ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 10981

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIVIC RABAGO** MRABAGO@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 | $ 96.48 |
| 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 | $ 6,638.98 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,127.41 |
| ****Base Wages** | $ 52,070.43 |
| **TOTAL Investment In You** | $ 90,197.84 |
| **TOTAL Paid Time Off Days:** | **35 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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Dear Colleague,

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I am proud to have served you over the past 9+ years and thank you for your continued commitment and care for your colleagues, our patients, and the communities that we serve.

Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 10983

SOUTH SHORE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAY FERNANDEZ**

MFERNANDEZ@alamedahealthsystem.c

**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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 6,432.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,310.52 |
| ****Base Wages** | $ 67,267.20 |
| **TOTAL Investment In You** | $ 114,577.72 |
| **TOTAL Paid Time Off Days:** | **32 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 10996

SOUTH SHORE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ISOLDA ACOSTA** IACOSTA@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 | $ 0.00 |
| Dental | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 0.37 |
| Long Term Disability | $ 32.75 |
| 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 | $ 3,314.42 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 12,474.91 |
| ****Base Wages** | $ 25,995.47 |
| **TOTAL Investment In You** | $ 38,470.38 |
| **TOTAL Paid Time Off Days:** | **6 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11000

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RITA GYAMFI**

RGYAMFI@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 | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 82.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 45,087.62 |
| ****Base Wages** | $ 38,804.29 |
| **TOTAL Investment In You** | $ 83,891.91 |

**TOTAL Paid Time Off Days: 43 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 # 11004

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SAHRA FARAH**

sfarah@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 | $ 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 | $ 4,240.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,156.06 |
| ****Base Wages** | $ 55,434.70 |
| **TOTAL Investment In You** | $ 99,590.77 |

**TOTAL Paid Time Off Days: 43 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11006

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JASMINE JOSEPH**

jjoseph@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 | $ 1,218.36 |
| 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 | $ 9,065.74 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,301.11 |
| ****Base Wages** | $ 94,827.03 |
| **TOTAL Investment In You** | $ 144,128.14 |

**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 # 11007

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EDGAR-ALLAN MANZANO** AManzano@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 | $ 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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,134.82 |
| ****Base Wages** | $ 92,909.11 |
| **TOTAL Investment In You** | $ 111,043.93 |

**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 # 11008

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TERRI ELLIOTT**

TElliott@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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,295.06 |
| ****Base Wages** | $ 92,909.11 |
| **TOTAL Investment In You** | $ 122,204.17 |

**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 # 11009

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WILLIAM FARELLA**

wfarella@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,955.85 |
| ****Base Wages** | $ 78,191.57 |
| **TOTAL Investment In You** | $ 107,147.42 |

**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 # 11013

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**THIET PHAM**

tvpham@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 | $ 7,025.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,531.18 |
| ****Base Wages** | $ 91,840.94 |
| **TOTAL Investment In You** | $ 130,372.13 |

**TOTAL Paid Time Off Days:** **37 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 # 11016

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BESSIE ARNOLD**

barnold@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 | $ 1,218.36 |
| 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 | $ 7,025.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,261.20 |
| ****Base Wages** | $ 91,840.94 |
| **TOTAL Investment In You** | $ 139,102.15 |

**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 # 11018

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TRACIE REAMES**

TREAMES@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 | $ 6,013.07 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,127.82 |
| ****Base Wages** | $ 70,741.94 |
| **TOTAL Investment In You** | $ 96,869.76 |
| **TOTAL Paid Time Off Days:** | **43 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11020

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RICARDO LIM**

RLIM@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 | $ 98.98 |
| 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 | $ 4,086.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,950.34 |
| ****Base Wages** | $ 53,420.43 |
| **TOTAL Investment In You** | $ 98,370.77 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11021

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KATHLEEN MILLER**

KMiller@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 | $ 89.51 |
| 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 | $ 3,806.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,287.96 |
| ****Base Wages** | $ 49,758.18 |
| **TOTAL Investment In You** | $ 85,046.14 |
| **TOTAL Paid Time Off Days:** | **43 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 # 11022

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHASHI SONI**

SSONI@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 | $ 21,036.60 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 65.05 |
| 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 | $ 4,240.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,697.76 |
| ****Base Wages** | $ 38,804.29 |
| **TOTAL Investment In You** | $ 74,502.05 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11024

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**QASIM NOORZAY**

qnoorzay@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 | $ 21,036.60 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 81.22 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 2,921.32 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,386.69 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,781.18 |
| ****Base Wages** | $ 44,270.51 |
| **TOTAL Investment In You** | $ 82,051.69 |
| **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 # 11028

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MILDRED WHITE**

MrWhite@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 | $ 87.78 |
| 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 | $ 4,050.70 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,435.72 |
| ****Base Wages** | $ 52,950.35 |
| **TOTAL Investment In You** | $ 77,386.07 |

**TOTAL Paid Time Off Days: 43 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11029

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BERNADETTE IBANEZ**

BIBANEZ@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 | $ 83.25 |
| 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 | $ 4,425.37 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,273.31 |
| ****Base Wages** | $ 46,278.34 |
| **TOTAL Investment In You** | $ 91,551.65 |
| **TOTAL Paid Time Off Days:** | **43 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11032

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LUNINGNING CAMUNGAO** LCAMUNGAO@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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,389.78 |
| ****Base Wages** | $ 116,136.38 |
| **TOTAL Investment In You** | $ 156,526.17 |

**TOTAL Paid Time Off Days: 42 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 # 11033

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL ORDONIO**

mordonio@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 | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 107.52 |
| 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 | $ 4,439.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,668.59 |
| ****Base Wages** | $ 52,224.68 |
| **TOTAL Investment In You** | $ 96,893.27 |

**TOTAL Paid Time Off Days:** **42 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 # 11035

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LESLEY SHUPE**

lshupe@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 | $ 101.07 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,439.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,932.12 |
| ****Base Wages** | $ 58,027.42 |
| **TOTAL Investment In You** | $ 93,959.54 |

**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 # 11036

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NELIA DACIO DE SILVA**

NDACIODESILVA@alamedahealthsyster

**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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,762.52 |
| ****Base Wages** | $ 116,136.38 |
| **TOTAL Investment In You** | $ 165,898.91 |

**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 # 11037

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**THOMAS WEISENBERGER** TWeisenberger@alamedahealthsystem.c

**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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,762.52 |
| ****Base Wages** | $ 92,909.11 |
| **TOTAL Investment In You** | $ 142,671.63 |

**TOTAL Paid Time Off Days: 42 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 # 11042

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIO COLBERT**

MCOLBERT@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 | $ 109.75 |
| 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 | $ 9,495.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,742.17 |
| ****Base Wages** | $ 74,083.67 |
| **TOTAL Investment In You** | $ 92,825.84 |
| **TOTAL Paid Time Off Days:** | **6 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11044

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PAMELA CLEMENTE**

PClemente@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 64 % 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 | $ 42.46 |
| 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 | $ 3,009.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,853.45 |
| ****Base Wages** | $ 23,600.68 |
| **TOTAL Investment In You** | $ 66,454.13 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11048

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SERGE LAFUENTE**

SLAFUENTE@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,955.85 |
| ****Base Wages** | $ 100,532.02 |
| **TOTAL Investment In You** | $ 129,487.87 |

**TOTAL Paid Time Off Days: 37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11050

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER HERNANDEZ**

jehernandez@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,955.85 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 118,317.64 |

**TOTAL Paid Time Off Days:** **42 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11051

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIATERESA RESURRECCION**

MRESURRECCION@alamedahealthsyst

**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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,423.31 |
| ****Base Wages** | $ 78,191.57 |
| **TOTAL Investment In You** | $ 127,614.88 |

**TOTAL Paid Time Off Days: 42 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 # 11054

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TIFFANY BEAUCHAMP**

tbeauchamp@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 58.97 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,068.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,424.29 |
| ****Base Wages** | $ 40,105.73 |
| **TOTAL Investment In You** | $ 63,530.01 |

**TOTAL Paid Time Off Days: 43 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 # 11055

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER DIZON**

JDIZON@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,423.31 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 138,785.10 |
| **TOTAL Paid Time Off Days:** | **42 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 # 11057

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CAROL GUTIERREZ**

CGUTIERREZ@alamedahealthsystem.or

**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 | $ 42.57 |
| 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 | $ 4,656.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 44,500.57 |
| ****Base Wages** | $ 42,604.74 |
| **TOTAL Investment In You** | $ 87,105.32 |

**TOTAL Paid Time Off Days: 6 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 # 11058

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHELLE MIKE**

MMike@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 | $ 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) | $ 4,881.17 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 6,406.60 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 32,291.72 |
| ****Base Wages** | $ 83,746.42 |
| **TOTAL Investment In You** | $ 116,038.14 |

**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 # 11061

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TEGUH SUBIANTORO**

tsubiantoro@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 58 % 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 | $ 49.49 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,086.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,900.85 |
| ****Base Wages** | $ 32,052.26 |
| **TOTAL Investment In You** | $ 76,953.10 |
| **TOTAL Paid Time Off Days:** | **38 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 # 11063

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JIMMY PHAM**

jpham@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 | $ 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 | $ 8,066.76 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,959.61 |
| ****Base Wages** | $ 73,813.52 |
| **TOTAL Investment In You** | $ 91,773.14 |

**TOTAL Paid Time Off Days:** **42 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 # 11065

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JORGE LOPEZ**

jolopez@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,423.31 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 138,785.10 |
| **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 # 11067

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL MOLDERO**

MMoldero@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 | $ 5,541.64 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,437.15 |
| ****Base Wages** | $ 72,439.74 |
| **TOTAL Investment In You** | $ 118,876.89 |

**TOTAL Paid Time Off Days: 46 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 # 11071

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANGELA FRAGULIA**

AFRAGULIA@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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,204.69 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 137,566.48 |
| **TOTAL Paid Time Off Days:** | **42 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 # 11074

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RUBY ACENA**

RACENA@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 65.20 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,718.18 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,585.29 |
| ****Base Wages** | $ 35,531.81 |
| **TOTAL Investment In You** | $ 78,117.10 |
| **TOTAL Paid Time Off Days:** | **48 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11075

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ESTELITA ACOSTA**

EACOSTA@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 71.62 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,002.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,838.42 |
| ****Base Wages** | $ 35,319.02 |
| **TOTAL Investment In You** | $ 79,157.45 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11076

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HOSEA AJAYI**

HAJAYI@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 | *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 | | $ 64.39 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,700.97 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,142.35 |
| ****Base Wages** | $ 31,776.08 |
| **TOTAL Investment In You** | $ 46,918.43 |

**TOTAL Paid Time Off Days: 48 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11077

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ZEWDITU ALEMU**

ZALEMU@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 64.81 |
| 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 | $ 2,718.18 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,080.22 |
| ****Base Wages** | $ 35,531.81 |
| **TOTAL Investment In You** | $ 58,612.03 |

**TOTAL Paid Time Off Days: 48 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11078

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALEJANDRO ALVA** AALVA@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 64.79 |
| 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 | $ 2,700.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,530.44 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 78,837.19 |

**TOTAL Paid Time Off Days: 48 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11080

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIA AYALA-ZAMBRANO** MAYALA-ZAMBRANO@alamedahealthsy

**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 | $ 0.00 |
| 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 | $ 5,332.68 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 14,929.65 |
| ****Base Wages** | $ 69,708.29 |
| **TOTAL Investment In You** | $ 84,637.94 |

**TOTAL Paid Time Off Days: 51 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11084

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROLANDO VILLANUEVA**

RVILLANUEVA1@alamedahealthsystem

**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 | $ 21,036.60 |
| Dental | $ 586.04 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 63.57 |
| 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 | $ 2,666.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,489.75 |
| ****Base Wages** | $ 34,856.85 |
| **TOTAL Investment In You** | $ 68,346.59 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11085

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BOJANA BUDISAVLJEVIC**

BBUDISAVLJEVIC@alamedahealthsyste

**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 | $ 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 | $ 4,773.60 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,888.35 |
| ****Base Wages** | $ 62,400.00 |
| **TOTAL Investment In You** | $ 87,288.35 |

**TOTAL Paid Time Off Days: 48 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11086

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SUSAN HAM**

sham@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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,295.06 |
| ****Base Wages** | $ 81,295.47 |
| **TOTAL Investment In You** | $ 110,590.53 |

**TOTAL Paid Time Off Days:** **42 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 # 11088

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIA MENDOZA-SANCHEZ**

MMENDOZA-SANCHEZ@alamedahealth

**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 | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,167.50 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 157,793.42 |

**TOTAL Paid Time Off Days: 35 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 # 11089

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RORY BANGI**

RBANGI@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 | $ 6,598.01 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,476.10 |
| ****Base Wages** | $ 86,248.45 |
| **TOTAL Investment In You** | $ 133,724.54 |

**TOTAL Paid Time Off Days:** **35 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

# 2016

Employee ID # 11090

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MILAGROS BANIAGO**

MBANIAGO@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 71.20 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,984.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,353.35 |
| ****Base Wages** | $ 39,018.51 |
| **TOTAL Investment In You** | $ 62,371.86 |
| **TOTAL Paid Time Off Days:** | **51 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11093

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ADELINA BINAORO**

ABINAORO@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 5,504.77 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,915.40 |
| ****Base Wages** | $ 57,566.25 |
| **TOTAL Investment In You** | $ 83,481.65 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11094

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DELMY BONILLA**

DBONILLA@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 | $ 21,036.60 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 64.39 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,700.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,581.41 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 68,888.16 |
| **TOTAL Paid Time Off Days:** | **48 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11095

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALETH BRIONES**

ALEBRIONES@alamedahealthsystem.or

**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 | $ 0.00 |
| Dental | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 24.82 |
| 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 | $ 2,511.68 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 11,673.49 |
| ****Base Wages** | $ 16,416.19 |
| **TOTAL Investment In You** | $ 28,089.68 |
| **TOTAL Paid Time Off Days:** | **50 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11097

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BASILIDES CAHILES** BCAHILES@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 | *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 | | $ 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 | | $ 8,319.22 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,787.97 |
| ****Base Wages** | $ 108,748.02 |
| **TOTAL Investment In You** | $ 130,535.99 |

**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 # 11098

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MERCEDITA CAOILE**

MCAOILE@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 58 % 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 | $ 56.69 |
| 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 | $ 2,363.35 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,184.72 |
| ****Base Wages** | $ 30,893.41 |
| **TOTAL Investment In You** | $ 74,078.13 |
| **TOTAL Paid Time Off Days:** | **48 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11099

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RAM CASTILLANO**

RCASTILLANO@alamedahealthsystem.c

**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 | $ 64.39 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,684.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,046.20 |
| ****Base Wages** | $ 35,092.51 |
| **TOTAL Investment In You** | $ 58,138.71 |
| **TOTAL Paid Time Off Days:** | **48 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 # 11100

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RAMIRO CASTILLANO**

racastillano@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 70.58 |
| 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 | | $ 2,959.11 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,406.68 |
| ****Base Wages** | $ 34,813.02 |
| **TOTAL Investment In You** | $ 50,219.70 |

**TOTAL Paid Time Off Days:** **0 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11101

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAIRA CEDULA** MCEDULA@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 | *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 | | $ 71.20 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,984.92 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,054.19 |
| ****Base Wages** | $ 35,116.66 |
| **TOTAL Investment In You** | $ 52,170.85 |

**TOTAL Paid Time Off Days: 51 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11102

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALMERIAM DATUIN**

ADATUIN@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 | | $ 5,375.71 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,866.10 |
| ****Base Wages** | $ 70,270.72 |
| **TOTAL Investment In You** | $ 88,136.82 |

**TOTAL Paid Time Off Days: 48 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11104

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANGELINA DELGADO** ADELGADO@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 *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 72.44 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,036.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,003.75 |
| ****Base Wages** | $ 39,693.26 |
| **TOTAL Investment In You** | $ 62,697.01 |
| **TOTAL Paid Time Off Days:** | **51 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11105

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RYANN DICHOSO** RDICHOSO@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 | $ 75.95 |
| 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 | $ 3,182.81 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,023.45 |
| ****Base Wages** | $ 41,605.41 |
| **TOTAL Investment In You** | $ 85,628.86 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11107

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALEXIS ELOPRE** AELOPRE@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 | $ 63.57 |
| 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 | $ 2,666.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,027.35 |
| ****Base Wages** | $ 34,856.85 |
| **TOTAL Investment In You** | $ 57,884.19 |
| **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 # 11108

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JONARD ESPINOSA**

JESPINOSA@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 | $ 21,036.60 |
| Dental | $ 586.04 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 62.31 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,597.71 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,419.65 |
| ****Base Wages** | $ 33,957.04 |
| **TOTAL Investment In You** | $ 67,376.69 |

**TOTAL Paid Time Off Days: 48 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11109

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ARLENE FERRER**

AFERRER@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 64.81 |
| 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 | $ 2,718.18 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,584.90 |
| ****Base Wages** | $ 35,531.81 |
| **TOTAL Investment In You** | $ 78,116.71 |
| **TOTAL Paid Time Off Days:** | **48 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11110

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROSE FERRER**

RFERRER@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 | $ 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 | $ 5,031.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,442.16 |
| ****Base Wages** | $ 65,771.68 |
| **TOTAL Investment In You** | $ 91,213.84 |

**TOTAL Paid Time Off Days: 48 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 # 11112

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CLAUDIA FONSECA** CFONSECA@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 65.22 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,735.38 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,097.83 |
| ****Base Wages** | $ 35,756.66 |
| **TOTAL Investment In You** | $ 58,854.49 |

**TOTAL Paid Time Off Days: 51 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11115

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER GALBAN** JGALBAN@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 | $ 5,891.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,770.06 |
| ****Base Wages** | $ 77,019.28 |
| **TOTAL Investment In You** | $ 123,789.34 |

**TOTAL Paid Time Off Days:** **51 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 # 11116

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ARACELY GARCIA** aragarcia@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 72.42 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,019.33 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,388.99 |
| ****Base Wages** | $ 39,468.42 |
| **TOTAL Investment In You** | $ 62,857.40 |

**TOTAL Paid Time Off Days: 51 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 # 11117

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PATRICIA HENDRIX** PHENDRIX@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 66.25 |
| 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 | $ 2,762.02 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,829.62 |
| ****Base Wages** | $ 36,104.85 |
| **TOTAL Investment In You** | $ 58,934.47 |
| **TOTAL Paid Time Off Days:** | **48 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11118

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**IRMA HAMMERLE**

IHAMMERLE@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 53 % 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 | $ 72.03 |
| 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 | $ 3,019.33 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,856.05 |
| ****Base Wages** | $ 39,468.42 |
| **TOTAL Investment In You** | $ 83,324.47 |

**TOTAL Paid Time Off Days:** **51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11119

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EARLINE JENKINS**

EJENKINS@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 57.58 |
| 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 | $ 2,417.02 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,771.83 |
| ****Base Wages** | $ 31,594.99 |
| **TOTAL Investment In You** | $ 54,366.82 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11120

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CARLETTE JOHNSON**

CJOHNSON1@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 66.66 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,795.61 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,863.62 |
| ****Base Wages** | $ 36,543.94 |
| **TOTAL Investment In You** | $ 59,407.56 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11121

