ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8801 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SATSUKI UESUGI suesugi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 95.78
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,350.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,336.26
****Base Wages**	$ 56,866.58
TOTAL Investment In You	$ 78,202.84
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8805

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HUNG-WEN SUN

hsun@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,539.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,775.21
****Base Wages**	$ 151,230.14
TOTAL Investment In You	$ 201,005.35
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8808

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PARISH FORD

pford@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,411.70
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,952.17
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 145,405.19
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8809

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KETURAH HOOD

khood@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,598.49
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 38,707.60
****Base Wages**	$ 99,326.66
TOTAL Investment In You	$ 138,034.26
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8815

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MELINDA MCKENZIE

mmckenzie@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.34
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,266.64
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,537.31
****Base Wages**	$ 55,773.12
TOTAL Investment In You	$ 85,310.43
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8819

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KAVEINGA REYES

kreyes@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,340.16
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,749.27
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8820

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BRIANNA GOLTZ

bgoltz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 99.77
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,706.90
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,121.33
****Base Wages**	$ 74,600.03
TOTAL Investment In You	$ 100,721.36
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8822

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GREGORY FOLEY

gfoley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 642.46
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,407.39
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 22,300.24
****Base Wages**		$ 99,467.08
TOTAL Investment In You		$ 121,767.32

TOTAL Paid Time Off Days: 40 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8828

HAYWARD WELLNESS - WINTON

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MELINDA LIM

mlim@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,859.24
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,364.59
****Base Wages**	$ 63,519.46
TOTAL Investment In You	$ 99,884.04
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8835

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LILIBETH SELLI

lselli@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 43 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 105.74
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,620.02
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,490.44
****Base Wages**	$ 60,392.38
TOTAL Investment In You	$ 105,882.83
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8836

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FRANCISCO PEREZ-GONZALEZ

fperez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,813.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 31,112.47
****Base Wages**	$ 75,991.14
TOTAL Investment In You	$ 107,103.61
TOTAL Paid Time Off Days:	**46 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8838

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LORI ROSS

lross@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 96.77
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,114.92
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,603.64
****Base Wages**	$ 53,789.84
TOTAL Investment In You	$ 89,393.48
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8839

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JANICE BYRD

jbyrd@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,192.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,491.60
****Base Wages**	$ 67,871.02
TOTAL Investment In You	$ 90,362.63
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8842

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DARWIN PASTOR

dpastor@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,771.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,843.19
****Base Wages**	$ 114,657.50
TOTAL Investment In You	$ 155,500.69
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8844

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CYNTHIA GONZALES

clgonzales@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 68.88
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,351.38
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,266.64
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,984.14
****Base Wages**	$ 44,618.50
TOTAL Investment In You	$ 71,602.63
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8846

SYSTEM SUPPORT CENTER

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VIRA PINGOY

vpingoy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 834.10
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,308.88
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 15,393.37
****Base Wages**	$ 62,457.41
TOTAL Investment In You	$ 77,850.78
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8850

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CARIMA SMITH

carsmith@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,768.35
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,640.22
****Base Wages**	$ 62,331.36
TOTAL Investment In You	$ 107,971.58
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8860

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PATRICIA OVIAHON

pobamwonyi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,483.82
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 34,247.15
****Base Wages**	$ 120,884.40
TOTAL Investment In You	$ 155,131.55
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8862

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VANESSA GUTIERREZ

vagutierrez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,967.42
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 94,376.53
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8863 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AMANDA FRANCIS afrancis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,242.04
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 76.63
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,834.07
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,932.18
****Base Wages**	$ 56,871.36
TOTAL Investment In You	$ 78,803.54
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8868

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MEENU AULAKH

maulakh@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,017.33
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 30,664.00
****Base Wages**	$ 117,873.60
TOTAL Investment In You	$ 148,537.60
TOTAL Paid Time Off Days:	**42 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8873

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LATANYA RICHARDSON

larichardson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,774.20
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 95,183.31
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8875

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PATRICE GIVENS

pgivens@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 47 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 49.16
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,312.80
****Base Wages**	$ 27,858.06
TOTAL Investment In You	$ 52,170.86
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8876

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LESLIE BARBOSA

lbarboza@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,811.42
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 94,220.53
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8877

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARIA CEJA-RAMOS

mceja@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,811.42
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 94,220.53
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8880

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALEXANDER GUREVICH

agurevich@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 100.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,690.20
****Base Wages**	$ 63,077.87
TOTAL Investment In You	$ 108,768.07
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8889

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WAI KAN CHAN

wchan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,928.33
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,227.80
****Base Wages**	$ 116,710.26
TOTAL Investment In You	$ 142,938.06
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8890

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOREL SAYOC

jsayoc@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,859.24
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,158.71
****Base Wages**	$ 63,519.46
TOTAL Investment In You	$ 85,678.16
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8891

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BRENDAN BOURKE

bbourke@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,665.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,134.59
****Base Wages**	$ 100,207.12
TOTAL Investment In You	$ 118,341.71
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8895 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STEPHEN LANDRY slandry@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 30,393.92
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 172,489.74
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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ALAMEDA HEALTH SYSTEM

Employee ID # 8897

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TRACY FAULK

tfaulk@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,369.75
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,139.01
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 98,548.12
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8898

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NAYELY AHUMADA

nahumada@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 106.99
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,460.39
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 18,565.45
****Base Wages**		$ 58,305.73
TOTAL Investment In You		$ 76,871.17
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8900

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JEANIL SMITH

jesmith@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,967.42
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 94,376.53
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8901

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JILL CROWE

jcrowe@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,706.86
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 168,802.68
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8902

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JIN PARK

jpark@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,518.31
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,023.66
****Base Wages**	$ 98,278.54
TOTAL Investment In You	$ 137,302.20
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8904

SYSTEM SUPPORT CENTER

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MELODINA CUSTODIO

mecustodio@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,595.74
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,721.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,616.75
****Base Wages**	$ 74,791.39
TOTAL Investment In You	$ 101,408.14
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8905 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALI UYONG

auyong@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 60.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,365.03
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,660.98
****Base Wages**	$ 57,059.18
TOTAL Investment In You	$ 92,720.16
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8910 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KEIDAW KOBBAH kkobbah@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,529.06
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,643.81
****Base Wages**	$ 150,487.17
TOTAL Investment In You	$ 180,130.98
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8912

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PARISS SYKES

psykes@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 56.27
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 355.54
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,102.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,273.99
****Base Wages**	$ 53,628.02
TOTAL Investment In You	$ 88,902.00
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 8914

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JASMIN RAYMUNDO

jraymundo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,316.82
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 46,194.91
****Base Wages**	$ 69,500.91
TOTAL Investment In You	$ 115,695.82
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8915

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MIRANDA SANTANA

msantana@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 106.43
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,437.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,742.48
****Base Wages**	$ 58,004.13
TOTAL Investment In You	$ 94,746.61
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8917 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TRACY MORELAND tmoreland@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 62.82
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,562.07
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,016.84
****Base Wages**	$ 53,671.36
TOTAL Investment In You	$ 89,688.20
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8918 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DANA LANGHAM dlangham@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,357.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,235.22
****Base Wages**	$ 138,629.92
TOTAL Investment In You	$ 188,865.14
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8919 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LYNN CORBIN lcorbin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,832.02
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,182.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,907.43
****Base Wages**	$ 126,590.67
TOTAL Investment In You	$ 152,498.11
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8923

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TIFFANY CHIN

tcheng@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,273.44
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,796.21
****Base Wages**	$ 132,857.71
TOTAL Investment In You	$ 173,653.92
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8924

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AMY LORNE WILSON

alorne@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,706.86
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 168,802.68
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8926

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CONNIE BALTRIP

cbaltrip@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 88.36
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,285.63
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,572.71
****Base Wages**	$ 56,021.26
TOTAL Investment In You	$ 92,593.98
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8927

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VERONICA ANI

vani@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,028.84
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,547.70
****Base Wages**	$ 113,676.66
TOTAL Investment In You	$ 154,224.36
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8934

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GLORIA HARGER

gharger@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 108.23
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,952.88
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,698.62
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,524.43
****Base Wages**	$ 61,419.90
TOTAL Investment In You	$ 109,944.33
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8936

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AMINA KHAN

akhan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,235.58
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 30,979.38
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 89,388.49
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8938

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KRISTINA GUERRA

kguerra@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,643.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,647.48
****Base Wages**	$ 99,920.08
TOTAL Investment In You	$ 124,567.56
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8939

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALMAZ TENSAI

atensai@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 13,825.50
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 57.19
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,858.04
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,096.08
****Base Wages**	$ 35,302.32
TOTAL Investment In You	$ 63,398.40
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8942

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JUSTINA UGBIYOBO

jogbiyobo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,863.25
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 167,316.27
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8944

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PATRICIA JAUREGUI

pjauregui@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,756.60
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 80,165.71
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8945

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CARLA PENA

cppena@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,774.20
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 95,183.31
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8946

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STEPHANN GOLDEN

sgolden@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 106.99
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,460.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,953.45
****Base Wages**	$ 58,305.73
TOTAL Investment In You	$ 80,259.17
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8948

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JEEINN KIM

jikim@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 6,884.17
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 19,374.56
****Base Wages**		$ 89,989.12
TOTAL Investment In You		$ 109,363.68

TOTAL Paid Time Off Days: 42 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8953 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NSALAF MARYANNE nmaryanne@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,188.75
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 143,641.77
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8954

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BARBARA PREIS

bpreis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,028.84
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,841.30
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 42,313.41
****Base Wages**	$ 107,452.80
TOTAL Investment In You	$ 149,766.21
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8955

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EMILY MCLEOD

emcleod@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,629.99
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,316.82
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 38,452.16
****Base Wages**	$ 69,500.91
TOTAL Investment In You	$ 107,953.07
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8957

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TANISHA WILSON

twilson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,064.48
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,876.20
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,351.31
****Base Wages**	$ 63,741.18
TOTAL Investment In You	$ 92,092.49
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8969

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NIGIST DAGNE

ndagne@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.36
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,077.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,357.21
****Base Wages**	$ 53,304.37
TOTAL Investment In You	$ 74,661.58
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8970

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELIZABETH GEBRESLASSIE

egebreslassie@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

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ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.36
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,077.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,357.21
****Base Wages**	$ 53,304.37
TOTAL Investment In You	$ 74,661.58
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8978

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LAUREN SCROGGINS

lscroggins@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 100.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,111.58
****Base Wages**	$ 63,077.87
TOTAL Investment In You	$ 85,189.45
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8981

