four-year Balanced Measures Mandate equals twelve point four percent (12.4%) for the purpose of this LOA. The overall NCI for the HSPBA shall also comprise of all other negotiated increases contained in the four-year 2025 HSPBA Collective Agreement, including the increases summarized in the appendix that shall be treated as NCIs for the purposes of this LOA. Paragraph 3 above does not apply to the increases summarized in the appendix.

5. For clarity, NCIs do not include low wage and benefit redress adjustments for the CBA, the CSSBA or any BCGEU bargaining unit; mid-contract labour market adjustments for specific occupations agreed to post-ratification to address critical skills shortages that have emerged or worsened since bargaining; increases for the CUPE 873 Ambulance Paramedics bargaining unit; compensation increases that are funded by equivalent collective agreement savings; policy funding that is not directly tied to a collective agreement; increases resulting from an employer being designated as a public sector employer under the *Public Sector Employers Act*; relief from provisions in a prior collective agreement that were to become effective after the term of the prior collective agreement for the NBA collective agreement only; increases awarded through binding interest arbitration; or any grievance resolutions.

6. Subject to paragraph 10 below, it is understood that the costing decisions and assumptions made by the Public Sector Employers' Council (PSEC) Secretariat in relation to the NCIs in any collective agreement are based on the information available at the time the PSEC Secretariat reviewed the changes to the Collective Agreement prior to the parties reaching a tentative agreement. All decisions made by the PSEC Secretariat must be in good faith and all costing assumptions must be reasonable. Any costing review conducted in accordance with paragraph 10 must be based on the utilization rates and other assumptions that were reasonably available at the time, rather than unforeseen subsequent changes or newer data.

7. During the term of the 2025 HSPBA Agreement, PSEC Secretariat shall notify the HSPBA of any mid-contract labour market adjustment provided to other public sector bargaining units, and, in accordance with paragraph 2 of the LOA, the corresponding value of the net compensation increase it represents.

8. For clarity, a GWI is an increase that applies to all members of a bargaining unit (e.g. everyone receives an additional thirty cents ($0.30) per hour, four hundred dollars ($400) per year, or one percent (1%) increase).

9. If this LOA is triggered pursuant to paragraph 1, the manner in which the NCI adjustment is paid out must be agreed to by the parties. If the parties cannot agree, the matter will be referred to an arbitrator as per paragraph 10.

10. Any disputes related to the interpretation, application, or alleged violation of this LOA, including any decisions made by the PSEC Secretariat in relation to it, may be referred directly to an arbitrator mutually agreed to by the parties.

11. This Letter of Agreement will be effective during the term of the 2025 HSPBA Agreement.

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APPENDIX TO LETTER OF AGREEMENT RE: HSPBA NET COMPENSATION INCREASES

- Enhanced Disability Management Representatives
- Union Stewards
- Professional Fees
- Portability of Benefits
- Professional Development Fund (Appendix 34)

DRAFT

APPENDIX 37 – LETTER OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Economic Stability Dividend

Definitions

1. In this Letter of Agreement:

"Collective agreement year" means each twelve (12) month period commencing on the first day of the renewed collective agreement. For example, the collective agreement year for a collective agreement that commences on April 1, 2014 is April 1, 2014 to March 31, 2015 and each period from April 1 to March 31 for the term of the collective agreement.

"Economic Forecast Council" means the Economic Forecast Council appointed under s. 4 of the *Budget Transparency and Accountability Act*, [S.B.C. 2000] c. 23;

"Forecast GDP" means the average forecast for British Columbia's real GDP growth made by the Economic Forecast Council and as reported in the annual February budget of the government;

"Fiscal year" means the fiscal year of the government as defined in the *Financial Administration Act* [1996 S.B.C.] c. 138 as 'the period from April 1 in one year to March 31 in the next year';

"Calendar year" is a twelve (12) month period starting January 1st and ending December 31st of the same year based upon the Gregorian calendar.

"GDP" or "Gross Domestic Product" for the purposes of this LOA means the expenditure side value of all goods and services produced in British Columbia for a given year as stated in the BC Economic Accounts;

"GWI" or "General Wage Increase" means a general wage increase resulting from the formula set out in this LOA and applied as a percentage increase to all wage rates in the Collective Agreement on the first pay day after the commencement of the eleventh (11th) month in a collective agreement year;

"Real GDP" means the GDP for the previous fiscal year expressed in constant dollars and adjusted for inflation produced by Statistics Canada's Provincial and Territorial Gross Domestic Product by Income and by Expenditure Accounts (also

DRAFT

known as the provincial and territorial economic accounts) and published as "Real Gross Domestic Product at Market Prices" currently in November of each year.

The Economic Stability Dividend

2. The Economic Stability Dividend shares the benefits of economic growth between Employees in the public sector and the Province contingent on growth in BC's real GDP.

3. Employees will receive a general wage increase (GWI) equal to one-half (½) of any percentage gain in real GDP above the forecast of the Economic Forecast Council for the relevant calendar year.

4. For greater clarity and as an example only, if real GDP were one percent (1%) above forecast real GDP then Employees would be entitled to a GWI of zero point five percent (0.5%).

Annual Calculation and Publication of the Economic Stability Dividend

5. The Economic Stability Dividend will be calculated on an annual basis by the Minister of Finance for each collective agreement year from 2015/16 to 2018/19 and published through the PSEC Secretariat.

6. The timing in each calendar year will be as follows:

   (a) February Budget – Forecast GDP for the upcoming calendar year;

   (b) November of the following calendar year – Real GDP published for the previous calendar year;

   (c) November – Calculation by the Minister of Finance of fifty percent (50%) of the difference between the Forecast GDP and the Real GDP for the previous calendar year;

   (d) Advice from the PSEC Secretariat to Employers' associations, Employers and Unions of the percentage allowable General Wage Increase, if any, for each bargaining unit or group with authorization to Employers to implement the Economic Growth Dividend.

7. For greater clarity and as an example only:

   For collective agreement year 3 (2016/17):

   (a) February 2015 – Forecast GDP for calendar 2015;

   (b) November 2016 – Real GDP published for calendar 2015;

   (c) November 2016 – Calculation of the fifty percent (50%) of the difference between the 2015 Forecast GDP and the 2015 Real GDP by the Minister of Finance through the PSEC Secretariat;

DRAFT

(d) Direction from the PSEC Secretariat to Employers' associations, Employers and Unions of the percentage allowable General Wage Increase, if any, for each bargaining unit or group with authorization to Employers to implement the Economic Growth Dividend.

Availability of the Economic Stability Dividend

8. The Economic Stability Dividend will be provided for each of the following collective agreement years: 2015/16 (based on 2014 GDP); 2016/17 (based on 2015 GDP); 2017/18 (based on 2016 GDP); and, 2018/19 (based on 2017 GDP).

Allowable Method of Payment of the Economic Stability Dividend

9. Employers must apply the Economic Stability Dividend as a percentage increase only on collective agreements wage rates and for no other purpose or form.

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APPENDIX 37.1– MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Cost of Living Adjustment

Definitions

"General Wage Increase" or "GWI" means the overall general wage increase expressed as a percentage.

"Cost of Living Adjustment" or "COLA" means a percentage-based general wage increase adjustment provided in accordance with this Memorandum of Agreement. COLA is an upward adjustment applied to and folded into all wage rates.

The "annualized average of BC CPI over twelve months" (AABC CPI) means the Latest 12-month Average Index % Change reported by BC Stats in March for British Columbia for the twelve (12) months starting at the beginning of March in the preceding year and concluding at the end of the following February.

The "Latest 12-month Average Index", as defined by BC Stats, is a 12-month moving average of the BC consumer price indexes of the most recent twelve (12) months. This figure is calculated by averaging index levels over the applicable twelve (12) months.

The Latest 12-month Average Index % Change is reported publicly by BC Stats in the monthly BC Stats Consumer Price Index Highlights report. The BC Stats Consumer Price Index Highlights report released in mid-March will contain the applicable figure for the 12-months concluding at the end of February. The percentage change reported by BC Stats that will form the basis for determining any COLA increase is calculated to one (1) decimal point. For reference purposes only, the annualized average of BC CPI over twelve months from March 1, 2021 to February 28, 2022 was three point four percent (3.4%).

COLA

The COLA will be applied as applicable to the GWI effective on the first pay period after April 1, 2023 and April 1, 2024. The COLA will be calculated by determining the difference between the AABC CPI and the annual general wage increase to the maximum COLA prescribed that year in Wage Schedule – Grids.

April 2023

DRAFT

If the 2023 AABC CPI exceeds the April 2023 GWI of five point five percent (5.5%), then, on the first pay period after April 1, 2023 the April 2023 GWI will be adjusted upwards to reflect a COLA equal to the difference between the April 2023 GWI and the 2023 AABC CPI up to a maximum of one point two five percent (1.25%).

April 2024

If the 2024 AABC CPI exceeds the April 2024 GWI of two percent (2.0%), then, on the first pay period after April 1, 2024 the April 2024 GWI will be adjusted upwards to reflect a COLA equal to the difference between the April 2024 GWI and the 2024 AABC CPI up to a maximum of one percent (1.00%).

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APPENDIX 38 – LETTER OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Health and Welfare Benefits

Definitions:

1. In this Memorandum:

"Benefits" means: LTD, AD&D, EHC, Dental and Life;

"Employer" means any Employer certified to the HSPBA bargaining unit;

"Joint Health Science Benefits Trust ("JHSBT") means a trust formed by HEABC and the HSPBA as required by this Memorandum.

Formation of the JHSBT

2. The Parties agree to establish a working group ("Working Group") within thirty (30) days of ratification of the Collective Agreement to create the JHSBT.

3. The JHSBT shall be established by no later than March 31, 2015 unless agreed otherwise by the Parties.

4. Upon formation of the Working Group, HEABC will provide or cause the Health Benefits Trust ("HBT') and the HBT's contracted benefit providers to provide directly to HEABC or the HSPBA, without limitation, all data reasonably requested by either the HEABC or the HSPBA and their respective designated advisors for purposes of analyzing the future provision by the JHSBT of benefits currently provided by the HBT. For purposes of clarity, such data will include all data necessary to perform an actuarial valuation of the HBT or the JHSBT.

5. HEABC, HSPBA and their respective members on the Working Committee will maintain strict confidentiality in respect of the data.

6. It is a condition of this agreement that HEABC shall pay four hundred thousand dollars ($400,000) to HSPBA over the term of this agreement for costs incurred by the HSPBA in regard to their participation in the Working Committee and the establishment and formation of the JHSBT. Any excess costs incurred by the HSPBA will be funded by the JHSBT.

Co-governance of the Trust

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7. The JHSBT will be governed by a board of trustees with an equal number of trustees appointed by each of HEABC and the HSPBA. The HSPBA shall be responsible for determining the processes to select and appoint the trustees to be appointed by HSPBA.

Benefit Funding

8. The Parties agree that the current benefits provided by the Collective Agreement shall be maintained until April 1, 2016.

9. The Parties, through the Working Group and with reference to paragraph four above, shall negotiate an agreed-upon benefits funding model expressed as a fixed percentage of regular straight-time payroll and payable by the Employer to the JHSBT ("Benefits Funding"). The Benefits Funding will be transferred to, and be administered by, the JHSBT commencing April 1, 2016.

10. For clarity, the Parties, through the Working Group, will agree upon a reference period to determine the fixed percentage using the following formula: actual Employer cost of benefits divided by total straight-time payroll.

11. The Parties agree that the percentage determined for Benefits Funding pursuant to paragraph 9 shall remain fixed for the period April 1, 2016 to March 31, 2019 and will be subject to renegotiation under any renewal of the Collective Agreement.

12. HEABC will ensure interim funding as necessary for the JHSBT between April 1, 2016 and October 1, 2017. The Working Group may enter into negotiations to effect an asset and liability transfer from HBT.

13. The HEABC will indemnify and save harmless the HSPBA, its constituent Unions, and the JHSBT from any and all claims from HBT, the HEABC or the Government of the Province of British Columbia, including any exit levies from HBT or any other person or entity.

