Reset Form Print Form

DHR-CC4037
9/08

Date: _____
Initial Six Month Review Date:_____

DHHS
Baylor Plan Contract
for
MH/DD/SAS Facility
Direct Care
Registered Nurses
and
Licensed Practical Nurses

I, _____, agree to work the **72 Hour Plan** on the
(Print Name)
_____Unit at _____.
(Unit Name) (Facility Name)

1. I understand I will receive full pay and benefits for 80 hours for working a minimum of at least 72 hours over two consecutive weekends for six consecutive months. The Baylor schedule applies only to weekends between the hours of 7:00 a.m. on Friday to 7:00 a.m. on Monday. A 30-minute break is included in each 12-hour shift.

2. I agree to work two consecutive weekends to be eligible for 80 hours of pay and benefits. I understand the schedule consists of three 12-hour shifts on Friday, Saturday, and Sunday for the first weekend one week; and three 12-hour shifts on Friday, Saturday and Sunday for the second weekend the next week.

3. I agree to work a scheduled 12-hour shift from _____ to _____with a 30-minute break during each shift worked.

4. Shift and weekend premium pay will be paid for hours actually worked on Friday, Saturday, and Sunday according to the following time and rates paid by [Facility Name], according to the following schedule:

7:00 a.m. – 3:00 p.m.	10% weekend day premium pay on Saturday and Sunday;
3:00 p.m. – 11:00 p.m.	(evening shift) _____ % on Friday, Saturday & Sunday;
3:00 p.m. – 11:00 p.m.	(evening shift) _____% on Friday, Saturday & Sunday;
11:00 p.m. – 7:00 a.m.	(night shift) _____% on Friday, Saturday & Sunday.

5. I understand that as a Baylor nurse, I am not eligible for evening/night bonus incentive pay.

6. I will be paid holiday premium pay for actual time worked on holidays. I will be paid for holidays that do not fall on a work day. I will be paid holiday leave and will not be able use the holiday leave to take paid time off.

7. I understand that any hours worked over the contract hours but less than 80 will be paid at straight time. Overtime hours will be paid in accordance with your FLSA designation when actual hours worked exceed 40 in a single workweek. The 168-hour workweek begins on Wednesday 12:00 a.m and ends on Tuesday 12:00 p.m. ☐FLSA exempt ☐FLSA non-exempt

8. I understand that my supervisor must approve hours worked in excess of my regularly scheduled shift hours and that failure to get advanced approval for working excess hours will nullify this contract.

9. I understand that in order for this Pay and Work Schedule Plan to be effective, I must work as scheduled; therefore 2 episodes of absenteeism or tardiness in a six-month period will be considered excessive and will result in (1) being rescheduled to a regular 40-hour work schedule or (2) nullifying the terms and conditions of the contract and receiving pay and benefits for actual time worked and that either decision related to items (1) or (2) are at the discretion of the Director of Nursing.

10. Vacation and/or sick leave time taken will be charged on a prorated basis (1.11% of the amount taken) of 1 hr 7 minutes, except for vacation leave time of less than one hour, which will be charged minute for minute.

11. I understand that I may take up to 2 weekends off during a six-month period with prior approval from my immediate supervisor.

12. I understand that failure to maintain an overall performance rating of "Good" or better will nullify this contract. I may be reassigned from this Pay and Work Schedule Plan if my overall work performance does not meet job performance expectations.

13. I understand that this contract may be nullified at the discretion of the Director of Nursing if the status of patient needs and unit coverage changes which will result in the assignment to a regular 40-hour work schedule on a shift and unit conducive to hospital operations.

14. I understand if this contract is voided, continuing employment will be offered by changing the position you occupy to a permanent full-time appointment based on the scheduling requirements of management, not to exceed 40 hours in a 168 hour workweek period with salary based on a 40 hour workweek, unless overtime is required.

_____	_____
Employee Signature/Date	Nurse Manager Signature/Date
_____	_____
Employee Name/Date	HR Manager Signature/Date

Cc: Employee
Nursing Office
Human Resources
Timekeeping Office