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MONICA JOHNSON**

MJOHNSON1@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 53 % 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 | $ 71.20 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,984.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,820.81 |
| ****Base Wages** | $ 39,018.51 |
| **TOTAL Investment In You** | $ 82,839.32 |
| **TOTAL Paid Time Off Days:** | **51 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11123

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BILJANA KUKURUZOVIC**

BKUKURUZOVIC@alamedahealthsysten

**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 | $ 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 | $ 6,021.04 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,936.35 |
| ****Base Wages** | $ 78,706.37 |
| **TOTAL Investment In You** | $ 124,642.72 |

**TOTAL Paid Time Off Days: 51 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 # 11124

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SULPECIA LEGASPI** SLEGASPI@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 | $ 7,515.99 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,021.34 |
| ****Base Wages** | $ 98,248.18 |
| **TOTAL Investment In You** | $ 137,269.51 |

**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 # 11125

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SIVANTHA LENG**

SLENG@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 | $ 21,036.60 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 64.39 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,700.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,581.41 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 68,888.16 |
| **TOTAL Paid Time Off Days:** | **48 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11126

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JEFFREY LINGAT**

JLINGAT@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 | *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 | | $ 63.96 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,666.55 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,107.50 |
| ****Base Wages** | $ 31,371.16 |
| **TOTAL Investment In You** | $ 46,478.66 |

**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 # 11128

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GENERIZA MAGNO**

GMAGNO@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 57.62 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,418.74 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,773.59 |
| ****Base Wages** | $ 31,617.46 |
| **TOTAL Investment In You** | $ 54,391.04 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11129

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARVIN MARBELLA** MMARBELLA@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 | $ 6,683.04 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,561.13 |
| ****Base Wages** | $ 87,360.00 |
| **TOTAL Investment In You** | $ 134,921.13 |

**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 # 11130

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MA MELODIA MEJIA**

MMEJIA@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 | | $ 71.60 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,984.92 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,835.96 |
| ****Base Wages** | $ 39,018.51 |
| **TOTAL Investment In You** | $ 54,854.48 |

**TOTAL Paid Time Off Days:** **51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11131

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NONA MEJIA**

NMejia@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 | | $ 7,048.79 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,160.26 |
| ****Base Wages** | $ 73,712.87 |
| **TOTAL Investment In You** | $ 94,873.13 |

**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 # 11132

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CECILIA EBIDO**

CMERCADO@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 | $ 72.85 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,053.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,891.30 |
| ****Base Wages** | $ 39,918.32 |
| **TOTAL Investment In You** | $ 83,809.62 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11133

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HELLANE MERCHANT**

HMERCHANT@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 83.59 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,484.79 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,865.61 |
| ****Base Wages** | $ 45,552.83 |
| **TOTAL Investment In You** | $ 69,418.44 |

**TOTAL Paid Time Off Days:** **51 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 # 11134

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOHN MERCHANT**

JMERCHANT@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 | $ 68.73 |
| 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 | $ 2,865.27 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,231.23 |
| ****Base Wages** | $ 37,454.56 |
| **TOTAL Investment In You** | $ 60,685.79 |

**TOTAL Paid Time Off Days: 51 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 # 11135

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNEFER NAELGAS**

JNAELGAS@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 64.39 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,700.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,530.05 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 78,836.80 |
| **TOTAL Paid Time Off Days:** | **48 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 # 11136

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SANTANA NAVARRO**

SNAVARRO@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 | $ 57.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,399.82 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,458.34 |
| ****Base Wages** | $ 31,370.14 |
| **TOTAL Investment In You** | $ 53,828.48 |
| **TOTAL Paid Time Off Days:** | **51 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11137

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**OLGA HARRIS**

ONDUKO@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 | *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 | | $ 60.45 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,520.27 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,936.07 |
| ****Base Wages** | $ 32,944.70 |
| **TOTAL Investment In You** | $ 48,880.78 |

**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 # 11138

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KILAMBI NOLOT** KNOLOT@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 64.39 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,700.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,530.05 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 78,836.80 |
| **TOTAL Paid Time Off Days:** | **48 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11139

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ONU NWAONU**

ONWAONU@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 | $ 10,517.78 |
| Dental | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 64.81 |
| 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 | $ 2,718.18 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,437.76 |
| ****Base Wages** | $ 35,531.81 |
| **TOTAL Investment In You** | $ 57,969.57 |

**TOTAL Paid Time Off Days: 48 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 # 11141

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**IRENE PAGUD**

IPAGUD@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 | $ 64.79 |
| 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 | $ 2,700.97 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,062.98 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 58,369.73 |

**TOTAL Paid Time Off Days:** **48 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 # 11142

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARICON ARCA**

MARCA@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 | *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 | | $ 66.23 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,538.43 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 14,981.65 |
| ****Base Wages** | $ 29,863.83 |
| **TOTAL Investment In You** | $ 44,845.48 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11143

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSELINE PERENA**

JPERENA@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 62 % 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 | $ 51.80 |
| 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 | $ 2,176.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,029.81 |
| ****Base Wages** | $ 25,601.10 |
| **TOTAL Investment In You** | $ 67,630.90 |
| **TOTAL Paid Time Off Days:** | **44 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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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11144

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VERONICA PEREZ**

VPEREZ1@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 | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,524.78 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 157,150.70 |

**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 # 11145

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARITA PORCADAS**

MPORCADAS@alamedahealthsystem.or

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 73.68 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,088.17 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,926.54 |
| ****Base Wages** | $ 36,331.40 |
| **TOTAL Investment In You** | $ 80,257.94 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11146

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LILIBETH PUZON** LPUZON@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 72.03 |
| 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 | | $ 3,019.33 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,468.35 |
| ****Base Wages** | $ 39,468.42 |
| **TOTAL Investment In You** | $ 54,936.77 |

**TOTAL Paid Time Off Days: 51 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11147

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELAINE REEVE**

EREEVE@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 | *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 | | $ 64.39 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,700.97 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 16,763.43 |
| ****Base Wages** | $ 35,306.75 |
| **TOTAL Investment In You** | $ 52,070.18 |

**TOTAL Paid Time Off Days: 48 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11148

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARICRIS REYES**

MREYES@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 66.66 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,795.61 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,863.62 |
| ****Base Wages** | $ 36,543.94 |
| **TOTAL Investment In You** | $ 59,407.56 |

**TOTAL Paid Time Off Days:** **51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11149

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSE ROJAS**

jorojas@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 71.20 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,984.92 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,433.11 |
| ****Base Wages** | $ 35,116.66 |
| **TOTAL Investment In You** | $ 50,549.77 |

**TOTAL Paid Time Off Days:** **51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11150

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANTONIO SALINDO**

ASALINDO@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 57 % 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 | $ 58.00 |
| 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 | $ 2,417.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,277.75 |
| ****Base Wages** | $ 31,605.81 |
| **TOTAL Investment In You** | $ 73,883.56 |

**TOTAL Paid Time Off Days: 51 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11151

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LOLITA SANCHEZ**

LSANCHEZ1@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 64 % 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 | $ 28.78 |
| 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 | $ 2,399.82 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,820.55 |
| ****Base Wages** | $ 18,822.09 |
| **TOTAL Investment In You** | $ 52,642.63 |
| **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 # 11152

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DANIELLE SCOTT** DSCOTT@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 | *Share The Savings* | $ 3,000.00 |
| Dental | | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 66.02 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,523.15 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,072.74 |
| ****Base Wages** | $ 29,684.12 |
| **TOTAL Investment In You** | $ 44,756.86 |

**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 # 11153

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JEOUNG SHIN**

JSHIN@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 | $ 6,598.01 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,513.32 |
| ****Base Wages** | $ 86,248.45 |
| **TOTAL Investment In You** | $ 132,761.76 |

**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 # 11154

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LUDELYN SOSA**

LSOSA@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 53 % 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 | $ 72.01 |
| 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 | $ 3,002.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,838.82 |
| ****Base Wages** | $ 39,243.36 |
| **TOTAL Investment In You** | $ 83,082.18 |
| **TOTAL Paid Time Off Days:** | **51 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11156

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VEZ TOLENTINO**

VTOLENTINO@alamedahealthsystem.or

**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 | $ 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 | $ 6,638.98 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,144.33 |
| ****Base Wages** | $ 86,784.05 |
| **TOTAL Investment In You** | $ 124,928.38 |

**TOTAL Paid Time Off Days:** **35 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 # 11158

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ETHYL VILLEGAS**

evilligas@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 | $ 6,352.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,230.21 |
| ****Base Wages** | $ 83,034.22 |
| **TOTAL Investment In You** | $ 130,264.43 |

**TOTAL Paid Time Off Days:** **35 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 # 11159

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KULDIP WARRAICH** KWARRAICH@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 77.79 |
| 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 | | $ 3,243.04 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,697.82 |
| ****Base Wages** | $ 38,153.42 |
| **TOTAL Investment In You** | $ 53,851.24 |

**TOTAL Paid Time Off Days:** **0 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11161

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAELENA YPARRAGUIRRE**

MYPARRAGUIRRE@alamedahealthsyst

**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 | $ 7,007.82 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,513.17 |
| ****Base Wages** | $ 91,605.49 |
| **TOTAL Investment In You** | $ 130,118.66 |

**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 # 11162

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ORLANDO YPARRAGUIRRE**

OYPARRAGUIRRE@alamedahealthsyste

**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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 71.20 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,984.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,353.35 |
| ****Base Wages** | $ 39,018.51 |
| **TOTAL Investment In You** | $ 62,371.86 |

**TOTAL Paid Time Off Days: 51 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 # 11163

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SLAWOMIR GRUSZCZYNSKI**

SGRUSZCZYNSKI@alamedahealthsyste

**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 | $ 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 | $ 7,840.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,713.86 |
| ****Base Wages** | $ 102,494.50 |
| **TOTAL Investment In You** | $ 141,208.35 |

**TOTAL Paid Time Off Days: 42 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 # 11165

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KATHY LE**

kle@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 | | $ 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 | | $ 8,066.76 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,535.51 |
| ****Base Wages** | $ 73,813.52 |
| **TOTAL Investment In You** | $ 95,349.04 |

**TOTAL Paid Time Off Days:** **42 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 # 11172

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHEILA TANEDO-TE**

STANEDO-TE@alamedahealthsystem.or

**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 | $ 5,796.41 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,674.50 |
| ****Base Wages** | $ 75,770.03 |
| **TOTAL Investment In You** | $ 122,444.53 |
| **TOTAL Paid Time Off Days:** | **38 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 # 11173

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DARLENE MILLER**

DMILLER1@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 38.39 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 1,632.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,672.25 |
| ****Base Wages** | $ 21,339.97 |
| **TOTAL Investment In You** | $ 43,012.21 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11178

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NAREISHA WILLIAMS**

NWILLIAMS@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 | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 43.31 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,222.15 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,030.14 |
| ****Base Wages** | $ 37,907.63 |
| **TOTAL Investment In You** | $ 81,937.77 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11184

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARINO CONTILLO**

MCONTILLO@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 | $ 58.41 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,086.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,909.77 |
| ****Base Wages** | $ 48,078.39 |
| **TOTAL Investment In You** | $ 92,988.16 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11188

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JESUS OCAMPO** JOCAMPO@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 109.97 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 5,796.41 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,203.60 |
| ****Base Wages** | $ 68,193.03 |
| **TOTAL Investment In You** | $ 94,396.63 |

**TOTAL Paid Time Off Days: 38 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11189

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANDREALALAINE PAREDES** AParades@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 | $ 21,036.60 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 65.60 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,425.37 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,882.92 |
| ****Base Wages** | $ 34,708.75 |
| **TOTAL Investment In You** | $ 70,591.67 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11192

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LEOPOLDO BERNARDOJR**

LBERNARDOJR@alamedahealthsystem

**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 | $ 58.41 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,086.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,537.03 |
| ****Base Wages** | $ 48,078.39 |
| **TOTAL Investment In You** | $ 83,615.42 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11195

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHARON GABINETE**

SSEVANDAL@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 | $ 82.48 |
| 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 | $ 5,796.41 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,176.11 |
| ****Base Wages** | $ 60,616.03 |
| **TOTAL Investment In You** | $ 86,792.14 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11203

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARCOS DAYAO** MDAYAO@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 57 % 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 | $ 50.48 |
| 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 | $ 4,086.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,529.10 |
| ****Base Wages** | $ 26,710.22 |
| **TOTAL Investment In You** | $ 62,239.31 |
| **TOTAL Paid Time Off Days:** | **38 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 # 11215

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DOLMA YANGZOM**

DYANGZOM@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 | $ 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 | $ 5,327.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,314.11 |
| ****Base Wages** | $ 69,641.52 |
| **TOTAL Investment In You** | $ 95,955.63 |

**TOTAL Paid Time Off Days: 25 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11216

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RUTHIEANNE VERDEFLOR** RVERDEFLOR@alamedahealthsystem.c

**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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 50.98 |
| 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 | $ 3,098.86 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,151.19 |
| ****Base Wages** | $ 40,508.00 |
| **TOTAL Investment In You** | $ 63,659.19 |
| **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 # 11217

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL AVILLA**

MAVILLA1@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,955.85 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 118,317.64 |
| **TOTAL Paid Time Off Days:** | **37 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11224

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANNIE BEASLEY**

anbeasley@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 49.77 |
| 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 | $ 4,240.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,587.76 |
| ****Base Wages** | $ 38,804.29 |
| **TOTAL Investment In You** | $ 63,392.05 |

**TOTAL Paid Time Off Days: 38 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11225

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WENDYLYN KITAYAMA**

wkitayama@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 | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 59.72 |
| 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** | $ 44,422.45 |
| ****Base Wages** | $ 44,347.76 |
| **TOTAL Investment In You** | $ 88,770.21 |

**TOTAL Paid Time Off Days: 38 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11229

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ISAAC MENSAH** IMENSAH@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 | $ 50.98 |
| 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 | $ 2,141.68 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,194.00 |
| ****Base Wages** | $ 25,196.18 |
| **TOTAL Investment In You** | $ 47,390.19 |
| **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 # 11231

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHIDINMA UZOZIE**

CUZOZIE@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 | $ 59.72 |
| 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** | $ 45,065.17 |
| ****Base Wages** | $ 49,891.23 |
| **TOTAL Investment In You** | $ 94,956.40 |
| **TOTAL Paid Time Off Days:** | **38 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11232

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MATILDA IMBUKWA**

MIMBUKWA@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 | $ 7,991.10 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 42.10 |
| 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 | $ 4,240.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,053.40 |
| ****Base Wages** | $ 44,347.76 |
| **TOTAL Investment In You** | $ 66,401.16 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11235

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BERTHA HERNANDEZ**

BHERNANDEZ@alamedahealthsystem.c

**Alameda makes benefit contributions in the amount of 63 % 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 | $ 50.98 |
| 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 | $ 2,141.68 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 41,994.56 |
| ****Base Wages** | $ 25,196.18 |
| **TOTAL Investment In You** | $ 67,190.75 |
| **TOTAL Paid Time Off Days:** | **42 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 # 11236

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARJORIE DAVISON** MDAVISON@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 23.43 |
| 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 | $ 1,969.59 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,994.36 |
| ****Base Wages** | $ 15,447.74 |
| **TOTAL Investment In You** | $ 37,442.11 |

**TOTAL Paid Time Off Days: 42 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 # 11241

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PAULETTE JONES**

PJONES1@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 | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 61.89 |
| 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 | $ 4,240.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,067.34 |
| ****Base Wages** | $ 38,804.29 |
| **TOTAL Investment In You** | $ 83,871.63 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11242

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CRISTINA GARCIA**

CGARCIA1@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 62 % 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 | $ 61.89 |
| 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 | $ 4,240.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,067.34 |
| ****Base Wages** | $ 27,717.35 |
| **TOTAL Investment In You** | $ 72,784.69 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11246

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ESTHER DAMIAN**

EDAMIAN@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 | $ 105.24 |
| 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 | $ 4,259.64 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,129.57 |
| ****Base Wages** | $ 55,681.60 |
| **TOTAL Investment In You** | $ 100,811.17 |

**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 # 11247

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TSERING LHAZOM**

TLHAZOM@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 | $ 84.21 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,429.23 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,905.39 |
| ****Base Wages** | $ 57,898.46 |
| **TOTAL Investment In You** | $ 93,803.85 |

**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 # 11248

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSIE BACUYANI** JBACUYANI@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 57 % 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 | $ 59.23 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,485.85 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,309.78 |
| ****Base Wages** | $ 32,494.80 |
| **TOTAL Investment In You** | $ 75,804.58 |
| **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 # 11250

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ARTHUR ADRIANO**

aadriano@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 | $ 49.71 |
| 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 | $ 4,439.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,253.50 |
| ****Base Wages** | $ 46,421.94 |
| **TOTAL Investment In You** | $ 91,675.44 |
| **TOTAL Paid Time Off Days:** | **37 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11251

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RONALDO BERDAN**

RBERDAN@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 46.85 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 1,969.59 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,313.67 |
| ****Base Wages** | $ 25,746.24 |
| **TOTAL Investment In You** | $ 48,059.91 |
| **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 # 11256

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANTHONY OKEKE**

AOKEKE@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 | |
| Dental | |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 64.34 |
| 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 | $ 4,109.61 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 13,310.94 |
| ****Base Wages** | $ 32,232.22 |
| **TOTAL Investment In You** | $ 45,543.16 |
| **TOTAL Paid Time Off Days:** | **38 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 # 11268

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELIZABETH ROGERS**

EROGERS1@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 72.14 |
| 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 | $ 3,007.45 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,844.28 |
| ****Base Wages** | $ 35,381.74 |
| **TOTAL Investment In You** | $ 79,226.01 |
| **TOTAL Paid Time Off Days:** | **37 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11270

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CYNTHIA JOHNSON**

cjohnson@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 62.68 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,312.87 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,672.78 |
| ****Base Wages** | $ 45,101.89 |
| **TOTAL Investment In You** | $ 69,774.66 |

**TOTAL Paid Time Off Days: 38 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 # 11275

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHERI SMITH**

SSMITH1@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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,134.82 |
| ****Base Wages** | $ 69,681.83 |
| **TOTAL Investment In You** | $ 87,816.65 |
| **TOTAL Paid Time Off Days:** | **37 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11276

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LINDA STALLINGS**

LSTALLINGS@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 | $ 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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,295.06 |
| ****Base Wages** | $ 69,681.83 |
| **TOTAL Investment In You** | $ 98,976.89 |

**TOTAL Paid Time Off Days: 37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11279

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TSGEREDA HAILEMARIAM**

THAILEMARIAM@alamedahealthsystem

**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 | $ 8,884.43 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,762.52 |
| ****Base Wages** | $ 69,681.83 |
| **TOTAL Investment In You** | $ 119,444.35 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11280

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**INES CORONEL**

ICORONEL@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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,050.57 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 129,412.36 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11288

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARY RUSSELL**

MRUSSELL@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 | $ 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 | $ 9,099.89 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,972.92 |
| ****Base Wages** | $ 96,711.01 |
| **TOTAL Investment In You** | $ 136,683.93 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11297

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALECDIANA KMETZ**

AKMETZ@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 63 % 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 | $ 50.96 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,124.47 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,940.12 |
| ****Base Wages** | $ 24,993.82 |
| **TOTAL Investment In You** | $ 67,933.94 |
| **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 # 11307

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LINDA STRACK**

LSTRACK@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 | $ 7,840.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,346.18 |
| ****Base Wages** | $ 81,995.60 |
| **TOTAL Investment In You** | $ 121,341.78 |

**TOTAL Paid Time Off Days:** **37 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 # 11313

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANTHONY SAMORANOS** ASAMORANOS@alamedahealthsystem.