14. In the event the Parties are unable to reach agreement on the Benefits Funding by December 31, 2015, the matter will be determined by binding decision of Vince Ready.

Employer LTD Risk Obligation

15.

(a) "Wage increases" in this clause mean general wage increases, comparability wage increases and Economic Stability Dividend increases.

(b) If the cost of LTD benefits as a result of utilization exceeds the growth in LTD costs resulting from wage increases:

DRAFT

(i) For April 1, 2017 to March 31, 2018, the increase above wage increases over the period from April 1, 2016 to March 31, 2017;

(ii) For April 1, 2018 to March 31, 2019, the increase above wage increases over the period from April 1, 2017 to March 31, 2018;

(c) Health Employers will pay to the JHSBT an amount equal to the first two percent (2.0%) of the increased utilization cost of LTD benefits and fifty percent (50%) of the costs resulting from increased utilization that exceed four percent (4%).

Benefit Procurement

16. Until March 31, 2017, the JHSBT must obtain coverage through the Healthcare Benefit Trust and thereafter the JHSBT may obtain coverage through alternative providers.

Benefits

17. Subject to available funding, the trustees of the JHSBT can redesign the benefits.

Discretionary appointment to the HBT Board

18. Subject to the approval of the HEABC as settlors of the HBT, the trustees of the JHSBT may designate one (1) HEABC trustee and one (1) HSPBA trustee to serve as trustees of the Healthcare Benefit Trust.

Dispute Resolution

19. HEABC and HSPBA agree that any issue whatsoever relating to the interpretation, application or alleged violation of this Memorandum shall be remitted to Vince Ready for binding determination. For clarity, Mr. Ready's jurisdiction includes any disputes arising out of the Working Group up to and including the date on which the JHSBT is fully operational.

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APPENDIX 39 – LETTER OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: PharmaCare Tie-In

1. In this Memorandum, "eligible beneficiary" means an Employee enrolled in the benefit plans or their enrolled dependent as provided for under the Collective Agreement.

2. In the 2012/14 Collective Agreement, HEABC and the HSPBA agreed to implement a relationship between benefit plan funding of prescription drugs generally called the "PharmaCare tie-in".

3. The cost of prescription medications listed on the PharmaCare formulary will be covered one hundred percent (100%). In addition, the parties have agreed to adjust the PharmaCare tie-in so that:

   (a) an eligible beneficiary pays fifty percent (50%) of the cost of prescription drugs that are not included within the PharmaCare formulary. The other fifty percent (50%) will be paid by the Extended Health Care Plan.

   (b) an eligible beneficiary pays fifty percent (50%) of the cost of prescription drugs that require PharmaCare Special Authority approval. In the event Special Authority approval is received after the purchase of prescription medication, upon submission of Special Authority approval documentation to the benefit provider, the beneficiary will receive retroactive reimbursement of the unpaid fifty percent (50%).

   (c) when an eligible beneficiary applies for, and receives PharmaCare Special Authority approval and submits a copy of the approval documentation to the benefit provider prior to purchasing prescription medication, the beneficiary will receive one hundred percent (100%) coverage of prescription cost for the duration of the Special Authority.

   This cost sharing arrangement will be effective retroactive to September 1, 2013.

4. This cost-sharing arrangement will be included within the responsibilities and funding of the Joint Health Science Benefit Trust and will continue under the Trust unless or until the trustees of the JHSBT make amendments or until amended through subsequent collective bargaining.

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APPENDIX 40 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Working Group on Workload

Whereas the nature of health care is such that there will be predictable and unpredictable fluctuations in patient care and service delivery needs;

Whereas the parties recognize that workload that is consistently excessive can contribute to staff illness/injury, turnover, and attrition;

Whereas the parties recognize the importance of workload assessment which may include, but is not limited to, patient and client needs assessment, process efficiency studies, caseload volume tracking, analysis of operational data and intervention tracking;

Whereas the parties recognize the importance of dialogue and collaboration between Employees and the Employer in an open and supportive manner to proactively identify, assess and strategize methods to address workload issues;

Whereas the parties recognize the Employer's responsibility to determine the appropriate action and communication to all relevant interest holders;

Whereas the parties established the Working Group on Workload ("WGW") during the 2019 – 2022 Collective Agreement to develop, produce and support the implementation of guidelines.

Whereas the WGW completed and distributed the Workload Guideline. The Workload Guideline includes tools, resources and recommendations to support orientation, utilization and evaluation of the Workload Guideline.

Therefore, the parties agree as follows:

1. The parties will re-establish the collaborative Working Group on Workload ('WGW') to continue the work of improving workload related issues and broader implementation of the tools and strategies developed.

2. The WGW will be a proactive, solution-focused group chaired by HEABC and with equal representation between the parties, including at least one (1) participant with occupational health and safety expertise. The previous Terms of Reference shall be updated to identify the participants from both the Employers and HSPBA, including the above referenced occupational health and safety participant.

DRAFT

3. The WGW will be provided with project management support which may include administrative support and resources for the updating of the Workload Guideline (if required), and the distribution of broad based educational and communication strategies for Employers and Employees.

4. Following distribution of the Workload Guideline, the WGW will engage in ongoing and regular evaluation for the duration of the term of the 2022 – 2025 Collective Agreement and make recommendations on the implementation of the Workload Guideline.

5. The WGW will complete a review and evaluation of the Workload Guideline within one (1) year after ratification. Timelines are subject to change upon mutual agreement of the parties.

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APPENDIX 41 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE HEALTH SCIENCE PROFESSIONAL BARGAINING ASSOCIATION ("HSPBA")

Re: Days Of Cultural Or Religious Significance

WHEREAS in follow up to the advancements made through the 2022 – 2025 Collective Agreement, the Parties wish to continue to support and promote the ability for flexible cultural or religious days of significance to Employees; and

WHEREAS in the spirit of diversity, equity, decolonization, and inclusion, the Parties recognize that many of the current recognized holidays under Article 21 are centered around Christian and/or colonial holidays and are therefore not meaningful or significant to some Employees in the bargaining unit; and

WHEREAS the Parties agree to continue the Days of Cultural or Religious Significance Working Group (the "Working Group") to expand the implementation of a pilot project that will assess resources and other commitments needed to grant flexible cultural or religious days of significance to Employees.

THEREFORE, THE PARTIES AGREE THAT:

1. The Working Group will consist of six (6) participants as follows:

    - One (1) representative from HEABC;
    - Two (2) representatives appointed by the Employer, at least one (1) of which will be a Senior Human Resources representative; and
    - Three (3) representatives appointed by the HSPBA, one (1) of which will be a Senior Union representative, who has appropriate decision-making authority.

2. The Working Group will continue to support the implementation of an expanded pilot project to allow Employees of diverse faith or cultural backgrounds to exchange recognized holidays under Article 21 for days of significance to them. The purpose of this expansion is to provide additional Employers an opportunity to evaluate utilization and impacts in designated areas/locations.

3. The Working Group will meet within ninety (90) days of ratification of the Collective Agreement, and will meet quarterly, or as agreed to by the

DRAFT

Working Group to monitor utilization and any identified impacts at designated Employers.

4. The Working Group will oversee the following:

   a) The expanded pilot project will include multiple areas/locations including at least one (1) large, one (1) small and one (1) affiliate/community area/location, or as otherwise identified by the Working Group. The list of areas/locations of the expanded pilot project includes but is not limited to, and will be formally confirmed by the Working Group:

      - OSNS Child Development Centre
      - Children's Therapy & Family Resource Centre (Thompson Nicola Family Resource Society)
      - Fort St. John Hospital and Peace Villa (Northern Health)
      - Northern Health Pharmacy Services (Northern Health)
      - Peace Arch Hospital (Fraser Health Staff)
      - Delta Hospital (Fraser Health Staff)
      - Professional Practice, Quality, Research, Learning and Access & Flow Practice (Fraser Health)
      - Penticton Regional Hospital (Laboratory, Medical Imaging and Pharmacy)
      - Quw'utsun Valley Hospital /Cowichan District Hospital (Vancouver Island Health Authority)
      - British Columbia Children's Hospital and BC Women's Hospital (Provincial Health Services Authority)

   b) The Working Group will ensure that the pilot project will commence at all designated areas/locations by September 30, 2026, in tandem with the Employee vacation planning process, or such other locations and date(s) as agreed by the Working Group, and will be implemented for the Article 21 Statutory Holidays for the following calendar year(s) January 1 – December 31.

   c) The pilot project will not affect the aggregate entitlement to days off or pay for the pilot participants.

   d) Employees may exchange up to four (4) recognized holidays under Article 21 annually.

DRAFT

e) Employers will not incur additional costs as a result of participating in, implementing, and/or operationalizing the pilot project.

f) Participating Employers will have the ability to reasonably deny requests, and/or redeploy participating Employees if their worksite is closed on the exchanged holiday. Employers are not expected to open an otherwise closed worksite for an Employee participating in the pilot project.

Evaluation:

5. Following the conclusion of the pilot project on September 30, 2027, the Working Group will assess and evaluate the utilization and impacts of the pilot project and report back to the parties on or before March 31, 2028.

6. During the evaluation period, designated areas/locations may continue to exchange days of cultural significance.

7. The Parties will review the results of the assessment and evaluation to discuss any outstanding issues, no later than May 31, 2028.

8. If the Parties are unable to agree to the resolution of outstanding issues, the Parties will engage the services of a mediator for assistance.

Implementation:

9. The pilot project will advance to full implementation effective September 30, 2028.

DRAFT

APPENDIX 42 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Ceremonial, Cultural, Spiritual and Bereavement Leave for Indigenous Employees

Moved to Article 20C

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APPENDIX 43 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Recruitment and Retention of Indigenous Workers

1. The parties agree that Indigenous peoples are under-represented as workers in the health care system, and Indigenous peoples have historically experienced barriers to accessing health care services. The parties agree that these ongoing harms are best addressed with concerted efforts to embed Indigenous-Specific Anti-Racism. Addressing the under-representation of Indigenous peoples in the health sector workforce is a critical strategy to ensure cultural safety within the health care system for both workers and patients/residents/clients/service users. To that end, the parties will actively support employment equity programs to promote the hiring of Indigenous workers into the health care system, and to increase Indigenous representation within the HSPBA bargaining unit.

2. To support the recruitment and retention of Indigenous workers, and to improve the care of Indigenous patients/residents/clients/service users across the health care system, the parties recognize that Employers may select an Indigenous candidate, even where they are not the most senior qualified candidate, when one or more of the following circumstances exist:

   - the Employer has identified a position that provides care or services to Indigenous communities or Indigenous patients/residents/clients/service users and requires the cultural expertise or knowledge of Indigenous peoples, communities and/or nations;

   - where commitments to hire Indigenous peoples with external funding for programs have to be met; and/or

   - where the Employer has identified it is desirable to hire Indigenous peoples into leadership or mentorship, and/or supervisory roles.

3. Where there is more than one (1) qualified Indigenous candidate, Employers will consider, among other factors, the community or communities involved, and the patient/resident/client/service user population served by the position. Informed by a distinctions-based approach, considerations will be given to candidates' relationships, knowledge and/or experience with or in the communities or populations being served. The Employer may engage with the specific community or communities being served in developing and/or applying these considerations.

DRAFT

4. The parties agree that there may be new or existing positions that require lived experience, or knowledge of Indigenous peoples, communities and/or nations. In such cases, the Employer has the management right to require such qualifications on the job description.

5. Further to the circumstances identified in paragraphs 2 and 3, in the absence of fully qualified applicants for a posted position, the Employer may choose to hire an Indigenous candidate who does not possess all required qualifications for the position but would become job ready through Employer-provided training, orientation or mentoring.

6. This MOA will form part of the Employers' and the Unions' joint commitment to advance reconciliation and build a more equitable and culturally safe healthcare system.

DRAFT

APPENDIX 44 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Provincial Indigenous Specific Anti-Racism "ISAR" Committee

The parties acknowledge the pervasive and ongoing harms of colonialism faced by Indigenous peoples. These harms include the widespread systemic racism against Indigenous peoples in BC's health system, as highlighted in the 2020 In Plain Sight report.

