

## Outside Employment Filers - 2017 Tax Year

### PUBLIC HEALTH TRUST

| Name                   | Department | Form Filed   | Filed Date | Accepted  |
|------------------------|------------|--------------|------------|-----------|
| ANCAJIMA, RICARDO      |            | OE REQUEST   | 07-18-2018 | Y         |
| ASPRER, BONIFACIO      |            | OE REQUEST   | 09-14-2018 | Y         |
| BRUNSON, ADAM          |            | OE STATEMENT | 04-04-2018 | Y         |
| DARIUS, PIERRE         |            | OE REQUEST   | 01-30-2018 | Y         |
| FRAHUS, SARAH          |            | OE STATEMENT | 05-03-2018 | Y         |
| GARCIA VAZQUEZ, BELKIS |            | OE STATEMENT | 08-28-2018 | Y         |
| GILHOOL, AMANDA        |            | OE STATEMENT | 05-09-2018 | Y         |
| GUZMAN, KEMEL          |            | OE REQUEST   | 08-17-2018 | Y         |
| LOGAN, ANA             |            | OE STATEMENT | 06-02-2018 | Y         |
| LOPEZ - CIRO, JOHANNA  |            | OE STATEMENT | 05-01-2018 | Y         |
| MATTIS, TANYA          |            | OE STATEMENT | 03-07-2018 | Y         |
| POWELL, CAROL          |            | OE REQUEST   | 10-16-2018 | Y         |
| RODRIGUEZ, LEHANA      |            | OE STATEMENT | 05-18-2018 | Y         |
| SIERRA, JENNIFER       |            | OE STATEMENT | 04-27-2018 | Y         |
| UHYAR, STEPAN          |            | OE STATEMENT | 07-18-2018 | Y         |
| VIDES, EDWIN           |            | OE STATEMENT | 07-16-2018 | Y         |
| WALLIS, MACKENZIE      |            | OE STATEMENT | 07-09-2018 | Y         |
| WASHINGTON, KIMBERLY   |            | OE STATEMENT | 08-21-2018 | Y         |
| ZAMBRANA, DAVID        |            | OE STATEMENT | 06-29-2018 | Y         |
| <b>TOTAL FOR</b>       |            |              |            | <b>19</b> |

# Outside Employment Filers - 2017 Tax Year



## PUBLIC HEALTH TRUST

| Name                                      | Department                    | Form Filed   | Filed Date | Accepted |
|---|-------------------------------|--------------|------------|----------|
| <b>BEHAVIORAL TREATMENT</b>               |                               |              |            |          |
| ADEBAWORIN, GREGORY                       | BEHAVIORAL TREATMENT          | OE STATEMENT | 06-28-2018 | Y        |
| <b>TOTAL FOR BEHAVIORAL TREATMENT</b>     |                               |              |            | <b>1</b> |
| <b>BH PATIENT CARE SVCS</b>               |                               |              |            |          |
| ELLIS, HORACE                             | BH PATIENT CARE SVCS          | OE STATEMENT | 07-05-2018 | Y        |
|   | BH PATIENT CARE SVCS          | OE STATEMENT | 06-26-2018 | Y        |
| <b>TOTAL FOR BH PATIENT CARE SVCS</b>     |                               |              |            | <b>2</b> |
| <b>BH SOCIAL WORK</b>                     |                               |              |            |          |
| PEDROSA, NOBEL                            | BH SOCIAL WORK                | OE STATEMENT | 06-25-2018 | Y        |
| <b>TOTAL FOR BH SOCIAL WORK</b>           |                               |              |            | <b>1</b> |
| <b>CENTRAL SUPPORT SERVICES</b>           |                               |              |            |          |
| MITCHELL, IRMA                            | CENTRAL SUPPORT SERVICES      | OE REQUEST   | 01-31-2018 | Y        |
| <b>TOTAL FOR CENTRAL SUPPORT SERVICES</b> |                               |              |            | <b>1</b> |
| <b>CORE LABORATORY</b>                    |                               |              |            |          |
| WONG, YIN FONG                            | CORE LABORATORY               | OE STATEMENT | 10-03-2017 | Y        |
|   | CORE LABORATORY               | OE STATEMENT | 06-13-2018 | Y        |
| <b>TOTAL FOR CORE LABORATORY</b>          |                               |              |            | <b>2</b> |
| <b>DRUG INFORMATION AND RESEARCH</b>      |                               |              |            |          |
| ARAGON, LAURA                             | DRUG INFORMATION AND RESEARCH | OE STATEMENT | 05-01-2018 | Y        |
| JEBROCK, JENNIFER                         | DRUG INFORMATION AND RESEARCH | OE STATEMENT | 05-01-2018 | Y        |
| YOUSEF, DANIEL                            | DRUG INFORMATION AND RESEARCH | OE STATEMENT | 07-18-2018 | Y        |