**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 | $ 21,036.60 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 39.61 |
| 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 | $ 2,048.67 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,480.23 |
| ****Base Wages** | $ 26,780.00 |
| **TOTAL Investment In You** | $ 60,260.23 |
| **TOTAL Paid Time Off Days:** | **42 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11320

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANGELINA BREWSTER**

ABREWSTER1@alamedahealthsystem.c

**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 | $ 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 | $ 7,840.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,955.58 |
| ****Base Wages** | $ 81,995.60 |
| **TOTAL Investment In You** | $ 109,951.18 |

**TOTAL Paid Time Off Days: 37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11337

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EMAL ALI**

EALI@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 | $ 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 | $ 5,648.86 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,526.95 |
| ****Base Wages** | $ 73,841.25 |
| **TOTAL Investment In You** | $ 120,368.19 |
| **TOTAL Paid Time Off Days:** | **37 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11342

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIO AUSTRIA**

MAUSTRIA@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 | $ 21,036.60 |
| Dental | $ 586.04 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 62.95 |
| 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 | $ 2,640.74 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,463.32 |
| ****Base Wages** | $ 34,519.47 |
| **TOTAL Investment In You** | $ 67,982.79 |

**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 # 11343

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GLENN ROMABILES**

GROMABILES@alamedahealthsystem.o

**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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,423.31 |
| ****Base Wages** | $ 78,191.57 |
| **TOTAL Investment In You** | $ 127,614.88 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11344

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROSARIO LOMIBAO** RLOMIBAO@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 | $ 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 | $ 5,234.25 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,112.34 |
| ****Base Wages** | $ 54,737.28 |
| **TOTAL Investment In You** | $ 100,849.62 |

**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 # 11345

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KIMBERLY CHRISTIAN**

KCHRISTIAN@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 | $ 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 | $ 6,686.86 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,097.49 |
| ****Base Wages** | $ 69,927.94 |
| **TOTAL Investment In You** | $ 97,025.42 |

**TOTAL Paid Time Off Days: 38 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11346

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROYCHIA GOLONDRINA**

RGOLONDRINA@alamedahealthsystem

**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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 45.41 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,048.67 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,391.31 |
| ****Base Wages** | $ 26,780.00 |
| **TOTAL Investment In You** | $ 49,171.31 |
| **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 # 11348

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MABEL UMIPIG**

MDebelen@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 | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 67.08 |
| 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 | $ 2,812.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,644.59 |
| ****Base Wages** | $ 36,768.99 |
| **TOTAL Investment In You** | $ 80,413.59 |
| **TOTAL Paid Time Off Days:** | **42 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 # 11349

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANDY GUZMAN**

ADGuzman@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 | $ 47.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,156.94 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,501.35 |
| ****Base Wages** | $ 41,267.20 |
| **TOTAL Investment In You** | $ 64,768.55 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11359

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FRANCISCO PAREJA III**

pfrancisco@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 58 % 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 | $ 38.13 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,363.35 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,166.17 |
| ****Base Wages** | $ 30,893.41 |
| **TOTAL Investment In You** | $ 74,059.58 |
| **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 # 11360

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WINTER ROXO**

WRoxo@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 53 % 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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 49.80 |
| 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 | $ 3,624.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,220.45 |
| ****Base Wages** | $ 37,904.09 |
| **TOTAL Investment In You** | $ 81,124.54 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11362

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PRINCESS INOCENTES**

pinocentes@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 38.13 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,065.06 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,495.14 |
| ****Base Wages** | $ 26,994.24 |
| **TOTAL Investment In You** | $ 60,489.38 |

**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 # 11364

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GINA ENSLEY**

GEnsley@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 49.80 |
| 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 | $ 3,529.82 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,876.86 |
| ****Base Wages** | $ 36,913.18 |
| **TOTAL Investment In You** | $ 60,790.03 |

**TOTAL Paid Time Off Days: 38 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11365

SOUTH SHORE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NERISSA MEULIO**

nmeulio@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 | $ 65.75 |
| 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 | $ 6,653.73 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,016.71 |
| ****Base Wages** | $ 43,488.43 |
| **TOTAL Investment In You** | $ 70,505.15 |

**TOTAL Paid Time Off Days:** **6 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11370

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOHN GALVEZ**

jgalvez@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 46.44 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,167.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,511.17 |
| ****Base Wages** | $ 25,500.01 |
| **TOTAL Investment In You** | $ 48,011.18 |

**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 # 11371

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANGELA HALL**

ahall@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 | *Share The Savings* | $ 3,000.00 |
| Dental | | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 50.52 |
| 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 | | $ 2,122.42 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 14,952.39 |
| ****Base Wages** | $ 24,969.67 |
| **TOTAL Investment In You** | $ 39,922.06 |

**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 # 11380

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KRISTINE TELMO-BOTIN**

kbotin@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 70.76 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 2,921.44 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 15,369.19 |
| ****Base Wages** | $ 38,188.80 |
| **TOTAL Investment In You** | $ 53,557.99 |

**TOTAL Paid Time Off Days:** **38 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 # 11387

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GILBERT SALAZAR**

GSalazar@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 | *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 | | $ 50.52 |
| 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 | | $ 2,122.42 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 14,549.93 |
| ****Base Wages** | $ 24,969.67 |
| **TOTAL Investment In You** | $ 39,519.60 |

**TOTAL Paid Time Off Days:** **42 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 # 11390

HAYWARD WELLNESS - WINTON

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LAURA WISE**

lwise@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 | $ 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** | $ 19,553.58 |
| ****Base Wages** | $ 141,871.77 |
| **TOTAL Investment In You** | $ 161,425.35 |
| **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 # 11394

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAURICE GRANGENT**

mgrangent@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 | $ 898.30 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 93.86 |
| 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 | $ 3,798.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,445.85 |
| ****Base Wages** | $ 49,659.17 |
| **TOTAL Investment In You** | $ 74,105.02 |
| **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 # 11395

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAN YU CHAN-LEE**

mchanlee@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 | *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 | | $ 47.95 |
| 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 | | $ 4,224.78 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 16,649.72 |
| ****Base Wages** | $ 38,658.11 |
| **TOTAL Investment In You** | $ 55,307.83 |

**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 # 11396

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TRACY LAIGO**

tlaigo@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 65 % 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 | $ 89.05 |
| 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 | $ 3,604.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,458.31 |
| ****Base Wages** | $ 23,559.22 |
| **TOTAL Investment In You** | $ 68,017.53 |
| **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 # 11407

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**REKHA GEORGE**

rgeorge@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 | $ 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** | $ 124,991.03 |
| **TOTAL Investment In You** | $ 143,853.88 |

**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 # 11410

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER ARBUCKLE**

jarbuckle@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***

*****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 # 11418

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER PARKER**

jeparker@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,172.67 |
| ****Base Wages** | $ 120,884.40 |
| **TOTAL Investment In You** | $ 171,057.07 |

**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 # 11419

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALEXANDRA SHERMAN** asherman@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 | $ 20,028.84 |
| 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** | $ 40,037.43 |
| ****Base Wages** | $ 120,984.12 |
| **TOTAL Investment In You** | $ 161,021.54 |

**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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Dear Colleague,

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11423

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JAYCEE GALVEZ**

jagalvez@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 46.96 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,100.73 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,740.12 |
| ****Base Wages** | $ 53,604.30 |
| **TOTAL Investment In You** | $ 82,344.42 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11425

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEGHAN MARKOWSKI** mmarkowski@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 | $ 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 | $ 9,404.07 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,814.70 |
| ****Base Wages** | $ 141,867.02 |
| **TOTAL Investment In You** | $ 171,681.73 |

**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 # 11429

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROHINI BAJAJ**

rbajaj@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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,863.25 |
| ****Base Wages** | $ 93,962.42 |
| **TOTAL Investment In You** | $ 143,825.67 |

**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 # 11434

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NANCY GE**

nancge@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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,395.79 |
| ****Base Wages** | $ 93,962.42 |
| **TOTAL Investment In You** | $ 123,358.21 |
| **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 # 11435

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PERPETUA ONWUVUARIRI**

ponwuvuariri@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 | $ 9,182.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,687.91 |
| ****Base Wages** | $ 113,931.60 |
| **TOTAL Investment In You** | $ 154,619.52 |

**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 # 11436 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHIDDY ESOMONU** cesomonu@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 | $ 9,357.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,235.22 |
| ****Base Wages** | $ 124,766.93 |
| **TOTAL Investment In You** | $ 175,002.15 |

**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 # 11438

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AILEKA PENNEWELL**

apennewell@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 | $ 19,097.26 |
| 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 | $ 9,357.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,603.08 |
| ****Base Wages** | $ 83,177.95 |
| **TOTAL Investment In You** | $ 121,781.04 |

**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 # 11440 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SARAH CARRILLO** scarrillo@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 | $ 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 | $ 9,563.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,974.38 |
| ****Base Wages** | $ 152,879.17 |
| **TOTAL Investment In You** | $ 182,853.55 |

**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 # 11442

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LI FANG**

lifang@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) | $ 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 | $ 9,357.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 41,061.23 |
| ****Base Wages** | $ 124,766.93 |
| **TOTAL Investment In You** | $ 165,828.16 |

**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 # 11444

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROLANDO ARCOS-PEREZ** roperez@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 | $ 8,121.37 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,999.46 |
| ****Base Wages** | $ 106,161.74 |
| **TOTAL Investment In You** | $ 155,161.21 |

**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 # 11446

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHERRIMAINE DIZON**

cdizon@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 | *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 | | $ 9,001.15 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,508.96 |
| ****Base Wages** | $ 105,895.86 |
| **TOTAL Investment In You** | $ 127,404.82 |

**TOTAL Paid Time Off Days:** **31 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11447

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAWN PARROTT**

dparrott@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 | $ 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 | $ 7,467.98 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,346.07 |
| ****Base Wages** | $ 97,620.64 |
| **TOTAL Investment In You** | $ 145,966.71 |

**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 # 11452

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PAMELA GARCIA**

pgarcia@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 65 % 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 | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 42.29 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,423.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,369.30 |
| ****Base Wages** | $ 22,375.18 |
| **TOTAL Investment In You** | $ 64,744.49 |
| **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 # 11456

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EDEN FOLEY**

efoley@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 | $ 1.06 |
| 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 | $ 4,099.15 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,101.57 |
| ****Base Wages** | $ 48,225.34 |
| **TOTAL Investment In You** | $ 72,326.91 |
| **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 # 11457 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CARLA JUSTICE** cjustice@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 | $ 14,483.82 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 94.79 |
| 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 | $ 3,836.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,770.81 |
| ****Base Wages** | $ 45,139.35 |
| **TOTAL Investment In You** | $ 73,910.16 |
| **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 # 11458

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARGIE SANTOS**

margsantos@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 | $ 19,131.32 |
| Dental | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 55.22 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,993.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,177.77 |
| ****Base Wages** | $ 46,978.40 |
| **TOTAL Investment In You** | $ 81,156.17 |

**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 # 11459

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DEONTE TAYLOR**

deotaylor@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 | $ 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) | $ 4,192.69 |
| 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** | $ 28,468.09 |
| ****Base Wages** | $ 91,188.66 |
| **TOTAL Investment In You** | $ 119,656.75 |

**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 # 11465

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CARMEN HOFFMAN**

choffman@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,130.09 |
| ****Base Wages** | $ 105,103.56 |
| **TOTAL Investment In You** | $ 155,233.66 |

**TOTAL Paid Time Off Days:** **35 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 # 11477

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**UGONNA AKWANI**

uakwani@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 | $ 7,077.46 |
| 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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,169.01 |
| ****Base Wages** | $ 107,452.80 |
| **TOTAL Investment In You** | $ 133,621.81 |
| **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 # 11482

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARISAL ANTE**

maante@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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11484 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BENJAMIN CASTILLO JR** bcastillo@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,560.27 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 104,461.01 |

**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 # 11495

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARISSA BERNARDO**

mbernardo@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:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11496

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KIM JOHNSON**

kimjohnson@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 | $ 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) | $ 3,661.36 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 5,889.95 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 41,074.08 |
| ****Base Wages** | $ 76,992.86 |
| **TOTAL Investment In You** | $ 118,066.95 |

**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 # 11502

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KARLA AVILA**

kavila@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 | $ 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 | $ 8,721.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 19,849.89 |
| ****Base Wages** | $ 114,000.02 |
| **TOTAL Investment In You** | $ 133,849.91 |

**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 # 11506

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JACQUELINE WHARTON**

jwharton@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 | $ 41.06 |
| 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 | $ 3,597.38 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,403.13 |
| ****Base Wages** | $ 42,322.18 |
| **TOTAL Investment In You** | $ 86,725.31 |

**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 # 11513

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIBEL ROBERTS**

maroberts@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 | $ 44.42 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,595.59 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,441.91 |
| ****Base Wages** | $ 42,301.02 |
| **TOTAL Investment In You** | $ 85,742.94 |
| **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 # 11514

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALEXANDER UBALDO**

aubaldo@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 57 % 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 | $ 53.33 |
| 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 | $ 3,597.38 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,415.40 |
| ****Base Wages** | $ 32,917.25 |
| **TOTAL Investment In You** | $ 77,332.65 |
| **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 # 11515

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MORGAN BROOKS**

mobrooks@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 | $ 21,320.52 |
| Dental | $ 898.30 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 85.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 35,299.02 |
| ****Base Wages** | $ 50,431.89 |
| **TOTAL Investment In You** | $ 85,730.90 |
| **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 # 11518

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TANVI GANDHI**

tgandhi@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 | $ 8,667.44 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,190.21 |
| ****Base Wages** | $ 113,299.89 |
| **TOTAL Investment In You** | $ 153,490.10 |

**TOTAL Paid Time Off Days: 42 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 # 11520

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANGELA ORR**

angorr@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 101.67 |
| 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 | $ 4,367.45 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,470.46 |
| ****Base Wages** | $ 57,090.80 |
| **TOTAL Investment In You** | $ 81,561.26 |
| **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 # 11525

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FORUM SHAH**

fonaik@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 | $ 8,667.44 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,562.95 |
| ****Base Wages** | $ 113,299.89 |
| **TOTAL Investment In You** | $ 162,862.84 |

**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 # 11527

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ADRIANA JOHNSON**

adjohnson@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 | $ 14,812.98 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 85.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 29,111.54 |
| ****Base Wages** | $ 50,431.89 |
| **TOTAL Investment In You** | $ 79,543.42 |
| **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 # 11528

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANNETTE TOY**

anntoy@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 | $ 9,124.70 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,630.05 |
| ****Base Wages** | $ 122,599.98 |
| **TOTAL Investment In You** | $ 163,230.03 |

**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 # 11534

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WONDWOSEN ABAINEH**

wabaineh@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 | $ 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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,235.55 |
| ****Base Wages** | $ 93,962.42 |
| **TOTAL Investment In You** | $ 112,197.97 |

**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 # 11537

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YVETTE DREW**

yvdrew@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 | | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 41.06 |
| 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 | | $ 3,597.38 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 16,417.89 |
| ****Base Wages** | $ 23,512.32 |
| **TOTAL Investment In You** | $ 39,930.21 |

**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 # 11538

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FASIKA GEBEREGIORGIS**

fgeberegiorg@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 | *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 | | $ 8,560.78 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,051.17 |
| ****Base Wages** | $ 100,715.10 |
| **TOTAL Investment In You** | $ 121,766.27 |

**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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Dear Colleague,

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Should you have any questions after reviewing your personalized statement, please contact the Benefits Department at 510-346-7557. We will assist in answering your questions or direct your call to the appropriate department.

I am proud to have served you over the past 9+ years and thank you for your continued commitment and care for your colleagues, our patients, and the communities that we serve.

Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11544

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHARLENE BLANCHARD KALLUSCH** cblanchard@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 | $ 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 | $ 7,329.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,400.99 |
| ****Base Wages** | $ 95,805.22 |
| **TOTAL Investment In You** | $ 135,206.21 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11547

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROSE WILSON**

rwilson@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 | $ 93.34 |
| 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 | $ 5,068.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,459.13 |
| ****Base Wages** | $ 53,004.56 |
| **TOTAL Investment In You** | $ 78,463.69 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11552 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EON HUNTLEY** ehuntley@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 | | $ 9,357.13 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,847.52 |
| ****Base Wages** | $ 124,766.93 |
| **TOTAL Investment In You** | $ 146,614.45 |

**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 # 11554

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNY CHHOEUP**

jchoeup@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 44.62 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,764.54 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,810.51 |
| ****Base Wages** | $ 24,604.84 |
| **TOTAL Investment In You** | $ 48,415.35 |

**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 # 11563 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BERNARDO CUEVAS** bcuevas@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 | $ 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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,100.31 |
| ****Base Wages** | $ 94,021.20 |
| **TOTAL Investment In You** | $ 120,121.51 |

**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 # 11567 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JANETTE MURDOCK** jmurdock@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 | $ 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** | $ 26,360.72 |
| ****Base Wages** | $ 138,629.92 |
| **TOTAL Investment In You** | $ 164,990.64 |

**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 # 11569

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHIDINMA NWAKUDU**

cnwakudu@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 | $ 100.48 |
| 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 | $ 4,487.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,353.01 |
| ****Base Wages** | $ 58,664.53 |
| **TOTAL Investment In You** | $ 104,017.54 |
| **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 # 11573

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHAD BAKER**

cbaker@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 | $ 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) | $ 4,977.13 |
| 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** | $ 45,703.55 |
| ****Base Wages** | $ 102,435.84 |
| **TOTAL Investment In You** | $ 148,139.39 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11574

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROSEANNE DURAN**

rduran@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 | $ 51.82 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 2,448.55 |
| 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** | $ 26,693.73 |
| ****Base Wages** | $ 40,743.87 |
| **TOTAL Investment In You** | $ 67,437.61 |

**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 # 11575

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARRISA COSSEY**

mcossey@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 | $ 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 | $ 9,201.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,629.89 |
| ****Base Wages** | $ 127,920.00 |
| **TOTAL Investment In You** | $ 157,549.89 |

**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 # 11577

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ERIC MILLORA**

emillora@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 | $ 84.12 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 5,675.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,523.90 |
| ****Base Wages** | $ 44,510.54 |
| **TOTAL Investment In You** | $ 91,034.45 |
| **TOTAL Paid Time Off Days:** | **38 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11584

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RITA URBINA**

rurbina@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 | $ 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** | $ 29,767.76 |
| ****Base Wages** | $ 69,314.96 |
| **TOTAL Investment In You** | $ 99,082.72 |

**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 # 11587

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSIE ALOMAR**

jalomar@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 | $ 14,154.66 |
| 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 | $ 9,182.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,173.65 |
| ****Base Wages** | $ 101,272.54 |
| **TOTAL Investment In You** | $ 134,446.19 |

**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 # 11589

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CARMELITA ALCANTARA** calcantara@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 | $ 20,028.84 |
| 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 | $ 9,357.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,497.44 |
| ****Base Wages** | $ 110,903.94 |
| **TOTAL Investment In You** | $ 151,401.38 |

**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 # 11594

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KAMALJIT MAHIL**

kmahil@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 | $ 85.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 2,458.58 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,993.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,928.86 |
| ****Base Wages** | $ 52,198.22 |
| **TOTAL Investment In You** | $ 90,127.08 |

**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 # 11598

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FATIMA HASAN**

fhasan@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 100.00 |
| 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 | $ 4,047.63 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,148.98 |
| ****Base Wages** | $ 52,910.21 |
| **TOTAL Investment In You** | $ 77,059.19 |

**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 # 11609

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELINOR PEREZ**

elperez@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 | $ 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 | $ 9,357.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 19,825.88 |
| ****Base Wages** | $ 138,629.92 |
| **TOTAL Investment In You** | $ 158,455.80 |

**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 # 11613

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JIMMY JORDAN**

jijordan@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 | $ 586.04 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 95.52 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 1,089.61 |
| 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** | $ 30,055.60 |
| ****Base Wages** | $ 56,659.62 |
| **TOTAL Investment In You** | $ 86,715.21 |

**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 # 11616

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HUNG LE**

hungle@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 | $ 9,421.70 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,721.17 |
| ****Base Wages** | $ 143,082.99 |
| **TOTAL Investment In You** | $ 169,804.17 |

**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 # 11617

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KENNETH ERVIN**

kervin@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 | $ 5,640.98 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,163.75 |
| ****Base Wages** | $ 73,738.29 |
| **TOTAL Investment In You** | $ 110,902.04 |

**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 # 11623 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EMMANUEL GALIWANGO** egaliwango@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,130.09 |
| ****Base Wages** | $ 131,379.46 |
| **TOTAL Investment In You** | $ 181,509.55 |

**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 # 11624

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SABRINA HOFFMAN**

shoffman@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 | $ 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 | $ 6,845.26 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,960.01 |
| ****Base Wages** | $ 89,480.56 |
| **TOTAL Investment In You** | $ 116,440.57 |

**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 # 11626

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TINA QUON**

tiquon@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 # 11629

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JEFFREY BLANKENSHIP** jblankenship@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 | $ 7,518.31 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,928.94 |
| ****Base Wages** | $ 98,278.54 |
| **TOTAL Investment In You** | $ 126,207.48 |

**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 # 11640

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MESFIN YIRGA**

myirga@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,130.09 |
| ****Base Wages** | $ 118,241.51 |
| **TOTAL Investment In You** | $ 168,371.60 |

**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 # 11643

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CRISPINO DALMACIO JR**

cdalmacio@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 | $ 7,077.46 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 99.66 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 25,221.47 |
| ****Base Wages** | $ 89,524.53 |
| **TOTAL Investment In You** | $ 114,746.01 |

**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 # 11648

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FARHOD CIGARCHI**

fcigarchi@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 | $ 89.66 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,104.69 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,959.04 |
| ****Base Wages** | $ 48,290.49 |
| **TOTAL Investment In You** | $ 93,249.53 |
| **TOTAL Paid Time Off Days:** | **37 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 # 11650

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**REBECCA ALVARADO**

ralvarado@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 | $ 8,207.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,103.35 |
| ****Base Wages** | $ 107,292.02 |
| **TOTAL Investment In You** | $ 156,395.37 |

**TOTAL Paid Time Off Days: 42 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 # 11651

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHRISTOPHER CARRICK**

ccarrick@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 | |
| Dental | |
| 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 | $ 4,601.69 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 13,729.06 |
| ****Base Wages** | $ 30,076.38 |
| **TOTAL Investment In You** | $ 43,805.44 |
| **TOTAL Paid Time Off Days:** | **15 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11654 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JIDE AKINSILO** jakinsilo@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 | $ 7,991.10 |
| 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 | $ 9,357.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,145.20 |
| ****Base Wages** | $ 138,629.92 |
| **TOTAL Investment In You** | $ 165,775.12 |

**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 # 11658

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAWN SHAW**

dashaw@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 | $ 80.25 |
| 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 | $ 4,101.08 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,573.28 |
| ****Base Wages** | $ 48,247.99 |
| **TOTAL Investment In You** | $ 83,821.28 |
| **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 # 11659

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELSIE DURAN**

eduran@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 | $ 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** | $ 50,424.57 |
| ****Base Wages** | $ 150,487.17 |
| **TOTAL Investment In You** | $ 200,911.74 |

**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 # 11660

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SUZANNA YUN**

suzyun@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) | $ 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** | $ 25,988.75 |
| ****Base Wages** | $ 117,453.02 |
| **TOTAL Investment In You** | $ 143,441.77 |

**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 # 11665

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GEOFFREY AGUAS**

ageoffrey@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 | $ 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 | $ 9,129.46 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,024.97 |
| ****Base Wages** | $ 122,928.00 |
| **TOTAL Investment In You** | $ 172,952.97 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11666

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RONLI LEVI**

rolevi@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 | $ 6,320.60 |
| 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 | $ 6,402.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,616.03 |
| ****Base Wages** | $ 83,693.79 |
| **TOTAL Investment In You** | $ 106,309.82 |
| **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 # 11667

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARTHA LIPKIN**

mlipkin@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 | $ 14,154.66 |
| 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** | $ 33,348.22 |
| ****Base Wages** | $ 110,903.94 |
| **TOTAL Investment In You** | $ 144,252.16 |

**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 # 11668

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DANIEL MILLER**

dmiller@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 | $ 100.48 |
| 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 | $ 4,751.32 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,149.04 |
| ****Base Wages** | $ 62,108.80 |
| **TOTAL Investment In You** | $ 87,257.84 |

**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 # 11673

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TATIHANA THOMAS**

tathomas@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) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 85.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 21,129.28 |
| ****Base Wages** | $ 50,431.89 |
| **TOTAL Investment In You** | $ 71,561.16 |

**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 # 11678 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WILLIAM BONNER JR** wibonner@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 | $ 9,273.44 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,408.33 |
| ****Base Wages** | $ 119,571.94 |
| **TOTAL Investment In You** | $ 145,980.27 |

**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 # 11679 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHANIKA HARRIS** sharris@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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,381.77 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 149,007.69 |

**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 # 11680 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JEFFREY UNG** jefung@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 | $ 7,464.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,875.55 |
| ****Base Wages** | $ 97,580.70 |
| **TOTAL Investment In You** | $ 125,456.26 |

**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 # 11681

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TRAVIS LEICHSSENRING**

tleichssenri@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 | | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 104.53 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 4,891.35 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 18,993.95 |
| ****Base Wages** | $ 63,939.20 |
| **TOTAL Investment In You** | $ 82,933.15 |

**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 # 11683

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMANDA PITTMAN**

apittman@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 | $ 101.34 |
| 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 | $ 4,444.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,781.41 |
| ****Base Wages** | $ 58,093.15 |
| **TOTAL Investment In You** | $ 93,874.57 |

**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 # 11685

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HUAN WANG**

huwang@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,050.57 |
| ****Base Wages** | $ 78,191.57 |
| **TOTAL Investment In You** | $ 118,242.14 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11687

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MONSERRAT SILVA** msilva@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 37.15 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 2,048.67 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,383.05 |
| ****Base Wages** | $ 21,424.00 |
| **TOTAL Investment In You** | $ 43,807.05 |
| **TOTAL Paid Time Off Days:** | **42 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 # 11691 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JESSICA TRUPIANO** jtrupiano@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 7,110.18 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,520.81 |
| ****Base Wages** | $ 83,649.20 |
| **TOTAL Investment In You** | $ 111,170.01 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11696

HAYWARD WELLNESS - WINTON

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HANA GROBEL**

hgrobel@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 | *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 | | $ 10,432.71 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 22,940.52 |
| ****Base Wages** | $ 170,246.17 |
| **TOTAL Investment In You** | $ 193,186.69 |

**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 # 11697

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MOHAMMED KHAN**

kmohammed@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 | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 105.63 |
| 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 | $ 4,275.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,415.86 |
| ****Base Wages** | $ 55,889.60 |
| **TOTAL Investment In You** | $ 92,305.46 |
| **TOTAL Paid Time Off Days:** | **37 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11702 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LOVEPREET SINGH** lsingh@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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,096.63 |
| ****Base Wages** | $ 105,707.72 |
| **TOTAL Investment In You** | $ 125,804.35 |
| **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 # 11703

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SCOTT CHIMENTO**

schimento@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 93.80 |
| 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 | $ 4,442.57 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,833.60 |
| ****Base Wages** | $ 46,458.21 |
| **TOTAL Investment In You** | $ 71,291.82 |
| **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 # 11708

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEGAN SOBOL**

msobol@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,551.47 |
| ****Base Wages** | $ 131,379.46 |
| **TOTAL Investment In You** | $ 157,930.93 |

**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 # 11709

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JASON JEW**

jasjew@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 | $ 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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,099.91 |
| ****Base Wages** | $ 82,217.12 |
| **TOTAL Investment In You** | $ 111,317.02 |

**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 # 11710

NEWARK WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DEEPIKA JANNAPUREDDY**

djannapuredd@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 10 % 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 | | $ 10,285.77 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 22,793.58 |
| ****Base Wages** | $ 202,673.95 |
| **TOTAL Investment In You** | $ 225,467.53 |

**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 # 11711

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CALVERT JONES**

caljones@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 | $ 6,748.30 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 59.18 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 245.49 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,277.48 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,109.90 |
| ****Base Wages** | $ 33,548.86 |
| **TOTAL Investment In You** | $ 54,658.76 |
| **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 # 11716

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANALICIA AZPEITIA**

aazpeitia@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 | $ 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 | $ 6,845.26 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,718.29 |
| ****Base Wages** | $ 89,480.56 |
| **TOTAL Investment In You** | $ 127,198.85 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11717

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PHOEBE GAYLE CORPUZ**

pcorpuz@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 | $ 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 | $ 9,066.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,494.17 |
| ****Base Wages** | $ 118,560.00 |
| **TOTAL Investment In You** | $ 148,054.17 |

**TOTAL Paid Time Off Days:** **32 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 # 11718

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JAMIE CHOI**

jachoi@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 | $ 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 | $ 8,403.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,925.90 |
| ****Base Wages** | $ 87,875.84 |
| **TOTAL Investment In You** | $ 127,801.74 |
| **TOTAL Paid Time Off Days:** | **37 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11725

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MOLLIE ALLEN**

mallen@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) | $ 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 | $ 7,821.59 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,024.18 |
| ****Base Wages** | $ 102,243.02 |
| **TOTAL Investment In You** | $ 127,267.21 |

**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 # 11731

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WANDA JOHNSON**

wajohnson@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 | $ 14,812.98 |
| 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 | $ 9,799.87 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,449.28 |
| ****Base Wages** | $ 169,163.28 |
| **TOTAL Investment In You** | $ 203,612.56 |

**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 # 11734

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MONICA CHAN**

mochan@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,313.47 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 133,939.39 |

**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 # 11735

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHAT-JU WANG**

chwang@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,424.63 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,050.55 |

**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 # 11736

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MELISSA YAP**

melyap@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,424.63 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,050.55 |

**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 # 11737

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LUCAS FRESHMAN** lfreshman@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,418.99 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 148,044.91 |

**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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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11744 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BICH TRAN** bitran@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) | $ 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** | $ 70,471.81 |
| **TOTAL Investment In You** | $ 99,867.60 |

**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 # 11747

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FARAH OSMANI**

fosmani@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 | $ 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 | $ 8,403.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,831.18 |
| ****Base Wages** | $ 98,860.32 |
| **TOTAL Investment In You** | $ 127,691.50 |

**TOTAL Paid Time Off Days:** **37 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 # 11749 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GEORGINIA EZEKWESILI** gezekwesili@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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11761

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIA KIEU**

makieu@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 | $ 7,464.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 24,468.51 |
| ****Base Wages** | $ 97,580.70 |
| **TOTAL Investment In You** | $ 122,049.22 |

**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 # 11762

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**REYNOLD FUJIKAWA**

rfujikawa@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 | | $ 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 | | $ 6,998.29 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,146.98 |
| ****Base Wages** | $ 91,480.90 |
| **TOTAL Investment In You** | $ 111,627.87 |

**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 # 11763

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TUONG TRAN**

tutran@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 | $ 6,320.60 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 111.32 |
| 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 | $ 6,869.15 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,784.64 |
| ****Base Wages** | $ 89,792.77 |
| **TOTAL Investment In You** | $ 112,577.41 |

**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 # 11765 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DARYL WU**

darywu@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,591.61 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 142,217.53 |
| **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 # 11770

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PRADEEP SAGAR**

psagar@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 | | $ 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** | $ 21,335.96 |
| ****Base Wages** | $ 94,437.82 |
| **TOTAL Investment In You** | $ 115,773.79 |

**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 # 11771

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JILLANE PEREZ**

jiperez@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 | $ 103.96 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 36,636.64 |
| ****Base Wages** | $ 56,652.96 |
| **TOTAL Investment In You** | $ 93,289.60 |
| **TOTAL Paid Time Off Days:** *Total Accrued PTO/Vacation/Sick/Holiday per year* | **41 Days** |

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Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11773

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FANNY DOMIJAN**

fdomijan@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 63.81 |
| 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 | $ 3,998.27 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,063.43 |
| ****Base Wages** | $ 36,585.49 |
| **TOTAL Investment In You** | $ 60,648.93 |

**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 # 11774

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARCUS HOWARD**

mahoward@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 | $ 99.35 |
| 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 | $ 4,305.79 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,603.87 |
| ****Base Wages** | $ 56,284.80 |
| **TOTAL Investment In You** | $ 92,888.67 |

**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 # 11776

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER DELA PAZ**

jennguyen@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 | $ 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 | $ 8,560.78 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,513.35 |
| ****Base Wages** | $ 100,715.10 |
| **TOTAL Investment In You** | $ 134,228.45 |

**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 # 11777

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHRISTINA DE LA ROSA** cdelarosa@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 *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 | $ 6,108.54 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,635.53 |
| ****Base Wages** | $ 63,880.13 |
| **TOTAL Investment In You** | $ 100,515.66 |
| **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 # 11778 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LILIANA AGUIRRE** laguirre@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 | $ 898.30 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 17.81 |
| 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 | $ 3,604.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,424.28 |
| ****Base Wages** | $ 47,118.45 |
| **TOTAL Investment In You** | $ 90,542.73 |

**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 # 11784

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KENNETH LESTER**

klester@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 | $ 100.48 |
| 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 | $ 4,487.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,885.55 |
| ****Base Wages** | $ 58,664.53 |
| **TOTAL Investment In You** | $ 83,550.08 |

**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 # 11789

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GERALDINE SHUTE**

gshute@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 | $ 21,200.66 |
| Dental | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 111.32 |
| 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 | $ 6,569.70 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,879.75 |
| ****Base Wages** | $ 85,878.42 |
| **TOTAL Investment In You** | $ 124,758.17 |

**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 # 11792

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CESAR CASTELLON**

ccastellon@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 | $ 7,077.46 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 50.75 |
| 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 | $ 3,423.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,035.18 |
| ****Base Wages** | $ 35,800.29 |
| **TOTAL Investment In You** | $ 55,835.47 |

**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 # 11794

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RIZALDO RADONA JR**

rradona@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 | $ 94.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,969.57 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,824.12 |
| ****Base Wages** | $ 51,889.76 |
| **TOTAL Investment In You** | $ 86,713.88 |
| **TOTAL Paid Time Off Days:** | **34 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 # 11797

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GEORGE FREEMAN**

gfreeman@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 | $ 5,648.86 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,154.21 |
| ****Base Wages** | $ 73,841.25 |
| **TOTAL Investment In You** | $ 110,995.45 |
| **TOTAL Paid Time Off Days:** | **37 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11799

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CATHERINE ENCINAS**

cencinas@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,130.09 |
| ****Base Wages** | $ 118,241.51 |
| **TOTAL Investment In You** | $ 168,371.60 |

**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 # 11800

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELIZA SIBAL**

esibal@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 | $ 21,036.60 |
| Dental | $ 586.04 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,162.44 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 136,925.76 |

**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 # 11801

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALEMNESH HANDISO**

ahandiso@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,424.63 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 126,187.96 |

**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 # 11805 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BRYAN FERRER** bferrer@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 | | $ 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 | | $ 9,252.00 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 22,720.75 |
| ****Base Wages** | $ 105,103.56 |
| **TOTAL Investment In You** | $ 127,824.32 |

**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 # 11806

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EMILY FLORES**

emflores@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 90.59 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 24,191.09 |
| ****Base Wages** | $ 53,583.71 |
| **TOTAL Investment In You** | $ 77,774.80 |
| **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 # 11812

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NSANSI MAVUZI**

nmavuzi@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 | $ 0.00 |
| Dental | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 85.10 |
| 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 | $ 3,444.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 12,666.64 |
| ****Base Wages** | $ 45,026.80 |
| **TOTAL Investment In You** | $ 57,693.44 |
| **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 # 11813

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JACKIE ALAMILLO**

jalamilo@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 61 % 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 | $ 51.60 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,113.98 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,930.27 |
| ****Base Wages** | $ 28,493.92 |
| **TOTAL Investment In You** | $ 72,424.19 |

**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 # 11816

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSE MEJIA**

josmejia@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 89.05 |
| 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 | $ 3,604.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,990.85 |
| ****Base Wages** | $ 47,118.45 |
| **TOTAL Investment In You** | $ 71,109.29 |

**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 # 11820

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MYRA LUZ LEE**

myrlee@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 | $ 9.62 |
| Long Term Disability | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,167.50 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 146,930.82 |

**TOTAL Paid Time Off Days:** **35 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11821

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MITCHELL MERCADO**

mimercado@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 | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,404.16 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,030.08 |

**TOTAL Paid Time Off Days:** **35 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 # 11823

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BRIDGET SAEPARN**

bsaeparn@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 | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,700.04 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 126,463.36 |

**TOTAL Paid Time Off Days:** **35 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 # 11824

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HALLEY DARIGAN**

hdarigan@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 | $ 21,036.60 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,794.76 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 126,695.49 |

**TOTAL Paid Time Off Days:** **35 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 # 11825

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SARA NORTON**

sanorton@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 | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,700.04 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 126,463.36 |

**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 # 11827

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CEBASTIEN ZEPHYR**

czephyr@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 | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,404.16 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,030.08 |

**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 # 11828

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEKEDES LEMMA**

mlemma@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 | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,794.76 |
| ****Base Wages** | $ 65,175.55 |
| **TOTAL Investment In You** | $ 104,970.31 |

**TOTAL Paid Time Off Days:** **35 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 # 11829 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TAOFIQ BELLO** tbello@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) | $ 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** | $ 29,595.79 |
| ****Base Wages** | $ 105,707.72 |
| **TOTAL Investment In You** | $ 135,303.51 |

**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 # 11834

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROSHEMAH BRENT**

rbrent@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 | |
| Dental | |
| 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 | $ 5,007.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 14,258.31 |
| ****Base Wages** | $ 65,463.01 |
| **TOTAL Investment In You** | $ 79,721.32 |
| **TOTAL Paid Time Off Days:** | **37 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 # 11835

