

Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV` 08/01/2012)

Calendar Year: 2013		Entity Name: Harborview Medical Center							
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	WHALEN, EILEEN	x	HMC	491,762	0	1,692	62,588	17,723	573,764
2	JAFFE, DARCY MICHELLE		HMC	259,031	0	2,100	47,244	13,072	321,447
3	GUSSIN, DEBRA C.		HMC	234,689	0	2,100	47,178	11,608	295,575
4	CHAYET, ELISE B.		HMC	207,721	0	2,100	56,500	15,988	282,309
5	PIERCE, BECKY		HMC	205,246	0	2,100	41,863	12,703	261,912
6									
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14									

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
 Center for Health Statistics/Hospital and Patient Data Section
 MS: 47814
 Olympia, WA 98504-7814
 Fax: (360) 753-4135
 email: hos@doh.wa.gov