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BENNETT BUSCHELL

bbuschell@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,242.04
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 100.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,947.00
****Base Wages**	$ 56,770.08
TOTAL Investment In You	$ 78,717.08
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8982

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HELENA HOFFMAN

hhoffman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,242.04
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,542.28
****Base Wages**	$ 127,886.24
TOTAL Investment In You	$ 154,428.52
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8983

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VELEDA SANDERS

vesanders@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 100.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,378.09
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,600.83
****Base Wages**	$ 63,077.87
TOTAL Investment In You	$ 90,678.70
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8986

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ZANETA SMITH

zsmith@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 62.61
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,733.97
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,350.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,165.64
****Base Wages**	$ 39,806.60
TOTAL Investment In You	$ 66,972.24
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 8989

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CANDACE LUO

cluo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 109.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,577.15
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 13,823.93
****Base Wages**	$ 35,899.22
TOTAL Investment In You	$ 49,723.15
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8994

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JACKELINE ROSAS

jrosas@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 5,688.54
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 63.98
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,663.06
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 20,195.03
****Base Wages**	$ 54,859.52
TOTAL Investment In You	$ 75,054.55
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8996

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DENISHA SMITH

desmith@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 100.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,936.62
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,060.86
****Base Wages**	$ 63,077.87
TOTAL Investment In You	$ 103,138.73
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8997

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RICARDO PLATA

rplata@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,539.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,045.19
****Base Wages**	$ 151,230.14
TOTAL Investment In You	$ 192,275.33
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 8998

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KANSOPHANETTE YOU

kyou@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,102.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,395.06
****Base Wages**	$ 53,628.02
TOTAL Investment In You	$ 90,023.08
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 8999

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RITA WADHWANI

rwadhwani@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 27.04
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 10,285.77
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 24,414.66
****Base Wages**		$ 101,336.98
TOTAL Investment In You		$ 125,751.64

TOTAL Paid Time Off Days: 40 Days

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9001

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TANYA ARROYO

tarroyo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,908.64
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,102.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,995.16
****Base Wages**	$ 53,628.02
TOTAL Investment In You	$ 76,623.18
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9002

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHARLA DUKE

chduke@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,571.52
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,635.37
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 86,044.47
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9006

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALBERTO EYZAGUIRRE

aeyzaguirre@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,813.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,867.83
****Base Wages**	$ 75,991.14
TOTAL Investment In You	$ 112,858.97
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9007

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BALJINDER GILL

basingh@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,962.48
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 94,371.59
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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ALAMEDA HEALTH SYSTEM

Employee ID # 9010

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHRISTOPHER HAHN

chhahn@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,460.38
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 104,583.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9015

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ERICA TRAYLOR

etraylor@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 46 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.36
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,077.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,935.83
****Base Wages**	$ 53,304.37
TOTAL Investment In You	$ 98,240.20
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9019

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BELLA LIU

bliu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,911.86
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 89,035.38
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9022

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARCUS WILLIAMS

marwilliams@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,320.60
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,025.84
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 88,149.36
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9026

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ERASTUS SAN JUAN

gsan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,341.39
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,316.82
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,957.68
****Base Wages**	$ 69,500.91
TOTAL Investment In You	$ 95,458.59
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9028

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SARVENAZ ALIBEIGI

salibeigi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,832.02
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,337.26
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 88,460.78
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9033

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BARBARA BYRD

bbyrd@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.18
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,340.16
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,749.27
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9034

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHARELL PAUL

spaul@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,330.16
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 93,739.27
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9035

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARICRUZ HERNANDEZ

mahernandez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,266.64
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,901.06
****Base Wages**	$ 55,773.12
TOTAL Investment In You	$ 84,674.18
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9037

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MYESHA HUNTINGTON

mhuntington@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.36
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,077.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,973.05
****Base Wages**	$ 53,304.37
TOTAL Investment In You	$ 97,277.42
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9041

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EDWIN DIETRICH

edietrich@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,460.38
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 104,583.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9043

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SCOTT LYNCH

slynch@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 37 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,343.64
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 112,467.16
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9044

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JUSTIN BOSLEY

jbosley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,207.74
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 89,331.26
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9049

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KARA TOLES

ktoles@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,407.74
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 89,531.26
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9055

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DENNIS HSIEH

dhsieh@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,318.90
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 92,442.42
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9056

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LIA LOSONCZY

llosonczy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,207.74
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 89,331.26
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9058

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALEJANDRO DIAZ

aldiaz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,460.38
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 104,583.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9061

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BENJAMIN MORRISSEY

bmorrissey@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 32,817.66
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 103,941.18
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9064

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DAVEIN HUMPHREY

dhumphreys@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 11 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	
Dental	
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,529.06
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,796.87
****Base Wages**	$ 150,487.17
TOTAL Investment In You	$ 169,284.04
TOTAL Paid Time Off Days:	**46 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9066

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELI CARRILLO

ecarrillo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,832.02
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,633.14
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 88,756.66
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9072

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WENJIE YING

wying@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.67
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,089.18
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 146,542.20
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9074

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EDWARD DURANT

edurant@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 1,031.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,660.38
****Base Wages**	$ 71,123.52
TOTAL Investment In You	$ 104,783.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9077

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DIANA LOPEZ

dlopez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,738.86
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 88,147.97
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9078

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHRISTINE DELGADO

cdelgado@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,572.70
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,450.79
****Base Wages**	$ 153,496.72
TOTAL Investment In You	$ 203,947.51
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9083

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SRIMALA THINSAN

sthinsan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,182.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,097.87
****Base Wages**	$ 88,613.47
TOTAL Investment In You	$ 137,711.35
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9085

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FREDERICK ORDIN

fordin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 5,646.78
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,135.05
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00

Alameda's Benefit Contribution	$ 27,272.22
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 150,585.85

TOTAL Paid Time Off Days: 40 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9088

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KATHERINE DLAKA

kdlaka@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,138.64
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 149,452.27
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9092

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FLAVIA MCKLEROY

fmckleroy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,931.90
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 163,245.53
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9095

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AIMEE OLSON

aolson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,013.14
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 173,326.77
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9096

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOHN YAP

jyap@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 6,901.50
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 21,012.97
****Base Wages**		$ 81,194.07
TOTAL Investment In You		$ 102,207.03
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9097

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HAREGEWOINE ZERIHUN

hzerihun@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,564.22
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 163,877.85
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9099

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ESLI ALONSO-DE GUADARRAMA

esguadarrama@alamedahealthsystem.or

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,490.51
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 157,943.53
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9100

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ROSA ROMERO

rromero@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 74.69
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,077.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 13,931.92
****Base Wages**	$ 47,973.93
TOTAL Investment In You	$ 61,905.85
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9101

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ESETA LAVAKA

elavaka@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 52 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 71.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,765.92
****Base Wages**	$ 40,702.94
TOTAL Investment In You	$ 84,468.86
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9105

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WALLACE OSBORNE

wosborne@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 96.70
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,418.44
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,683.47
****Base Wages**	$ 57,757.44
TOTAL Investment In You	$ 87,440.91
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9106

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

XAVIER TATLONGHARI

xtatlonghari@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 978.44
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,316.45
****Base Wages**	$ 45,790.80
TOTAL Investment In You	$ 82,107.26
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9107

2016

ALAMEDA HOSPTIAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JANE CHENG

JACHENG@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.72
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,240.75
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,735.42
****Base Wages**	$ 55,434.70
TOTAL Investment In You	$ 91,170.13
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9113

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MAYRA PULIDO

mapulido@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,331.31
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,740.41
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9115

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ROBERT MUNROE

rmunroe@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,704.11
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,252.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 31,070.86
****Base Wages**	$ 118,241.51
TOTAL Investment In You	$ 149,312.37
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9117

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CORINA CLARK-DERMAN

cderman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,612.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,490.55
****Base Wages**	$ 109,367.15
TOTAL Investment In You	$ 159,857.70
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9119

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THELMA DAVID

tdavid@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,706.86
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 168,802.68
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9122

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

YESSY LUMI

ylumi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 59 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,747.97
****Base Wages**	$ 30,527.20
TOTAL Investment In You	$ 74,275.17
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9125

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MOUANG SAECHAO

mksaechao@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 90.30
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,102.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,391.57
****Base Wages**	$ 53,628.02
TOTAL Investment In You	$ 90,019.59
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9126

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BRITTNEY WATSON

bwatson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,545.68
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 152,859.31
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9127

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ORTENSIA MARTINEZ

omartinez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical		$ 29,766.62
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 108.95
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,768.35
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 44,020.91
****Base Wages**		$ 62,331.36
TOTAL Investment In You		$ 106,352.27
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9134

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOHN PUCCINI

jpuccini@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,539.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,417.93
****Base Wages**	$ 151,230.14
TOTAL Investment In You	$ 201,648.07
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9147

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SEE KIU HERIGSTAD

sherigstad@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,007.90
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,307.37
****Base Wages**	$ 91,606.53
TOTAL Investment In You	$ 115,913.90
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9148

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JACQUELINE MOODIE

jmoodie@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 30,018.02
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 172,113.84
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9150

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TARA BLACK

tablack@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,734.74
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,126.77
****Base Wages**	$ 50,144.52
TOTAL Investment In You	$ 85,271.29
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9151

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EH GAY

egay@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 46 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 13,496.34
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 45.58
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,224.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,122.05
****Base Wages**	$ 33,135.52
TOTAL Investment In You	$ 61,257.57
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9152

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

COLLEEN LOPEZ

colopez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,071.46
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,668.02
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 92,384.15
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9154

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MUJESIRA SANDAL

msandal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,734.74
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,303.34
****Base Wages**	$ 52,568.19
TOTAL Investment In You	$ 88,871.54
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9159

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ETSUBDINK MULUSHEWA

emulushewa@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 55.52
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,039.61
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,392.37
****Base Wages**	$ 36,963.76
TOTAL Investment In You	$ 61,356.13
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9165 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHUKS OLISE molise@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,529.06
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,407.15
****Base Wages**	$ 150,487.17
TOTAL Investment In You	$ 200,894.32
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9166 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MAI PHAM

mpham@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,741.73
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,152.36
****Base Wages**	$ 101,199.07
TOTAL Investment In You	$ 129,351.43
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9169

SYSTEM SUPPORT CENTER

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DEMETRICE WILSON

dpwilson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,251.34
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,756.69
****Base Wages**	$ 68,644.99
TOTAL Investment In You	$ 105,401.68
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9171

