

Compensation of Hospital Employees



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

Calendar Year: 2020								
Entity Name: UW Medicine / UW 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 Hecker, Cynthia J	X		693,500	0	25,047	85,204	19,794	823,544
2 Austin, Geoff R.			497,025	0	2,055	38,269	17,563	554,911
3 Sayre, Cindy			310,781	0	2,055	28,500	17,427	358,763
4 Parcher, Adam J			291,910	0	10,911	36,736	13,558	353,116
5 Renna, Pamela			235,761	0	6,806	30,926	14,983	288,476
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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