

Compensation of Hospital Employees



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

Calendar Year: 2018								
Entity Name: UW Medicine / Harborview Medical Center (HMC)								
(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	X	HMC	665,316	0	0	48,915	16,143	730,374
2 Jaffe, Darcy		HMC	319,741	0	1,920	41,095	13,304	376,059
3 Fijalka, Steve		HMC	253,128	0	10,500	25,469	15,310	304,407
4 Foltz, Paula Minton		HMC	247,593	0	1,920	25,206	15,483	290,201
5 Hayes, Ketra Marie		HMC	220,859	0	1,913	29,014	17,505	269,290
6								0
7								0
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