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GANIYU HASSAN

gahassan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,808.13
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,675.89
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 86,085.00
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9173

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MATTIE PONGTORN

mpongtorn@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	
Dental	
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,683.04
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 15,950.85
****Base Wages**	$ 87,360.00
TOTAL Investment In You	$ 103,310.85
TOTAL Paid Time Off Days:	**25 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year	

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9178

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ERICK TERRY

eterry@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 37 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 96.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 873.79
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,775.40
****Base Wages**	$ 63,077.87
TOTAL Investment In You	$ 99,853.27
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9179

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LORI MONTANEZ

lmontanez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,218.36
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 99.57
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,333.95
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 17,788.87
****Base Wages**		$ 56,652.96
TOTAL Investment In You		$ 74,441.83

TOTAL Paid Time Off Days: 41 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9181

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JENNIFER STROUD

jstroud@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,406.79
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,929.56
****Base Wages**	$ 142,054.43
TOTAL Investment In You	$ 182,983.99
TOTAL Paid Time Off Days:	**42 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9186

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FRANKIE PREIS

fpreis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 101.27
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 13,706.84
****Base Wages**	$ 58,412.85
TOTAL Investment In You	$ 72,119.69
TOTAL Paid Time Off Days:	**34 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9190

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PAUL ARAYA

paraya@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 90.30
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,102.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,428.79
****Base Wages**	$ 53,628.02
TOTAL Investment In You	$ 89,056.81
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9191

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TERESA HERNANDEZ

thernandez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,738.86
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 88,147.97
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9199

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LEA RUBIO

lrubio@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,316.82
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,616.29
****Base Wages**	$ 69,500.91
TOTAL Investment In You	$ 92,117.20
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9200

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NADIA MOHAMMADI

nmohammadi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,335.22
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,744.33
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9202

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ROCIO YANEZ

ryanez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 13,497.60
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 69,213.73
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9203

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EGBE OMOREGIE

eomoregie@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,154.66
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,608.57
****Base Wages**	$ 93,962.42
TOTAL Investment In You	$ 127,570.99
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9206

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TERRI GRIFFIN

tgriffin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 34,689.12
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 176,784.94
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9208

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANNE JAMES

anjames@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,815.31
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,693.40
****Base Wages**	$ 102,160.86
TOTAL Investment In You	$ 150,854.26
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9209

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TIMOTHY LUBINSKY

tlubinsky@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,242.04
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,252.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,386.89
****Base Wages**	$ 118,241.51
TOTAL Investment In You	$ 144,628.40
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9210

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SUE HAMMERICH

shammerich@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,583.46
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,202.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,679.20
****Base Wages**	$ 53,613.66
TOTAL Investment In You	$ 78,292.86
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9216 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BARBARA BOAHENE bdanso-boahene@alamedahealthsystem

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,252.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,130.09
****Base Wages**	$ 91,965.62
TOTAL Investment In You	$ 142,095.71
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9217 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RAYMOND JONES rajones@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,912.74
****Base Wages**	$ 85,257.49
TOTAL Investment In You	$ 126,170.23
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9221

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ARTHUR FENG

afeng@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,525.74
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,031.09
****Base Wages**	$ 150,258.16
TOTAL Investment In You	$ 191,289.25
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9222

HAYWARD WELLNESS - WINTON

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RUTH ROSALES

rrosales@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,434.52
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 149,748.15
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9223

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HENRY BOSSA

hbossa@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,594.05
****Base Wages**	$ 134,316.00
TOTAL Investment In You	$ 160,910.05
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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ALAMEDA HEALTH SYSTEM

Employee ID # 9224

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

XIAO CHEN

xichen@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,782.01
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 157,235.03
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9225

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TRACY GALLON

tgallon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 47 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,100.74
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,806.43
****Base Wages**	$ 40,702.94
TOTAL Investment In You	$ 76,509.37
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9227

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JESSICA CANALES

jegutierrez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,121.43
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 100,837.56
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9230

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JACQUELINE PEREZ

jacperez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,031.31
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,437.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 46,331.72
****Base Wages**	$ 58,004.13
TOTAL Investment In You	$ 104,335.85
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9232

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VIKASHNI LAL

vlal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,099.15
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 13,330.60
****Base Wages**	$ 53,583.71
TOTAL Investment In You	$ 66,914.31
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9235

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DOROTHY NGUYEN

dbnguyen@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,867.76
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 83,276.87
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9237 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NANCY MCFARLAND nmcfarland@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,401.66
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,812.29
****Base Wages**	$ 96,753.70
TOTAL Investment In You	$ 124,565.98
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9239

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KEVIN BERRY

kberry@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 4,610.93
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,643.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,363.93
****Base Wages**	$ 99,920.08
TOTAL Investment In You	$ 143,284.01
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9245

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LATOYA JOHNSON-CHATMAN

ljchatman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 50 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 81.01
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,279.14
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,162.07
****Base Wages**	$ 42,864.64
TOTAL Investment In You	$ 86,026.71
TOTAL Paid Time Off Days:	**36 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9247

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOYCE HILL

jhhill@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,483.82
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,149.66
Tuition Reimbursement (fiscal yr 2016)	$ 65.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,999.89
****Base Wages**	$ 45,790.80
TOTAL Investment In You	$ 75,790.70
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9249

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ZHONNET HARPER

zharper@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,077.46
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 87.36
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,980.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,925.10
****Base Wages**	$ 52,087.19
TOTAL Investment In You	$ 74,012.30
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9250

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ISAAC TONGI

itongi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,013.14
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 173,326.77
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9253

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FERNANDO URIBE

furibe@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.93
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,449.11
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,716.36
****Base Wages**	$ 58,158.26
TOTAL Investment In You	$ 87,874.62
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9254

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MERCY TATUM

mtatum@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,912.74
****Base Wages**	$ 127,886.24
TOTAL Investment In You	$ 168,798.98
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9255

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HILDA ROMERO-GOMEZ

hromerogomez@alamedahealthsystem.o

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,331.31
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,740.41
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9258

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MIGNON WILLIAMS

migwilliams@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 51.77
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,744.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 12,933.54
****Base Wages**	$ 44,056.21
TOTAL Investment In You	$ 56,989.75
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9260

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GRETCHEN JUPE

grwhite@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,723.75
****Base Wages**	$ 134,316.00
TOTAL Investment In You	$ 175,039.75
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9263

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHARON TORRES

storres@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,612.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,911.93
****Base Wages**	$ 156,238.78
TOTAL Investment In You	$ 183,150.72
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9266 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

REBECCA HOPKINS rjhopkins@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 11,531.14
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 52,426.65
****Base Wages**	$ 201,992.77
TOTAL Investment In You	$ 254,419.42
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9267

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LISA MONROE

lemonroe@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,539.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,611.73
****Base Wages**	$ 151,230.14
TOTAL Investment In You	$ 192,841.87
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9270

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

OLIVIA CHANG

olchang@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 65.55
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,306.08
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,372.97
****Base Wages**	$ 34,680.26
TOTAL Investment In You	$ 60,053.23
TOTAL Paid Time Off Days:	**36 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9271

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CAMERON DEGALE

cdegale@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 50.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 3,647.71
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 17,696.19
****Base Wages**		$ 47,682.54
TOTAL Investment In You		$ 65,378.73
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9272

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KIRSTEN EAMES

keames@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,705.21
****Base Wages**	$ 120,884.40
TOTAL Investment In You	$ 150,589.61
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9274

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TERRANCE HAWKINS

thawkins@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 586.04
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 98.04
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 2,054.87
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,087.14
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 18,963.08
****Base Wages**		$ 53,426.67
TOTAL Investment In You		$ 72,389.75
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

Employee ID # 9279

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KOMSAN SAT

ksat@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,331.31
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,740.41
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9282

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TISHU SHARMA

tsharma@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 17,887.48
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,357.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 38,356.08
****Base Wages**	$ 138,629.92
TOTAL Investment In You	$ 176,986.00
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9283

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOHN TANNER

jtanner@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 50.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,647.71
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 23,995.35
****Base Wages**	$ 42,914.29
TOTAL Investment In You	$ 66,909.64
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9284

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TANYA PADEN

tpaden@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,335.22
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,744.33
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9286

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANTHONY IVANICH

aivanich@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,872.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 38,184.45
****Base Wages**	$ 76,762.40
TOTAL Investment In You	$ 114,946.85
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9287

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ARIANA LARES

alares@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,596.56
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 91,312.69
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9288

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ASTER DANIEL

adaniel@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,154.66
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 44.87
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,447.10
****Base Wages**	$ 40,702.94
TOTAL Investment In You	$ 69,150.03
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9291

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ASHLEI BURLEY

adburley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 91.33
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,151.09
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,007.11
****Base Wages**	$ 54,262.62
TOTAL Investment In You	$ 99,269.74
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9294

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EILEEN ORTIZ

eortiz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 198.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,946.69
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 91,662.82
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9296

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHERRY DUNKLEY

sdunkley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,734.74
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 83.48
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,459.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,275.34
****Base Wages**	$ 52,459.43
TOTAL Investment In You	$ 88,734.77
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9297

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JASON DUTRA

jdutra@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 4,540.28
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,224.49
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 52,642.86
****Base Wages**	$ 94,437.82
TOTAL Investment In You	$ 147,080.69
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9302

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARIA DURAN

maduran@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 49 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,388.94
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 68.08
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,444.55
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 34,899.64
****Base Wages**	$ 36,021.44
TOTAL Investment In You	$ 70,921.08
TOTAL Paid Time Off Days:	**36 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9304

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ASHLEY SUGHAYAR-VENERE

asvenere@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,748.69
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 91,464.82
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9310

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VARSHA ANAND

vanand@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,916.62
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 91,632.75
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9314

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SANDRA CONTRERAS

scontreras@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,958.57
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 94,367.67
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9316

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CRAIG KLEINMAN

ckleinman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,665.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,777.31
****Base Wages**	$ 100,207.12
TOTAL Investment In You	$ 118,984.43
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9319

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LAUREN ABRAHAMSON

labrahamson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 34,266.89
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 151,719.91
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9323

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THUY JACKSON

tjackson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,632.67
****Base Wages**	$ 111,905.66
TOTAL Investment In You	$ 152,538.34
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9326

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FIONA THOMSON

fthomson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,632.67
****Base Wages**	$ 111,905.66
TOTAL Investment In You	$ 152,538.34
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9327