The parties commit to working together to address the ongoing harms of colonialism and racism faced by Indigenous patients, clients, residents, service users, health care staff and providers, including by:

- committing to reconciliation in health care by supporting comprehensive, system-wide changes that enable Indigenous-specific anti-racism, and cultural safety;
- working together to actively identify, address and rectify barriers in Collective Agreements; and
- working to increase the representation of Indigenous individuals in the healthcare workforce.

The parties acknowledge that a coordinated and integrated provincial and sector-wide approach is crucial to further these joint commitments to eliminate Indigenous-specific racism and to create a culturally safe health care system.

To date, and in furtherance of recommendation no. 19 of the In Plain Sight report, Ministry of Health has partnered with the National Collaborating Centre for Indigenous Health (NCCIH), housed at University of Northern BC, to build a collection of anti-racism, cultural safety and trauma-informed standards, policy, tools and resources for health care organizations, including developing new tools and resources specific to BC.

Accordingly, building on the work underway, the parties support the creation of a provincial forum, led by the Indigenous Health branch of the Ministry of Health, that will include representatives from HEABC, health authority Vice Presidents of Indigenous Health and other leaders, representatives of other HEABC members, and health sector bargaining associations to engage in collaborative discussions that will inform the work moving forward and best position the parties in future rounds of collective bargaining (the "Forum"). Ministry of Health may also invite

DRAFT

representatives from other relevant groups identified by the Ministry of Health, including Indigenous elders or knowledge keepers, to participate in the Forum from time-to-time or on an ongoing basis.

The Ministry of Health has established the Forum with the following purpose:

- for health authority Indigenous leaders and other leaders, and representatives of other HEABC members and Unions to have continuing dialogue on the commitments stated above. The parties may use the Forum to present their ongoing or developing organizational initiatives, including the implementation of the Cultural Safety and Humility Standard, complaints processes, education, and training to eliminate Indigenous-specific racism and to hardwire cultural safety and humility into the workplace;

- to discuss ways to leverage resources being developed by NCCIH and Ministry of Health, as well as raising awareness of the wealth of resources within the health system now, including the repository of work housed with the NCCIH and resources already developed by health authorities;

- to discuss ways to address recruitment and retention of Indigenous staff, which may include developing recommendations for changes to Collective Agreement language in the next round of collective bargaining;

- to provide an opportunity for Ministry of Health to solicit feedback and report out on ongoing provincial initiatives, including continuing implementation of the In Plain Sight recommendations and the phased roll-out of the *Anti-Racism Data Act*, SBC 2022, c.18; and

- to improve awareness of and compliance with the *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c 44.

It is understood that the Forum should serve all interested parties in the provincial health care sector, not only the Health Science Professionals. To that end, the parties will make all reasonable efforts to promote participation in the Forum on a provincial and sector-wide basis.

The Ministry of Health shall hold the Forum quarterly, or more frequently as deemed necessary.

DRAFT

APPENDIX 44.1 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Indigenous Grievance and Arbitration Working Group

In the Memorandum of Agreement regarding Provincial Indigenous Specific Anti-Racism "ISAR" Committee, the parties made several acknowledgments and commitments including, but not limited to:

- acknowledging the pervasive and ongoing harms of colonialism faced by Indigenous peoples;
- agreeing to work together to address the ongoing harms of colonialism and racism faced by Indigenous patients, clients, residents, service users, health care staff and providers; and
- creating a provincial forum to engage in collaborative discussions to inform the work moving forward (the "Provincial Forum").

The parties acknowledge that the Canadian legal system reflects Eurocentric and colonial worldviews in theory and practice, which can propagate Indigenous-specific racism and other harms to Indigenous peoples. Although grievance and arbitration processes are developed with the goals of remedying disputes and addressing inequities and injustices, their context within the Canadian legal system means these processes may harm Indigenous workers. Therefore, the parties acknowledge the importance of reviewing these processes through relevant legislative commitments and protections to create more culturally appropriate pathways to respond to grievances involving Indigenous Employees and to eradicate Indigenous-specific racism and hard-wire a "speak-up" culture in health care.

By April 1, 2026, HEABC will convene a coordinated and integrated Indigenous Grievance and Arbitration Working Group (the "Working Group"). The Working Group will review the current state of the grievance and arbitration processes and develop provincial and sector-wide recommendations on the grievance and arbitration processes that:

- takes a distinctions-based approach;
- hardwires Indigenous-specific anti-racism by embedding Indigenous rights;

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- promotes cultural safety;
- encourages a 'speak up' culture; and
- maintains respect and collaboration.

The Working Group will:

- include representatives from the health authorities, affiliate members, HEABC, health sector bargaining associations, and guests or subject matter experts, including representatives from the Provincial ISAR Forum, as needed;
- meet quarterly or as is deemed necessary;
- develop terms of reference;
- gather necessary data in accordance with applicable privacy legislation to inform discussions and actions; and
- make provincial and sector-wide recommendations to the Provincial ISAR Forum to support Employers and Unions in identifying and utilizing culturally appropriate pathways for resolution in grievances involving Indigenous Employees.

Elder or Respected Indigenous Community Member Support

The Working Group, or a sub-committee of the Working Group, will prioritize the development of joint recommendations regarding opportunities for Indigenous workers to request the involvement of an Elder or another respected member of the Indigenous community in grievance procedures and/or other meetings with Employers. Such recommendations will be issued by March 31, 2029, and will consider, among other things:

- the value and support this involvement would provide Indigenous workers;
- the cultural and emotional safety of Elders or respected community members;
- the importance of maintaining timely workplace processes and procedures;
- clearly defining the roles and responsibilities of Stewards, Elders or respected community members, Employees, and Employer representatives in those processes;
- identifying the types of meetings or discussions where Elder or respected community member involvement may be appropriate; and

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- any other guidance regarding appropriate cultural norms, practices and expectations for such involvement.

The above work does not prevent an Employer, Union, and Indigenous worker from agreeing locally in advance to facilitate the attendance of an Elder or another respected community member in a grievance process or meeting.

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APPENDIX 44.2 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Indigenous Workforce Committee

To further the recruitment, retention and advancement of Indigenous Employees, a provincial Indigenous Workforce Committee (the "Committee") will be established for the purpose of sharing and discussing Indigenous workforce planning activities and initiatives across the health sector, including, but not limited to:

- Programs supporting the recruitment and retention of Indigenous Employees;
- Career path counselling for Indigenous Employees;
- Education, mentorship, and training opportunities for Indigenous individuals; and
- Pathways and skill development programs to facilitate Indigenous Employees' access to leadership roles.

The Committee will be a subgroup of the Provincial Forum established under the MOA Re: Provincial Indigenous Specific Anti-Racism "ISAR" Committee and will be made up of a representative from each public sector healthcare bargaining association and a representative from an affiliate Employer, each health authority/PHC, with secretariat support from HEABC. The Committee may include representatives from the Ministry of Health or any other interested parties mutually deemed to be appropriate members of the Committee. The Committee will be led by two (2) rotating co-chairs, one (1) bargaining association representative and one (1) health authority/PHC representative.

The Committee will be struck within one hundred and twenty (120) days after all health-sector 2025 – 2029 collective agreements have been ratified, and will meet on a quarterly basis. The Committee will report to the Forum providing periodic updates.

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APPENDIX 45 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Joint Provincial Health Human Resources Coordination Centre (PHHRCC) – Bargaining Association Consultation Forum

Social, environmental, demographic, and economic factors are increasing the demand for healthcare within British Columbia. To deliver the required services a skilled and engaged workforce is required. That workforce is integral to a robust, accessible public system with the ability to rapidly respond to key challenges.

The past few years have been a time of unprecedented change and challenge for B.C.'s health workforce. It is important for the system to have a coordinated approach to identify important themes, address challenges, and build upon existing resources to create a sustainable, equitable, and effective healthcare system.

To effectively deliver on this work the Ministry of Health has established a new Provincial Health Human Resources Coordination Centre (PHHRCC) with membership from the Ministry of Health, Health Sector Workforce and Beneficiary Services Division, regional health authorities, the Provincial Health Services Authority, the Health Employers Association of B.C., and the First Nations Health Authority. The PHHRCC reports to Leadership Council.

The PHHRCC is intended to bring significant focus, attention and discipline to key provincial-level human resource planning activities and initiatives. It will identify strategic actions, develop implementation plans for key approaches, and provide governance, oversight and monitoring of the implementation of these plans. The PHHRCC will look at both intermediate and long-term strategies and actions, as well as address urgent challenges through immediate action, including a focus on supporting Indigenous workers and supporting development of a culturally safe workplace.

In furtherance of the work of the PHHRCC, the Ministry of Health wishes to create a forum for input from Unions. To that end, on a regular basis the Ministry will convene a joint PHHRCC – Bargaining Association consultation forum for the following purposes:

1. Seek input from the Bargaining Associations on evolution and implementation of the Provincial Health Human Resource (HHR) Strategy.

2. Seek input from the Bargaining Associations on issues facing their members with respect to HHR plans, including a specific focus on supporting equity and

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diversity in the workforce and advancing the recommendations set out through In Plain Sight.

3. Seek input from the Bargaining Associations on specific initiatives and plans, including a specific focus on strategies or actions to support the retention of the workforce, including mental health and wellness.

4. Consult with the Bargaining Associations on other initiatives that may be considered by PHHRCC.

PHHRCC acknowledges the mutual covenants binding the Parties (HEABC and the HSPBA) through the terms and conditions of the Collective Agreement. When enacting activities and initiatives, PHHRCC shall give recognition to the process for amending these terms and conditions.

By October 15, 2023, the Ministry of Health will convene the Forum and present the Terms of Reference for input prior to finalization by the Ministry.

The Ministry intends for this Forum to serve all interested parties in the provincial health care sector, not only the Health Science Professionals. To that end, the Ministry will make efforts to promote participation in the Forum on a provincial and sector-wide basis.

The Ministry of Health shall hold the Forum semi-annually, or more frequently as deemed necessary.

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APPENDIX 46 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Diversity, Equity and Inclusion Working Group

1. The parties agree that addressing and improving diversity, equity and inclusion (DEI) in the workplace is a priority for the health sector, not only for healthcare staff, but also to better serve patients, clients and residents.

2. The parties have a joint interest in stopping harm and fostering safe, inclusive work environments by developing approaches to foster positive spaces, identifying and making efforts to remove barriers to individuals of under-represented groups, and making recommendations to Employers and Employees to further diversity, equity and inclusion in the workplace.

3. Accordingly, the parties will continue a coordinated and integrated provincial and sector-wide Diversity, Equity and Inclusion Working Group (the "Working Group").

4. The Working Group will be established by Provincial Health Human Resources Coordination Centre (PHHRCC) and will include representatives from health authorities, other HEABC member representatives, and health sector bargaining associations.

5. The Working Group may invite subject matter experts, people with lived experiences, and other relevant government ministries to attend as guests and to participate in conversations as needed.

6. The Working Group will meet quarterly (or as otherwise agreed) and will complete their work prior to March 31, 2029.

7. The Working Group's focus will be the advancement of diversity, equity and inclusion in health care workplaces and the Working Group will:

    - Engage and consult interest holders as required;

    - Gather all necessary data in accordance with applicable privacy legislation in advance of the Working Group's meetings to inform discussions and actions of the Working Group;

    - Conduct a review and analysis of available relevant data to benchmark the current state of the health care workforce with the intention to identify current gaps in under-represented workers;

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- Support the creation of a safe and discrimination-free workplace through identifying solutions to address barriers to employment and career advancement;
- Review available data in accordance with applicable privacy legislation;
- Review existing health authority/Providence Health Care (PHC) DEI programs and actions to identify gaps; and
- The parties will continue to work cooperatively to support and promote the framework and action plan as adopted by the Ministry of Health and the health authorities/PHC. This may include recommendations for resources necessary to support adopted aspects of the framework, including (but not limited to) training and education, Employer or Ministry of Health personnel, and/or policy change. Topics of training and education may include (but is not limited to) anti-racism, gender and sexual diversity, anti-harassment, and disability awareness.

