

SJCPHD #2
Commissioner Compensation Policy

**SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT #2
LOPEZ ISLAND HOSPITAL DISTRICT
(LIHD)**



COMMISSIONER COMPENSATION POLICY

ADOPTED
10.23.2019

I. Compensation and Reimbursement for Board and Committee Meetings:

The LIHD encourages Commissioners to take advantage of opportunities to be informed concerning matters of interest to the District, and to inform others of the activities and interests of the District. In support of these activities, Commissioners of the LIHD are entitled to compensation for each day's attendance at meetings of the Board, or for each day's service rendered as a member of the Board by request of the Board, as provided for in this policy.

The amount of compensation a Commissioner receives is addressed in [RCW 70.44.050](#), which provides in part:

Each commissioner shall receive ninety dollars for each day or portion thereof spent in actual attendance at official meetings of the district commission, or in performance of other official services or duties on behalf of the district, to include meetings of the commission of his or her own district, or meetings attended by one or more commissioners of two or more districts called to consider business common to them, except that the total compensation paid to such commissioner during any one year shall not exceed eight thousand six hundred forty dollars. The commissioners may not be compensated for services performed of a ministerial or professional nature.

The Commissioner compensation rate is set every five years, and the dollar thresholds for are adjusted for inflation by the WA State Office of Financial Management (OFM), based upon changes in the consumer price index. In addition to a per diem, there is also an annual maximum paid during any one year that is also subject to periodic adjustment.

Commissioners of the LIHD will be compensated for attending the following types of meetings, either in person or remotely by phone or video conference:

- a. Regular meetings of the Board of Commissioners of the District;
- b. Meetings of Committees of the Board of Commissioners of the District, as a Committee member or alternate Committee member;
- c. Meetings of Associations and other organizations of which the District is a member or participant, as the liaison representative of the Board and/or the liaison representative alternate who has been appointed to represent the District on the governmental entity or Committee;
- d. Meetings or office visits as requested by the Superintendent;
- e. Meetings or health care industry events of a substantial duration concerning substantive District business, as requested and approved for payment by the Superintendent or the Board Chair; and
- f. Conferences, seminars, and other events dealing with matters of interest to the District provided attendance is approved by the Board of Commissioners in advance of registering for the meeting or event.

When making any trips on official business of the Board, or in attending any conferences, Commissioners will be compensated for each day sessions are attended. If the conference is of sufficient distance and travel on the same day is unreasonable, Commissioners will be compensated for up to one travel day before and one travel day after the meeting or conference. For out of state events, attendance will be discussed in advance with the Board of

Commissioners. Whenever compensation is provided for attendance, Commissioners are expected to share what was learned with Commissioner who did not attend. This is usually scheduled as an Agenda item at the next Regular Board meeting following the conference or event.

II. Commissioner Payroll Reporting – Time Sheet Documentation

Any Commissioner may waive all or any portion of his or her compensation payable under this Policy as to any month or months during the term of office, by a written waiver filed with the Superintendent. The waiver, to be effective, must be filed any time after the Commissioner's election and prior to the date on which the compensation would otherwise be paid. The waiver shall specify the month or period of months for which it is made.

Commissioners who do not execute a waiver of compensation will be required to complete and sign a standard monthly Payroll Worksheet report. Payroll Worksheet reports must be delivered to the Superintendent on or before the 15th of the month in order to be included in the regular payroll cycle. The Superintendent will review the report for accuracy and submit an approved report to San Juan County for processing. Payroll is processed once a month on the 25th.

See Exhibit A for the District's Payroll Report Template

III. Commissioner Travel and Reimbursement Policy

It is the LIHD policy to reimburse Commissioners for any expenses incurred in the performance of his or her duties required or authorized by the Board. Expenses be reimbursed in accordance with the District's Travel and Expense Policy.

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EXHIBIT A

| | | | | | | | | | | | |
|---|---|---------------------|-----------------------------------|----------------|---------------------------------------|----------------|-------------------|--------------|---------------|------------------|--|
| DATE: | 8/8/2019 | | PAYROLL WORKSHEET (SAMPLE) | | | | | | | | |
| | MONTH 20XX (period covered X/26/XX through X/25/XX) | | | | | | | | | | |
| | PLEASE DO NOT CHANGE FORMULAS | | | | | | | | | | |
| | Lopez Island Hospital District | | | | | | | | | | |
| | | COMMISSIONER | FUND | BARS | | Meeting | REG | REG | AMOUNT | | |
| RATE | COMMISSIONER NAME | NUMBER | NUMBER | NUMBER | | Date | Type | Total | DUE | | |
| 128/day | Commissioner Name | ber 250 | 6531 | 561.00.10.0001 | | 24-Jul | Board | 1 | \$ 128.00 | | |
| 128/day | Commissioner Name | ber 250 | 6531 | 561.00.10.0001 | | 28-Jul | Quality Committee | 1 | \$ 128.00 | | |
| 128/day | Commissioner Name | ber 250 | 6531 | 561.00.10.0001 | | 5-Aug | Conference | 1 | \$ 128.00 | | |
| | TOTALS | | | | | | | 0.00 | 3 | \$ 384.00 | |
| <p>I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Lopez Island Hospital District (LIHD), and that I am authorized to authenticate and certify to said claim.</p> | | | | | | | | | | | |
| | _____ First and Last Name, Commissioner | | | | _____ Anne Presson, Superintendent | | | | | | |
| | _____ Date | | | | _____ Date | | | | | | |