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THOMAS ROOKER

trooker@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,998.29
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,766.46
****Base Wages**	$ 73,184.72
TOTAL Investment In You	$ 99,951.18
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9329

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LINDA TOLEDO

ltoledo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.26
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,876.20
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,381.41
****Base Wages**	$ 63,741.18
TOTAL Investment In You	$ 100,122.60
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9337

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DIANA DIAZ

dtenjobarrera@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,811.17
****Base Wages**	$ 67,143.40
TOTAL Investment In You	$ 84,954.57
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9338

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JACQUELINE SIOSON

jsioson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,284.63
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 143,737.65
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9342

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MATTHEW NOE

manoe@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,632.67
****Base Wages**	$ 111,905.66
TOTAL Investment In You	$ 152,538.34
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9343

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DIEMVY PHAN

dphan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,971.41
****Base Wages**	$ 89,524.53
TOTAL Investment In You	$ 118,495.94
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9347

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANNIE CHU

anchu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,395.79
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 146,848.81
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9349

SYSTEM SUPPORT CENTER

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EILEEN PUMMER

epummer@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,957.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,852.51
****Base Wages**	$ 179,999.87
TOTAL Investment In You	$ 230,852.38
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9350

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HEIDI LARSEN

hlarsen@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,395.79
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 146,848.81
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9352

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MEGAN LEVY

mlevy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,912.88
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,790.89
****Base Wages**	$ 82,217.12
TOTAL Investment In You	$ 108,008.00
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9354

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NINA CARBONE-PELLERIN

npellerin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 49 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 87.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,343.96
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 47,196.43
****Base Wages**	$ 49,756.51
TOTAL Investment In You	$ 96,952.95
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9357

2016

NEWARK WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ZALAK TRIVEDI

ztrivedi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,783.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,393.63
****Base Wages**	$ 88,666.66
TOTAL Investment In You	$ 116,060.29
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9358

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LETICIA VACA

lvaca@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,260.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,375.28
****Base Wages**	$ 94,908.94
TOTAL Investment In You	$ 122,284.23
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9360

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JAMES WARD

jaward@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 100.05
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,825.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,690.20
****Base Wages**	$ 63,077.87
TOTAL Investment In You	$ 108,768.07
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9362 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RYAN PONCE

rponce@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,357.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,429.02
****Base Wages**	$ 138,629.92
TOTAL Investment In You	$ 180,058.94
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9369

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BRIAHN BADELLE

bbadelle@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,940.24
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,239.71
****Base Wages**	$ 90,722.11
TOTAL Investment In You	$ 114,961.82
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9370

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GURPREET KAUR

gkaur@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,859.24
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,737.33
****Base Wages**	$ 63,519.46
TOTAL Investment In You	$ 109,256.78
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9375

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CLAUDIA THACH

cthach@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 4,409.90
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,771.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,253.09
****Base Wages**	$ 114,657.50
TOTAL Investment In You	$ 159,910.59
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9377

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DWAINE LOGAN

dlogan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 48 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 74.03
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 812.39
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,203.08
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,854.19
****Base Wages**	$ 49,447.94
TOTAL Investment In You	$ 95,302.13
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9380

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WO TANG HUANG

htang@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 51.77
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,744.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 23,797.90
****Base Wages**	$ 48,951.34
TOTAL Investment In You	$ 72,749.24
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9387

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PHILIP RODRIGUEZ

prodriguez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,512.33
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,588.82
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,979.24
****Base Wages**	$ 73,056.46
TOTAL Investment In You	$ 123,035.70
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9388

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TAMENTANEFER LUMUKANDA

tlumukanda@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 49 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.48
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,099.96
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 46,000.35
****Base Wages**	$ 47,842.83
TOTAL Investment In You	$ 93,843.18
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9389

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RAYMOND YU

ryu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,320.60
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,967.50
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,876.20
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,051.40
****Base Wages**	$ 63,741.18
TOTAL Investment In You	$ 87,792.58
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9390

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KENNETH DUNAWAY

kdunaway@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,320.52
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 87.50
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,819.79
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,225.87
****Base Wages**	$ 49,931.86
TOTAL Investment In You	$ 86,157.73
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9393

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LATOYA LEFFALL

lleffal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 37 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 51.77
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,615.91
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,744.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,413.81
****Base Wages**	$ 44,056.21
TOTAL Investment In You	$ 69,470.02
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9394

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BENIGNO NARVAEZ

bnarvaez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 10,930.44
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,452.58
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 182,548.40
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9399

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHRISTOPHER ESPINEDA

cespineda@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 8,985.16
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 21,475.55
****Base Wages**		$ 117,453.02
TOTAL Investment In You		$ 138,928.57
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

Employee ID # 9400

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VIOLETA ARROYO

varroyo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,632.67
****Base Wages**	$ 111,905.66
TOTAL Investment In You	$ 152,538.34
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9406

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RONDALL BRACKEN

rbracken@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 829.67
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,320.18
****Base Wages**	$ 105,707.72
TOTAL Investment In You	$ 147,027.90
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9408

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DANA NEVADO

deugenio@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 8,985.16
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 21,475.55
****Base Wages**		$ 82,217.12
TOTAL Investment In You		$ 103,692.66
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9409

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELIDA SAAVEDRA

esaavedra@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,414.33
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 157,867.35
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9420

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STEPHANIE DUONG

sduong@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 106.63
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,667.59
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 14,553.67
****Base Wages**	$ 61,014.30
TOTAL Investment In You	$ 75,567.98
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9427

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELSA TAYLOR

eltaylor@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 19 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,121.37
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,420.84
****Base Wages**	$ 106,161.74
TOTAL Investment In You	$ 131,582.59
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9428

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NINA VILLA

nvilla@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 346.58
Vision Reimbursement (fiscal yr 2016)		$ 199.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 8,202.89
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 20,998.86
****Base Wages**		$ 107,227.33
TOTAL Investment In You		$ 128,226.19
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9433

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RAHSAAN CARR

rmcarr@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,269.08
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,289.08
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,546.61
****Base Wages**	$ 44,853.12
TOTAL Investment In You	$ 80,399.73
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9436

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHARLENE TRUJILLO

ctrujillo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,500.95
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,911.58
****Base Wages**	$ 98,051.62
TOTAL Investment In You	$ 125,963.19
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9438

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LORI FOIDL

lfoidl@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,494.76
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,449.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,073.15
****Base Wages**	$ 130,499.93
TOTAL Investment In You	$ 171,573.08
TOTAL Paid Time Off Days:	**42 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9439

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JASMINE JACKSON

jasjackson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,028.84
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 198.75
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,361.44
****Base Wages**	$ 93,962.42
TOTAL Investment In You	$ 133,323.86
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9441

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MICHAEL KUROIWA

mkuroiwa@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,121.37
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,532.00
****Base Wages**	$ 106,161.74
TOTAL Investment In You	$ 134,693.75
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9450

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALEXANDER TRIPP

atripp@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 64.03
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,634.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,884.68
****Base Wages**	$ 60,582.70
TOTAL Investment In You	$ 82,467.38
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9452

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MAUREEN WOLFE

mwolfe@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 22,616.36
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,906.06
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,633.89
****Base Wages**	$ 88,243.58
TOTAL Investment In You	$ 131,877.48
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9455

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

URSULA HAYNES

uhaynes@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,182.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,291.67
****Base Wages**	$ 126,590.67
TOTAL Investment In You	$ 166,882.35
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9456

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JAMES MERRY

jmerry@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 12 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 10,140.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,439.77
****Base Wages**	$ 192,641.49
TOTAL Investment In You	$ 220,081.26
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9459

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TERRI PARKER

tparker@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.26
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,118.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,624.10
****Base Wages**	$ 66,913.60
TOTAL Investment In You	$ 103,537.70
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9461

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ADEOLA ADEGOKE

aadegoke@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 52 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,710.75
****Base Wages**	$ 40,702.94
TOTAL Investment In You	$ 85,413.69
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9462

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FERNANDO IZAGUIRRE-RODRIGUEZ

fizaguirre@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,705.21
****Base Wages**	$ 134,316.00
TOTAL Investment In You	$ 164,021.21
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9463

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FARI NEMATI

fnemati@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,483.82
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,252.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,628.67
****Base Wages**	$ 118,241.51
TOTAL Investment In You	$ 151,870.18
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9465

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HILDA BOAKYE

hboakye@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,294.58
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 23,406.05
****Base Wages**		$ 134,316.00
TOTAL Investment In You		$ 157,722.05
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9468

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KAFILAT DUPREE

kdupree@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,050.36
****Base Wages**	$ 110,982.27
TOTAL Investment In You	$ 160,032.63
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9469 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ROBERT TURNER rturner@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,395.79
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 146,848.81
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9473

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ABOSEDE OGUNKANMI

aogunkanmi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,182.56
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00

Alameda's Benefit Contribution	$ 21,672.95
****Base Wages**	$ 113,931.60
TOTAL Investment In You	$ 135,604.56

TOTAL Paid Time Off Days: 40 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9475 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALPHI JOSY SIMON asimon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 19,334.90
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,273.44
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,077.09
****Base Wages**	$ 132,857.71
TOTAL Investment In You	$ 171,934.80
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9476

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELIZABETH GREGG

egregg@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,490.51
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 157,943.53
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

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ALAMEDA HEALTH SYSTEM

Employee ID # 9480

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ASMERET DAWIT

adawit@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,050.36
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 172,363.99
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9490

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BERTHA WILLIS

bwillis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 75.42
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,532.24
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,130.25
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 23,923.97
****Base Wages**	$ 53,990.14
TOTAL Investment In You	$ 77,914.12
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9493

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SYLVESTER PADILLA

spadilla@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,751.94
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,667.25
****Base Wages**	$ 165,858.16
TOTAL Investment In You	$ 215,525.41
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9494 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DAYNA DAVIS dadavis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 19,097.26
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,252.00
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,460.73
****Base Wages**	$ 78,827.67
TOTAL Investment In You	$ 118,288.41
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9506

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JENNIFER MATA

jmata@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 14 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,357.13
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 23,468.60
****Base Wages**		$ 138,629.92
TOTAL Investment In You		$ 162,098.52
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9507

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CELIA ADAO

cadao@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 27.04
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 3,046.87
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,994.70
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 22,170.46
****Base Wages**		$ 65,290.16
TOTAL Investment In You		$ 87,460.62
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

Employee ID # 9508

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELSYE FORNSHELL

efornshell@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.26
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,876.20
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,375.53
****Base Wages**	$ 63,741.18
TOTAL Investment In You	$ 86,116.72
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9511