8. The Working Group will make recommendations to PHHRCC.

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APPENDIX 47 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Gender Diversity & Inclusion

General Inclusion & Gender-Affirming Support

The parties agree to the following:

1. The parties agree that two-spirit, gender-diverse and transgender people have experienced and continue to experience barriers to respect, representation and safety in the workforce. Addressing these concerns in the health sector workforce is a critical strategy to ensure equity and inclusion within the health care system for both workers and patients/ residents/ clients/ service users. To that end, the parties will actively engage in creating workplaces that are inclusive of gender diversity which may include policies and practices with a gender inclusive lens, gender-affirming leave(s), and workspaces for gender-diverse individuals and ongoing educational resources and supports.

2. The parties will work together to protect the job security, privacy, and safety of transgender, gender diverse, and two-spirit workers at all times in accordance with the Collective Agreement and legislation.

3. Upon an Employee's request, the Employer will work with the Employee (and the Union, if requested) to prepare a gender-affirming support plan that is respectful, Employee-centered, and tailored to the Employee's particular needs, including how and if any name or pronoun changes will be communicated.

4. Employees may request that the Employer correct their personal information, such as name and gender changes, directories, and workplace documents. This may include but not be limited to Seniority lists, nametags, Employee IDs, email addresses, organizational charts, and schedules. Employers will correct personal information pursuant to applicable privacy law.

5. Gender-identity and expression is identified as a type of *Human Rights Code* discrimination. Gender-based discrimination can happen at the workplace or online and includes but is not limited to intentional:

    - Deadnaming (using Employee's former name);

DRAFT

- Misgendering (referring to someone using a word or pronoun that does not reflect their gender); and/or

- Doxxing (sharing personal information, including old photos or medical information for the purpose of harassment or online mobbing).

This MOA is not intended to limit the work of the DEI Working Group in advancing gender diverse inclusion in the workplace.

Extended Health Benefits Plan

Upon ratification, the Parties will make a joint request to the JHSBT to:

(a) Expedite a review of the extended health benefits plan to determine gaps in gender affirming care, including coverage for transition related expenses such as: reconstructive surgery, wigs, binders, gaffs, electrolysis and hair removal, prosthesis, hormone therapy, silicon/saline implants, special bras for prosthesis, voice classes, mental health and other specialized counselling, and medical-related travel expenses;

(b) Amend the plan with coverage for the costs of gender-affirming care not currently provided at their discretion; and

(c) Report out to the parties, Employers and Employees on any plan design changes.

Gender-Affirming Medical Leave

The Employer will grant an Employee a cumulative total of up to eight (8) weeks of leave with pay for medical procedures and revisions. Additional paid or unpaid leave may be provided through collective agreement leave provisions.

Bathrooms/Changerooms

A worker may use the bathroom/changeroom of their lived gender regardless of whether or not they have sought or completed surgeries or completed a legal name or gender change. Employers will:

(a) Ensure single occupant bathrooms/changerooms (where they exist) on their worksite premises are accessible by Employees of any gender expression or identity by ensuring there is signage welcoming all genders and confirm this to the HSPBA within six (6) months of ratification; and

(b) Post signage in all bathroom/changeroom facilities about diverse genders being welcome in these spaces.

DRAFT

APPENDIX 48 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Forensic Psychiatric Hospital Premium

Whereas:

(a) PHSA, through its agency, BC Mental Health and Substance Use Services, operates the Forensic Psychiatric Hospital and six Regional Forensic Clinics (collectively, the "FPH").

(b) The FPH treats and rehabilitates individuals who have come in conflict with the law and are deemed either unfit to stand trial or not criminally responsible on account of mental illness, per the *Criminal Code*.

(c) PHSA and FHA employs HSPBA staff at the FPH.

(d) Nurses employed at the FPH receive premium pay for working in Minimum and Medium security units and community settings, and greater premiums for working in Maximum, Multilevel security units.

(e) The Parties wish to establish premiums applicable to HSPBA Employees working at the FPH, in order to reflect the distinctive challenges associated with working with this unique population.

NOW THEREFORE the Parties agree as follows:

In recognition of the unique challenges associated with working in the FPH, effective date of ratification the relevant Employer will pay an additional hourly premium to HSPBA Employees working at the FPH on hours worked equal to:

a minimum of two percent (2%) of the straight-time hourly rate of pay for Employees working at FPH ; and

an adjustment to four percent (4%) of the straight-time hourly rate of pay for Employees while working in Maximum and Multi-level security units, or who are accompanying a Maximum or Multi-level security patient on the FPH campus but off unit, after the Employee has worked a minimum of one-half (½) hour in the Maximum and Multi-level security unit during the shift, excluding Employees in positions that have no duties requiring interaction with patients (e.g. working exclusively in administrative offices).

DRAFT

Incumbent employees in positions that have no duties requiring interaction with patients (e.g. work exclusively in the administrative offices) shall receive the two percent (2%) premium only while they occupy their current position. Any new employee who is hired into a position that has no duties requiring interaction with patients (e.g. work exclusively in the administrative offices) shall not receive the premium, unless agree to otherwise.

Designations of which units are Minimum, Medium, and Maximum/ Multi-level security for the purpose of applying section 1 above will be in accordance with the unit designations used for nurses employed in the FPH, which will be provided to HSPBA as updated.

Expanded premium entitlement as a result of the 2025 – 2029 Collective Agreement will be effective the first pay period as April 1, 2026.

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APPENDIX 49 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Previously Employee Q.N.R.

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APPENDIX 50 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Previously Dual Qualifications

DRAFT

APPENDIX 51 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Indigenous-Specific Mental Health and Substance Use Support and Resources

Upon ratification, the Parties will make a joint recommendation to the Joint Health Science Benefits Trust (JHSBT) as follows:

> The HSPBA and HEABC jointly request that, if and when the trustees of the JHSBT determine, in accordance with the trust's funding policy and the trustees' fiduciary duties, that the funding status of JHSBT would reasonably permit the modification of the extended health care benefits, the trustees consider modifying the benefits plan to provide coverage for some or all of the costs of Indigenous-specific mental health and substance use support services that are not presently covered. Such services may include, but not be limited to, counselling, short and long-term healing programs, and medical-related travel expenses.
>
> The HSPBA and HEABC further recommend that the trustees explore whether any such modifications to the plan can be structured in such a way that the services of Indigenous health organizations and service providers are included in the coverage wherever possible.

This MOA will be satisfied once the above-described joint recommendation is provided to the JHSBT.

DRAFT

APPENDIX 52 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Cultural Revitalization for Indigenous Workers

The Parties recognize the importance of reconciliation and are committed to advancing the Truth and Reconciliation Commission's Calls to Action. In particular, the Parties recognize the benefits to the healthcare system and the importance of providing tangible support for Indigenous Employees in accessing cultural revitalization opportunities, including Indigenous language learning.

Therefore, the Parties agree to allocate, on a one-time-basis, four hundred thousand dollars ($400,000) to establish an *Indigenous Cultural Revitalization Fund* (the "Indigenous Revitalization Fund" or "IRF").

The IRF will be established following collaboration between the HSPBA and Health Authority/PHC Indigenous health leadership regarding principles and considerations that should inform proposed IRF initiatives. In considering IRF initiatives, it may be appropriate to engage with a First Nation or First Nations communities in developing, applying and/or validating these considerations.

The Indigenous Revitalization Fund will be administered by the HSPBA to provide tangible support to Indigenous Employees accessing cultural revitalization opportunities. The funding may be used for programs including but not limited to:

1. Financial support for Employees participating in Indigenous language programs or cultural revitalization initiatives.
2. Cultural knowledge holder or land-based learning programs.
3. Courses or training that deepens understanding of Indigenous knowledge and practices.
4. Culturally appropriate support programs to guide Indigenous workers in:
    - Cultural reconnection and wellness.
    - Navigating systemic barriers within the workplace.

Employees seeking to take unpaid leave to attend any approved programs supported through the IRF will submit requests for leave to their Employers with as much notice as possible. Requests will be granted subject to operational requirements. Employers may grant continuation of benefits beyond twenty (20) days of unpaid leave.

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Alternatively, or in conjunction with an unpaid leave request, Employees may apply to use their paid leave entitlements under Appendix 42 Ceremonial, Cultural, Spiritual, Bereavement, and Special Leave for Indigenous Employees or draw from their available vacation and Overtime banks, as applicable, to take paid leave to attend programs offered under the IRF.

The HSPBA will share annually with HEABC the remaining year-end balance of the fund and by Employer a summary of the cultural revitalization opportunities supported by the IRF.

DRAFT

APPENDIX 53 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE HEALTH SCIENCE BARGAINING ASSOCIATION ("HSPBA" or the "UNION")

Re: Joint Review of Contracting In/Out of Health Science Professionals

1. The Parties agree to jointly review the use of contracting in/out of Health Science Professionals and develop and implement strategies to move towards eliminating the use of such contracts.

2. The Parties confirm that they share a mutual commitment to, and common interest in, elimination of contracting in/out of the work of Health Science Professionals by any individual or agency by anyone providing services under a contract for service ("Contractor[s]").

Working Group

3. The parties agree to establish a provincial Contracting In/Out Working Group ("Working Group") within sixty (60) days of ratification of the Collective Agreement and will develop terms of reference consistent with the objectives set out in sections 6 and 7 below.

4. The Working Group shall meet at least quarterly over the term of the Collective Agreement.

5. The Working Group shall consist of:

    a. Two (2) representatives from HEABC;

    b. Two (2) senior level representatives from HEABC member organizations;

    c. Four (4) representatives from HSPBA; and

    d. (1) representative from the Allied Health Policy Secretariat or, if unavailable, a Ministry of Health analyst specializing in Health Science Professional labour matters.

6. Each party shall bear their own expenses as related to this committee.

7. The Working Group shall:

    a. Investigate the current scope of contracting in/out of Health Science Professionals, which includes reviewing information provided by

DRAFT

individual HEABC member employers ("Employers"), as outlined below, consultation with affected parties, and such additional inquiries the Working Group considers reasonably necessary to fulfill its mandate.

b. Request relevant additional non-proprietary information from Employers, HEABC, HSPBA, and the Ministry of Health which shall not be unreasonably refused.

c. Create recommendations aimed at finding medium and long- term solutions intended to move towards the elimination of the use of contracting in/out.

d. Create an annual synopsis of strategies which have been developed and/or implemented in moving towards reduction and elimination of contracting in/out including detailing any strategies that demonstrate any measure of success.

e. Submit a written report to the parties including findings concerning the use of contracting in/out of Health Science Professionals, and joint recommendations. This written report shall be submitted no later than September 30, 2028. Such report shall be shared with the Ministry of Health and Employers.

Reporting

8. Following each fiscal quarter, HEABC will provide to the HSPBA the quarterly report as already agreed upon between the parties, which includes non-proprietary information outlining utilization of the Contractor(s), and includes but is not limited to the specific professions, for each Employer.

9. The Working Group will meet with staff from HEABC within one hundred and twenty (120) days of ratification of the Collective Agreement to review available vacancy data and establish semi-annual vacancy reporting from Employers via HEABC, which may include:

   a. The number of vacancies existing in each aggregated group as of the end of the month immediately preceding the reporting deadline,

   b. Such other non-proprietary information as the Working Group may determine, from time-to-time, to be necessary to meet the objectives and commitments set out in paragraphs 1 and 2 above,

   and will be aggregated by profession, Classification profile, and site or geographic region where available.

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Where contracting in/out exists

10. Subject to reasonable concerns and/or Employer policies respecting fatigue, all available shifts must be offered to bargaining unit staff as per the HSPBA Collective Agreement prior to scheduling of Contractors.

11. Where reasonable, the Employer will identify in advance to the Union where they believe it necessary to contract in/out and provide the Union a reasonable opportunity to propose options to reduce or avoid such contracting in/out.

12. The Parties agree that where an HEABC member Employer engages a Contractor to perform Health Science Professional services routinely provided by members of the Health Science Professional Bargaining unit, Union dues will be payable to the applicable constituent Union of the HSPBA.