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RODERICK DURANT**

rdurant@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***

*****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 # 11836

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SORIN NEAGU**

sneagu@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 97.19 |
| 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 | $ 4,062.32 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,456.74 |
| ****Base Wages** | $ 42,481.75 |
| **TOTAL Investment In You** | $ 66,938.49 |

**TOTAL Paid Time Off Days:** **34 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 # 11837

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LEIGH VON RUEDEN**

lvonrueden@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 | $ 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 | $ 9,129.46 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,024.97 |
| ****Base Wages** | $ 98,342.40 |
| **TOTAL Investment In You** | $ 148,367.37 |

**TOTAL Paid Time Off Days:** **37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11838

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KIMIKO TAHARA**

ktahara@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 98.38 |
| 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 | | $ 3,982.09 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 16,457.46 |
| ****Base Wages** | $ 41,642.76 |
| **TOTAL Investment In You** | $ 58,100.22 |

**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 # 11841

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LAURA FRANCO**

lfranco@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 | $ 13,664.30 |
| 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 | $ 9,278.62 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,411.67 |
| ****Base Wages** | $ 133,215.47 |
| **TOTAL Investment In You** | $ 166,627.15 |

**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 # 11846

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AKBERET TESFAY**

atesfay@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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,800.27 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 118,563.60 |

**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 # 11848

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NEILA ANGLO**

nanglo@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 | $ 8,910.72 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,788.81 |
| ****Base Wages** | $ 104,832.00 |
| **TOTAL Investment In You** | $ 154,620.81 |

**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 # 11850

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAVIS BRAXTON**

mbraxton@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 | $ 14,812.98 |
| 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 | $ 9,069.74 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,368.89 |
| ****Base Wages** | $ 118,809.60 |
| **TOTAL Investment In You** | $ 153,178.49 |

**TOTAL Paid Time Off Days: 42 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 # 11852

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JEANENE JOHNSON**

jejohnson@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,815.23 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 148,441.15 |

**TOTAL Paid Time Off Days:** **35 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 # 11855

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DESIREE MENDONCA**

dnieva@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 | *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 | | $ 7,530.93 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,021.32 |
| ****Base Wages** | $ 98,443.49 |
| **TOTAL Investment In You** | $ 118,464.80 |

**TOTAL Paid Time Off Days:** **36 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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Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11856

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHINH DURAZZO**

cdurazzo@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) | | $ 4,177.92 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 24,978.19 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 122,741.52 |

**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 # 11857

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALISON HAMILTON** alhamilton@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 | | $ 6,683.04 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 19,173.43 |
| ****Base Wages** | $ 87,360.00 |
| **TOTAL Investment In You** | $ 106,533.43 |

**TOTAL Paid Time Off Days:** **37 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11860

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL GREEN**

mgreen@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 | $ 7,650.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,782.17 |
| ****Base Wages** | $ 99,999.95 |
| **TOTAL Investment In You** | $ 127,782.12 |
| **TOTAL Paid Time Off Days:** *Total Accrued PTO/Vacation/Sick/Holiday per year* | **44 Days** |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11869

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LILY DUONG**

lduong@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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,490.51 |
| ****Base Wages** | $ 93,962.42 |
| **TOTAL Investment In You** | $ 134,452.93 |

**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 # 11871

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EDNA SANA-HORTINELA** eshortinela@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 99.32 |
| 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 | | $ 9,294.58 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,770.89 |
| ****Base Wages** | $ 67,158.00 |
| **TOTAL Investment In You** | $ 88,928.89 |

**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 # 11874

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHERICE YOUNGBLOOD**

syoungblood@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 | $ 6,120.01 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,015.52 |
| ****Base Wages** | $ 80,000.13 |
| **TOTAL Investment In You** | $ 127,015.65 |

**TOTAL Paid Time Off Days:** **25 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 # 11875

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NANIK HATSAKORZIAN**

nhatsakorizi@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 | $ 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** | $ 29,832.33 |
| ****Base Wages** | $ 143,082.99 |
| **TOTAL Investment In You** | $ 172,915.33 |

**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 # 11877

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALIANA LITTLE**

alittle@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 | $ 8,771.30 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,181.93 |
| ****Base Wages** | $ 114,657.50 |
| **TOTAL Investment In You** | $ 143,839.43 |

**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 # 11882

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**IHUOMA OCHURU**

iochuru@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 19,421.35 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 106,322.09 |
| **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 # 11883

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BELKIS ZHONG**

bzhong@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 | $ 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** | $ 78,333.96 |
| **TOTAL Investment In You** | $ 96,145.14 |
| **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 # 11887 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DON PHILLIPS** dophillips@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: 35 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11890

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**THU LE**

thulex@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 | $ 7,719.25 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,129.88 |
| ****Base Wages** | $ 100,905.17 |
| **TOTAL Investment In You** | $ 129,035.04 |

**TOTAL Paid Time Off Days: 37 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11892

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VI THU HUYEN LU**

vlu@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 | $ 6,832.02 |
| 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 | $ 4,590.01 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,036.42 |
| ****Base Wages** | $ 60,000.10 |
| **TOTAL Investment In You** | $ 81,036.51 |
| **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 # 11893

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SUELLEN JACKSON** sljackson@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 | $ 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 | $ 9,377.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,509.17 |
| ****Base Wages** | $ 140,000.02 |
| **TOTAL Investment In You** | $ 169,509.19 |

**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 # 11894

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SRILA BHATTACHARYA** sbhattacharya@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 | $ 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 | $ 9,159.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 41,248.81 |
| ****Base Wages** | $ 125,000.10 |
| **TOTAL Investment In You** | $ 166,248.91 |

**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 # 11896

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RICHARD JARRATT**

rjarratt@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 | $ 14,812.98 |
| 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 | $ 7,224.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,506.22 |
| ****Base Wages** | $ 94,437.82 |
| **TOTAL Investment In You** | $ 126,944.05 |

**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 # 11898

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARJORIE MACQUEEN**

mmacqueen@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 | $ 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** | $ 30,115.12 |
| ****Base Wages** | $ 162,585.28 |
| **TOTAL Investment In You** | $ 192,700.40 |

**TOTAL Paid Time Off Days:** **35 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 # 11901

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TERRIE DIXON**

tdixon@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 | $ 9,345.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,240.61 |
| ****Base Wages** | $ 137,800.00 |
| **TOTAL Investment In You** | $ 188,040.61 |

**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 # 11902

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEGAN MONTOYA** mmontoya@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 | $ 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 | $ 5,569.20 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,501.93 |
| ****Base Wages** | $ 72,800.00 |
| **TOTAL Investment In You** | $ 118,301.93 |

**TOTAL Paid Time Off Days: 17 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11903

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VIKTORIA BARRDAHL**

vbarrdahl@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 | $ 8,560.78 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,066.13 |
| ****Base Wages** | $ 78,333.96 |
| **TOTAL Investment In You** | $ 118,400.10 |

**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 # 11909 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AILEEN MCCLINTOCK** ahoffman@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,187.97 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 146,951.30 |

**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 # 11912

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SANDRA CORPUS**

scorpus@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 | $ 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 | $ 8,797.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,114.40 |
| ****Base Wages** | $ 115,000.08 |
| **TOTAL Investment In You** | $ 141,114.48 |

**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 # 11914

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DARRYLENA BERKLEY** dberkley@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 61 % 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 | $ 49.14 |
| 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 | $ 2,048.67 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 41,899.72 |
| ****Base Wages** | $ 26,780.00 |
| **TOTAL Investment In You** | $ 68,679.72 |

**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 # 11915

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAE ANNEGELI MUNAR**

mmunar@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 | $ 8,560.78 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,971.41 |
| ****Base Wages** | $ 100,715.10 |
| **TOTAL Investment In You** | $ 129,686.51 |
| **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 # 11918

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LILY WONG**

liwong@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 | $ 5,091.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,597.19 |
| ****Base Wages** | $ 66,560.00 |
| **TOTAL Investment In You** | $ 103,157.19 |

**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 # 11919

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ILEITA LAFITTE**

ilafitte@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 | $ 7,573.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,078.91 |
| ****Base Wages** | $ 99,000.72 |
| **TOTAL Investment In You** | $ 138,079.63 |

**TOTAL Paid Time Off Days:** **32 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 # 11920

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOHN BRAVO**

jobravo@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,757.35 |
| ****Base Wages** | $ 131,379.46 |
| **TOTAL Investment In You** | $ 172,136.81 |

**TOTAL Paid Time Off Days:** **35 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 # 11921

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MULU YIMER**

myimer@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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,187.97 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 136,088.71 |
| **TOTAL Paid Time Off Days:** | **35 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 # 11925

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHARLENE PAULINO**

cpaulino@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 | $ 8,560.78 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,366.51 |
| ****Base Wages** | $ 78,333.96 |
| **TOTAL Investment In You** | $ 103,700.48 |
| **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 # 11928

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL MELENDRES**

mmelendres@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 30.99 |
| 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 | $ 3,136.26 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,464.48 |
| ****Base Wages** | $ 32,797.44 |
| **TOTAL Investment In You** | $ 56,261.92 |

**TOTAL Paid Time Off Days: 33 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11930

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALYSSA SANTOS**

alsantos@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 | *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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,800.27 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 107,701.01 |

**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 # 11933

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALVIN TONG**

altong@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 88.83 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,595.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,981.55 |
| ****Base Wages** | $ 46,999.89 |
| **TOTAL Investment In You** | $ 70,981.44 |

**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 # 11934

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALFORD MCWRIGHT**

amcwright@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 | $ 14,812.98 |
| Dental | $ 586.04 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 49.57 |
| 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 | $ 3,595.59 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,181.17 |
| ****Base Wages** | $ 47,001.14 |
| **TOTAL Investment In You** | $ 75,182.31 |
| **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 # 11935

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNIFER PHAM**

jepham@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 88.83 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,595.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,981.55 |
| ****Base Wages** | $ 46,999.89 |
| **TOTAL Investment In You** | $ 70,981.44 |

**TOTAL Paid Time Off Days:** **35 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 # 11936

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FRANCESCA AU**

franau@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) | $ 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 | $ 9,329.70 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,644.45 |
| ****Base Wages** | $ 109,390.53 |
| **TOTAL Investment In You** | $ 139,034.98 |

**TOTAL Paid Time Off Days:** **36 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 # 11939

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANTHONY NGUYEN**

antnguyen@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 88.83 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,595.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,685.67 |
| ****Base Wages** | $ 46,999.89 |
| **TOTAL Investment In You** | $ 70,685.56 |

**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 # 11943

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MATTHEW AUYOUNG**

mauyoung@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,133.50 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 74,204.54 |

**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 # 11944

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMY BACA**

ambaca@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,209.86 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 89,280.90 |

**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 # 11945

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**INGRID BAUER**

inbauer@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,158.22 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 101,229.26 |

**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 # 11947

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GARLAND CASTANEDA**

gcastaneda@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,115.14 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,186.18 |

**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 # 11952

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DANIEL GEORGIE**

dgeorgie@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,819.26 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,890.30 |

**TOTAL Paid Time Off Days:** **23 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 # 11953

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DONOVAN HUYNH**

dohuynh@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,819.26 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,890.30 |

**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 # 11956

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LESLIE LITTLEFIELD**

llittlefield@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,748.26 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 92,819.30 |

**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 # 11957

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ARISTEO LOPEZ**

arlopez@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,357.66 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,428.70 |

**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 # 11958

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RAUL MACIAS GIL**

ramacias@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 | | $ 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 | | $ 4,365.93 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 16,733.30 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 73,804.34 |

**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 # 11959

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BRITTANY MCUNU**

bmcunu@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 | $ 7,991.10 |
| 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,830.98 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,902.02 |

**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 # 11960

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARVIN MIRANDA**

mamiranda@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 | $ 12,641.20 |
| 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,352.86 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 84,423.90 |

**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 # 11962

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARTIN ROFAEL**

mrofael@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,357.66 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,428.70 |

**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 # 11965

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LOTON SHIPPEY**

lshippey@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 | $ 21,440.64 |
| 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,613.90 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 89,684.94 |

**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 # 11966

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RAMAN SOI**

ramsoi@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) | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,019.26 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,090.30 |

**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 # 11967

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL SONG**

misong@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 | $ 6,320.60 |
| 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,456.36 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,527.40 |

**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 # 11969

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SIDRA SUESS**

ssuess@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,158.22 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 101,229.26 |

**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 # 11971

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SERENE CHEN**

sechen@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,115.14 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,186.18 |

**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 # 11972

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PETRINA CRAINE**

pcraine@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,115.14 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,186.18 |

**TOTAL Paid Time Off Days:** **23 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 # 11973

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BRITTANY DIXON**

bdixon@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,653.54 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,724.58 |

**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 # 11974

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KEVIN GARDNER**

kgardner@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,115.14 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,186.18 |

**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 # 11975

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HANNAH SIROKER**

haharrison@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 9,954.90 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 67,025.94 |

**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 # 11976

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHAD MCCARTHY**

chmccarthy@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) | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 10,154.90 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 67,225.94 |

**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 # 11977

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALEXANDER HOANG**

ahoang@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,115.14 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,186.18 |

**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 # 11978

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ASHLEY RIDER**

arider@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,819.26 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,890.30 |

**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 # 11979

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KASEBAOTH MEKONNEN** kmekonnen@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,209.86 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 89,280.90 |

**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 # 11980

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARTHA MONTGOMERY** mmontgomery@alamedahealthsystem.or

**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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,115.14 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 78,186.18 |

**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 # 11981

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JASPREET VOHRA**

jvohra@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,209.86 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 89,280.90 |

**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 # 11982

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ERICA VALDOVINOS**

ervaldovinos@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,209.86 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 89,280.90 |

**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 # 11983

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YAEL BOGLER**

ybogler@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 40,619.82 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 97,690.86 |

**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 # 11984

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SULMA HERRERA**

sherrera@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) | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,090.32 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 86,161.36 |

**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 # 11985

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSHUA PARFITT**

jparfitt@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 30,991.50 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 88,062.54 |

**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 # 11986

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GIAO VU**

giaovu@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 | $ 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 | $ 827.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,472.68 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,543.72 |

**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 # 11987

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHENG LIN**

shenglin@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,011.08 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,082.12 |

**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 # 11988

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JUVY MONTES**

jmontes@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 | $ 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 | $ 6,842.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,720.25 |
| ****Base Wages** | $ 80,496.00 |
| **TOTAL Investment In You** | $ 128,216.25 |
| **TOTAL Paid Time Off Days:** | **17 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 11990

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TSEHAY MESFIN**

tmesfin@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 | *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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,800.27 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 107,701.01 |

**TOTAL Paid Time Off Days:** **35 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 # 11993

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARC ARIZALA**

marizala@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 | $ 20,494.76 |
| Dental | $ 898.30 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,932.86 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 136,696.18 |

**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 # 11994

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BRENDA CASTANEDA AYALA** bcayala@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,418.99 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 148,044.91 |

**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 # 11996

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TINA MARIE CHANEY**

tchaney@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 | $ 14,812.98 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 92.92 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,571.14 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 142,197.06 |
| **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 # 11997

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHEN CHENG**

ccheng@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,720.51 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 115,621.25 |

**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 # 11998

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AARON CLINE**

acline@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,313.47 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 133,939.39 |

**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 # 11999

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARY CHRISTER ESPENIDA** mespenida@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 | $ 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 | $ 8,751.60 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,666.91 |
| ****Base Wages** | $ 114,400.00 |
| **TOTAL Investment In You** | $ 163,066.91 |

**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 # 12000

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CAROL HARDY**

chardy@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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 22,421.35 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 109,322.09 |

**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 # 12002

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MATTHEW LECH**

malech@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,424.63 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,050.55 |

**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 # 12003

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARCUS LUCERO**

mlucero@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,424.63 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,050.55 |

**TOTAL Paid Time Off Days:** **35 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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I am proud to have served you over the past 9+ years and thank you for your continued commitment and care for your colleagues, our patients, and the communities that we serve.

Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12005

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CEDRICK MAJOR**

cmajor@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) | $ 6,000.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 9,156.60 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 56,052.11 |
| ****Base Wages** | $ 124,800.00 |
| **TOTAL Investment In You** | $ 180,852.11 |

**TOTAL Paid Time Off Days:** **39 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12008

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DINO POLLASTRINI**

dpollastrini@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,424.63 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 137,050.55 |

**TOTAL Paid Time Off Days:** **35 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 # 12009

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GHEMIE SANGIL**

gsangil@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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,800.27 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 129,426.19 |

**TOTAL Paid Time Off Days:** **35 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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Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12010

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NICHOLE SOLIS**

nsolis@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 | $ 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,591.61 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 142,217.53 |

**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 # 12011

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**UWAEZU UMEH**

uwumeh@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 | | $ 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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,458.57 |
| ****Base Wages** | $ 97,763.33 |
| **TOTAL Investment In You** | $ 119,221.90 |

**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 # 12013

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MONICA BRUNETTO**

mbrunetto@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,720.51 |
| ****Base Wages** | $ 86,900.74 |
| **TOTAL Investment In You** | $ 115,621.25 |

**TOTAL Paid Time Off Days:** **35 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 # 12014

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**QUOC HUYNH**

qhuynh@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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,225.19 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 156,851.11 |

**TOTAL Paid Time Off Days:** **35 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 # 12016

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHIA-FENG LI**

chiali@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 | |
| Dental | |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 112.44 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 9,503.62 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,753.05 |
| ****Base Wages** | $ 74,366.24 |
| **TOTAL Investment In You** | $ 93,119.29 |
| **TOTAL Paid Time Off Days:** | **25 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 # 12020

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**IRA HOLLEY**

iholley@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 1,131.00 |
| Long Term Disability | $ 1,427.33 |
| 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 | $ 10,174.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,020.44 |
| ****Base Wages** | $ 195,000.00 |
| **TOTAL Investment In You** | $ 228,020.44 |

**TOTAL Paid Time Off Days:** **39 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 # 12024

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VANESSA ANTOLINEZ MORALES** vamorales@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,653.54 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,724.58 |

**TOTAL Paid Time Off Days: 23 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 # 12025

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LUIS JEREZ ROMERO**

ljromero@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,653.54 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,724.58 |

**TOTAL Paid Time Off Days: 23 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 # 12026

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NABEL CAJEE**

ncajee@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,653.54 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 81,724.58 |

**TOTAL Paid Time Off Days:** **23 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 # 12027

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SUMMER LANE**

sulane@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 | $ 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,121.00 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 102,192.04 |
| **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 # 12029

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEHRDAD MOSADDAD**

mmosaddad@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 | $ 7,434.02 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,844.65 |
| ****Base Wages** | $ 97,176.77 |
| **TOTAL Investment In You** | $ 125,021.42 |

**TOTAL Paid Time Off Days: 32 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 # 12030

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PAUL WILLIAMS**

pawilliams@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 | $ 8,092.14 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,970.23 |
| ****Base Wages** | $ 74,045.75 |
| **TOTAL Investment In You** | $ 123,015.99 |

**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 # 12031 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NONSO EGWUATU** negwuatu@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 | $ 8,092.14 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,007.45 |
| ****Base Wages** | $ 84,623.72 |
| **TOTAL Investment In You** | $ 132,631.17 |