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DONIEA LAWSON

dlawson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 13,825.50
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.91
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,896.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 28,130.89
****Base Wages**	$ 35,650.89
TOTAL Investment In You	$ 63,781.78
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9513

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HANNAH COLBERT

hcolbert@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,206.94
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 164,520.57
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9514

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHRISTOPHER WEST

cwest@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 489.22
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,827.23
****Base Wages**	$ 50,878.67
TOTAL Investment In You	$ 86,705.90
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9517 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NNEKA UMEH numeh@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,393.14
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,271.23
****Base Wages**	$ 127,001.91
TOTAL Investment In You	$ 177,273.14
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9525 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JEFF REMOLADOR jremolador@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,545.68
****Base Wages**	$ 98,650.91
TOTAL Investment In You	$ 128,196.58
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9527

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RYAN SANTOS

rsantos@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,872.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 23,171.79
****Base Wages**	$ 76,762.40
TOTAL Investment In You	$ 99,934.19
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9529

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHARON HENNEMANN

shennemann@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 76.93
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,077.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,451.94
****Base Wages**	$ 53,304.37
TOTAL Investment In You	$ 77,756.31
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9530

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HAROLD COLE

hacole@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,077.46
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 53.84
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 20,802.97
****Base Wages**	$ 40,702.94
TOTAL Investment In You	$ 61,505.91
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9532

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ERICSON BUSTAMANTE

ebustamante@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,320.52
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 89.74
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,300.55
****Base Wages**	$ 50,878.67
TOTAL Investment In You	$ 87,179.22
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9535

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WILLIAM HAWKINS

whawkins@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,872.32
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,221.67
****Base Wages**	$ 76,762.40
TOTAL Investment In You	$ 113,984.07
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9544

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DANIELA HERNANDEZ

danhernandez@alamedahealthsystem.or

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 175.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,497.70
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 191,593.52
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9551

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DELORES RODRIGUES

drodrigues@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,912.74
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 183,008.56
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9553

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PAMELA PORTNOY

paportnoy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,612.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,490.55
****Base Wages**	$ 156,238.78
TOTAL Investment In You	$ 206,729.34
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9554

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MITCH QUIAMCO

mquiamco@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,617.97
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,028.60
****Base Wages**	$ 73,437.52
TOTAL Investment In You	$ 99,466.12
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9555

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

OLALEKAN EJALONIBU

oejalonibu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 46 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 89.74
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,783.87
****Base Wages**	$ 50,878.67
TOTAL Investment In You	$ 94,662.54
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9556

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOSHUA ADAIR

jadair@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 56 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 60.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,744.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,607.09
****Base Wages**	$ 34,265.94
TOTAL Investment In You	$ 77,873.03
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9566

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TRACY LAWRENCE-GARDNER

tgardner@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,246.50
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 31,985.36
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 90,394.47
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9571

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MEG MOSER

megmoser@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,077.46
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,612.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,582.77
****Base Wages**	$ 124,991.03
TOTAL Investment In You	$ 151,573.80
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9575

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOSE RODRIGUEZ

jrodriguez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 103.71
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,197.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,103.46
****Base Wages**	$ 54,873.73
TOTAL Investment In You	$ 98,977.19
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9578 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MAUREEN NNOKA mnnoka@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,985.16
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,863.25
****Base Wages**	$ 117,453.02
TOTAL Investment In You	$ 167,316.27
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9579

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WILLIE BURDEAUX

wburdeaux@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 51 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 41.90
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,195.61
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,662.91
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,702.33
****Base Wages**	$ 43,093.07
TOTAL Investment In You	$ 88,795.40
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9586

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DAVITA LLAMAS

dllamas@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 68.88
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,266.64
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 16,712.52
****Base Wages**		$ 44,618.50
TOTAL Investment In You		$ 61,331.01
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9589

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KIMBERLY GREELY

kigreely@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.26
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,876.20
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,754.15
****Base Wages**	$ 63,741.18
TOTAL Investment In You	$ 109,495.34
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9591

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NAKIYAH MELLION

nmellion@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,102.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,364.66
****Base Wages**	$ 53,628.02
TOTAL Investment In You	$ 82,992.68
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9593

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHALONNA CRAWFORD

scrawford@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 89.35
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,725.02
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,200.43
****Base Wages**	$ 48,693.01
TOTAL Investment In You	$ 69,893.44
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9594

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MICHAEL MCELROY

mmcelroy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 27.04
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,086.48
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 21,594.29
****Base Wages**		$ 119,964.42
TOTAL Investment In You		$ 141,558.71
TOTAL Paid Time Off Days:		**42 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9595

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ADA SOSA

asosa@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.79
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,334.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,626.98
****Base Wages**	$ 56,659.62
TOTAL Investment In You	$ 93,286.60
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9600

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EMILIO NAVARRO

enavarro@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 96.24
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,208.85
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,602.32
****Base Wages**	$ 55,017.66
TOTAL Investment In You	$ 79,619.98
TOTAL Paid Time Off Days:	**34 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9603

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AMANDA MARTIN

ammartin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,818.02
****Base Wages**	$ 113,676.66
TOTAL Investment In You	$ 143,494.68
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9605

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WILLIE DIXON

wdixon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.04
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,904.26
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,087.14
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,257.77
****Base Wages**	$ 53,426.67
TOTAL Investment In You	$ 86,684.44
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9606

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANITA LINDSEY

alindsey@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,948.69
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 91,664.82
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9608

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JESSICA FINSTER

jfinster@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 94.46
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,262.28
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 16,733.73
****Base Wages**		$ 55,716.13
TOTAL Investment In You		$ 72,449.86
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

Employee ID # 9609

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NIEMA LILLARD

nlillard@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 43 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,688.59
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 103,097.69
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9612

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

YORDANOS ZEWDIE

yzewdie@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,975.93
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 47,854.02
****Base Wages**	$ 91,188.66
TOTAL Investment In You	$ 139,042.68
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9615

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WILLIAM BRITT

wbritt@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 14 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,704.49
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,003.96
****Base Wages**	$ 162,585.28
TOTAL Investment In You	$ 189,589.24
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9616

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TIFFANY ANAEBERE

tanaebere@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,355.62
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,884.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9618

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JENNIFER PARMA

jeparma@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,734.24
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 109,263.52
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9619

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LEILA BEN-YOUSSEF

lbenyoussef@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,355.62
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,884.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9621

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KELLY QUINLEY

kquinley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 32,765.54
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 100,294.82
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9622

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GRAHAM BRANT-ZAWADZKI

gzawadzki@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,155.62
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,684.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9624

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ABDUL RAIF JAWID

ajawid@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 33,408.26
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 100,937.54
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9625

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALICIA FOLLMAR

afollmar@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical		$ 6,832.02
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 0.00
Long Term Disability		$ 0.00
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 979.17
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 17,178.56
****Base Wages**		$ 67,529.28
TOTAL Investment In You		$ 84,707.84
TOTAL Paid Time Off Days:		**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9626

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHELSEA RHOADES

crhoades@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 32,361.50
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 99,890.78
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9627

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JULIE GESCH

jugesch2@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 13 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 10,106.54
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 77,635.82
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9628

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BENJAMIN SHIMEL

bshimel@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,165.99
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 30,324.70
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 97,853.98
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9629

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KWEKU HAYFRON

kwhayfron@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 22,616.36
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,165.99
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,808.02
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 105,337.30
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9631

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THOMAS HEFLIN

theflin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 13 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 10,306.54
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 77,835.82
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9633

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SREEDEVI THAMARASSERIL

sthamarasser@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 32,445.48
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 99,974.76
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9635

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUKE LIN

llin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 11,967.62
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 79,496.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9637

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RAJEEV REDDY MALIREDDY

rmalireddy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 6,832.02
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,165.99
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,767.84
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 89,297.12
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9639

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TARAK TRIVEDI

ttrivedi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,266.10
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 92,795.38
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9641

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MICHAEL WANG

mwang@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,165.99
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,342.44
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 89,871.72
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9642

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANUJ OHRI

aohri@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,440.64
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,165.99
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,734.00
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 103,263.28
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9643

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

POORNIMA YECHOOR

pyechhoor@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,266.78
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 88,796.06
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9644

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JULIE OLIVA

jolivia@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,266.10
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 92,795.38
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9648

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARIA AGUILAR

maaguilar@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 198.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,057.74
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,587.02
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9649

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GABRIELLA BARTOS

gbartos@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,934.24
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 109,463.52
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9651

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GILBERTO HERNANDEZ

ghernandez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,859.74
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,389.02
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9652

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THOMAS CHEN

thchen@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,155.62
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,684.90
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9654

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AUSTIN ECKARD

aeckard@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical		$ 14,812.98
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 0.00
Long Term Disability		$ 0.00
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 979.17
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 25,159.52
****Base Wages**		$ 67,529.28
TOTAL Investment In You		$ 92,688.80
TOTAL Paid Time Off Days:		**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9655

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STEFAN FLORES

stflores@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,505.56
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 93,034.84
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9658

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NILESH LAL

nlal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 6,500.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,288.55
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 47,877.86
****Base Wages**	$ 133,900.00
TOTAL Investment In You	$ 181,777.86
TOTAL Paid Time Off Days:	**42 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9659

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

REBECCA CARTER

recarter@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 47 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 77.38
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,617.97
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,497.26
****Base Wages**	$ 51,406.26
TOTAL Investment In You	$ 96,903.53
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9661

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WENDY LAI

wlai@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,135.05
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,640.40
****Base Wages**	$ 123,313.63
TOTAL Investment In You	$ 163,954.03
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9663

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARSHALL DEIXLER

mdeixler@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,218.36
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 95.06
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 3,847.52
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 17,297.93
****Base Wages**		$ 45,264.96
TOTAL Investment In You		$ 62,562.89
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9665

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JEFFREY SCOTT

jescott@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 0.00
Long Term Disability	$ 0.00
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 979.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,859.74
****Base Wages**	$ 67,529.28
TOTAL Investment In You	$ 85,389.02
TOTAL Paid Time Off Days:	**23 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9670 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JUANITA WILLIAMS jwilliams@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,285.48
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 192,381.30
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9671

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KRISTIN LEE

klee@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,421.70
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,927.05
****Base Wages**	$ 128,774.69
TOTAL Investment In You	$ 169,701.75
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9677

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUZ MUNOZ

lmunoz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 12 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,658.27
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,908.66
****Base Wages**	$ 143,457.91
TOTAL Investment In You	$ 162,366.57
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9678 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