13. Employers are required to pay dues based on the following formula:

    hours worked by Contractors x Step 5, P1 (or equivalent) wage rate for the applicable profession x dues percentage as identified by the applicable constituent Union

14. Union dues are not payable where an Employer has engaged in genuine contracting out of a service as permitted by Article 14.04 of the Collective Agreement.

15. The parties agree that contractors will not supervise or otherwise direct the work of HSPBA members.

16. Where contracting in and out exists, Employers shall ensure vacant positions be continuously posted until filled.

17. Where requested by the Union, Employers will add a dedicated agenda item to a Strategic Relations, Labour-Management or similar meeting to discuss the use of Contractors for Health Science Professional positions, including a review of information provided in the quarterly utilization reports.

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APPENDIX 54 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Regional Joint Occupational Health and Safety Committees Pilot

The Parties have a common interest in supporting a consistent approach to regional health and safety that is collaborative, coordinated, and effective.

The Parties agree to a two (2) year pilot project to establish and determine the effectiveness of Regional Joint Occupational Health and Safety (OHS), Psychological Health and Safety (PHS), and Violence Prevention (VP) ("Regional OHS Committee") at Health Authorities/Providence Health Care (PHC).

Each Health Authority/PHC will pilot one (1) Regional OHS Committee that consolidates existing regional specialized committees to provide a consistent and collaborative approach to Employer-wide OHS, PHS, and VP related issues. The Regional OHS Committee will commence within one hundred and twenty (120) days of ratification.

The purpose of the Regional OHS Committee will be to work collaboratively to provide guidance and recommendations on:

- OHS, PHS and VP policies and procedures, as applicable;
- OHS, PHS and VP training implementation, as applicable;
- Risk assessment completion;
- WorkSafeBC orders; and
- Corrective actions to address OHS and violent incidents and trends.

The Regional OHS Committee will not be established under the *Workers Compensation Act* and is not an escalation pathway for local JOHSC concerns.

Each Health Authority/PHC will invite participants from each bargaining association that represents the Employees of the Health Authority/PHC.

Each Regional OHS Committee will be established in accordance with the May 2024 Recommendation Report: Regional Joint OHS, PHS, and VP Committees, which will be provided to all members of the Regional OHS Committees.

Each Regional OHS Committee will establish a Terms of Reference using the template provided in the Recommendation Report. Within one (1) year of

DRAFT

commencement, each Regional OHS Committee will review their Terms of Reference and assess the committee's effectiveness utilizing established criteria. The results of the assessments will be provided to the Parties.

At the end of the two (2) year pilot, each Regional Committee will assess the committee's effectiveness utilizing established criteria and determine, in accordance with the Terms of Reference, if they will continue to meet. The results of the assessments and their decisions to continue to meet will be provided to the Parties.

Within ninety (90) days of ratification, HEABC will meet with the participating bargaining associations and Employers to establish effectiveness criteria.

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APPENDIX 54.1 – LETTER OF INTERPRETATION

between

HEALTH EMPLOYERS ASSOCIATION OF BC ("HEABC")

and

THE ASSOCIATION

Re: Regional Joint Occupational Health and Safety Committees Pilot

For the purposes of clarifying and supplementary to the provisions of the above noted MOA, the Parties further agree that:

1. MOA references to the "OHS, PHS and VP policies and procedures" and "OHS, PHS and VP training implementation" shall be interpreted to apply to any Employer-wide policies and procedures involving or impacting workplace physical or psychological health and safety issues or workplace hazards.

2. All pilot project effectiveness assessments and decisions regarding the continuation of the Regional OHS Committee shall be made by the Committee in keeping with the decision making model in their Terms of Reference, in accordance with the May 2024 Recommendation Report: Regional Joint OHS, PHS, and VP Committees (May 16, 2024 – Page 20 and Table 1).

DRAFT

APPENDIX 55 – MEMORANDUM OF UNDERSTANDING

between:

MINISTRY OF HEALTH (MOH)

and:

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA (the "Employer(s)")

and:

HEALTH SCIENCE PROFESSIONALS BARGAINING ASSOCIATION ("HSPBA" or the "Union")

Re: HEABC Membership for Unionized Long-Term Care and Assisted Living (LTC/AL) Operators

WHEREAS in 2009, government implemented a policy that removed mandatory membership in HEABC for publicly funded LTC/AL operators that were members of HEABC at the time, which allowed contracted operators to negotiate lower cost collective agreements;

WHEREAS government has identified that the lower cost collective agreements subsequently contributed to recruitment and retention challenges that were greatly exacerbated by the COVID-19 pandemic;

WHEREAS to stabilize the delivery of LTC/AL during the pandemic, since April 2020 MOH has provided wage-levelling funding to all non-HEABC contracted LTC/AL operators to enable Employees at these facilities to be paid the wage rates in the HEABC collective agreements;

WHEREAS government has recently announced that it will no longer provide wage levelling to fully privately funded LTC/AL operators;

WHEREAS government has recognized that common wages, benefits and working conditions for unionized staff supports a caring, well trained and qualified workforce that delivers a consistent provincial standard of care for all seniors.

THEREFORE, the parties agree:

1. For purposes of this Memorandum of Understanding "HEABC membership criteria" currently are that the organization is a Health Organization (as defined in the HEABC Bylaws) which, directly or indirectly, receives the majority of its funding from the provincial government for the provision of services valued at two hundred and fifty thousand dollars ($250,000) or more annually.

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2. MOH commits to continue providing wage leveling for LTC/AL operators that meet HEABC membership criteria, until at least March 31, 2027. For any other LTC/AL operators that currently receive wage levelling, but do not meet HEABC membership criteria, MOH retains the ability to end wage leveling on ninety (90) days notice.

3. MOH commits to setting a condition for any LTC/AL operator currently in receipt of wage levelling funding, such that their continued receipt of wage leveling funding is contingent on no subcontracting of work currently performed by unionized staff.

4. MOH will coordinate with the Public Sector Employers' Council Secretariat to implement new policy direction to end the 2009 policy that enabled voluntary HEABC membership for unionized contracted LTC/AL operators.

5. For all operators in receipt of wage levelling, MOH and HEABC will assess which operators with unionized Employees currently meet HEABC membership criteria and share this information with the HSPBA within ninety (90) days of ratification or as soon as possible.

6. Within ninety (90) days of ratification, HEABC and HSPBA will meet to negotiate a template Transition Agreement for the transition of Employees of new HEABC members in the Health Science Professionals bargaining unit in the HSPBA Collective Agreement.

7. MOH will create a transition schedule to support a phased transition to HEABC membership over a two (2) year timeframe (October 1, 2026, to September 30, 2028):

    - Phase One (October 1, 2026 – September 30, 2027) will target to include fifty percent (50%) of all LTC/AL operators with unionized Employees that meet HEABC membership criteria;

    - Phase Two (October 1, 2027 – September 30, 2028) will target to include the remainder of operators with unionized Employees that meet HEABC membership criteria.

In alignment with the transition schedule, MOH will submit periodic requests to Government to amend the Health Care Employers Regulation.

DRAFT

APPENDIX 56 – MEMORANDUM OF AGREEMENT

between

HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA ("HEABC")

and

THE HEALTH SCIENCE BARGAINING ASSOCIATION ("HSPBA" or the "UNION")

Re: Methodology for Overtime Calculation

WHEREAS

The parties recognize that the work of Health Science Professionals is often critical in the care of patients, residents and clients, such that Employees may work additional hours over and above their daily, weekly, and annual hours, at which Employees are paid at Overtime rates in accordance with Article 25; and

WHEREAS

The parties recognize there is benefit in reviewing the methodology and application of Overtime for part-time and casual Employees who work extended hour schedules and work towards establishing a consistent formula to determine Overtime calculations for part-time and casual Employees.

THEREFORE

HEABC and HSPBA agree to establish a Review Committee within one hundred and twenty (120) days of ratification to consider the application of Overtime to part-time and casual Employees who work in extended-hour rotations, and to meet to exchange information and make recommendations for a methodology no later than March 31, 2027.

The Review committee will be composed of:

1. Three (3) Employer representatives, including an HEABC staff member.
2. Three (3) HSPBA representatives.

The Review Committee will:

1. Identify and discuss challenges associated with the current practice of Overtime calculations for part-time and casual Employees.
2. Exchange relevant information and examples from member engagement.
3. Submit a written report to the parties, including joint recommendations where possible, on methodology for the calculation of Overtime for part-time and casual Employees working in extended-hour rotations.

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The Review Committee will conclude no later than March 31, 2028.

This MOA expires on March 31, 2029, unless the parties mutually agree otherwise.

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ATTACHMENT A

Worksites

This list is for reference purposes only and does not reflect the bargaining certificate.

Common Site Name	Legal Name	Location	Union
100 Mile District Hospital	Interior Health Authority	100 Mile House	HSA
100 Mile House Alcohol and Drug Services	Interior Health Authority	100 Mile House	BCGEU
Abbotsford Regional Hospital	Fraser Health Authority	Abbotsford	HSA
Aberdeen Hospital	Vancouver Island Health Authority	Victoria	HSA
Adanac Park Lodge	Vancouver Coastal Health Authority	Vancouver	HSA
Alberni Valley Drug and Alcohol Prevention Service	Alberni Valley Drug and Alcohol Prevention Service	Port Alberni	BCGEU
Alouette Addictions Services	Alouette Addictions Services Society	Maple Ridge	HSA
Arrow and Slocan Lakes Community Services	Arrow and Slocan Lakes Community Services	Nakusp	HSA
Arrow Lakes Hospital	Interior Health Authority	Nakusp	HSA
Arthritis Society	Arthritis Society – Societe D'Arthrite	Vancouver	HSA
Ashcroft and District General Hospital	Interior Health Authority	Ashcroft	HSA
B.C. Centre for Disease Control	Provincial Health Services Authority	Vancouver	BCGEU PEA
B.C. Women's Hospital and Health Centre	Provincial Health Services Authority	Vancouver	HSA
Barriere and District Health Centre	Interior Health Authority	Barriere	HSA
Bastion Place	Interior Health Authority	Salmon Arm	HSA
BC Cancer – Abbotsford	Provincial Health Services Authority	Abbotsford	HSA
BC Cancer – Kelowna	Provincial Health Services Authority	Kelowna	HSA

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BC Cancer – Prince George	Provincial Health Services Authority	Prince George	HSA
BC Cancer – Surrey	Provincial Health Services Authority	Surrey	HSA
BC Cancer – Vancouver	Provincial Health Services Authority	Vancouver	HSA
BC Cancer – Victoria	Provincial Health Services Authority	Victoria	HSA
Bella Coola General Hospital	Vancouver Coastal Health Authority	Bella Coola	HSA
Berkley Care Centre	Vancouver Coastal Health Authority	North Vancouver	HSA
Bloom Group, The	The Bloom Group Community Services Society	Vancouver	HEU
Boundary Hospital	Interior Health Authority	Grand Forks	HSA
Braemore Lodge	Interior Health Authority	Penticton	HSA
British Columbia's Children's Hospital	Provincial Health Services Authority	Vancouver	HSA
Brock Fahrni Pavilion	Providence Health Care Society	Vancouver	HSA
Brookhaven Care Centre	Interior Health Authority	Kelowna	HSA
Buchanan Lodge	The Governing Council of the Salvation Army in Canada	New Westminster	HSA
Bulkley Lodge	Northern Health Authority	Smithers	BCGEU
Bulkley Valley District Hospital	Northern Health Authority	Smithers	HSA
Burnaby Hospital	Fraser Health Authority	Burnaby	HSA
Canadian Blood Services – Surrey Clinic	Canadian Blood Services (The)/Societe Canadienne du Sang	Surrey	HSA
Canadian Blood Services – Vancouver Clinic	Canadian Blood Services (The)/Societe Canadienne du Sang	Vancouver	HSA