# Outside Employment Filers - 2017 Tax Year



## PUBLIC HEALTH TRUST

| Name   | Department                    | Form Filed   | Filed Date | Accepted |
|--|-------------------------------|--------------|------------|----------|
| YOUSEF, DANIEL                                 | DRUG INFORMATION AND RESEARCH | OE STATEMENT | 06-27-2018 | Y        |
| <b>TOTAL FOR DRUG INFORMATION AND RESEARCH</b> |                               |              |            | <b>4</b> |
| <b>EAST TOWER 3 MOTHER_BABY</b>                |                               |              |            |          |
| SEGURA, ONEIDA                                 | EAST TOWER 3 MOTHER_BABY      | OE REQUEST   | 04-18-2018 | Y        |
| <b>TOTAL FOR EAST TOWER 3 MOTHER_BABY</b>      |                               |              |            | <b>1</b> |
| <b>EAST TOWER 7A</b>                           |                               |              |            |          |
| ORELLANA, GIOCONDA                             | EAST TOWER 7A                 | OE STATEMENT | 06-02-2018 | Y        |
| <b>TOTAL FOR EAST TOWER 7A</b>                 |                               |              |            | <b>1</b> |
| <b>EMERGENCY CARE CENTER</b>                   |                               |              |            |          |
| ANTOINE, EMMANUELA                             | EMERGENCY CARE CENTER         | OE REQUEST   | 05-23-2018 | Y        |
| <b>TOTAL FOR EMERGENCY CARE CENTER</b>         |                               |              |            | <b>1</b> |
| <b>EMERGENCY MEDICAL</b>                       |                               |              |            |          |
| KAPUR, GIRISH BOBBY                            | EMERGENCY MEDICAL             | OE STATEMENT | 08-17-2018 | Y        |
| LEE, LILLY                                     | EMERGENCY MEDICAL             | OE STATEMENT | 08-06-2018 | Y        |
| SUPINO, MARK                                   | EMERGENCY MEDICAL             | OE STATEMENT | 09-19-2018 | Y        |
| <b>TOTAL FOR EMERGENCY MEDICAL</b>             |                               |              |            | <b>3</b> |
| <b>HEALTH INFORMATION MANAGEMENT</b>           |                               |              |            |          |
| BLACK, JESSENIA                                | HEALTH INFORMATION MANAGEMENT | OE STATEMENT | 04-17-2018 | Y        |
|  | HEALTH INFORMATION MANAGEMENT | OE REQUEST   | 04-17-2018 | Y        |
| DAVIS, CHAKINA                                 | HEALTH INFORMATION MANAGEMENT | OE STATEMENT | 06-26-2018 | Y        |
| ROZIER, GLORIA                                 | HEALTH INFORMATION MANAGEMENT | OE REQUEST   | 04-16-2018 | Y        |
| <b>TOTAL FOR HEALTH INFORMATION MANAGEMENT</b> |                               |              |            | <b>4</b> |