OSAYAMEN DERENG odereng@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,510.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,425.96
****Base Wages**	$ 104,452.28
TOTAL Investment In You	$ 153,878.24
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9681

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BOBBY WILLIAMS

bwilliams@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 41.90
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,301.98
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,829.18
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,565.00
****Base Wages**	$ 45,049.12
TOTAL Investment In You	$ 82,614.12
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9685

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PATRICK UKAEGBU

pukaegbu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 5,688.54
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 57.70
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,892.22
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 19,417.90
****Base Wages**	$ 45,790.80
TOTAL Investment In You	$ 65,208.71
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9687

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KRISTIN NEWMAN

knewman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 586.04
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,357.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,230.16
****Base Wages**	$ 138,629.92
TOTAL Investment In You	$ 178,860.08
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9699

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RACHEL HOGAN

rhogan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,572.70
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,450.79
****Base Wages**	$ 153,496.72
TOTAL Investment In You	$ 203,947.51
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9700

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ROCHELLE MCCULLOUGH

rmccullough@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

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ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,572.21
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,825.00
****Base Wages**	$ 153,463.02
TOTAL Investment In You	$ 203,288.03
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9702

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AARON PETERS

apeters@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 14,812.98
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 61.56
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,634.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,864.47
****Base Wages**	$ 60,582.70
TOTAL Investment In You	$ 90,447.17
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9708

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NAVJOT TATLAH

ntatlah@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,202.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,708.24
****Base Wages**	$ 85,781.86
TOTAL Investment In You	$ 125,490.10
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9716

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KASEY BROOKS

kbrooks@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 200.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,485.48
****Base Wages**	$ 127,886.24
TOTAL Investment In You	$ 178,371.72
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9727

2016

EASTMONT WELLNESS

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VALIA ALMENDAREZ

vmunoz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,125.30
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 100,841.43
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9730

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUIS RAMIREZ

lramirez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 51.77
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,247.63
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,744.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,341.41
****Base Wages**	$ 39,161.08
TOTAL Investment In You	$ 65,502.49
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9733

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DAO TRUONG

jtroung@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,104.79
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,573.54
****Base Wages**	$ 105,945.01
TOTAL Investment In You	$ 124,518.55
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9734 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MICHAEL VILLANIA mvillania@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 11,449.09
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 42,971.86
****Base Wages**	$ 141,451.54
TOTAL Investment In You	$ 184,423.41
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9736 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOSEPHINE YOKO-UZOMAH jyokouzomah@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 13 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,407.39
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 21,897.78
****Base Wages**		$ 142,095.82
TOTAL Investment In You		$ 163,993.60
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9737

HAYWARD WELLNESS - WINTON

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SRILEKHA PURANAM

spuranam@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 10,013.44
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,908.95
****Base Wages**	$ 91,946.30
TOTAL Investment In You	$ 142,855.25
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9739

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DOROTHY HALSELL

dhalsell@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 41 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 43.14
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 3,597.38
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00

Alameda's Benefit Contribution	$ 16,017.52
****Base Wages**	$ 23,512.32
TOTAL Investment In You	$ 39,529.84

TOTAL Paid Time Off Days: 41 Days

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9743 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ARLENE ESPIRITU aespiritu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,294.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,366.47
****Base Wages**	$ 134,316.00
TOTAL Investment In You	$ 175,682.47
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9744

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WENDY PETERSON

wpeterson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,704.49
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,582.58
****Base Wages**	$ 97,551.17
TOTAL Investment In You	$ 148,133.74
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9746

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DIANA ROSARIO

drosario@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,357.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,471.88
****Base Wages**	$ 138,629.92
TOTAL Investment In You	$ 168,101.80
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9747

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NEELIMA AKKINAPALLI

nakkinapalli@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 13 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,658.27
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 22,148.66
****Base Wages**		$ 143,457.91
TOTAL Investment In You		$ 165,606.57
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

Employee ID # 9762

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CORY LA RUSSA

clarussa@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,077.46
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 61.56
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,634.58
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 21,553.05
****Base Wages**	$ 48,466.16
TOTAL Investment In You	$ 70,019.21
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9764

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LEVIE WEIR

leweir@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,912.74
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 183,008.56
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9765 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RAYMUNDO ESPINOZA respinoza@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 20,960.42
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,479.28
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 183,575.10
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9767

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RODNEY VIGIL

rvigil@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,224.49
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,102.58
****Base Wages**	$ 94,437.82
TOTAL Investment In You	$ 142,540.41
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9769

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LYONETTE FOSTER DUPREE

ldupree@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 96.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,130.25
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,425.62
****Base Wages**	$ 53,990.14
TOTAL Investment In You	$ 90,415.77
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9774

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NATALIE SEON

nseon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,121.43
****Base Wages**	$ 55,716.13
TOTAL Investment In You	$ 100,837.56
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9775

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GLADIBEL TEAMES SOTIL-GAILLOUR

gteames@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,320.52
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.01
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,066.61
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,515.43
****Base Wages**	$ 53,158.35
TOTAL Investment In You	$ 88,673.78
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9778

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JADE CANDELARIA

jcandelaria@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 98.32
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,468.30
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 18,564.69
****Base Wages**		$ 58,409.10
TOTAL Investment In You		$ 76,973.79
TOTAL Paid Time Off Days:		**41 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9779

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MINIIMAHE YOUNG

miyoung@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 47 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.46
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,262.28
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,121.43
****Base Wages**	$ 50,144.52
TOTAL Investment In You	$ 95,265.95
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

Employee ID # 9781

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DEBRA ROISMAN

droisman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,710.68
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 22,201.07
****Base Wages**		$ 130,410.01
TOTAL Investment In You		$ 152,611.08
TOTAL Paid Time Off Days:		**40 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9782

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KYLIE MADDEN

kmadden@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 107.73
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,360.51
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,782.89
****Base Wages**	$ 57,000.11
TOTAL Investment In You	$ 81,783.00
TOTAL Paid Time Off Days:	**39 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9786

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LISA SANCHEZ

lsanchez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,956.59
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 22,250.30
****Base Wages**	$ 64,792.00
TOTAL Investment In You	$ 87,042.30
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9788

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LAURA CONDON

lcondon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 107.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,956.59
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,083.00
****Base Wages**	$ 64,792.00
TOTAL Investment In You	$ 89,875.00
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9790

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUCERITO LERMA

llerma@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,200.66
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,468.30
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,765.35
****Base Wages**	$ 58,409.10
TOTAL Investment In You	$ 95,174.45
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9793

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GLENDA TOLEDO

gtoledo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,407.39
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,285.48
****Base Wages**	$ 142,095.82
TOTAL Investment In You	$ 192,381.30
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9794

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FERNANDO TORRECILLA

ftorrecilla@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 107.16
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,657.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,061.85
****Base Wages**	$ 60,881.81
TOTAL Investment In You	$ 85,943.66
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9795

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DOUGLAS BEAZLEY

dobeazley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,612.46
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 18,862.85
****Base Wages**	$ 109,367.15
TOTAL Investment In You	$ 128,230.00
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9804 JOHN GEORGE PSYCHIATRIC HOSP

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JACQUELINE HAMPTON jrmorgan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,560.78
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,438.87
****Base Wages**	$ 111,905.66
TOTAL Investment In You	$ 161,344.54
TOTAL Paid Time Off Days:	**40 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9808

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ZENOBIA CHAMBERS

zchambers@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,643.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 47,559.20
****Base Wages**	$ 89,928.07
TOTAL Investment In You	$ 137,487.27
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9811

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MICHAEL CONNOR

mconnor@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 19,334.90
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,202.89
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,686.48
****Base Wages**	$ 107,227.33
TOTAL Investment In You	$ 144,913.81
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9814

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

YANCI ORTIZ

yortiz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 7,406.62
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 93.01
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,910.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 20,893.36
****Base Wages**	$ 51,113.30
TOTAL Investment In You	$ 72,006.66
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9815

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KARLA ROSALES

krosales@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 898.30
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 98.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 670.35
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,437.32
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 18,241.36
****Base Wages**		$ 52,203.72
TOTAL Investment In You		$ 70,445.08

TOTAL Paid Time Off Days: 41 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9816

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOSE GARCIA

jgarcia@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,578.27
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,302.80
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,759.16
****Base Wages**	$ 95,461.39
TOTAL Investment In You	$ 145,220.55
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9819

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THERESA ANGELO

TAngelo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,315.24
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,838.01
****Base Wages**	$ 95,018.56
TOTAL Investment In You	$ 135,856.57
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9820

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MIHAELA PLUMMER

MiPlummer@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 95.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,028.92
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 13,261.55
****Base Wages**	$ 52,665.60
TOTAL Investment In You	$ 65,927.15
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9822

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALEJANDRO CADIGAL

ACadigal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 104.26
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,185.61
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,390.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 38,072.46
****Base Wages**	$ 51,654.66
TOTAL Investment In You	$ 89,727.12
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9825

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PRIMEROSE MAGBUO

PMagbuo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,236.83
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,132.34
****Base Wages**	$ 117,299.52
TOTAL Investment In You	$ 167,431.86
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9826

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ISABEL MERCADO

lMercado@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.52
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,012.71
****Base Wages**	$ 54,241.82
TOTAL Investment In You	$ 99,254.53
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9827

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ABDULLAH WAKEELY

AWakeely@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,088.59
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,935.57
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 52,919.67
****Base Wages**	$ 116,804.90
TOTAL Investment In You	$ 169,724.57
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9828

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

HAN-MIAN ZHENG

HZheng@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 46 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 95.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,028.92
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,889.25
****Base Wages**	$ 52,665.60
TOTAL Investment In You	$ 97,554.85
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9830

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PENNY TOMANENG

PTomaneng@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,218.36
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 27.04
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,236.83
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 22,723.00
****Base Wages**		$ 130,332.80
TOTAL Investment In You		$ 153,055.80
TOTAL Paid Time Off Days:		**47 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9833

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AMANTE CUANAN

ACuanan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,203.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,099.16
****Base Wages**	$ 76,826.88
TOTAL Investment In You	$ 126,926.04
TOTAL Paid Time Off Days:	**42 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9834

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KAI STOLTE

KStolte@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,203.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,726.42
****Base Wages**	$ 128,044.80
TOTAL Investment In You	$ 168,771.22
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9835

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BERNADETTE CARLING

BCarling@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,709.43
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,232.20
****Base Wages**	$ 146,633.76
TOTAL Investment In You	$ 187,865.96
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9837

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LOUISE COUTURIER

LCouturier@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,935.57
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,363.62
****Base Wages**	$ 93,443.92
TOTAL Investment In You	$ 122,807.54
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9838

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARY MATHAI

MMathai@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 106.10
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,468.58
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 18,572.76
****Base Wages**		$ 58,412.85
TOTAL Investment In You		$ 76,985.60
TOTAL Paid Time Off Days:		**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9840

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANNETTE VOCAL

AVocal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,315.24
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,210.75
****Base Wages**	$ 135,740.80
TOTAL Investment In You	$ 185,951.55
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9841

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CHONG LEE

ChoLee@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 109,524.48
TOTAL Investment In You	$ 150,379.38
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9850

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

YOLANDA PINEDA

YPineda@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9857

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ARLENE CACHERO

ACachero@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,879.61
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 175,022.01
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9860

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DOLORITA MALIXI

DMalixi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,974.33
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 186,116.73
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9861

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GEORGE TIU

GeoTiu@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,842.96
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,348.31
****Base Wages**	$ 92,270.13
TOTAL Investment In You	$ 131,618.44
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9862

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARY VARGHIS

MVarghis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,410.08
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,915.43
****Base Wages**	$ 70,720.00
TOTAL Investment In You	$ 107,635.43
TOTAL Paid Time Off Days:	**35 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9864

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DAVID DE LEON

DDeLeon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,834.76
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,371.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,617.04
****Base Wages**	$ 86,725.27
TOTAL Investment In You	$ 116,342.30
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9866

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CAROL BARAZI

CBarazi@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,879.61
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 175,022.01
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9867

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GREGORY WILSON

GWilson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9868

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

STEPHANIE IRIBARREN

SIribarren@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,748.62
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,735.15
****Base Wages**	$ 75,145.41
TOTAL Investment In You	$ 101,880.56
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9869

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LIZABETH NAVARRO

LNavarro@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,974.33
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 186,116.73
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9871

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DALE BLAKE

DBlake@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 5,349.63
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 19,461.10
****Base Wages**		$ 69,929.81
TOTAL Investment In You		$ 89,390.91
TOTAL Paid Time Off Days:		**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9872

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DONALD MITCHELL

DonMitchell@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,644.12
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 39,149.47
****Base Wages**	$ 99,923.20
TOTAL Investment In You	$ 139,072.67
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9873

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MONICA MILLER

MonMiller@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,229.92
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,941.57
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,582.12
****Base Wages**	$ 64,595.65
TOTAL Investment In You	$ 91,177.77
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9874

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VIRGINIA KHAN

ViKhan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9875

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

THELMA MAGANITO

TMaganito@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,227.64
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 187,133.24
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9876

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BRIKTY TESFAY

BTesfay@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 108.60
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,134.36
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,689.69
****Base Wages**	$ 43,393.46
TOTAL Investment In You	$ 70,083.14
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9880

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JAIRUS SAMOY

JSamoy@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 20 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental	*Share The Savings*	$ 240.00
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 5,437.67
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 17,928.06
****Base Wages**		$ 71,080.67
TOTAL Investment In You		$ 89,008.73

TOTAL Paid Time Off Days: 44 Days

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9882

2016

HIGHLAND HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

PAULA SALTZMAN

PSaltzman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 6,742.49
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 27,170.54
****Base Wages**	$ 88,137.09
TOTAL Investment In You	$ 115,307.63
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9884

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUZVIMINDA JOSE

LuJose@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,347.07
****Base Wages**	$ 130,628.16
TOTAL Investment In You	$ 180,975.23
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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***Base Wages = hourly rate X 2080 hours x current calculated FTE.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9885

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DINA RHEINOR

DRheinor@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 99.93
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,208.85
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,606.01
****Base Wages**	$ 55,017.66
TOTAL Investment In You	$ 79,623.68
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9889

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DEMETRIA COLEMAN

DemColeman@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 54 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 78.81
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,030.22
****Base Wages**	$ 37,969.28
TOTAL Investment In You	$ 81,999.50
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9894

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

WILFREDO DIJAMCO

WDijamco@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 95.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 7,550.87
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,028.92
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 43,067.38
****Base Wages**	$ 52,665.60
TOTAL Investment In You	$ 95,732.98
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9895

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BARBARA GAUDINIER

BGaudinier@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,974.33
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 186,116.73
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9896

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SARAMMA PHILIP

SPhilip@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9898

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LISA RODRIGUEZ

LRodriguez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9905

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RICHARD ROBBINS

RRobbins@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.43
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,627.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,122.21
****Base Wages**	$ 56,391.09
TOTAL Investment In You	$ 96,513.30
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9906

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DIANA COQUIA

DCoquia@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,227.64
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 187,133.24
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9907

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SUSAN HOLLAND

SHolland@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 37 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,959.68
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,303.06
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,768.09
****Base Wages**	$ 69,320.99
TOTAL Investment In You	$ 110,089.08
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9908

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ELIZABETH RAPHAEL

ERaphael@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,274.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,797.30
****Base Wages**	$ 79,759.68
TOTAL Investment In You	$ 120,556.98
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9909

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARIA NICKEL

MNickel@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,760.18
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 166,665.78
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9910

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CYNTHIA GERALDO

CGeraldo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,857.03
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,362.38
****Base Wages**	$ 76,562.51
TOTAL Investment In You	$ 113,924.89
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9911

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VERONICA RIOS

VeRios@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,296.42
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,801.77
****Base Wages**	$ 69,234.26
TOTAL Investment In You	$ 106,036.03
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9912

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARK SILVA

MarSilva@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 642.46
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 75.89
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 3,995.54
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 16,850.87
****Base Wages**		$ 41,783.37
TOTAL Investment In You		$ 58,634.25

TOTAL Paid Time Off Days: 44 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9913

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CYNTHIA MAHANAY

CMahanay@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 97.75
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,349.63
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 14,584.37
****Base Wages**	$ 48,950.87
TOTAL Investment In You	$ 63,535.23
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9914

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

BOUDEWIJN VONK

BoVonk@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,627.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,505.93
****Base Wages**	$ 67,669.31
TOTAL Investment In You	$ 117,175.23
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9916

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VENIUS WINN

VWinnJr@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 13,691.87
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,371.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 61,941.61
****Base Wages**	$ 86,725.27
TOTAL Investment In You	$ 148,666.87
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9918

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MILAGROS REYNOSA

MReynosa@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 17 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,879.61
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 175,022.01
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9919

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

IRENE FERNANDEZ

IFernandez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 123,215.04
TOTAL Investment In You	$ 164,069.94
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9920

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GUNDELINA LEAL

GuLeal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,227.64
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 187,133.24
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9921

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

REGINA WITKOWSKI

RWitkowski@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,974.33
****Base Wages**	$ 116,113.92
TOTAL Investment In You	$ 157,088.25
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9923

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MILDRED DECENA

MDecena@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 51 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 78.81
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,993.00
****Base Wages**	$ 43,393.46
TOTAL Investment In You	$ 88,386.46
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9925

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JACQUELINE MORAN

JMoran@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,274.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,702.58
****Base Wages**	$ 106,346.24
TOTAL Investment In You	$ 136,048.82
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9926

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

VICTORIA MENDOZA-REID

MendozV1@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9927

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SANDRA KURITA

SKurita@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,601.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,029.22
****Base Wages**	$ 89,946.85
TOTAL Investment In You	$ 118,976.07
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9929

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SUSANNA PONG

SuPong@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 49 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 75.89
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,995.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 44,836.11
****Base Wages**	$ 47,006.29
TOTAL Investment In You	$ 91,842.41
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9930

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LISA LAFAVE

LLafave@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 95,833.92
TOTAL Investment In You	$ 136,688.82
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9933

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARLIE AGLUBAT-LAROSA

AglubaM@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,274.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,170.04
****Base Wages**	$ 79,759.68
TOTAL Investment In You	$ 129,929.72
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9934

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

RAMONA ALLEN

RamAllen@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,748.62
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,253.97
****Base Wages**	$ 75,145.41
TOTAL Investment In You	$ 112,399.38
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9935

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MIA FLORES

MiaFlores@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 99.93
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,095.02
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,208.66
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,700.84
****Base Wages**	$ 55,015.17
TOTAL Investment In You	$ 81,716.01
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

Employee ID # 9937

2016

FAIRMONT HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DELORES HALL

DeHall@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 38 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,748.62
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 46,626.71
****Base Wages**	$ 75,145.41
TOTAL Investment In You	$ 121,772.12
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9938

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LAURIE MANDEL

LMandel@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,274.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,170.04
****Base Wages**	$ 79,759.68
TOTAL Investment In You	$ 129,929.72
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9940

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

DANNY PANGAN

DPangan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.52
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,012.71
****Base Wages**	$ 54,241.82
TOTAL Investment In You	$ 99,254.53
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9943

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JULIE RETTIG

JRettig@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 87.51
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,371.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 38,851.11
****Base Wages**	$ 48,180.70
TOTAL Investment In You	$ 87,031.81
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9944

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARCIA THOMPSON

MarThompson@alamedahealthsystem.or

Alameda makes benefit contributions in the amount of 34 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,136.03
****Base Wages**	$ 48,817.64
TOTAL Investment In You	$ 73,953.67
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9945

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHARON MC COSHUM

SMcCoshum@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 108.60
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,280.61
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,889.61
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 37,670.77
****Base Wages**	$ 57,524.88
TOTAL Investment In You	$ 95,195.65
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9946

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EILEEN REID

EiReid@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 30 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,760.18
****Base Wages**	$ 68,452.80
TOTAL Investment In You	$ 98,212.98
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9949

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CAMILLE DEBORD

CDebord@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9950

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CARRIE WILLIAMS-ROSS

WilliaC8@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,274.53
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,797.30
****Base Wages**	$ 132,932.80
TOTAL Investment In You	$ 173,730.10
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9951

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ALLISON VONK

AlVonk@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 15 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 0.00
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,156.52
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 17,406.91
****Base Wages**	$ 95,959.09
TOTAL Investment In You	$ 113,366.01
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9952

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GUADALUPE DA BRANCA

GDaBranca@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 101.61
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,403.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,269.43
****Base Wages**	$ 87,875.84
TOTAL Investment In You	$ 137,145.27
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9953

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANGELICA GONZALEZ-PICADO

GonzalA0@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 49 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 109.56
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,615.08
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,489.34
****Base Wages**	$ 48,262.32
TOTAL Investment In You	$ 93,751.66
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9954

