State Controller's Office - Local Government Programs and Services Division

Special Districts - Government Compensation Report - Calendar Year 2022

Refer to the 2022 GCC Reporting Instructions for more details

Entity Name	Santa Clar	a - Saratoga Fire Protection Dis	strict							
Human Resources Web Page	saratogafire.org									
Employees Hold more than One Position?		(Enter 'Yes' or 'No')	'Save As' Filename	2022-12074309300.xlsx						
Do the amounts in the Defined Benefit Plan column include payment toward										
the pension unfunded liability?	No	(Enter 'Yes' or 'No')								

Preparer Contact Information

Preparer Name	Trina Whitley
Phone Number	408-867-9001
E-mail Address	twhitley@saratogafire.org

"				-	Employer Contribution:	-	-	-		-"	
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							Total Wages Subject to Medicare (Box 5 of W-2):				Retirement Plan:				
	Elected			Multiple							Applicable	Employees'	Defined Benefit	Compensation	Health,
	Position			Positions	Annual Salary	Annual Salary	Annual				Defined Benefit	Share Paid by	Plan: Employer's	/Defined	Dental,
Line #	Enter 'Y'	Department	Classification	Footnote	Minimum	Maximum	Regular Pay	Overtime Pay	Lump Sum Pay	Other Pay	Pension Formula	Employer	Share	Contribution Plan	Vision
1		Administration	Business Manager			136,882	136,882								
2.	. Y	Administration	Commissioner												1,419
3.	. Y	Administration	Commissioner												1,419
4.	. Y	Administration	Commissioner												1,419