

# Compensation of Hospital Employees



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

Calendar Year: 2019		Entity Name: UW Medicine / Universtiy of Washington 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	UWMC	721,732	0	24,857	87,549	20,079	854,217
2 Austin, Geoff R.		UWMC	508,931	0	1,899	37,763	17,494	566,086
3 Sayre, Cindy		UWMC	318,901	0	1,899	28,000	16,443	365,243
4 Herrman, Jennifer		UWMC	261,483	0	1,899	19,754	12,488	295,623
5 Parcher, Adam J		UWMC	238,124	0	6,753	30,927	10,967	286,772
6								0
7								0
8								0
9								0
10								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

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov