

# Compensation of Hospital Employees



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

Calendar Year: 2014		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	Ending - 2/15/2014	HMC	400,113	0	197	33,387	12,744	446,442
2	HAYES, PAUL	Starting - 11/18/2014	HMC	56,379	0	0	2,368	1,383	60,130
3	JAFFE, DARCY MICHELLE		HMC	272,881	0	2,100	25,604	12,624	313,209
4	GUSSIN, DEBRA C.		HMC	258,799	0	2,100	26,000	10,398	297,297
5	PIERCE, BECKY		HMC	222,335	0	2,100	22,454	11,969	258,858
6	CHAYET, ELISE B.		HMC	215,037	0	2,100	22,224	15,802	255,163
7									
8									
9									
10									
11									
12									

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](mailto:hos@doh.wa.gov)