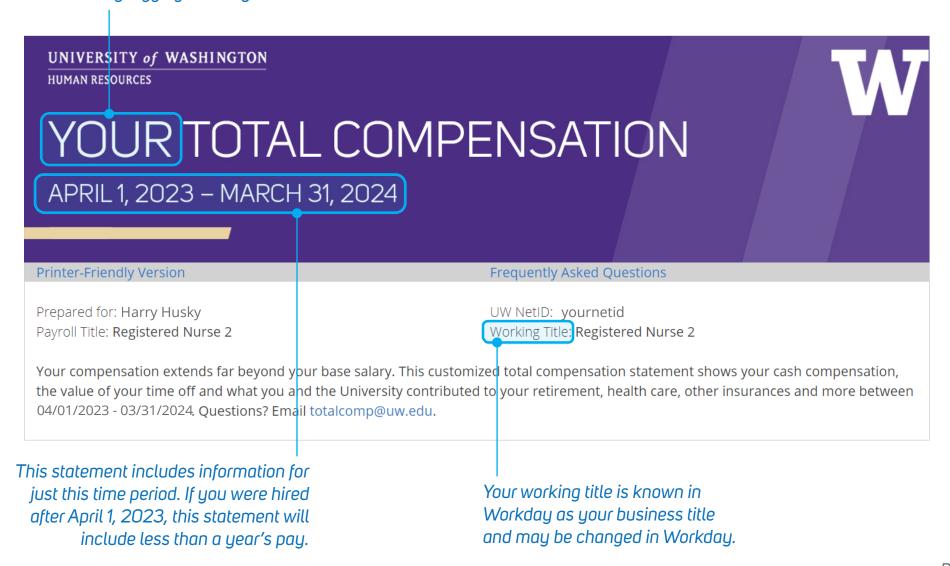
## SAMPLE TOTAL COMPENSATION STATEMENT

This sample is provided to help you better understand the different fields and line items; the figures used in this statement are not based on an actual employee.

Only you can see your customized statement by logging in with your UW NetID.



This section reflects all the pay you received, regardless of type (regular, holiday, overtime, etc.). If you held at least one regular staff position with an FTE of 0.5 or greater on March 31, 2024, the statement includes earnings for all positions you held from April 1, 2023 – March 31, 2024.

If you experienced a job or classification change during the time period covered by this statement, or if you worked in more than one position, you will see a note here: "You have mutliple positions contributing to this compensation statement."

| • | ▼ Compensation         |                                    |                            |                       |  |
|---|------------------------|------------------------------------|----------------------------|-----------------------|--|
|   |                        |                                    |                            |                       |  |
|   | YOUR CASH COMPENS      | ATION                              |                            |                       |  |
|   | Your total cash compen | sation for this time period includ | es the 196.00 hours you us | sed as paid time off. |  |
|   |                        |                                    |                            |                       |  |
|   |                        |                                    | Hours                      | Total                 |  |
|   | Base Pay               |                                    |                            |                       |  |
|   | Regular Earnings       |                                    | 1900.00                    | \$76,000.00           |  |
|   | Paid Holiday           |                                    | 45.00                      | \$1,800.00            |  |
| I | Personal Holiday       |                                    | 8.00                       | \$320.00              |  |
| T | Sick Time Off          |                                    | 79.00                      | \$3,160.00            |  |
|   | Vacation Time Off      |                                    | 64.00                      | \$2,560.00            |  |
|   | Shift Differential     |                                    |                            |                       |  |
|   | Shift Differential     |                                    | 42.00                      | <b>#</b> F4.00        |  |
|   | Night Shift            |                                    | 12.00                      | \$51.00               |  |
|   | Night Shift Permanent  |                                    | 316.00                     | \$1,343.00            |  |
|   |                        |                                    |                            |                       |  |

Many staff will only see the Base Pay section; some will also have an Overtime section (see next page). Healthcare workers will likely have many different earnings, as shown on this page and the next page.