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JEHAN LATEEF

JLateef@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,236.83
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,759.60
****Base Wages**	$ 130,332.80
TOTAL Investment In You	$ 171,092.40
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9955

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOVY NIXON

JNixon@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 101.61
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 5,349.63
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 19,449.31
****Base Wages**		$ 55,943.85
TOTAL Investment In You		$ 75,393.16
TOTAL Paid Time Off Days:		**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9956

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MYLENE OLIMPIADA

MOlimpiada@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,227.64
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 187,133.24
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9961

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LINA CLETO

LCleto@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.52
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,639.97
****Base Wages**	$ 54,241.82
TOTAL Investment In You	$ 89,881.79
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9962

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHON YOUNG

ShoYoung@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,601.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,496.68
****Base Wages**	$ 112,433.57
TOTAL Investment In You	$ 161,930.25
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9963

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LORRAINE BOWLES

LBowles@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 45 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.32
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 3,954.73
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,296.42
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,110.16
****Base Wages**	$ 62,310.83
TOTAL Investment In You	$ 112,420.99
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

*****Base Wages** = hourly rate X 2080 hours x current calculated FTE.*

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9964

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LAVETTE COOPER

LavCooper@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 44 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 110.82
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 2,671.66
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,667.02
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,214.19
****Base Wages**	$ 61,006.82
TOTAL Investment In You	$ 109,221.01
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9965

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NICHOLAS DENNIS

NDennis@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 21 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,760.18
****Base Wages**	$ 109,524.48
TOTAL Investment In You	$ 139,284.66
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9966

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ANGELA BELLINI

ABellini@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 0.00
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 79.94
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,208.66
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 14,643.96
****Base Wages**	$ 49,513.65
TOTAL Investment In You	$ 64,157.61
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9967

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AGNES DAGDAGAN-VERGAR

DagdagA@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,227.64
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 187,133.24
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9968

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CARMEN BLIESNER

CBliesner@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.52
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,121.15
****Base Wages**	$ 54,241.82
TOTAL Investment In You	$ 79,362.97
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9969

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JANICE SWANSON

JanSwanson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 28 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 8,627.84
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,133.19
****Base Wages**	$ 101,503.96
TOTAL Investment In You	$ 141,637.14
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9970

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

NIKKO DAZO

NiDazo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 43 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,093.08
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,971.17
****Base Wages**	$ 59,918.60
TOTAL Investment In You	$ 105,889.77
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9972

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ARLENE SIBAL

ASibal@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9973

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LINDA LINNE

LFritz@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,842.96
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,721.05
****Base Wages**	$ 92,270.13
TOTAL Investment In You	$ 140,991.18
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9974

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

CAROLINE WALSH

CWalsh@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 29 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 1,244.78
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,001.25
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 26,656.66
****Base Wages**	$ 65,375.86
TOTAL Investment In You	$ 92,032.52
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9976

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

AMRIT GILL

AmGill@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 23 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,854.90
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 177,760.50
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9977

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KATHLEEN KEMPEN

KKempen@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 7,371.65
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,249.74
****Base Wages**	$ 86,725.27
TOTAL Investment In You	$ 134,975.00
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9978

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JERRIE PIERSON

JPierson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 16 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,861.08
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 27.04
Long Term Disability		$ 113.40
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 9,260.03
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 23,388.92
****Base Wages**		$ 118,739.84
TOTAL Investment In You		$ 142,128.76
TOTAL Paid Time Off Days:		**47 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9979

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

FELICITAS GAZZINGAN

FGazzingan@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,349.63
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 46,227.72
****Base Wages**	$ 69,929.81
TOTAL Investment In You	$ 116,157.53
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9980

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LOREEN MARTINEZ

LorMartinez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 33 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,157.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,053.01
****Base Wages**	$ 99,889.59
TOTAL Investment In You	$ 149,942.60
TOTAL Paid Time Off Days:	**41 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9981

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARIA PEREZ

MarPerez@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 48 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 95.65
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 4,011.09
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,028.92
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 48,900.34
****Base Wages**	$ 52,665.60
TOTAL Investment In You	$ 101,565.94
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9983

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SHIRLEE JACOBSON

SJacobson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,349.63
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 36,854.98
****Base Wages**	$ 69,929.81
TOTAL Investment In You	$ 106,784.79
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9985

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TONYA ANDERSON

TonAnderson@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 25 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 642.46
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 101.61
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 5,349.63
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 18,230.69
****Base Wages**		$ 55,943.85
TOTAL Investment In You		$ 74,174.54
TOTAL Paid Time Off Days:		**44 Days**
Total Accrued PTO/Vacation/Sick/Holiday per year		

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9986

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARYANN PENA

MarPena@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 40 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,716.91
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,632.22
****Base Wages**	$ 67,257.78
TOTAL Investment In You	$ 112,890.00
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

The **Base Wages shown in this statement only include annualized base wages and do not include overtime, shift differentials, premium pay, call back pay, or bilingual pay.*

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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9988

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MICHAEL PLUMMER

MPlummer@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 26 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,347.07
****Base Wages**	$ 145,142.40
TOTAL Investment In You	$ 195,489.47
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9990

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LEOPOLDO ASILO

LAsilo@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 47 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.25
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,307.17
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 45,174.11
****Base Wages**	$ 50,672.61
TOTAL Investment In You	$ 95,846.72
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9994

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SANDRA ALVISO

SAlviso@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 37 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,347.07
****Base Wages**	$ 87,085.44
TOTAL Investment In You	$ 137,432.51
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9996

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ADELAIDA ANICIETE

AAniciete@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 43 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 81.20
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 5,886.55
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 41,509.20
****Base Wages**	$ 54,241.82
TOTAL Investment In You	$ 95,751.03
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9998

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

TRACY WESTBROOK

TWestbrook@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.52
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,639.97
****Base Wages**	$ 48,817.64
TOTAL Investment In You	$ 84,457.61
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 9999

ALAMEDA HOSPTIAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JASWAND GREWAL

JAGREWAL@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 39 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 102.72
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,240.75
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 35,735.42
****Base Wages**	$ 55,434.70
TOTAL Investment In You	$ 91,170.13
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10001

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUCITA ALCERA

LAlcera@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 24 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 21,036.60
Dental	$ 1,218.36
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,451.56
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 40,974.33
****Base Wages**	$ 130,628.16
TOTAL Investment In You	$ 171,602.49
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10003

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

LUCILLE WAYNE

LWayne@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,382.92
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,497.67
****Base Wages**	$ 70,364.94
TOTAL Investment In You	$ 95,862.61
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10004

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOSELITO JOSE

JoJose@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 18 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,332.13
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,760.18
****Base Wages**	$ 136,905.60
TOTAL Investment In You	$ 166,665.78
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10005

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

EVANGELINE KINSEY

EKinsey@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 94.86
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 3,995.54
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,387.62
****Base Wages**	$ 52,229.22
TOTAL Investment In You	$ 76,616.84
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10008

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

ERIN O'MALLEY

EOMalley@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 99.93
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 5,813.94
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,208.85
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 30,419.95
****Base Wages**	$ 55,017.66
TOTAL Investment In You	$ 85,437.62
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10010

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

KATIA ROZA

KaRoza@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 27 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,349.63
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 25,760.26
****Base Wages**	$ 69,929.81
TOTAL Investment In You	$ 95,690.07
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10011

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JOSE FUENTES-BENITEZ

FuenteJ@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 31 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	*Share The Savings*	$ 3,000.00
Dental		$ 1,218.36
Vision Reimbursement (fiscal yr 2016)		$ 0.00
Employer Paid Life		$ 9.62
Long Term Disability		$ 81.80
Flexible Spending Account Costs		$ 59.28
Annual Cobra Flex Admin Costs		$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)		$ 0.00
Tuition Reimbursement (fiscal yr 2016)		$ 0.00
EAP Account Costs		$ 21.96
Medicare & Social Security Tax		$ 4,307.17
Workers' Compensation Insurance		$ 1,622.40
Federal Unemployment		$ 420.00
Alameda's Benefit Contribution		$ 17,744.32
****Base Wages**		$ 39,412.03
TOTAL Investment In You		$ 57,156.35

TOTAL Paid Time Off Days: 44 Days
Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10012

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GLENN AGUSTIN

GAgustin@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 36 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 642.46
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 78.81
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 4,149.50
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 24,525.54
****Base Wages**	$ 43,393.46
TOTAL Investment In You	$ 67,919.00
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10013

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

MARY JANE ESER

MaEser@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 35 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 898.30
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,236.83
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 49,169.56
****Base Wages**	$ 91,232.96
TOTAL Investment In You	$ 140,402.52
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10014

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

GLENDA LIGUIDLIGUID

LiguidG@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 32 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,236.83
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 50,132.34
****Base Wages**	$ 104,266.24
TOTAL Investment In You	$ 154,398.58
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10015

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

JIAN-XIA WANG

JiaWang@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 22 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 10,517.78
Dental	$ 346.58
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 27.04
Long Term Disability	$ 113.40
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 9,236.83
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 29,369.00
****Base Wages**	$ 104,266.24
TOTAL Investment In You	$ 133,635.24
TOTAL Paid Time Off Days:	**47 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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ALAMEDA HEALTH SYSTEM

2016

Employee ID # 10016

SAN LEANDRO HOSPITAL

THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

SAJUTRA DE SOUZA

SDeSouza@alamedahealthsystem.org

Alameda makes benefit contributions in the amount of 42 % of your income.

The percentage above does not include retirement contributions made on your behalf.

ALAMEDA'S INVESTMENT IN YOU

Medical	$ 29,766.62
Dental	$ 1,861.08
Vision Reimbursement (fiscal yr 2016)	$ 0.00
Employer Paid Life	$ 9.62
Long Term Disability	$ 98.80
Flexible Spending Account Costs	$ 59.28
Annual Cobra Flex Admin Costs	$ 3.73
Vacation/PTO Sell-Back (fiscal yr 2016)	$ 0.00
Tuition Reimbursement (fiscal yr 2016)	$ 0.00
EAP Account Costs	$ 21.96
Medicare & Social Security Tax	$ 5,548.12
Workers' Compensation Insurance	$ 1,622.40
Federal Unemployment	$ 420.00
Alameda's Benefit Contribution	$ 46,411.61
****Base Wages**	$ 65,271.96
TOTAL Investment In You	$ 111,683.57
TOTAL Paid Time Off Days:	**44 Days**

Total Accrued PTO/Vacation/Sick/Holiday per year

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