

ORCAS ISLAND HEALTH CARE DISTRICT

Commissioner Compensation Policy

1. **Purpose:** This policy sets for the policy of the Orcas Island Health Care District (“District”) for compensating members of its Board of Commissioners (“Board”) in accordance with the requirements of [RCW 70.44.050](#) at the statutory rate and subject to the maximum annual compensation established by statute. Members of the Board of Commissioners (“Commissioners”) are entitled to compensation for each day’s attendance at meetings of the Board, in performance of other official services or duties on behalf of the District, or for each day’s service rendered as a member of the Board by request of the Board, as provided for in this policy.

2. **Attendance at Meetings.** Commissioners will be compensated for attending the following types of meetings, either in person or remotely by phone or video conference:

- a. Regular and special meetings of the Board;
- b. Meetings of Committees of the Board, as a 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;
- d. Meetings or office visits with the Superintendent, 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 President; and
- f. Conferences, seminars, and other events dealing with matters of interest to the District provided attendance is approved by the Board 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. Whenever compensation is provided for attendance, Commissioners are expected to provide a report at the next regular Board meeting to share what was learned.

3. **Completion of State Mandated Activities.** Commissioners will be compensated for time spent completing state mandated trainings and activities, including:

- a. Open Public Meetings and Public Records Act training
- b. Preparation of annual F1 Financial Disclosure form

4. **Waiver of Compensation.** Any commissioner may waive all or any portion of his or her compensation payable under this section as to any month or months during his or her term of office, by a written waiver filed with the District as provided in this section. 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.

5. **Commissioner Payroll Reporting – Time Sheet Documentation.** When an individual Commissioner does not execute a compensation waiver, he/she will be required to complete and sign a standard monthly payroll report. Payroll 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.

Multiple meetings in one day shall be compensated as a single meeting.

See Exhibit A for the District's Payroll Report Template

Policy adopted the 25th day of January, 2022.

EXHIBIT A

_____, 20__		PAYROLL WORKSHEET (SAMPLE)						
Period Covered XX/26/20XX through XX/25/20XX								
PLEASE DO NOT CHANGE FORMULAS								
ORCAS ISLAND HEALTH CARE DISTRICT								
RATE	COMMISSIONER NAME	NUMBER	FUND NUMBER	BARS NUMBER	ACTIVITY DATE	ACTIVITY TYPE	REG TOTAL	REG AMOUNT
128/day	Name	1234	6541	561.00.10.0001	6-Jan	Board Meeting	1	\$128
128/day	Name	1234	6541	561.00.10.0001	10-Jan	Building Committee	1	\$128
128/day	Name	1234	6541	561.00.10.0001	12-Jan	Conference	1	\$128
128/day	Name	1234	6541	561.00.10.0001	15-Jan	MPMA/PRA Trainin	1	\$128
TOTALS						0	4	\$512
<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 provided herein and that the claim is a just, due, and unpaid claim against the Orcas Island Health Care District and that I am authorized to authenticate and certify to said claim.</p>								
_____				_____			_____	
Commissioner First and Last Name				Superintendent			Audit Officer	
_____				_____			_____	
Date				Date			Date	