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Canadian Blood Services – Victoria Clinic	Canadian Blood Services (The)/Societe Canadienne du Sang	Victoria	HSA
Cariboo Memorial Hospital	Interior Health Authority	Williams Lake	HSA
Castlegar and District Community Health Centre	Interior Health Authority	Castlegar	HSA
Cedarview Lodge	Vancouver Coastal Health Authority	North Vancouver	HSA
Central Island Health Services Delivery Area – Community Health (Continuing/Public/ Mental), Home Support	Vancouver Island Health Authority	Central Vancouver Island	BCGEU PEA
Centre for Ability (The)	British Columbia Centre for Ability Association	Vancouver	HSA
Centre for Child Development	Centre for Child Development of the Lower Mainland	Surrey	HSA
Chase Medical Clinic	Interior Health Authority	Chase	HSA
Chemainus Health Care Centre	Vancouver Island Health Authority	Chemainus	HSA
Chénchenstway	Fraser Health Authority	Burnaby	HSA
Chetwynd Hospital and Health Centre	Northern Health Authority	Chetwynd	HSA
Child Development Centre of Fort St. John and District	Child Development Centre Society of Fort St. John and District	Fort St. John	HSA
Child Development Centre of Prince George and District Association, The	Child Development Centre of Prince George and District Association, The	Prince George	HSA
Children's Therapy & Family Resource Centre	Thompson Nicola Family Resource Society	Kamloops	HSA
Chilliwack General Hospital	Fraser Health Authority	Chilliwack	HSA
CMHA, B.C. Division	Canadian Mental Health Association, B.C. Division	Vancouver	HSA

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CMHA, B.C. Division (Victoria Office)	Canadian Mental Health Association, B.C. Division	Victoria	HSA
CMHA, Cariboo Chilcotin Branch	Canadian Mental Health Association, Cariboo Chilcotin Branch	Williams Lake	HSA
CMHA, Cowichan Valley Branch, 1992	Canadian Mental Health Association, Cowichan Valley Branch, 1992	Duncan	HSA
CMHA, Kamloops Branch	Canadian Mental Health Association, Kamloops Branch	Kamloops	HSA
CMHA, Lower Mainland Branch	Canadian Mental Health Association, Lower Mainland Branch	Vancouver	HEU
CMHA, Prince George Branch	Canadian Mental Health Association, Northern BC	Prince George	HSA
CMHA, Vernon and District Branch	Canadian Mental Health Association, Vernon and District Branch	Vernon	BCGEU
Coast Mental Health	Coast Foundation Society (1974)	Vancouver	HSA
Columbia View Lodge	Interior Health Authority	Trail	HSA
Community Action Initiative	Community Action Initiative Society of BC	Vancouver	HSA
Comox Valley Child Development Association	Comox Valley Child Development Association	Courtenay	HSA
Cormorant Island Health Centre	Vancouver Island Health Authority	Alert Bay	HSA
Correctional Health Services	Provincial Health Services Authority	Vancouver	HSA
Cottonwoods Care Centre	Interior Health Authority	Kelowna	HSA
Cowichan District Hospital (Quw'utsun Valley Hospital)	Vancouver Island Health Authority	Duncan	HSA
Cranbrook Home Support	Interior Health	Cranbrook	HSA

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Services	Authority		
CRESST South Fraser	Fraser Health Authority	Surrey	HSA
Creston Valley Hospital	Interior Health Authority	Creston	HSA
Cumberland Health Centre	Vancouver Island Health Authority	Cumberland	HSA
David Lloyd-Jones Home	Interior Health Authority	Kelowna	HSA
Dawson Creek and District Hospital	Northern Health Authority	Dawson Creek	HSA
Delta Hospital	Fraser Health Authority	Delta	HSA
Dixon House	Dixon Transition Society	Burnaby	HSA
Dogwood Care Home	Vancouver Coastal Health Authority	Vancouver	HSA
Dr. F. W. Green Memorial Home	Interior Health Authority	Cranbrook	HSA
Dr. Helmcken Memorial Hospital	Interior Health Authority	Clearwater	HSA
Dunrovin Park Lodge Care Facility	Northern Health Authority	Quesnel	HSA
Eagle Park Health Care Facility	Vancouver Island Health Authority	Qualicum Beach	HSA
Eagle Ridge Hospital and Health Care Centre	Fraser Health Authority	Port Moody	HSA
East Kootenay Addiction Services Society	East Kootenay Addiction Services Society	Cranbrook	BCGEU
East Kootenay Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Interior Health Authority	East Kootenay	BCGEU PEA
East Kootenay Regional Hospital	Interior Health Authority	Cranbrook	HSA
Echo Village	Alberni-Clayoquot Continuing Care Society	Port Alberni	HSA
Elk Valley Hospital	Interior Health Authority	Fernie	HSA
Elkford Healthcare Centre	Interior Health Authority	Elkford	HSA

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Everywoman's Health Centre	Everywoman's Health Centre Society (1988)	Vancouver	HEU
Fellburn Care Centre	Fraser Health Authority	Burnaby	HSA
Fir Park Village	Alberni-Clayoquot Continuing Care Society	Port Alberni	HSA
Forensic Psychiatric Hospital	Forensic Psychiatric Services Commission	Coquitlam	BCGEU PEA
Forensic Psychiatric Regional Clinics – Kamloops	Forensic Psychiatric Services Commission	Kamloops	BCGEU PEA
Forensic Psychiatric Regional Clinics – Nanaimo	Forensic Psychiatric Services Commission	Nanaimo	BCGEU PEA
Forensic Psychiatric Regional Clinics – Prince George	Forensic Psychiatric Services Commission	Prince George	BCGEU PEA
Forensic Psychiatric Regional Clinics – Surrey	Forensic Psychiatric Services Commission	Surrey	BCGEU PEA
Forensic Psychiatric Regional Clinics – Vancouver	Forensic Psychiatric Services Commission	Vancouver	BCGEU PEA
Forensic Psychiatric Regional Clinics – Victoria	Forensic Psychiatric Services Commission	Victoria	BCGEU PEA
Fort Nelson General Hospital	Northern Health Authority	Fort Nelson	HSA
Fort St. John Hospital and Peace Villa	Northern Health Authority	Fort St. John	HSA
Fraser Canyon Hospital	Fraser Health Authority	Hope	HSA
Fraser Lake Community Health Centre	Northern Health Authority	Fraser Lake	HSA
Fraser Valley Child Development Centre	Fraser Valley Child Development (1982) Society	Abbotsford	HSA
Fraser Valley Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Fraser Health Authority	Fraser Valley	BCGEU PEA

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G.F. Strong Rehabilitation Centre	Vancouver Coastal Health Authority	Vancouver	HSA
G.R. Baker Memorial Hospital	Northern Health Authority	Quesnel	HSA
George Derby Centre	George Derby Care Society	Burnaby	HSA
German Canadian Care Home	German-Canadian Benevolent Society of B.C.	Vancouver	HSA
Glacier View Lodge	Glacier View Lodge Society	Courtenay	HSA
Glengarry Hospital	Vancouver Island Health Authority	Victoria	HSA
Gold River Health Clinic	Vancouver Island Health Authority	Gold River	HSA
Golden and District General Hospital	Interior Health Authority	Golden	HSA
Gorge Road Hospital	Vancouver Island Health Authority	Victoria	HSA
Greater Victoria Drug and Alcohol Rehabilitation	Vancouver Island Health Authority	Victoria	BCGEU
Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay	Northern Health Authority	Daajing Giids	HSA
Haro Park Centre	Haro Park Centre Society	Vancouver	HSA
Heritage Village	Fraser Health Authority	Chilliwack	HSA
Holy Family Hospital	Providence Health Care Society	Vancouver	HSA
Houston Health Centre	Northern Health Authority	Houston	BCGEU HSA
Hudson's Hope Health Centre	Northern Health Authority	Hudson's Hope	HSA
Information Management Information Technology Systems (LMC)	Provincial Health Services Authority	Vancouver	HSA
Invermere and District Hospital	Interior Health Authority	Invermere	HSA
James Bay Community Project	James Bay Health and Community Services Society	Victoria	BCGEU

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Kelowna General Hospital	Interior Health Authority	Kelowna	HSA
Kimberley Special Care Home	Interior Health Authority	Kimberley	HSA
Kinghaven Treatment Centre	Kinghaven Peardonville House Society	Abbotsford	BCGEU
KinVillage West Court	KinVillage Association	Delta	HSA
Kitimat General Hospital and Health Centre	Northern Health Authority	Kitimat	HSA
Kootenay Boundary Health Services Delivery Area – Community Health (Continuing/ Public/Mental)	Interior Health Authority	Kootenay Boundary	BCGEU PEA
Kootenay Boundary Regional Hospital	Interior Health Authority	Trail	HSA
Kootenay Lake Hospital	Interior Health Authority	Nelson	HSA
Ksyen Regional Hospital	Northern Health Authority	Terrace	HSA
ƛúxválásu'ailas Heiltsuk Hospital	Vancouver Coastal Health Authority	Bella Bella	HSA
Lady Minto Gulf Islands Hospital	Vancouver Island Health Authority	Salt Spring Island	HSA
Ladysmith and District General Hospital	Vancouver Island Health Authority	Ladysmith	HSA
Lakes District Hospital and Health Centre	Northern Health Authority	Burns Lake	HSA
Langara Long Term Care	Providence Health Care Society	Vancouver	HSA
Langley Memorial Hospital	Fraser Health Authority	Langley	HSA
Lillooet Hospital and Health Centre	Interior Health Authority	Lillooet	HSA
Lina's Place	Pioneer Community Living Association	New Westminster	HSA
Lions Gate Hospital	Vancouver Coastal Health Authority	North Vancouver	HSA
Little Mountain Place	Vancouver Coastal Health Authority	Vancouver	HSA

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Logan Lake Health Care Centre	Interior Health Authority	Logan Lake	HSA
Lookout Preschool	Centre for Child Development of the Lower Mainland	Delta	HSA
Louis Brier Home and Hospital	Jewish Home for the Aged of British Columbia	Vancouver	HSA
Lower Mainland Biomedical Engineering (LMC)	Providence Health Care Society	Lower Mainland	HSA
Lower Mainland Health Information Management (LMC)	Providence Health Care Society	Lower Mainland	HSA
Lower Mainland Pathology & Laboratory Medicine Services (LMC)	Provincial Health Services Authority	Lower Mainland	BCGEU HSA
Lower Mainland Pharmacy Services (LMC)	Fraser Health Authority	Lower Mainland	CUPE HSA PEA
Mackenzie and District Hospital and Health Centre	Northern Health Authority	MacKenzie	HSA
Magnolia House	Vancouver Coastal Health	Vancouver	HSA
Maple Ridge Treatment Centre	Fraser Health Authority	Maple Ridge	BCGEU
Maplewood House	Maplewood Seniors Care Society	Abbotsford	HSA
McBride and District Hospital	Northern Health Authority	McBride	HSA
Millers Way	Pioneer Community Living Association	Burnaby	HSA
Mission Memorial Hospital	Fraser Health Authority	Mission	HSA
Mount Saint Joseph Hospital	Providence Health Care Society	Vancouver	HSA
Mount Saint Mary Hospital	Marie Esther Society, The	Victoria	HSA
MPA – Motivation, Power & Achievement Society	MPA – Motivation, Power & Achievement Society	Vancouver	HSA
N.O.N.A. Child Development Centre	North Okanagan Neurological	Vernon	HSA

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	Association		
Nanaimo Child Development Centre	Nanaimo Child Development Centre Society	Nanaimo	HSA
Nanaimo Community Mental Health Services	Vancouver Island Health Authority	Nanaimo	HSA
Nanaimo Regional General Hospital	Vancouver Island Health Authority	Nanaimo	HSA
Nats'oojeh Hospital and Health Centre	Northern Health Authority	Fort St James	HSA
Nelson Jubilee Manor	Interior Health Authority	Nelson	HSA
New Vista Care Home	The New Vista Society	Burnaby	HSA
Nicola Valley Hospital and Health Centre	Interior Health Authority	Merritt	HSA
North Island Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Vancouver Island Health Authority	North Vancouver Island	BCGEU PEA
North Island Hospital, Campbell River	Vancouver Island Health Authority	Campbell River	HSA
North Island Hospital, Comox Valley	Vancouver Island Health Authority	Courtenay	HSA
North Shore Community Mental Health	Vancouver Coastal Health Authority	North Vancouver	BCGEU HSA PEA
North Shore/Coast Garibaldi Health Services Delivery Area – Community Health (Continuing/ Public/Mental)	Vancouver Coastal Health Authority	North Shore	BCGEU CUPE HSA PEA
North Shore/Coast Garibaldi Health Services Delivery Area – Community Health (Continuing/ Public/Mental) (Gibsons)	Vancouver Coastal Health Authority	Sunshine Coast	BCGEU PEA
Northeast Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Northern Health Authority	Dawson Creek	BCGEU PEA
Northern Haida Gwaii Hospital and Health	Northern Health Authority	Masset	HSA

