State Controller's Office - Division of Accounting and Reporting

Special Districts - Local Government Compensation Report - Calendar Year 2016

no (Enter 'Yes' or 'No')

Entity Name Saratoga Fire Protection District
Human Resources Web Page saratogafire.org

Employees Hold more than One Position?

'Save As' Filename 2016-12074309300.xlsx

Preparer Contact Information

Preparer Name Phone Number 408-867-9001 x2

E-mail Address	twhitley@saratogafire.org

												" Employer Contribution:"				
								Total Wa	ges Subject to I	Medicare (Box	5 of W-2):	Applicable	Retirement	Retirement Deferred		
								1	.gco oubject to .		· · · · · · · · · · · · · · · · · · ·	Defined	Plan:	Defined Benefit Compensation/		
		Elected	ted Multiple Annual Annual							Benefit	Employees'	Plan:	Defined	Health,		
		Official			Positions	Salary	Salary	Total Regular Lump Sum			Pension	Share Paid by	Employer's	Contribution	Dental,	
Line	#	Enter 'Y'	Department	Classification	Footnote	Minimum	Maximum	Pay	Overtime Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision
	1.		Administration	Business Manager			157,077	157,077								
	2.	Υ	Administration	Commissioner												2,104
	3.	Υ	Administration	Commissioner												2,104
	4.	Υ	Administration	Commissioner												2,104