

TOP TEN HIGHEST COMPENSATED EMPLOYEES REPORT



Calendar Year: 2013

First Name: * Middle Name: Last Name: *

Contact Number: * Contact Title: * Contact Email: *

[A] Employee Name	[B] Title	[C] Specialty (Physician Only)	[D] Base Compensation	[E] Bonus & Incentive Compensation	[F] Other Reportable Compensation	[G] Retirement & Other Deferred Compensation	[H] Nontaxable Benefits	[I] Position Total	[J] Employee Total	[K] Employee Status
1 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
2 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
3 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
4 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
5 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
6 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
7 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
8 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
9 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -
10 Enter Employee	Select Title -	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology	0	0	0	0	0			Status -