

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2020		Entity Name: UW Medicine / Harborview Medical Center						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Hayes, Paul S	X		606,402	0	0	44,286	17,023	667,711
2 Dayao, Jerome Mendoza			297,696	0	300	36,735	12,738	347,469
3 Kleweno-Walley, Sommer K			287,354	0	1,575	21,375	17,214	327,518
4 Fijalka, Steve			273,877	0	10,627	26,500	15,297	326,301
5 Foltz, Paula Minton			262,124	0	1,350	26,609	16,054	306,138
6								
7								
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health  
 Community Health Systems/Hospital Financial and Charity Care Section  
 MS: 47853  
 Olympia, WA 98504-7853  
 email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)