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Centre			
Northern Interior Health Services Delivery Area – Community Health (Continuing/Public/Mental) Prince George	Northern Health Authority	Prince George	BCGEU PEA
Northern Interior Health Services Delivery Area – Community Health (Continuing/Public/Mental) Quesnel	Northern Health Authority	Quesnel	BCGEU PEA
Northwest Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Northern Health Authority	Terrace	BCGEU PEA
Oak Bay Kiwanis Pavilion	Oak Bay Kiwanis Health Care Society	Victoria	HSA
Oak Care Centre	Vancouver Coastal Health Authority	Vancouver	BCGEU HSA
Oceanside Health Centre	Vancouver Island Health Authority	Parksville	BCGEU HSA PEA
Okanagan Health Services Delivery Area – Community Health (Continuing/Public/Mental) (Kelowna)	Interior Health Authority	Central Okanagan	BCGEU PEA
Okanagan Health Services Delivery Area – Community Health (Continuing/Public/Mental) (Vernon)	Interior Health Authority	North Okanagan	BCGEU HEU PEA
Okanagan Health Services Delivery Area – Community Mental Health Services & Alcohol and Drug Treatment Centre	Interior Health Authority	Revelstoke	HEU
Open Door Group	Open Door Social Services Society	Various	HSA
Open Door/SIL Programs	Vancouver Island Health Authority	Duncan	BCGEU
OSNS Child Development Centre	Okanagan – Similkameen Neurological Society	Penticton	HSA
Overlander Residential Care	Interior Health Authority	Kamloops	HSA

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Pacifica Treatment Centre Society	Pacifica Treatment Centre Society	Vancouver	BCGEU
Parkholm Place	Fraser Health Authority	Chilliwack	HSA
Parkview Place	Interior Health Authority	Armstrong	HSA
Peace Arch Hospital	Fraser Health Authority	White Rock	HSA
Peardonville House Treatment Centre	Kinghaven Peardonville House Society	Abbotsford	BCGEU
Pemberton Health Centre	Vancouver Coastal Health Authority	Pemberton	HSA
Penticton Regional Hospital	Interior Health Authority	Penticton	HSA
Phoenix Centre	Day One Treatment Society	Kamloops	BCGEU
Phoenix Society	Phoenix Drug & Alcohol Recovery and Education Society	Surrey	BCGEU
PHS Community Services	PHS Community Services Society	Vancouver	CUPE
Pioneer House	Pioneer Community Living Association	New Westminster	HSA
Pleasant Valley Health Centre & Pleasant Valley Manor	Interior Health Authority	Armstrong	HSA
Ponderosa Lodge	Interior Health Authority	Kamloops	HSA
Port Alberni Association for Children with Development Disabilities	Port Alberni Association for Children with Development Disabilities	Port Alberni	HSA
Port Alice Health Centre	Vancouver Island Health Authority	Port Alice	HSA
Port Hardy Hospital	Vancouver Island Health Authority	Port Hardy	HSA
Port McNeill and Hospital	Vancouver Island Health Authority	Port McNeill	HSA
Prince Rupert Regional Hospital	Northern Health Authority	Prince Rupert	HSA

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Princeton General Hospital	Interior Health Authority	Princeton	HSA
Priory Hospital	Vancouver Island Health Authority	Victoria	HSA
qathet General Hospital	Vancouver Coastal Health Authority	Powell River	HSA
Queen Alexandra Centre for Children's Health	Vancouver Island Health Authority	Victoria	HSA
Queen Victoria Hospital	Interior Health Authority	Revelstoke	HSA
Queen's Park Care Centre	Fraser Health Authority	New Westminster	HSA
Quesnel Addiction Services	Northern Health Authority	Quesnel	HEU
Quesnel and District Child Development Centre	Quesnel and District Child Development Centre	Quesnel	HSA
RainCity Housing	RainCity Housing and Support Society	Vancouver	BCGEU
Red Fish Healing Centre for Mental Health & Addiction	Provincial Health Services Authority	Burnaby	HSA
Ribbon Community	Ribbon Community Society	Vancouver	HSA
Richmond Addiction Services	Richmond Addiction Services Society	Richmond	HEU
Richmond Health Services Delivery Area – Public Health, Continuing Care, Community Care	Vancouver Coastal Health Authority	Richmond	BCGEU CUPE
Richmond Hospital	Vancouver Coastal Health Authority	Richmond	HSA
Richmond Lions Manor	Vancouver Coastal Health Authority	Richmond	HSA
Ridge Meadows Child Development Centre	Ridge Meadows Child Development Centre Society	Maple Ridge	HSA
Ridge Meadows Hospital and Health Care Centre	Fraser Health Authority	Maple Ridge	HSA
Rosewood Manor	Richmond Intermediate Care Society	Richmond	HSA
Rotary Manor	Northern Health	Dawson	HSA

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	Authority	Creek	
Royal Columbian Hospital	Fraser Health Authority	New Westminster	HSA
Royal Inland Hospital	Interior Health Authority	Kamloops	HSA
Royal Jubilee Hospital	Vancouver Island Health Authority	Victoria	HSA
Saanich Peninsula Hospital	Vancouver Island Health Authority	Saanichton	HSA
Sechelt | shíshálh Hospital	Vancouver Coastal Health Authority	Sechelt	HSA
Shorncliffe	Vancouver Coastal Health Authority	Sechelt	HSA
Shuswap Lake General Hospital	Interior Health Authority	Salmon Arm	HSA
Simon Fraser Health Services Delivery Area (Civic Employees)	Fraser Health Authority	Burnaby	CUPE
Simon Fraser Health Services Delivery Area (Civic Employees)	Fraser Health Authority	New Westminster	CUPE
Simon Fraser Health Services Delivery Area – Community Health (Continuing/Public/ Mental)	Fraser Health Authority	New Westminster	BCGEU CUPE PEA
Slocan Community Health Centre	Interior Health Authority	New Denver	HSA
South Fraser Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Fraser Health Authority	Surrey	BCGEU PEA
South Island Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Vancouver Island Health Authority	South Vancouver Island	BCGEU CUPE PEA
South Okanagan General Hospital	Interior Health Authority	Oliver	HSA
South Peace Child Development Centre	South Peace Child Development Society	Dawson Creek	HSA
South Similkameen Health Centre	Interior Health Authority	Keremeos	HSA
Sparwood Health Centre	Interior Health Authority	Sparwood	BCGEU HSA

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Squamish General Hospital	Vancouver Coastal Health Authority	Squamish	HSA
Squamish Speech and Language Services	Vancouver Coastal Health Authority	Gibsons	HSA
St. Bartholomew's Hospital	Interior Health Authority	Lytton	HSA
St. John Hospital	Northern Health Authority	Vanderhoof	HSA
St. Michael's Centre	St. Michael's Centre Hospital Society	Burnaby	HSA
St. Paul's Hospital	Providence Health Care Society	Vancouver	HSA
Stewart Health Centre	Northern Health Authority	Stewart	HSA
Stikine Health Centre	Northern Health Authority	Dease Lake	HSA
Stuart Nechako Manor	Northern Health Authority	Vanderhoof	HSA
Summerland Health Centre	Interior Health Authority	Summerland	HSA
Summit at Quadra Village	Vancouver Island Health Authority	Victoria	HSA
Sun Pointe Village	Baptist Housing Care Homes Society, The	Kelowna	HSA
Sunnybank Centre	Interior Health Authority	Oliver	HSA
Sunset Lodge	The Governing Council of the Salvation Army in Canada	Victoria	HSA
Sunshine Coast Home Support	Vancouver Coastal Health Authority	Sechelt	HSA
Surrey Memorial Hospital	Fraser Health Authority	Surrey	HSA
Swan Valley Lodge	Interior Health Authority	Creston	HSA
Tahsis Health Centre	Vancouver Island Health Authority	Tahsis	HSA
Terraceview Lodge	Northern Health Authority	Terrace	BCGEU HSA
Thompson/Cariboo Health	Interior Health	Thompson	BCGEU

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Services Area – Community Health (Continuing/Public/Mental) (Kamloops)	Authority	Region	PEA
Thompson/Cariboo Health Services Area – Community Health (Continuing/Public/Mental) (Williams Lake)	Interior Health Authority	Cariboo Region	BCGEU PEA
Three Links Care Centre	The Three Links Care Society	Vancouver	HEU
Tofino General Hospital	Vancouver Island Health Authority	Tofino	HSA
Trail & District Hospice Palliative Care Program	Interior Health Authority	Trail	BCNU
Trillium Lodge	Vancouver Island Health Authority	Parksville	HSA
Trinity Care Centre	Interior Health Authority	Penticton	HSA
Tumbler Ridge Health Centre	Northern Health Authority	Tumbler Ridge	HSA
University Hospital of Northern BC	Northern Health Authority	Prince George	HSA
Valemount Community Health Centre	Northern Health Authority	Valemount	HSA
Vancouver Community Mental Health Services	Vancouver Coastal Health Authority	Vancouver	HSA
Vancouver Detox	Vancouver Coastal Health Authority	Vancouver	BCGEU
Vancouver Health Services Delivery Area – Community Health (Continuing/Public/Mental)	Vancouver Coastal Health Authority	Vancouver	CUPE
Vancouver Hospital, UBC Pavilions	Vancouver Coastal Health Authority	Vancouver	HSA
Vancouver Hospital, 12th & Oak Pavilions	Vancouver Coastal Health Authority	Vancouver	HSA
Vernon Jubilee Hospital	Interior Health Authority	Vernon	HSA
Victoria General Hospital	Vancouver Island Health Authority	Victoria	HSA
Victoria Rest Home	Victoria Rest Home Ltd.	New Westminster	HSA
Views at St. Joseph's, The	Providence Living	Comox	HSA

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	Society		
Village at Mill Creek	Baptist Housing Care Homes Society, The	Kelowna	HSA
Village at Smith Creek	Baptist Housing Care Homes Society, The	Westbank	HSA
Wenda's Place	Dixon Transition Society	Burnaby	HSA
West Coast General Hospital	Vancouver Island Health Authority	Port Alberni	HSA
Whistler Health Care Centre	Vancouver Coastal Health	Whistler	HSA
Wicks Road Group Home	Vancouver Island Health Authority	Duncan	BCGEU
Williams Lake Alcohol and Drug Program	Interior Health Authority	Williams Lake	BCGEU
Willingdon Creek Village	Vancouver Coastal Health	Powell River	HSA
Wisteria House Program	Vancouver Island Health Authority	Duncan	BCGEU
Wrinch Memorial Hospital	Northern Health Authority	Hazelton	HSA
Youville Residence	Providence Health Care Society	Vancouver	HSA

DRAFT

SUBJECT INDEX

Accumulation
Article 19.01 42
Article 20.01 45
Additional Leave
Article 19.08 43
Aggressive and/or Violent Behaviour of Patients/Residents/Clients
Article 38.04 79
Amalgamation
Article 14.03 33
Amount of Dues and Fees
Article 5.07 11
Anniversary Date
Article 6.03 16
Annual Vacation Entitlement
Article 23.07 52
Application
Article 20.02 45
Application of Portability to Severance Allowance
Article 13.03 32
Application of Seniority
Article 10.01 25
Appointments
Article 19.09 43
Approval of Overtime
Article 25.02 61
Arbitration
Article 8 19
Arbitration Principles
Article 8.01 19
Article 19.14 Leave – Workers' Compensation – Entitlement to Leave
Appendix 5 206
Article 24.01 – Hours of Work
Appendix 6 207
Assignment of Additional Shifts
Article 24.09 58
Authorized Overtime
Article 25.01 60
Bargaining Unit Employees in Positions Outside the Bargaining Unit
Article 6.05 17
Bargaining Unit Information
Article 5.08 11
Benefits Accrued
Article 19.05 43
Benefits Continuation
Article 18.04 37
Benefits Not Portable