**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 # 12033

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LAURIE BAGLEY**

labagley@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 | $ 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 | $ 6,326.29 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,219.08 |
| ****Base Wages** | $ 82,696.64 |
| **TOTAL Investment In You** | $ 106,915.72 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12034

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CLAUDIA CANAVERAL** CCanaveral@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 | $ 1,218.36 |
| 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 | $ 8,433.36 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,686.15 |
| ****Base Wages** | $ 110,240.00 |
| **TOTAL Investment In You** | $ 158,926.15 |

**TOTAL Paid Time Off Days: 32 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 # 12035

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NATHAN CHUNG**

nchung@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 | $ 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 | $ 7,038.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,933.51 |
| ****Base Wages** | $ 92,000.06 |
| **TOTAL Investment In You** | $ 139,933.58 |
| **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 # 12037

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JESSICA PITT**

jepitt@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 | $ 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 | $ 9,696.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,963.81 |
| ****Base Wages** | $ 145,799.97 |
| **TOTAL Investment In You** | $ 164,763.78 |
| **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 # 12045

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NANCY MAWYER**

nmawyer@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,172.67 |
| ****Base Wages** | $ 134,316.00 |
| **TOTAL Investment In You** | $ 184,488.67 |

**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 # 12046

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PIYANOOT BATH**

pibath@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:** **35 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12047

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KRISTINE RESURRECCION**

kresurreccio@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 | $ 8,560.78 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,066.13 |
| ****Base Wages** | $ 100,715.10 |
| **TOTAL Investment In You** | $ 140,781.23 |

**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 # 12049

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHELLE LEBRUN**

mlebrun@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 | $ 6,320.60 |
| 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,456.36 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,527.40 |

**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 # 12050

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MELINDA PHAN**

mephan@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 | $ 14,812.98 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 93.31 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,937.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,199.55 |
| ****Base Wages** | $ 51,476.05 |
| **TOTAL Investment In You** | $ 80,675.60 |
| **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 # 12052

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HEE KYUNG SOHN**

hesohn@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 | *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 | | $ 8,309.88 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,800.27 |
| ****Base Wages** | $ 65,175.55 |
| **TOTAL Investment In You** | $ 85,975.82 |

**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 # 12059

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SARAH HOFFMAN**

sahoffman@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 | $ 63.28 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,268.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,333.18 |
| ****Base Wages** | $ 33,478.85 |
| **TOTAL Investment In You** | $ 57,812.03 |

**TOTAL Paid Time Off Days: 36 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 # 12060

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHRISTINA KIM**

chrkim@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:** **35 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12062

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RENAE BADGER**

rbadger@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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,662.63 |
| ****Base Wages** | $ 118,241.51 |
| **TOTAL Investment In You** | $ 147,904.14 |

**TOTAL Paid Time Off Days:** **35 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 # 12063

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARYLIN WAKEFIELD**

mwakefield@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 | $ 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 | $ 7,080.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,013.57 |
| ****Base Wages** | $ 92,560.00 |
| **TOTAL Investment In You** | $ 139,573.57 |

**TOTAL Paid Time Off Days:** **25 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 # 12064

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LAURA WONG**

lawong@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 | $ 109.83 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,445.34 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,445.35 |
| ****Base Wages** | $ 58,108.96 |
| **TOTAL Investment In You** | $ 79,554.31 |

**TOTAL Paid Time Off Days:** **36 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 # 12068

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PUREVSUREN DAVAADORJ**

pdavaadorj@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 | $ 6,748.30 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 51.06 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 432.95 |
| 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** | $ 20,160.43 |
| ****Base Wages** | $ 27,016.08 |
| **TOTAL Investment In You** | $ 47,176.51 |

**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 # 12070

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELIZABETH POINDEXTER**

epoindexter@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 | $ 5,737.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,148.13 |
| ****Base Wages** | $ 75,000.02 |
| **TOTAL Investment In You** | $ 101,148.15 |

**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 # 12071 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL GRUBB** mgrubb@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 | $ 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 | $ 8,092.14 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,342.53 |
| ****Base Wages** | $ 95,201.68 |
| **TOTAL Investment In You** | $ 112,544.22 |
| **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 # 12072

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROXANNE MONLUX**

rmonlux@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,429.47 |
| ****Base Wages** | $ 120,884.40 |
| **TOTAL Investment In You** | $ 147,313.87 |

**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 # 12074

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LEONILIZA MESIONA** lmesiona@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 | $ 6,243.85 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,159.16 |
| ****Base Wages** | $ 81,618.99 |
| **TOTAL Investment In You** | $ 127,778.15 |

**TOTAL Paid Time Off Days: 17 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 # 12077

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHERYL SCHLICHTMAN** cschlichtman@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 | $ 5,410.08 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,820.71 |
| ****Base Wages** | $ 70,720.00 |
| **TOTAL Investment In You** | $ 96,540.71 |
| **TOTAL Paid Time Off Days:** | **32 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12079

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHULIN LIN**

shulin@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 | $ 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 | $ 9,097.61 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,993.12 |
| ****Base Wages** | $ 120,731.52 |
| **TOTAL Investment In You** | $ 170,724.64 |

**TOTAL Paid Time Off Days: 39 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 # 12080 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEGAN MILLS** mmills@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,705.21 |
| ****Base Wages** | $ 80,589.60 |
| **TOTAL Investment In You** | $ 110,294.81 |

**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 # 12081

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMANDA BEESON**

abeeson@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 | |
| Dental | |
| 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 | $ 6,571.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 15,822.27 |
| ****Base Wages** | $ 85,906.91 |
| **TOTAL Investment In You** | $ 101,729.18 |

**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 # 12082

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TRONG CAO**

trocao@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 | $ 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 | $ 7,224.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,333.60 |
| ****Base Wages** | $ 94,437.82 |
| **TOTAL Investment In You** | $ 132,771.43 |

**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 # 12085

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAVID ROTRAMEL**

drotramel@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 | $ 76.59 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 44,285.83 |
| ****Base Wages** | $ 40,524.12 |
| **TOTAL Investment In You** | $ 84,809.95 |

**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 # 12086

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KRISTA SIMKINS** ksimkins@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 | $ 21,036.60 |
| 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 | $ 6,502.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,392.95 |
| ****Base Wages** | $ 85,000.03 |
| **TOTAL Investment In You** | $ 122,392.98 |

**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 # 12090

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DELVECCHIO FINLEY**

dfinley@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 9 % 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 | $ 495.04 |
| Long Term Disability | $ 1,427.33 |
| 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 | $ 16,047.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 58,724.44 |
| ****Base Wages** | $ 599,999.92 |
| **TOTAL Investment In You** | $ 658,724.36 |

**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 # 12096

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAVID HARDY**

dhardy@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 | $ 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 | $ 9,099.89 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,350.28 |
| ****Base Wages** | $ 96,711.01 |
| **TOTAL Investment In You** | $ 115,061.29 |

**TOTAL Paid Time Off Days:** **32 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 # 12097

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROSA MARES**

rmares@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 45.93 |
| 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 | $ 3,717.81 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,765.08 |
| ****Base Wages** | $ 24,299.39 |
| **TOTAL Investment In You** | $ 48,064.47 |
| **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 # 12098

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SARA MENDOZA**

smendoza@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 | | $ 7,038.00 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,166.89 |
| ****Base Wages** | $ 92,000.06 |
| **TOTAL Investment In You** | $ 113,166.96 |

**TOTAL Paid Time Off Days: 39 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 # 12099

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**IRMA NAVARRO MORA**

inavarro@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 | $ 111.48 |
| 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 | $ 4,512.32 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,388.50 |
| ****Base Wages** | $ 58,984.64 |
| **TOTAL Investment In You** | $ 104,373.14 |

**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 # 12102

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAXIMIANO FLORES**

maxflores@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 | $ 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 | $ 7,224.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,097.52 |
| ****Base Wages** | $ 94,437.82 |
| **TOTAL Investment In You** | $ 132,535.35 |

**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 # 12104 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HABEN YOSEF** hyosef@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 | $ 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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,002.17 |
| ****Base Wages** | $ 93,962.42 |
| **TOTAL Investment In You** | $ 141,964.59 |

**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 # 12107

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARY ANN ZALAMEA**

mzalamea@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 | $ 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 | $ 9,274.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,207.26 |
| ****Base Wages** | $ 132,932.80 |
| **TOTAL Investment In You** | $ 182,140.06 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12109

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RENWICK WHALEY**

rwhaley@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 55.53 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 23,953.01 |
| ****Base Wages** | $ 30,557.90 |
| **TOTAL Investment In You** | $ 54,510.91 |
| **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 # 12113

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YONATAN ASGODOM**

yasgodom@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 | $ 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 | $ 7,434.02 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,349.33 |
| ****Base Wages** | $ 97,176.77 |
| **TOTAL Investment In You** | $ 144,526.10 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12117

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DIMPLE KUMAR**

kdimple@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 | | $ 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 | | $ 5,039.39 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,547.20 |
| ****Base Wages** | $ 65,874.43 |
| **TOTAL Investment In You** | $ 83,421.64 |

**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 # 12118

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TAYLOR RAE DARTEZ**

tdartez@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 93.31 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,776.68 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,686.04 |
| ****Base Wages** | $ 49,368.38 |
| **TOTAL Investment In You** | $ 84,054.42 |

**TOTAL Paid Time Off Days: 36 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 # 12122

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JAMES DEVOTO**

jdevoto@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 | $ 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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 6,273.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,362.31 |
| ****Base Wages** | $ 82,000.05 |
| **TOTAL Investment In You** | $ 120,362.36 |

**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 # 12124

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FOLASHADE OLALEYE**

folaleye@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 | $ 0.00 |
| Dental | $ 0.00 |
| 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 | $ 8,403.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,670.94 |
| ****Base Wages** | $ 87,875.84 |
| **TOTAL Investment In You** | $ 105,546.78 |

**TOTAL Paid Time Off Days:** **32 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 # 12130

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PERLINA SANTOS** psantos@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 42.29 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,423.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,467.04 |
| ****Base Wages** | $ 22,375.18 |
| **TOTAL Investment In You** | $ 45,842.23 |
| **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 # 12131

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YING FANG**

yifang@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 | $ 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 | $ 8,560.78 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,433.81 |
| ****Base Wages** | $ 100,715.10 |
| **TOTAL Investment In You** | $ 140,148.91 |

**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 # 12135

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TRACY STONE**

tstone@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 | $ 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) | $ 8,269.23 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 10,464.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,256.50 |
| ****Base Wages** | $ 215,000.03 |
| **TOTAL Investment In You** | $ 265,256.53 |

**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 # 12137

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LISA COOPER**

licooper@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 | *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 | | $ 7,467.98 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 19,958.37 |
| ****Base Wages** | $ 97,620.64 |
| **TOTAL Investment In You** | $ 117,579.01 |

**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 # 12138

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FRANCISCO DIAZ FELIX**

frdiaz@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 | $ 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 | $ 5,039.39 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,972.12 |
| ****Base Wages** | $ 65,874.43 |
| **TOTAL Investment In You** | $ 110,846.56 |

**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 # 12140

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LORNA JONES**

lojones@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 | $ 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) | $ 4,038.46 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 9,884.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 54,818.47 |
| ****Base Wages** | $ 174,999.97 |
| **TOTAL Investment In You** | $ 229,818.44 |

**TOTAL Paid Time Off Days:** **39 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 # 12142

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BELLA VENTURANZA**

bventuranza@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 | $ 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 | $ 8,185.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,862.02 |
| ****Base Wages** | $ 85,596.16 |
| **TOTAL Investment In You** | $ 133,458.18 |

**TOTAL Paid Time Off Days:** **32 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12145

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CHRISTOPHER DANIELS**

chdaniels@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 42.29 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/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** | $ 23,936.90 |
| ****Base Wages** | $ 23,512.32 |
| **TOTAL Investment In You** | $ 47,449.22 |

**TOTAL Paid Time Off Days: 36 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 # 12150

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TEFERI GONFA**

tgonfa@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 | $ 83.74 |
| 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 | $ 5,648.86 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,534.50 |
| ****Base Wages** | $ 44,304.75 |
| **TOTAL Investment In You** | $ 89,839.25 |

**TOTAL Paid Time Off Days: 32 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 # 12152

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHEVON KORTH**

skorth@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 | $ 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 | $ 7,038.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,127.31 |
| ****Base Wages** | $ 92,000.06 |
| **TOTAL Investment In You** | $ 131,127.38 |

**TOTAL Paid Time Off Days:** **39 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 # 12155 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EDDIE LIVINGSTON** elivingston@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,705.21 |
| ****Base Wages** | $ 80,589.60 |
| **TOTAL Investment In You** | $ 110,294.81 |

**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 # 12156

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MANWINDER SIDHU**

msidhu@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 | $ 8,181.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,059.75 |
| ****Base Wages** | $ 106,949.86 |
| **TOTAL Investment In You** | $ 156,009.61 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12157

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VICTORIA LEE**

viclee@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 | $ 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 | $ 9,457.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 26,460.99 |
| ****Base Wages** | $ 145,544.67 |
| **TOTAL Investment In You** | $ 172,005.66 |

**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 # 12159 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DALE BOWDEN**

dparizi@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 | $ 9,182.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,060.65 |
| ****Base Wages** | $ 126,590.67 |
| **TOTAL Investment In You** | $ 176,651.33 |

**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 # 12160

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TAMEKA JOHNSON**

tajohnson@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 52.63 |
| 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 | $ 3,550.62 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,900.48 |
| ****Base Wages** | $ 27,848.00 |
| **TOTAL Investment In You** | $ 51,748.48 |

**TOTAL Paid Time Off Days:** **36 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 # 12164

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MILAGRO SALINAS** msalinas@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 | $ 6,748.30 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 71.70 |
| 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 | $ 4,836.90 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,436.35 |
| ****Base Wages** | $ 37,936.45 |
| **TOTAL Investment In You** | $ 59,372.80 |
| **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 # 12166

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LAURA BAEZA**

lbaeza@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 | $ 6,748.30 |
| 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** | $ 25,935.73 |
| ****Base Wages** | $ 80,589.60 |
| **TOTAL Investment In You** | $ 106,525.33 |

**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 # 12170

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANDREW HOLLAND**

aholland@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 | $ 100.66 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 7,426.96 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,919.57 |
| ****Base Wages** | $ 58,250.65 |
| **TOTAL Investment In You** | $ 97,170.22 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12173

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DIRK PERKINS**

dperkins@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 | $ 75.80 |
| 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 | $ 3,129.33 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,502.36 |
| ****Base Wages** | $ 40,906.32 |
| **TOTAL Investment In You** | $ 64,408.68 |
| **TOTAL Paid Time Off Days:** | **32 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12180

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ENORESE IGBINOGUN**

eigninogun@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 | |
| Dental | |
| 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** | $ 12,649.62 |
| ****Base Wages** | $ 36,021.44 |
| **TOTAL Investment In You** | $ 48,671.06 |
| **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 # 12185

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JUANA SHELTON**

jshelton@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,576.31 |
| ****Base Wages** | $ 134,316.00 |
| **TOTAL Investment In You** | $ 168,892.31 |

**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 # 12186

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NOVILENE CLAVIDO**

nclavido@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 | $ 7,225.85 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,103.94 |
| ****Base Wages** | $ 94,455.50 |
| **TOTAL Investment In You** | $ 142,559.44 |

**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 # 12187

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SARAH GILMAN**

sgilman@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 | $ 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 | $ 6,334.20 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,266.93 |
| ****Base Wages** | $ 82,800.02 |
| **TOTAL Investment In You** | $ 129,066.95 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12189

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL MACDONALD**

mmacdonald@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 75.80 |
| 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 | $ 3,129.33 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,206.48 |
| ****Base Wages** | $ 40,906.32 |
| **TOTAL Investment In You** | $ 64,112.80 |

**TOTAL Paid Time Off Days: 32 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 # 12190

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMY TRAN**

amtran@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 | $ 7,497.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,925.05 |
| ****Base Wages** | $ 98,000.03 |
| **TOTAL Investment In You** | $ 125,925.08 |

**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 # 12192

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GENEVIEVE MAJORS**

gmajors@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 | | $ 1,218.36 |
| 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 | | $ 8,545.22 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 22,013.97 |
| ****Base Wages** | $ 67,021.34 |
| **TOTAL Investment In You** | $ 89,035.32 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12193

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MYLA AYUBO**

mayubo@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 | *Share The Savings* | $ 3,000.00 |
| Dental | | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 52.05 |
| 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 | | $ 2,106.75 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 14,642.37 |
| ****Base Wages** | $ 27,539.20 |
| **TOTAL Investment In You** | $ 42,181.57 |

**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 # 12195

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**STEWART TRAIMAN**

straiman@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 | $ 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 | $ 9,578.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,474.35 |
| ****Base Wages** | $ 153,920.00 |
| **TOTAL Investment In You** | $ 204,394.35 |
| **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 # 12199

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BETTY CLARK**

bclark@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 | $ 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 | $ 6,076.08 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,504.13 |
| ****Base Wages** | $ 79,425.84 |
| **TOTAL Investment In You** | $ 105,929.97 |

**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 # 12201

NEWARK WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WAHIDA WARDAK**

wwardak@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 | $ 97.29 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,937.92 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,799.90 |
| ****Base Wages** | $ 51,476.05 |
| **TOTAL Investment In You** | $ 96,275.95 |
| **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 # 12203

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AGNES ESTANDIAN**

aestandian@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 62 % 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 | $ 49.14 |
| 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 | $ 1,989.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 42,802.83 |
| ****Base Wages** | $ 26,000.00 |
| **TOTAL Investment In You** | $ 68,802.83 |

**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 # 12204

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JAMES FRAZIER**

jfrazier@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 | $ 7,991.10 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 76.17 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,082.95 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,929.67 |
| ****Base Wages** | $ 40,300.00 |
| **TOTAL Investment In You** | $ 61,229.67 |
| **TOTAL Paid Time Off Days:** | **32 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12207

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RICHARD TISHLER**

rtishler@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 55.56 |
| 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 | $ 3,212.63 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,269.54 |
| ****Base Wages** | $ 29,396.64 |
| **TOTAL Investment In You** | $ 52,666.18 |

**TOTAL Paid Time Off Days: 33 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 # 12210

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARINA GRACE MORALES**

mgmorales@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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,955.85 |
| ****Base Wages** | $ 67,021.34 |
| **TOTAL Investment In You** | $ 95,977.20 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12213

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SIA KOMBA**

skomba@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 | *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 | | $ 8,545.22 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,035.61 |
| ****Base Wages** | $ 67,021.34 |
| **TOTAL Investment In You** | $ 88,056.96 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12214

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SELINA FISHER**

sfisher@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 64 % 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 | $ 45.71 |
| 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 | $ 3,083.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,894.15 |
| ****Base Wages** | $ 24,186.24 |
| **TOTAL Investment In You** | $ 68,080.39 |
| **TOTAL Paid Time Off Days:** | **32 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12215

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EDITH NUNEZ**

enunez@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 | | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 102.89 |
| 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 | | $ 4,627.21 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,509.55 |
| ****Base Wages** | $ 54,437.76 |
| **TOTAL Investment In You** | $ 71,947.31 |

**TOTAL Paid Time Off Days: 33 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12218

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHARON MARTIN**

shmartin@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 | $ 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 | $ 8,797.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,225.56 |
| ****Base Wages** | $ 115,000.08 |
| **TOTAL Investment In You** | $ 144,225.64 |

