

December 11, 2008

Mr. Tom Bernard, Internal Organizer Oregon Federation of Nurses and Health Professionals 2045 S.E. Ankeny Street Portland, Oregon 97214

Subject: Urgent Care Affiliated Clinician Shift Vacancies

Dear Mr. Bernard:

This is to confirm our agreement to fill open designated shifts, if shifts remain open following placement of part-time, on call and per diem employees, into scheduled vacancies:

- A "Volunteer List" will be created at Cascade Park, Interstate, Mt. Scott and Beaverton Clinics by the Detail Clerks and will include regular and on-call Urgent Care Affiliated Clinicians, plus other qualified Affiliated Clinicians that indicate they wish to be included.
- 2. When the advance work schedule is released by the Detail Clerk, if there are vacancies in the schedule, the Staffing Scheduler will fill the vacancies using the "Volunteer List." Vacancies will be filled from most to least senior Affiliated Clinicians on the "Volunteer List." Core Urgent Care staff Affiliated Clinicians will have first right to fill vacancies before the Volunteer List is used.
- 3. An employee from the "Volunteer List" that fills the vacancy will be paid his/her regular rate of pay plus a "volunteer incentive" of \$30 per hour. Such employee's name will go to the bottom of the "Volunteer List."
- 4. Affiliated Clinicians on standby or backup coverage will be called into work prior to Affiliated Clinicians on the "Volunteer List" for short notice call outs.
- 5. Nothing in this agreement supersedes the specific provisions of the contract (ie supernumery lists)

This Agreement applies to all on-call, part time and full time Affiliated Clinicians. Affiliated Clinicians may add their names to any of the Volunteer Lists. Affiliated Clinicians who have volunteered for open Urgent Care shifts prior to the signing of this LOU will not be bumped by more senior Affiliated Clinicians. This Agreement may also be canceled at any time by either of the parties with thirty (30) days notice. If this agreement is ended, the parties agree to revert to the current replacement system and premiums.

If you agree with the above, please indicate such agreement by signing in the space provided below and return one signed copy of this letter to my attention.

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For the Employer:	Fo <u>r th</u> e Union:	All
Orlynton moure	Nom Berusse	
Creighton E. Young	Tom Bernard	
Lead Senior Labor Relations Consultant	Internal Organizer, OFNHP	
12/12/08	12/18/08	
Date:	Daté:	

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