## Outside Employment Filers - 2017 Tax Year

### PUBLIC HEALTH TRUST

| Name  | Department                     | Form Filed   | Filed Date | Accepted |
|---|--------------------------------|--------------|------------|----------|
| <b>HRMS HUMAN RESOURCE MGMT SYS</b>             |                                |              |            |          |
| FULLER, G LANCE                                 | HRMS HUMAN RESOURCE MGMT SYS   | OE REQUEST   | 09-14-2018 | Y        |
|   | HRMS HUMAN RESOURCE MGMT SYS   | OE REQUEST   | 09-14-2018 | Y        |
| <b>TOTAL FOR HRMS HUMAN RESOURCE MGMT SYS</b>   |                                |              |            | <b>2</b> |
| <b>NEWBORN INTENSIVE CARE</b>                   |                                |              |            |          |
| DAVIS, RHEA                                     | NEWBORN INTENSIVE CARE         | OE STATEMENT | 01-26-2018 | Y        |
| FOWLER, OLIVE                                   | NEWBORN INTENSIVE CARE         | OE STATEMENT | 04-24-2018 | Y        |
| <b>TOTAL FOR NEWBORN INTENSIVE CARE</b>         |                                |              |            | <b>2</b> |
| <b>OCCUPATIONAL THERAPY</b>                     |                                |              |            |          |
| URRUELA, TRACILYN                               | OCCUPATIONAL THERAPY           | OE STATEMENT | 06-27-2018 | Y        |
| <b>TOTAL FOR OCCUPATIONAL THERAPY</b>           |                                |              |            | <b>1</b> |
| <b>PALLIATIVE CARE</b>                          |                                |              |            |          |
| ZAWADZKI, CEZARY                                | PALLIATIVE CARE                | OE STATEMENT | 06-26-2018 | Y        |
| <b>TOTAL FOR PALLIATIVE CARE</b>                |                                |              |            | <b>1</b> |
| <b>PEDI ER</b>                                  |                                |              |            |          |
| MERISIER, MIRDA                                 | PEDI ER                        | OE STATEMENT | 07-02-2018 | Y        |
| <b>TOTAL FOR PEDI ER</b>                        |                                |              |            | <b>1</b> |
| <b>PEDI TRANSPLANT/SURGERY UNIT (</b>           |                                |              |            |          |
| ZHANG, ZHI JUN                                  | PEDI TRANSPLANT/SURGERY UNIT ( | OE STATEMENT | 05-21-2018 | Y        |
| <b>TOTAL FOR PEDI TRANSPLANT/SURGERY UNIT (</b> |                                |              |            | <b>1</b> |

## Outside Employment Filers - 2017 Tax Year

### PUBLIC HEALTH TRUST

| Name                                      | Department               | Form Filed   | Filed Date | Accepted |
|---|--------------------------|--------------|------------|----------|
| <b>PEDIATRIC INTENSIVE CARE</b>           |                          |              |            |          |
| DAVIS-SEARS, BARBARA                      | PEDIATRIC INTENSIVE CARE | OE STATEMENT | 03-20-2018 | Y        |
| <b>TOTAL FOR PEDIATRIC INTENSIVE CARE</b> |                          |              |            | <b>1</b> |
| <b>PERSONNEL ADMINISTRATION</b>           |                          |              |            |          |
| CANTILLO, LISSETTE                        | PERSONNEL ADMINISTRATION | OE STATEMENT | 09-19-2018 | Y        |
|   | PERSONNEL ADMINISTRATION | OE STATEMENT | 09-19-2018 | Y        |
| <b>TOTAL FOR PERSONNEL ADMINISTRATION</b> |                          |              |            | <b>2</b> |
| <b>PHYSICAL THERAPY</b>                   |                          |              |            |          |
| TORRES, JUANA                             | PHYSICAL THERAPY         | OE STATEMENT | 06-27-2018 | Y        |
| WONG, THERESA                             | PHYSICAL THERAPY         | OE STATEMENT | 06-27-2018 | Y        |
| <b>TOTAL FOR PHYSICAL THERAPY</b>         |                          |              |            | <b>2</b> |
| <b>PURCHASING</b>                         |                          |              |            |          |
| GUADALUPE, LOUIS                          | PURCHASING               | OE REQUEST   | 03-15-2018 | Y        |
|   | PURCHASING               | OE REQUEST   | 03-29-2018 | Y        |
| MALDONADO, JOE                            | PURCHASING               | OE REQUEST   | 05-25-2018 | Y        |
|   | PURCHASING               | OE STATEMENT | 05-31-2018 | Y        |
|   | PURCHASING               | OE STATEMENT | 06-21-2018 | Y        |
| <b>TOTAL FOR PURCHASING</b>               |                          |              |            | <b>5</b> |
| <b>RECOVERY UNIT</b>                      |                          |              |            |          |
| ALMASQUE, INELOY                          | RECOVERY UNIT            | OE STATEMENT | 05-22-2018 | Y        |
| <b>TOTAL FOR RECOVERY UNIT</b>            |                          |              |            | <b>1</b> |

# Outside Employment Filers - 2017 Tax Year



## PUBLIC HEALTH TRUST

| Name                                 | Department          | Form Filed   | Filed Date | Accepted |
|--------------------------------------|---------------------|--------------|------------|----------|
| <b>REN GAMBRO CENTER</b>             |                     |              |            |          |
| MARZOUCA, NATALIE                    | REN GAMBRO CENTER   | OE STATEMENT | 07-18-2018 | Y        |
| <b>TOTAL FOR REN GAMBRO CENTER</b>   |                     |              |            | <b>1</b> |
| <b>RESPIRATORY THERAPY</b>           |                     |              |            |          |
| JOUISSANCE, RAYMONDE                 | RESPIRATORY THERAPY | OE STATEMENT | 06-25-2018 | Y        |
| <b>TOTAL FOR RESPIRATORY THERAPY</b> |                     |              |            | <b>1</b> |
| <b>SPEECH THERAPY</b>                |                     |              |            |          |
| LANGHAUSER, KAREN                    | SPEECH THERAPY      | OE STATEMENT | 06-27-2018 | Y        |
| <b>TOTAL FOR SPEECH THERAPY</b>      |                     |              |            | <b>1</b> |
| <b>SUPPLY DISTRIBUTION</b>           |                     |              |            |          |
| LEE, SANDRA                          | SUPPLY DISTRIBUTION | OE STATEMENT | 09-14-2018 | Y        |
| <b>TOTAL FOR SUPPLY DISTRIBUTION</b> |                     |              |            | <b>1</b> |
| <b>SURGERY SEPARATE</b>              |                     |              |            |          |
| OSPITIA, ALEXIS                      | SURGERY SEPARATE    | OE REQUEST   | 09-14-2018 | Y        |
|                                      | SURGERY SEPARATE    | OE REQUEST   | 08-13-2018 | Y        |
| <b>TOTAL FOR SURGERY SEPARATE</b>    |                     |              |            | <b>2</b> |
| <b>TRANSPLANT CLINIC</b>             |                     |              |            |          |
| KEEGAN, TARA                         | TRANSPLANT CLINIC   | OE STATEMENT | 08-10-2018 | Y        |
| <b>TOTAL FOR TRANSPLANT CLINIC</b>   |                     |              |            | <b>1</b> |

**Outside Employment Filers - 2017 Tax Year**



**PUBLIC HEALTH TRUST**

| <b>Name</b>                  | <b>Department</b>            | <b>Form Filed</b> | <b>Filed Date</b> | <b>Accepted</b> |
|------------------------------|------------------------------|-------------------|-------------------|-----------------|
| <b>TRAUMA ADMINISTRATION</b> |                              |                   |                   |                 |
| HOUGHTON, DOUGLAS            | TRAUMA ADMINISTRATION        | OE REQUEST        | 06-12-2018        | Y               |
| <b>TOTAL FOR</b>             | <b>TRAUMA ADMINISTRATION</b> |                   |                   | <b>1</b>        |