DRAFT

Article 29.03 68
Benefits Portable
Article 29.02 67
Bridging of Service
Article 18.07 38
Call Back Definition
Article 28.03 64
Call Back Pay
Article 28.02 64
Call Back Travel Allowance
Article 28.04 65
Cash in of Sick Leave Credits
Article 19.12 44
Casual Employees
Article 18.09 41
Article 3.03 4
Article 34.07 73
Casual to Regular Status – Increment Determination
Article 3.04 8
Ceremonial, Cultural, Spiritual and Bereavement Leave for Indigenous Employees
Appendix 42 350
Christmas Day or New Year's Day Off
Article 21.06 49
Classification Resdesign Committee
Appendix 21 280
Classification System Implementation
Appendix 23 302
Compensation Bargaining Comparability
Appendix 36 328
Contracting Out
Article 14.04 33
Cost of Living Adjustment
Appendix 37.1 339
Criminal Record Check
Article 37.07 76
Critical Incident Stress Defusing
Article 38.07 80
Daylight Savings
Article 24.10 58
Days Of Cultural Or Religious Significance Pilot Project Working Group
Appendix 41 347
Definition of Employee Status & Benefit Entitlement
Article 3 3
Definitions
Article 1 1
Demotion
Article 10.04 26
Dependents
Article 34.04 72

DRAFT

Direction of Employees
Article 4.02 9
Disability Management Representatives
Appendix 29 312
Discussion of Differences
Article 7.01 18
Displacement and Bumping Process
Article 10.05 26
Dispute and Arbitration Redesign Committee
Appendix 18 271
Diversity, Equity and Inclusion Working Group
Appendix 46 361
Domestic and Sexual Violence Leave
Article 20B 46
Dual Qualification
Appendix 50 368
Dues Authorization
Article 5.04 10
Dues Check-off and Initation Fee
Article 5.05 10
Early Accommodation Measures for Employees
Appendix 26 305
Early Retirement Incentive Benefit
Appendix 32 317
Economic Stability Dividend
Appendix 37 336
EDMP Expenses and Joint Education
Appendix 30.1 314
EDMP Representatives
Appendix 30 313
Effective and Termination Dates
Article 41 84
Effective Date – Medical, Dental, Extended Health and Long Term Disability Insurance Plan Coverage
Article 29.04 68
Eligibility
Article 13.01 31
Eligibility and Calculation for Part-Time Employees
Article 13.02 31
Employee Access to Files
Article 40.02 83
Employee Assistance Plans
Appendix 2 203
Employee Dismissal/Suspension Fast Track Arbitration Process
Article 8.03 21
Employee Evaluation and Records
Article 40 83
Employee Q.N.R.
Appendix 49 367

DRAFT

Employee Safety
Article 38.03 78
Employee Working Concurrently for More than One Employer
Article 3.05 9
Employees With Less Than One Year Of Service
Article 23.02 51
Employer Rules
Article 4.03 9
Enforceable Legal Claims
Article 19.07 43
Enhanced Disability Management Program
Appendix 10 219
Ergonomics
38.09 81
Executive Council Member
Article 5.14 14
Exempt and Save Harmless
Article 37.01 74
Expedited Arbitration Process
Article 8.04 22
Expedited Arbitration Process for Classification
Appendix 31 315
Expedited Dispute Resolution Process for Short Term Union Leave
Appendix 18.1 276
Expiration of Credits
Article 19.06 43
Extended Health Care Coverage
Article 34.02 70
Extended Work Day or Extended Work Week
Appendix 7 208
Fair Procedures
Article 7.02 18
Forensic Psychiatric Hospital Premium
Appendix 48 365
Full Arbitration Process
Article 8.02 20
Gender Diversity & Inclusion
Appendix 47 363
General Provisions
Article 37 74
Article 37.06 76
General Rights
Article 4.01 9
Geographic Areas
Appendix 20 279
Grievance Procedure
Article 7 18
Group Life Insurance
Article 34.06 72

DRAFT

HEABC/Health Science Professionals Bargaining Association Printing Costs
Article 37.05 76
Health and Welfare Benefits
Appendix 38 341
Health and Welfare Coverage
Article 34 69
Health Sciences Strategic Relations Committees (the "Committees")
Appendix 35.1 325
Hospital Pharmacy Residency Program Note
Appendix 21.3 295
Hours of Work
Article 24 55
HSPBA Classification Redesign – Interim Agreement
Appendix 21.1 282
HSPBA Classification Redesign Completion and Implementation
Appendix 21.2 291
Improving Quality and Safety through the Appropriate Use of On call and Call backs
Appendix 33 318
Insufficient Off Duty Hours
Article 28.06 66
Interim Classification Modifications
Appendix 24 303
Isolation Allowance
Article 37.02 74
Job Descriptions
Article 33 69
Job Security and Technological Change
Article 14 32
Job Sharing
Appendix 8 212
Joint Benefits Review Committee
Appendix 17 270
Joint Classification Committee
Appendix 22 300
Joint Provincial Health Human Resources Coordination Centre (PHHRCC) – Bargaining Association Consultation Forum
Appendix 45 359
Joint Strategic Partnership Committee
Appendix 35 323
Lay-Off
Article 10.07 29
Leave – Bereavement
Article 15 33
Leave – Court Duty
Article 16 34
Article 16.02 8
Leave – Education
Article 17 35

DRAFT

Leave – Sick
Article 19 42
Leave – Special
Article 20 45
Leave – Statutory Holidays
Article 21 48
Leave – Unpaid
Article 22 50
Leave – Vacation
Article 23 51
Leave – Workers' Compensation
Article 19.14 44
Leaves for Compassionate Care, Child Disappearance and Child Death
Article 15B 34
Legal Picket Line
Article 5.16 15
Long Term Disability
Appendix 12 248
Long Term Disability (LTD)
Article 34.05 72
Long Term Disability Plan
Appendix 11 236
Maintenance of Membership
Article 5.02 9
Maternity and Parental Leave
Article 18 36
Maternity Leave
Article 18.01 36
Meal Period
Article 24.05 57
Medical Coverage
Article 34.01 69
Medical Examination and Immunization
Article 6.01 15
Medical Examination, Probation, Anniversary Date and Seniority
Article 6 15
Membership and Dues Authorization Forms
Article 5.06 11
Membership of New Or Porting Employees
Article 5.03 9
Municipal Pension Plan Coverage
Article 35 73
Negotiations and Essential Services
Article 5.13 14
New and Reclassified Positions
Article 11 31
New Certifications
Appendix 15 265
Notice

DRAFT

Article 14.01 32
Notice Required
Article 18.05 37
Article 19.10 43
Occupational Health and Safety Agency for Healthcare
Appendix 1 199
On Call and Call Back
Article 28 64
On Call Premium
Article 28.01 64
On-Call
Article 28.08 66
Overtime
Article 25 60
Overtime Payments
Appendix 9 216
Overtime Rates
Article 25.03 61
Pagers
Article 28.07 66
Pandemic Information Sharing Forum on Occupational Health and Safety
Appendix 1.2 202
Parental Leave
Article 18.02 37
Parental Leave – Special Circumstances
Article 18.03 37
Pay Cheques or Deposit
Article 37.04 75
PEA Classifications covered by the May 12, 1997 Memorandum of Agreement between the Professional Employees Association and the Public Service Employee Relations Commission with respect to Licensed Psychologists and Pharmacists
Appendix 4 205
Performance Evaluation
Article 40.01 83
Personal Property Damage
Article 37.03 75
PharmaCare Tie-In
Appendix 39 344
Policy Grievance
Article 7.05 19
Portability of Benefits
Article 29 67
Previous Experience
Article 30 68
Previously Multi-Employer Steward
Appendix 25 304
Probation
Article 6.02 15

DRAFT

Professional Bodies Fee Fund
Appendix 28.1 310
Professional Development Fund
Appendix 34 320
Promotion of Safe Work Practices
Article 38.01 76
Promotion, Demotion, Transfer or Lay-Off
Article 10 25
Promotional Increase
Article 10.02 26
Proof of Sickness
Article 19.04 42
Provincial Indigenous Specific Anti-Racism "ISAR" Committee
Appendix 44 ....353, 355, 358
Provincial Occupational Health and Safety
Appendix 1.1 200
Provincial Recruitment and Retention
Appendix 16.1 268
Provincial Recruitment and Retention Initiatives
Appendix 16 266
Psychological Health and Safety
Article 38.10 81
Public Sector General Wage Increases
Appendix 36.1 329
Appendix 36.2 330
Purpose of Agreement
Article 2 2
Qualifying Time
Article 19.03 42
Record of Accumulation
Article 19.02 42
Recruitment and Retention of Indigenous Workers
Appendix 43 351
Regular Full Time Employees
Article 3.01 3
Regular Part-Time Employees
Article 3.02 3
Regularized Relief
Article 10.09 30
Reinstatement of Vacation Days – Sick Leave
Article 23.10 55
Relief
Article 31 68
Relieved of Promotion or Transfer
Article 10.03 26
Requirement to Join and Maintain Membership in Professional Bodies as a Condition of Employment
Appendix 28 307
Resignation

DRAFT

Article 12 31
Resignation – Regular Employees
Article 12.01 31
Resolution of Differences
Article 7.03 18
Resolution of Employee Dismissal Disputes
Article 7.04 19
Respectful Workplace
Article 39 82
Retention of Benefits
Article 5.11 13
Retention of Seniority and Benefits on Lay-Off
Article 10.06 29
Return to Employment
Article 18.06 38
Return To Work Committee
Appendix 13 261
Safety and Occupational Health
Article 38 76
Salary Deferment Leave Plan
Appendix 3 204
Scheduled Statutory Holiday Rescheduled With Insufficient Notice
Article 21.03 49
Seniority
Article 6.04 16
Seniority Consolidation and Merger of Certifications
Appendix 19 278
Severance Allowance
Article 13 31
Shift Premium
Article 27.01 63
Shift Work
Article 27 63
Short Term Leave
Article 5.12 14
Specialist Appointments
Article 19.11 44
Statutory Holiday Entitlement
Article 21.01 48
Statutory Holiday Falling Within a Vacation
Article 21.02 49
Statutory Requirement
Article 28.05 66
Super Stats
Article 21.07 50
Superior Benefits
Article 32 69
Supervisor OHS Training
Article 38.08 80

DRAFT

Supplemental Employment Benefits Plan
Article 18.08 38
Supplementary Vacation Entitlement
Article 23.08 54
Technological Change – Lay-off
Article 14.02 32
Telephone Consultation
Article 28.09 66
Temporary Assignment
Article 10.08 30
Termination of Employment
Article 23.03 51
The Union As Exclusive Bargaining Agent
Article 5.01 9
Time Limits
Article 7.06 19
Transfer From Another Unit – Same Employer
Article 29.05 68
Transfers
Article 29.01 67
Transition to 37.5 Hour Work Week
Appendix 27 306
Transportation Allowance and Travel Expense
Article 26 61
Uniforms
Article 36 73
Union Employment
Article 5.15 14
Union Recognition, Rights and Security
Article 5 9
Union Staff
Article 5.10 13
Union Stewards and Records
Article 5.09 12
Vacancy Posting
Article 9 24
Vacation Carryover for Parents
Article 23.11 55
Vacation During Summer Months
Article 23.04 51
Vacation Earned During Vacation
Article 23.05 51
Vacation Entitlement According to Seniority
Article 23.09 54
Vacation Qualifying Time
Article 23.06 51
Voluntary Solutions
Article 14.05 33
Voluntary Treatment

DRAFT

Article 19.13 44
Work On A Calendar Statutory Holiday
Article 21.04 49
Work On A Rescheduled Statutory Holiday
Article 21.05 49
Working Group on Workload
Appendix 40 345
Workload Dialogue
Article 38.05 79
Workload Dispute Resolution
Article 38.06 80

DRAFT