**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 # 12219

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DEVIN GAFFNEY**

dgaffney@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 | $ 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 | $ 7,426.96 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,541.71 |
| ****Base Wages** | $ 67,959.09 |
| **TOTAL Investment In You** | $ 95,500.80 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12220

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LINDA JOHNSON**

ljohnson2@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<br>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** | $ 19,723.00 |
| ****Base Wages** | $ 104,266.24 |
| **TOTAL Investment In You** | $ 123,989.24 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12221

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VERONICA SAN JUAN**

vsanjuan@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 | $ 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 | $ 9,099.89 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,977.98 |
| ****Base Wages** | $ 84,622.14 |
| **TOTAL Investment In You** | $ 134,600.11 |
| **TOTAL Paid Time Off Days:** | **32 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12223

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHANNON SIMPSON**

schu@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 97.77 |
| 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 | | $ 5,653.53 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 18,128.30 |
| ****Base Wages** | $ 51,731.68 |
| **TOTAL Investment In You** | $ 69,859.98 |

**TOTAL Paid Time Off Days:** **35 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 # 12224

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MATTHEW SNYDERMAN** msnyderman@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 | $ 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 | $ 7,160.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,055.91 |
| ****Base Wages** | $ 93,600.00 |
| **TOTAL Investment In You** | $ 141,655.91 |

**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 # 12225

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHANTE WALKER**

shwalker@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 | | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 77.91 |
| 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 | | $ 3,153.33 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,229.30 |
| ****Base Wages** | $ 41,219.98 |
| **TOTAL Investment In You** | $ 58,449.29 |

**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 # 12226

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**STANLEY WALL**

stwall@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 | $ 9,236.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,504.64 |
| ****Base Wages** | $ 104,266.24 |
| **TOTAL Investment In You** | $ 122,770.88 |
| **TOTAL Paid Time Off Days:** | **32 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 # 12228

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAHOGANY BAPTISTE**

mbaptiste@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 | $ 80.07 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,154.62 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 44,999.38 |
| ****Base Wages** | $ 48,877.92 |
| **TOTAL Investment In You** | $ 93,877.30 |

**TOTAL Paid Time Off Days:** **33 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12230

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TSERING PALDON** tpaldon@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 | $ 7,991.10 |
| 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 | $ 6,243.85 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,703.70 |
| ****Base Wages** | $ 81,618.99 |
| **TOTAL Investment In You** | $ 106,322.69 |

**TOTAL Paid Time Off Days: 17 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12231

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROXANNE YUEN**

royuen@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 | |
| Dental | |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 90.01 |
| 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 | $ 3,643.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 12,870.10 |
| ****Base Wages** | $ 47,622.22 |
| **TOTAL Investment In You** | $ 60,492.32 |
| **TOTAL Paid Time Off Days:** | **29 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12232

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DREW PERALES**

dperales@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 | $ 61.78 |
| 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 | $ 3,572.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,635.68 |
| ****Base Wages** | $ 32,689.97 |
| **TOTAL Investment In You** | $ 56,325.65 |
| **TOTAL Paid Time Off Days:** | **33 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12233

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JESSE GENOSICK**

jgenosick@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 | $ 7,267.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,382.24 |
| ****Base Wages** | $ 94,999.84 |
| **TOTAL Investment In You** | $ 122,382.08 |

**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 # 12234

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KANWALDEEP RANDHAWA**

krandhawa@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 | $ 12,641.20 |
| 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 | $ 6,842.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,969.53 |
| ****Base Wages** | $ 89,440.00 |
| **TOTAL Investment In You** | $ 119,409.53 |
| **TOTAL Paid Time Off Days:** | **39 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 # 12237

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**HAZEL DE LEON**

hdeleon@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 | $ 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 | $ 9,706.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,602.39 |
| ****Base Wages** | $ 162,750.02 |
| **TOTAL Investment In You** | $ 213,352.40 |
| **TOTAL Paid Time Off Days:** | **39 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 # 12241

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARIA LIN**

marlin@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 | $ 9,539.84 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,839.31 |
| ****Base Wages** | $ 151,230.14 |
| **TOTAL Investment In You** | $ 178,069.45 |

**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 # 12244

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SUDHARSHAN PARTHASARATHY** sparthasarat@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 | $ 6,320.60 |
| 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 | $ 4,365.93 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,456.36 |
| ****Base Wages** | $ 57,071.04 |
| **TOTAL Investment In You** | $ 77,527.40 |

**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 # 12249

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELIZABETH DEWIER**

edewier@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 | $ 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 | $ 8,720.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,225.86 |
| ****Base Wages** | $ 91,194.85 |
| **TOTAL Investment In You** | $ 131,420.71 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12251

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KIMBERLY GREER**

kgreer@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,409.33 |
| ****Base Wages** | $ 134,316.00 |
| **TOTAL Investment In You** | $ 163,725.33 |

**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 # 12254

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROGER KIRTON**

rkirton@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 | $ 14,812.98 |
| 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 | $ 7,038.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,337.15 |
| ****Base Wages** | $ 92,000.06 |
| **TOTAL Investment In You** | $ 124,337.22 |

**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 # 12257

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SONIA MIKETINAS**

smiketinas@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 | $ 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 | $ 9,129.46 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,261.63 |
| ****Base Wages** | $ 98,342.40 |
| **TOTAL Investment In You** | $ 127,604.03 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12258

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KHAYLA PAYTON**

kpayton@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 | $ 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** | $ 29,832.33 |
| ****Base Wages** | $ 143,082.99 |
| **TOTAL Investment In You** | $ 172,915.33 |
| **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 # 12259

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LETICIA RAMIREZ VELAZQUEZ** lrvelazquez@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 | |
| Dental | |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 86.25 |
| 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 | $ 3,491.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 12,714.24 |
| ****Base Wages** | $ 45,633.95 |
| **TOTAL Investment In You** | $ 58,348.19 |
| **TOTAL Paid Time Off Days:** | **29 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 # 12261

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KRISTINE TAMBIO**

ktambio@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 | $ 12,641.20 |
| 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 30,787.51 |
| ****Base Wages** | $ 108,625.92 |
| **TOTAL Investment In You** | $ 139,413.43 |

**TOTAL Paid Time Off Days:** **35 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12262

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BENJAMIN TOLENTINO**

btolentino@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 6,271.79 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,682.42 |
| ****Base Wages** | $ 81,984.24 |
| **TOTAL Investment In You** | $ 108,666.66 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12263

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARK WATTS**

mwatts@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 | $ 7,242.04 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 91.43 |
| 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 | $ 4,111.76 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,224.67 |
| ****Base Wages** | $ 48,373.60 |
| **TOTAL Investment In You** | $ 69,598.28 |

**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 # 12266 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PAUL HODGES** phodges@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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,409.33 |
| ****Base Wages** | $ 134,316.00 |
| **TOTAL Investment In You** | $ 163,725.33 |

**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 # 12268

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GIL PALAS**

gpalas@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 | $ 17,887.48 |
| 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 | $ 7,420.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,436.88 |
| ****Base Wages** | $ 97,000.18 |
| **TOTAL Investment In You** | $ 133,437.06 |

**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 # 12269

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JENNET RAMOS**

jaramos@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 | $ 6,243.85 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,749.20 |
| ****Base Wages** | $ 81,618.99 |
| **TOTAL Investment In You** | $ 119,368.19 |

**TOTAL Paid Time Off Days:** **17 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12270

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KATHY TRIBUZIO**

ktribuzio@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 | $ 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 | $ 9,797.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,693.01 |
| ****Base Wages** | $ 169,000.00 |
| **TOTAL Investment In You** | $ 219,693.01 |

**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 # 12273

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SREE SUBHA MADHUSUDANAN** smadusudanan@alamedahealthsystem.c

**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 | $ 5,737.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 31,036.65 |
| ****Base Wages** | $ 75,000.02 |
| **TOTAL Investment In You** | $ 106,036.67 |
| **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 # 12274

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RONICA SHELTON**

rshelton@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 | $ 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 | $ 9,739.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,635.01 |
| ****Base Wages** | $ 164,999.95 |
| **TOTAL Investment In You** | $ 215,634.96 |

**TOTAL Paid Time Off Days: 32 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 # 12275

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KELLY QUINN**

kquinn@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 | $ 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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,943.99 |
| ****Base Wages** | $ 134,316.00 |
| **TOTAL Investment In You** | $ 168,259.99 |

**TOTAL Paid Time Off Days:** **35 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 # 12276

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHELLE TAYLOR**

mictaylor@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 | $ 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 | $ 9,065.74 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,180.49 |
| ****Base Wages** | $ 94,827.03 |
| **TOTAL Investment In You** | $ 124,007.52 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12279

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHAEL BLANCHARD**

mblanchard@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 6,245.14 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 26,655.77 |
| ****Base Wages** | $ 81,635.84 |
| **TOTAL Investment In You** | $ 108,291.61 |

**TOTAL Paid Time Off Days:** **35 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 # 12280

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VERONICA CORTEZ**

vcortez@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 | $ 9,522.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 18,789.81 |
| ****Base Wages** | $ 150,000.03 |
| **TOTAL Investment In You** | $ 168,789.84 |

**TOTAL Paid Time Off Days:** **25 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 # 12281

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANNA DOMINGO**

adomingo@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 | $ 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 | $ 5,653.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 37,176.30 |
| ****Base Wages** | $ 73,902.40 |
| **TOTAL Investment In You** | $ 111,078.70 |

**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 # 12285

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JULISSA MERCADO**

jumercado@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 | $ 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 | $ 9,594.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,726.67 |
| ****Base Wages** | $ 155,000.14 |
| **TOTAL Investment In You** | $ 184,726.82 |

**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 # 12289

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMANDEEP CHAHAL**

achahal@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 | $ 8,181.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,059.75 |
| ****Base Wages** | $ 74,864.90 |
| **TOTAL Investment In You** | $ 123,924.65 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12295

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSHUA HOWARD**

jhoward@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 | $ 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 | $ 7,330.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,836.01 |
| ****Base Wages** | $ 95,825.60 |
| **TOTAL Investment In You** | $ 134,661.61 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12296

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TEKICIA DOUGLAS-LOTT**

tdouglass@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 | |
| Dental | |
| 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 | $ 8,720.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,970.90 |
| ****Base Wages** | $ 91,194.85 |
| **TOTAL Investment In You** | $ 109,165.75 |

**TOTAL Paid Time Off Days: 32 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 # 12299

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SANA LEE**

saleex@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 | | $ 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** | $ 22,672.25 |
| ****Base Wages** | $ 67,143.40 |
| **TOTAL Investment In You** | $ 89,815.65 |

**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 # 12303

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSEPH PETERS**

jpeters@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 | $ 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 | $ 4,972.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 22,289.39 |
| ****Base Wages** | $ 65,000.00 |
| **TOTAL Investment In You** | $ 87,289.39 |
| **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 # 12307

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CATHLEEN O'BRIEN**

cobrien@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 | $ 10,212.20 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 51,107.71 |
| ****Base Wages** | $ 197,600.00 |
| **TOTAL Investment In You** | $ 248,707.71 |

**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 # 12308

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOILAH JAMES**

jjames@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 | $ 7,406.62 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 103.94 |
| 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 | $ 4,207.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,201.26 |
| ****Base Wages** | $ 54,995.20 |
| **TOTAL Investment In You** | $ 76,196.46 |
| **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 # 12311

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PAMELA DAVIS**

padavis@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 | $ 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 | $ 5,871.53 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,188.42 |
| ****Base Wages** | $ 76,752.00 |
| **TOTAL Investment In You** | $ 99,940.42 |

**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 # 12312

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EUGENE SERNA JR**

rserna@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 | $ 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 | $ 5,569.20 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 46,447.29 |
| ****Base Wages** | $ 72,800.00 |
| **TOTAL Investment In You** | $ 119,247.29 |

**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 # 12313

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YON ZHONGLI**

yzhongli@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 | $ 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 | $ 9,182.56 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,055.59 |
| ****Base Wages** | $ 75,954.40 |
| **TOTAL Investment In You** | $ 116,010.00 |

**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 # 12314

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KARINNA ORIZAL**

korizal@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) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 7,426.96 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,837.59 |
| ****Base Wages** | $ 67,959.09 |
| **TOTAL Investment In You** | $ 95,796.68 |

**TOTAL Paid Time Off Days: 32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12316

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHANNON PAGE**

shpage@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 | $ 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** | $ 20,832.77 |
| ****Base Wages** | $ 50,294.40 |
| **TOTAL Investment In You** | $ 71,127.17 |

**TOTAL Paid Time Off Days: 35 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 # 12318 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EBERE ONYEADOR** eonyeador@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 | $ 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 | $ 8,092.14 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,373.87 |
| ****Base Wages** | $ 105,779.65 |
| **TOTAL Investment In You** | $ 139,153.52 |

**TOTAL Paid Time Off Days: 35 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 # 12322

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAVID LIN**

davlin@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 | $ 8,950.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,846.01 |
| ****Base Wages** | $ 117,000.00 |
| **TOTAL Investment In You** | $ 166,846.01 |

**TOTAL Paid Time Off Days:** **39 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 # 12323

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NATASHA RAVARE-EVANS**

nevans@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 | $ 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 | $ 9,326.25 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,258.98 |
| ****Base Wages** | $ 136,500.00 |
| **TOTAL Investment In You** | $ 185,758.98 |

**TOTAL Paid Time Off Days: 42 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 # 12325

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BERNADETTE JENSEN**

bejensen@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 | $ 21,036.60 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 2,811.12 |
| Long Term Disability | $ 1,427.33 |
| 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 | $ 10,972.23 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,593.02 |
| ****Base Wages** | $ 250,016.00 |
| **TOTAL Investment In You** | $ 296,609.02 |

**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 # 12327

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DIANNE GRACE TECSON**

dgtecson@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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,418.25 |
| ****Base Wages** | $ 78,191.57 |
| **TOTAL Investment In You** | $ 117,609.82 |
| **TOTAL Paid Time Off Days:** | **32 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12331

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**PRECY MADULI**

pmaduli@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 | $ 0.00 |
| 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 | $ 9,236.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,271.26 |
| ****Base Wages** | $ 130,332.80 |
| **TOTAL Investment In You** | $ 178,604.06 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12334

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TAMARA MCFARLAND**

tmacfarland@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 | $ 104.32 |
| 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 | $ 4,264.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,666.06 |
| ****Base Wages** | $ 55,745.25 |
| **TOTAL Investment In You** | $ 80,411.30 |

**TOTAL Paid Time Off Days: 29 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12337

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**UREINA BRUNSON**

ubrunson@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 | $ 14,812.98 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 98.38 |
| 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 | $ 3,982.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,248.80 |
| ****Base Wages** | $ 52,053.46 |
| **TOTAL Investment In You** | $ 81,302.26 |

**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 # 12338

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MICHELLE DEIRO**

mdeiro@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 | $ 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 | $ 7,267.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 48,163.01 |
| ****Base Wages** | $ 95,000.05 |
| **TOTAL Investment In You** | $ 143,163.06 |

**TOTAL Paid Time Off Days:** **39 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 # 12339

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANELYNE DOMETITA**

adometita@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 | $ 9,017.33 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,540.10 |
| ****Base Wages** | $ 94,298.88 |
| **TOTAL Investment In You** | $ 134,838.98 |

**TOTAL Paid Time Off Days:** **32 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12341

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHEENA GORDON**

sgordon@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 | $ 90.16 |
| 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 | $ 3,649.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,741.03 |
| ****Base Wages** | $ 47,706.05 |
| **TOTAL Investment In You** | $ 71,447.08 |

**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 # 12343

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MELISSA NICKAS**

mnickas@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 | $ 13,496.34 |
| 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 | $ 8,309.88 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 32,274.97 |
| ****Base Wages** | $ 65,175.55 |
| **TOTAL Investment In You** | $ 97,450.52 |
| **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 # 12346

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**CRISTINA MONTECILLO**

cmontecillo@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 | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 94.21 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,813.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 43,453.38 |
| ****Base Wages** | $ 49,844.50 |
| **TOTAL Investment In You** | $ 93,297.88 |
| **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 # 12347

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TAMMIE HOLLAR**

thollar@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 | $ 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 | $ 8,415.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,547.17 |
| ****Base Wages** | $ 109,999.97 |
| **TOTAL Investment In You** | $ 138,547.14 |

**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 # 12348

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VENUS PELINGON**

vpelingon@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) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 94.21 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,813.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,093.38 |
| ****Base Wages** | $ 49,844.50 |
| **TOTAL Investment In You** | $ 70,937.88 |
| **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 # 12349

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ELOIS THOMAS**

elthomas@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) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 94.21 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,813.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,093.38 |
| ****Base Wages** | $ 49,844.50 |
| **TOTAL Investment In You** | $ 70,937.88 |

**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 # 12350

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TAMEKA SIMPSON**

tsimpson@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 | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 82.75 |
| 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 | $ 3,349.27 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,196.71 |
| ****Base Wages** | $ 43,781.30 |
| **TOTAL Investment In You** | $ 87,978.00 |
| **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 # 12353

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FIORELLA MALPARTIDA**

fmalpartida@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 | $ 6,832.02 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 90.48 |
| 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 | $ 3,662.08 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,364.03 |
| ****Base Wages** | $ 47,870.37 |
| **TOTAL Investment In You** | $ 68,234.40 |
| **TOTAL Paid Time Off Days:** | **36 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 # 12360

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JANET SICHENEDER-NASH** jsnash@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 | $ 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 | $ 5,889.95 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 46,785.46 |
| ****Base Wages** | $ 76,992.86 |
| **TOTAL Investment In You** | $ 123,778.33 |

**TOTAL Paid Time Off Days: 35 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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12361

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**THERESA OSBORN**

theosborn@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 90.16 |
| 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 | $ 3,649.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,036.91 |
| ****Base Wages** | $ 47,706.05 |
| **TOTAL Investment In You** | $ 71,742.96 |
| **TOTAL Paid Time Off Days:** | **36 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 # 12362 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JUDE ORAJAKA** jorajaka@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 | $ 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** | $ 100,715.10 |
| **TOTAL Investment In You** | $ 118,526.27 |

**TOTAL Paid Time Off Days: 38 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12363

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NICHOLAS MULLINS**

nmullins@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 87.72 |
| 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 | $ 3,550.62 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,935.57 |
| ****Base Wages** | $ 46,413.33 |
| **TOTAL Investment In You** | $ 70,348.90 |

**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 # 12365

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMRITPAL MUSHIANA** amushiana@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 | $ 9,181.63 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 50,077.14 |
| ****Base Wages** | $ 101,221.12 |
| **TOTAL Investment In You** | $ 151,298.26 |

**TOTAL Paid Time Off Days: 32 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12366

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DANNI ZHANG**

dzhang@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 | $ 90.16 |
| 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 | $ 3,649.51 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,908.01 |
| ****Base Wages** | $ 47,706.05 |
| **TOTAL Investment In You** | $ 76,614.06 |

**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 # 12367

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MIRANDA BRADFORD**

mbradford@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 | $ 0.00 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 50.75 |
| 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 | $ 3,423.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 12,957.72 |
| ****Base Wages** | $ 26,850.22 |
| **TOTAL Investment In You** | $ 39,807.94 |