Nurses, along with other healthcare workers and some other classified staff, may have a variety of earnings, such as Premium Pay or Shift Differential (previous page). This statement shows the value of these different earnings.

| Premium Pay              | Hours   | Total       |
|--------------------------|---------|-------------|
| BSN Premium              | 1500.00 | \$1,500.00  |
| Call Back Pay            | 8.00    | \$320.00    |
| Certification Pay        | 1500.00 | \$1,875.00  |
| Certification Premium OT | 100.00  | \$63.00     |
| Regular Standby          | 31.00   | \$124.00    |
| Weekend Premium          | 200.00  | \$800.00    |
| Weekend Premium OT       | 5.00    | \$30.00     |
| Overtime                 |         |             |
| Overtime                 | 60.00   | \$4,470.00  |
| Other                    |         |             |
| Holiday Credit Payout    | 7.00    | \$316.75    |
| Total Cash Compensation  |         | \$94,732.75 |
|                          |         |             |

Your W-2 and Total Compensation Statement cover different time periods, so they will not match. The W-2 is for Jan. 1 – Dec. 31; this statement is for April 1, 2023 – March 31, 2024.

Five employer-sponsored benefits (starred below) contribute to this calculation: Basic Retirement, Medical, Dental, Life Insurance, and Long Term Disability. The "UW pays" percentage is derived from the sum of the UW contributions to those five benefits, divided by the sum of your contributions and UW's contributions to those five benefits.

## YOUR UW EMPLOYEE BENEFITS

UW pays 78% of your employer-sponsored benefits (basic retirement, medical, dental, life and long term disability insurance).

|                                   | Your Contribution | UW Contribution |
|-----------------------------------|-------------------|-----------------|
| Basic Retirement - PERS 2 🗘       | \$4,736.64        | \$9,578.00      |
| Voluntary Retirement, VIP         | \$12,000          | not applicable  |
| Voluntary Retirement, DCP         | not utilized      | not applicable  |
| Medical - UMP Plus - UW CAN       | \$780.50          | \$10,348.11     |
| Dental - Uniform Dental Plan 🕏    | \$0.00            | \$958.20        |
| Flexible Spending Account         | not utilized      | not applicable  |
| Life Insurance 😂                  | \$66.72           | \$47.49         |
| Long Term Disability 🗘            | \$285.54          | \$25.20         |
| Dependent Care Assistance Program | not utilized      | not applicable  |
| Total Benefits                    | \$17,802.68       | \$20,957.00     |
|                                   |                   |                 |

This statement reflects only the name of the medical plan in which you were enrolled as of March 31, 2024. However, all premium contributions for all plans are included in the sums represented.

How much you and the UW contribute to your benefits package is based, in part, on specific benefits selections you've made.

## ▼ Taxes

## **YOUR TAXES**

|  | Your Contribution | UW Contribution |
|--|-------------------|-----------------|
| Paid Family And Medical Leave                  | \$172.00          | \$101.00        |
| Washington Cares Fund                          | \$0.00            | not applicable  |
| Social Security And Medicare                   | \$8,105.00        | \$8,105.00      |
| Federal Withholding                            | \$13,262.00       | not applicable  |
| Other (e.g. Worker's Comp, Out of State, etc.) | \$181.00          | \$480.00        |
| Total Taxes                                    | \$21,720.00       | \$8,686.00      |

CASH COMPENSATION + EMPLOYER PAID BENEFITS + EMPLOYER PAID TAXES =

above

UW contributes 31%

cash compensation

YOUR TOTAL COMPENSATION: \$124,375.75

Questions? email totalcomp@uw.edu

THANK YOU FOR CHOOSING TO WORK AT THE UNIVERSITY OF WASHINGTON

The total compensation amount shown on your customized statement shows your earnings, the amounts paid by UW for your benefits, and the amounts paid by UW for your taxes. Together, those are the value of your total compensation.

This percentage is calculated by dividing the amount of Your Total Compensation (to the left) by your Total Cash Compensation (see page 3).