**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 # 12368 JOHN GEORGE PSYCHIATRIC HOSP

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**OMOLOLA AGANJUOMO** oaganjuomo@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 | $ 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 | $ 9,294.58 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 33,917.99 |
| ****Base Wages** | $ 107,452.80 |
| **TOTAL Investment In You** | $ 141,370.79 |

**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 # 12372

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YOLANDA MENDOZA**

yomendoza@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 | | $ 9,203.00 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,710.81 |
| ****Base Wages** | $ 128,000.29 |
| **TOTAL Investment In You** | $ 149,711.10 |

**TOTAL Paid Time Off Days:** **17 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 # 12375

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DEXTER PREDEC BUNYI**

dbunyi@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 61 % 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 | $ 53.33 |
| 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 | $ 3,597.38 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 44,415.40 |
| ****Base Wages** | $ 28,214.78 |
| **TOTAL Investment In You** | $ 72,630.18 |

**TOTAL Paid Time Off Days:** **36 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 # 12376

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**FUMIKO NOMURA**

fnomura@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 | $ 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 | $ 7,832.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 38,705.52 |
| ****Base Wages** | $ 102,385.50 |
| **TOTAL Investment In You** | $ 141,091.03 |

**TOTAL Paid Time Off Days: 36 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 # 12379

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DOMONIQUE SPEARS**

dspears@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 | | $ 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 | | $ 5,613.79 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 19,742.68 |
| ****Base Wages** | $ 73,382.82 |
| **TOTAL Investment In You** | $ 93,125.49 |

**TOTAL Paid Time Off Days:** **35 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 # 12388

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TISA PINKARD**

tpinkard@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 | $ 346.58 |
| Dental | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | $ 9.62 |
| Employer Paid Life | $ 72.18 |
| Long Term Disability | $ 59.28 |
| Flexible Spending Account Costs | $ 3.73 |
| Annual Cobra Flex Admin Costs | $ 0.00 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 21.96 |
| EAP Account Costs | $ 2,921.44 |
| Medicare & Social Security Tax | $ 1,622.40 |
| Workers' Compensation Insurance | $ 420.00 |
| Federal Unemployment | |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 12,477.19 |
| ****Base Wages** | $ 38,188.80 |
| **TOTAL Investment In You** | $ 50,665.99 |

**TOTAL Paid Time Off Days: 33 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12390

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALISON WIGGAM**

awiggam@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 | $ 7,821.59 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,825.18 |
| ****Base Wages** | $ 102,243.02 |
| **TOTAL Investment In You** | $ 127,068.21 |

**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 # 12393

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NEERAJA MARAMREDDY** nmaramreddy@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 10 % 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 | | $ 10,650.56 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 24,779.45 |
| ****Base Wages** | $ 227,831.97 |
| **TOTAL Investment In You** | $ 252,611.42 |

**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 # 12394

EASTMONT WELLNESS

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**IRVIN SERVELLON**

iservellon@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 | $ 98.38 |
| 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 | $ 3,982.09 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,970.66 |
| ****Base Wages** | $ 52,053.46 |
| **TOTAL Investment In You** | $ 73,024.12 |

**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 # 12396

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAMARYS DIAZ**

dadiaz@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 83.29 |
| Flexible Spending Account Costs | | $ 59.28 |
| Annual Cobra Flex Admin Costs | | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | | $ 0.00 |
| EAP Account Costs | | $ 21.96 |
| Medicare & Social Security Tax | | $ 3,745.83 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 16,206.11 |
| ****Base Wages** | $ 48,965.07 |
| **TOTAL Investment In You** | $ 65,171.18 |

**TOTAL Paid Time Off Days:** **33 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 # 12400

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SCOTT BUTTERFIELD**

sbutterfield@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 | $ 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 | $ 7,330.66 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 47,245.97 |
| ****Base Wages** | $ 95,825.60 |
| **TOTAL Investment In You** | $ 143,071.57 |

**TOTAL Paid Time Off Days: 32 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 # 12401

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JI MIN**

jiminx@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 | |
| 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 | $ 8,403.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,670.94 |
| ****Base Wages** | $ 87,875.84 |
| **TOTAL Investment In You** | $ 105,546.78 |
| **TOTAL Paid Time Off Days:** | **32 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12403

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**REGALADO SABAL**

rsabal@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 | $ 898.30 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 107.67 |
| 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 | $ 4,358.04 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 44,267.62 |
| ****Base Wages** | $ 56,967.87 |
| **TOTAL Investment In You** | $ 101,235.49 |
| **TOTAL Paid Time Off Days:** | **36 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 # 12404

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NAVJOT KHANGURA**

nkhangura@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 | |
| 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 | $ 8,185.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 17,452.94 |
| ****Base Wages** | $ 106,995.20 |
| **TOTAL Investment In You** | $ 124,448.14 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12405

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ISHWARI VENKATARAMAN** ivenkatarama@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 | $ 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 | $ 9,667.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,559.79 |
| ****Base Wages** | $ 160,000.05 |
| **TOTAL Investment In You** | $ 187,559.84 |

**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 # 12408

MINNESOTA EMPLOYEE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TODD DOONER**

tdooner@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 | | $ 8,950.50 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 23,079.39 |
| ****Base Wages** | $ 117,000.00 |
| **TOTAL Investment In You** | $ 140,079.39 |

**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 # 12410

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DELESHAWN LOVE**

delove@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 | $ 27.04 |
| Long Term Disability | $ 13.40 |
| 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** | $ 29,345.38 |
| ****Base Wages** | $ 117,873.60 |
| **TOTAL Investment In You** | $ 147,218.98 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12411

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KATHLEEN BARNHART**

kbarnhart@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 | $ 27.04 |
| Long Term Disability | $ 105.23 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,259.48 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,679.36 |
| ****Base Wages** | $ 55,679.52 |
| **TOTAL Investment In You** | $ 80,358.88 |
| **TOTAL Paid Time Off Days:** | **29 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12413

SYSTEM SUPPORT CENTER

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MELINDA ROSA**

merosa@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 | $ 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 | $ 5,410.08 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 30,709.23 |
| ****Base Wages** | $ 70,720.00 |
| **TOTAL Investment In You** | $ 101,429.23 |

**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 # 12416

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**KATHERINE DODSON**

kdodson@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 | $ 5,250.96 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,756.31 |
| ****Base Wages** | $ 68,640.00 |
| **TOTAL Investment In You** | $ 105,396.31 |

**TOTAL Paid Time Off Days:** **35 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 # 12420

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ERIC MORALES**

emorales@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 | |
| Dental | |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 95.68 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,346.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 13,578.79 |
| ****Base Wages** | $ 51,130.87 |
| **TOTAL Investment In You** | $ 64,709.67 |
| **TOTAL Paid Time Off Days:** | **29 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12421

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**VIVIAN WONG**

vivwong@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 | $ 8,185.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,613.18 |
| ****Base Wages** | $ 106,995.20 |
| **TOTAL Investment In You** | $ 135,608.38 |

**TOTAL Paid Time Off Days:** **32 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 # 12424

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LOUISA ANYANSI** lanyansi@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 | $ 9,017.33 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 29,445.38 |
| ****Base Wages** | $ 94,298.88 |
| **TOTAL Investment In You** | $ 123,744.26 |

**TOTAL Paid Time Off Days: 32 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 # 12427

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RICHARD RICAFORT**

rricafort@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 | $ 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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 19,013.97 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 108,375.76 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12428

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOSHUA WRIGHT**

jowright@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 | $ 21,320.52 |
| Dental | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 90.61 |
| 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 | $ 3,667.49 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 36,076.69 |
| ****Base Wages** | $ 47,941.09 |
| **TOTAL Investment In You** | $ 84,017.78 |

**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 # 12434

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANNA MARIE MASILANG**

amasilang@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 | *Share The Savings* | $ 240.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 0.37 |
| Long 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 | | $ 8,545.22 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 21,026.36 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 110,388.15 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12436

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JEDIDAH MUTURI** jmuturi@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 55 % 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 | $ 0.37 |
| Long Term Disability | $ 53.37 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,600.71 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 35,036.78 |
| ****Base Wages** | $ 28,240.87 |
| **TOTAL Investment In You** | $ 63,277.65 |
| **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 # 12437

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RIA RICALDE**

rricalde@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 60 % 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 | $ 0.37 |
| Long Term Disability | $ 52.00 |
| 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 | $ 2,106.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 41,951.41 |
| ****Base Wages** | $ 27,539.20 |
| **TOTAL Investment In You** | $ 69,490.61 |
| **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 # 12438

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ALBERT OHM VENZON**

avenzon@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 | |
| Dental | |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 53.38 |
| 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 | $ 3,600.71 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 12,791.08 |
| ****Base Wages** | $ 28,240.87 |
| **TOTAL Investment In You** | $ 41,031.94 |

**TOTAL Paid Time Off Days: 36 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 # 12441

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MAURISHA CHILTON**

mchilton@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 | $ 10,517.78 |
| Dental | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 59.20 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,423.40 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,483.96 |
| ****Base Wages** | $ 31,325.26 |
| **TOTAL Investment In You** | $ 54,809.22 |
| **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 # 12452

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LUZ SEQUINO**

lsequino@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 | |
| 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 | $ 9,203.65 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,471.46 |
| ****Base Wages** | $ 128,044.80 |
| **TOTAL Investment In You** | $ 146,516.26 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12455

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LAURA WHITTEN**

lwhitten@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 | $ 7,995.78 |
| 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 | $ 9,252.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,140.63 |
| ****Base Wages** | $ 78,827.67 |
| **TOTAL Investment In You** | $ 105,968.31 |

**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 # 12467

HAYWARD WELLNESS - WINTON

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MEETA SAXENA**

msaxena@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 | $ 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 | $ 10,432.71 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 51,328.22 |
| ****Base Wages** | $ 170,246.17 |
| **TOTAL Investment In You** | $ 221,574.39 |

**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 # 12468

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AUBREE LARSON**

aularson@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 | $ 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 | $ 9,278.62 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,560.35 |
| ****Base Wages** | $ 133,215.47 |
| **TOTAL Investment In You** | $ 167,775.83 |

**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 # 12472

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARY ANN GUINTO**

mguinto@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 | $ 15,983.76 |
| 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 | $ 8,032.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,502.43 |
| ****Base Wages** | $ 105,000.06 |
| **TOTAL Investment In You** | $ 139,502.50 |

**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 # 12473

WATERS EDGE

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AMAUCHE LEBEKE**

alebeke@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 | *Share The Savings* | $ 3,000.00 |
| Dental | | $ 0.00 |
| Vision Reimbursement (fiscal yr 2016) | | $ 0.00 |
| Employer Paid Life | | $ 9.62 |
| Long Term Disability | | $ 52.05 |
| 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 | | $ 2,106.75 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 14,295.79 |
| ****Base Wages** | $ 27,539.20 |
| **TOTAL Investment In You** | $ 41,834.99 |

**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 # 12474

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SABINA LIMBU**

sablimbu@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 | $ 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 | $ 8,185.13 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 39,707.90 |
| ****Base Wages** | $ 85,596.16 |
| **TOTAL Investment In You** | $ 125,304.06 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12476

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SPENCER STECZ**

sstecz@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 | $ 96.64 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,346.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,739.99 |
| ****Base Wages** | $ 51,130.87 |
| **TOTAL Investment In You** | $ 75,870.86 |
| **TOTAL Paid Time Off Days:** | **29 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 # 12477

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**LADY DIANA TING**

ldting@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 | | $ 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 | | $ 8,185.13 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 22,314.02 |
| ****Base Wages** | $ 85,596.16 |
| **TOTAL Investment In You** | $ 107,910.18 |

**TOTAL Paid Time Off Days:** **32 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 # 12480

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RONANGEL ROJAS**

rrojas@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 0.37 |
| Long Term Disability | $ 110.09 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 7,426.96 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 27,529.15 |
| ****Base Wages** | $ 58,250.65 |
| **TOTAL Investment In You** | $ 85,779.80 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12481

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MYRON MOYE**

mimoye@alamedahealthsystem.org

**Alameda makes benefit contributions in the amount of 7 % 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 | $ 2,811.12 |
| Long Term Disability | $ 1,427.33 |
| 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 | $ 12,523.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,889.33 |
| ****Base Wages** | $ 357,000.18 |
| **TOTAL Investment In You** | $ 382,889.50 |

**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 # 12487

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GARTH HUBERTY**

ghuberty@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 | $ 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 | $ 9,203.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 49,135.73 |
| ****Base Wages** | $ 127,999.87 |
| **TOTAL Investment In You** | $ 177,135.60 |

**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 # 12490

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ROLANDO REYES**

roreyes@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 | $ 94.21 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,813.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 35,299.26 |
| ****Base Wages** | $ 49,844.50 |
| **TOTAL Investment In You** | $ 85,143.76 |

**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 # 12491

FAIRMONT HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**TARA SMITH**

tsmith@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 | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 94.21 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,813.10 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 21,669.28 |
| ****Base Wages** | $ 49,844.50 |
| **TOTAL Investment In You** | $ 71,513.78 |

**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 # 12493

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SETH SCHER**

sscher@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 | | $ 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 | | $ 8,218.55 |
| Workers' Compensation Insurance | | $ 1,622.40 |
| Federal Unemployment | | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 20,726.36 |
| ****Base Wages** | $ 107,432.00 |
| **TOTAL Investment In You** | $ 128,158.36 |

**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 # 12494

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**YI-CHIH PENG**

ycpeng@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 | $ 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 | $ 9,609.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,482.03 |
| ****Base Wages** | $ 156,000.00 |
| **TOTAL Investment In You** | $ 196,482.03 |

**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 # 12496

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**GERALDINE WONG**

gewong@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 | $ 10,517.78 |
| Dental | $ 1,861.08 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 88.26 |
| 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 | $ 3,572.55 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,176.66 |
| ****Base Wages** | $ 46,699.95 |
| **TOTAL Investment In You** | $ 71,876.61 |
| **TOTAL Paid Time Off Days:** | **32 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 # 12497

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**JOHN ELLENBERG** jellenberg@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 | $ 8,985.16 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 18,235.55 |
| ****Base Wages** | $ 70,471.81 |
| **TOTAL Investment In You** | $ 88,707.36 |
| **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 # 12500

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**SHEILA LYZWA**

slyzwa@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 | $ 29,766.62 |
| Dental | $ 898.30 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 1,778.92 |
| Long Term Disability | $ 1,427.33 |
| 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 | $ 10,972.00 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 53,970.55 |
| ****Base Wages** | $ 250,000.19 |
| **TOTAL Investment In You** | $ 303,970.74 |

**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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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12502

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**DAVID GARDNER**

dgardner@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 | $ 8,522.47 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,027.82 |
| ****Base Wages** | $ 111,404.80 |
| **TOTAL Investment In You** | $ 151,432.62 |

**TOTAL Paid Time Off Days:** **25 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 # 12503

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ANGELA SPANGLER**

aspangler@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 | $ 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 | $ 4,972.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 25,104.67 |
| ****Base Wages** | $ 65,000.00 |
| **TOTAL Investment In You** | $ 90,104.67 |

**TOTAL Paid Time Off Days: 39 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 # 12506

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**EVA GUARDADO**

eguardado@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 | $ 15,983.76 |
| Dental | $ 1,218.36 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 113.13 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 7,631.46 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 34,083.69 |
| ****Base Wages** | $ 59,854.58 |
| **TOTAL Investment In You** | $ 93,938.27 |
| **TOTAL Paid Time Off Days:** | **32 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12507

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**AVEGAIL FABIAN**

afabian@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 | $ 8,545.22 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 28,955.85 |
| ****Base Wages** | $ 89,361.79 |
| **TOTAL Investment In You** | $ 118,317.64 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12511

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**ARTHUR SANTOS** arsantos@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 | $ 105.23 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,259.48 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 45,129.41 |
| ****Base Wages** | $ 55,679.52 |
| **TOTAL Investment In You** | $ 100,808.93 |
| **TOTAL Paid Time Off Days:** | **29 Days** |
| ***Total Accrued PTO/Vacation/Sick/Holiday per year*** | |

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12515

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**NEEMA PATEL**

npatel@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 | $ 9,265.25 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 40,770.60 |
| ****Base Wages** | $ 132,293.20 |
| **TOTAL Investment In You** | $ 173,063.80 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12516

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**RICHARD CHRISTENSEN** rchristensen@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) | $ 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 | $ 3,696.50 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 20,973.90 |
| ****Base Wages** | $ 48,320.27 |
| **TOTAL Investment In You** | $ 69,294.17 |

**TOTAL Paid Time Off Days: 36 Days**
***Total Accrued PTO/Vacation/Sick/Holiday per year***

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Should you have any questions after reviewing your personalized statement, please contact the Benefits Department at 510-346-7557. We will assist in answering your questions or direct your call to the appropriate department.

I am proud to have served you over the past 9+ years and thank you for your continued commitment and care for your colleagues, our patients, and the communities that we serve.

Jeanette Louden-Corbett
Chief Human Resources Officer

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12520

SAN LEANDRO HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**MARKIS MITCHELL**

marmitchell@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 | $ 96.64 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 4,346.12 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,739.99 |
| ****Base Wages** | $ 51,130.87 |
| **TOTAL Investment In You** | $ 75,870.86 |

**TOTAL Paid Time Off Days: 38 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 # 12527

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**WING KI LEUNG**

wleung@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 | $ 10,517.78 |
| Dental | $ 642.46 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 44.62 |
| Flexible Spending Account Costs | $ 59.28 |
| Annual Cobra Flex Admin Costs | $ 3.73 |
| Vacation/PTO Sell-Back (fiscal yr 2016) | $ 0.00 |
| Tuition Reimbursement (fiscal yr 2016) | $ 0.00 |
| EAP Account Costs | $ 21.96 |
| Medicare & Social Security Tax | $ 3,611.75 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 23,953.60 |
| ****Base Wages** | $ 23,606.23 |
| **TOTAL Investment In You** | $ 47,559.83 |
| **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 # 12529

ALAMEDA HOSPTIAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BILLY VANCE**

bvance@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 | |
| Dental | |
| 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 | $ 7,840.83 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |

| | |
|---|---|
| **Alameda's Benefit Contribution** | $ 17,091.22 |
| ****Base Wages** | $ 81,995.60 |
| **TOTAL Investment In You** | $ 99,086.82 |

**TOTAL Paid Time Off Days:** **32 Days**

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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ALAMEDA HEALTH SYSTEM

# 2016

Employee ID # 12531

HIGHLAND HOSPITAL

## THANK YOU FOR ALL THAT YOU DO FOR ALAMEDA HEALTH SYSTEM

**BOB WANG**

bobwang@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 | $ 346.58 |
| Vision Reimbursement (fiscal yr 2016) | $ 0.00 |
| Employer Paid Life | $ 9.62 |
| Long Term Disability | $ 91.43 |
| 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 | $ 4,111.76 |
| Workers' Compensation Insurance | $ 1,622.40 |
| Federal Unemployment | $ 420.00 |
| **Alameda's Benefit Contribution** | $ 24,204.53 |
| ****Base Wages** | $ 53,748.45 |
| **TOTAL Investment In You** | $ 77,952.98 |
| **TOTAL Paid Time Off Days:** | **36 Days** |

***Total Accrued PTO/Vacation/Sick/Holiday per year***

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