

# Outside Employment Filers - 2019 Tax Year



## PUBLIC HEALTH TRUST

Name	Department	Form Filed	Filed Date	Accepted
ALFONSO, LUIS		OE STATEMENT	06-30-2020	Y
		OE STATEMENT	06-24-2020	Y
		OE STATEMENT	06-24-2020	Y
ARIAS, EFRAIN		OE STATEMENT	06-30-2020	Y
ASPRER, BONIFACIO		OE STATEMENT	06-26-2020	Y
BROWN, SEMONE		OE STATEMENT	03-30-2020	Y
CABRER, LUIS		OE STATEMENT	07-16-2020	Y
CROSWELL, CLAIRE		OE STATEMENT	02-10-2020	Y
DOLCE-SMITH, NESLINE		OE STATEMENT	01-27-2020	Y
ESTRADA, FELICIDAD		OE STATEMENT	07-28-2020	Y
GUTIERREZ, ELSSY		OE STATEMENT	08-13-2020	Y
HARVEY, SPENCER		OE STATEMENT	06-25-2020	Y
ILLTEUS, WESLY		OE STATEMENT	06-26-2020	Y
		OE STATEMENT	06-30-2020	Y
LEWIS, ROCHELLE		OE REQUEST	07-08-2019	Y
LONGINI, RENEE		OE STATEMENT	08-11-2020	Y
LUBIN, ROSE		OE STATEMENT	06-29-2020	Y
		OE STATEMENT	07-07-2020	Y
MEZA, CHRISTIAN		OE STATEMENT	07-23-2020	Y
PARIMALA, RAJAN		OE STATEMENT	07-15-2020	Y
RABASSA, ANDREA		OE REQUEST	03-11-2019	Y
SFORZA, DANIEL		OE STATEMENT	02-11-2020	Y
SURATON, CASSANDRA		OE REQUEST	10-21-2019	Y

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SURATON, CASSANDRA		OE REQUEST	10-21-2019	Y
TAYLOR, NADINE		OE STATEMENT	07-07-2020	Y
THOMAS, SYBIL		OE STATEMENT	02-18-2020	Y
VAN NOSTRAND, JOANNIE		OE STATEMENT	08-13-2020	Y
VIDES, EDWIN		OE STATEMENT	07-10-2020	Y
ZAMBRANA, DAVID		OE STATEMENT	06-02-2020	Y
<b>TOTAL FOR</b>				<b>29</b>
<b>10 YR EHR &amp; INFO SYS IMPLEMENT</b>				
DOMINGUEZ, CHRISTINA	10 YR EHR & INFO SYS IMPLEMENT	OE STATEMENT	09-03-2019	Y
<b>TOTAL FOR 10 YR EHR &amp; INFO SYS IMPLEMENT</b>				<b>1</b>
<b>AMBULATORY CARE PHARMACY</b>				
BROWN, GEORGIA	AMBULATORY CARE PHARMACY	OE STATEMENT	06-24-2020	Y
	AMBULATORY CARE PHARMACY	OE STATEMENT	06-29-2020	Y
JONES, NICHELLE	AMBULATORY CARE PHARMACY	OE STATEMENT	06-30-2020	Y
<b>TOTAL FOR AMBULATORY CARE PHARMACY</b>				<b>3</b>
<b>ANESTHESIA</b>				
BAZAN, DEMARKO	ANESTHESIA	OE STATEMENT	07-23-2020	Y
CORBETT, GINA	ANESTHESIA	OE STATEMENT	09-15-2020	Y
ESCOTO, ARMANDO	ANESTHESIA	OE STATEMENT	06-18-2020	Y
RUEHLMANN, CHRISTOPHER	ANESTHESIA	OE STATEMENT	07-15-2020	Y
<b>TOTAL FOR ANESTHESIA</b>				<b>4</b>

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Name	Department	Form Filed	Filed Date	Accepted
<b>CHILD LIFE</b>				
EPSTEIN, STEPHANIE	CHILD LIFE	OE STATEMENT	06-16-2020	Y
<b>TOTAL FOR CHILD LIFE</b>				<b>1</b>
<b>CORE LABORATORY</b>				
PADUA, ZENON	CORE LABORATORY	OE STATEMENT	06-30-2020	Y
WONG, YIN FONG	CORE LABORATORY	OE STATEMENT	06-29-2020	Y
<b>TOTAL FOR CORE LABORATORY</b>				<b>2</b>
<b>EAST TOWER 7B</b>				
BARRERA, MELISSA	EAST TOWER 7B	OE STATEMENT	06-30-2020	Y
<b>TOTAL FOR EAST TOWER 7B</b>				<b>1</b>
<b>EMERGENCY MEDICAL</b>				
LEE, LILLY	EMERGENCY MEDICAL	OE STATEMENT	08-13-2020	Y
SUPINO, MARK	EMERGENCY MEDICAL	OE STATEMENT	08-08-2020	Y
<b>TOTAL FOR EMERGENCY MEDICAL</b>				<b>2</b>
<b>ER PHYSICIANS</b>				
FELICIANO, CATHERINE	ER PHYSICIANS	OE STATEMENT	08-13-2020	Y
<b>TOTAL FOR ER PHYSICIANS</b>				<b>1</b>
<b>HEALTH INFORMATION MANAGEMENT</b>				
BLACK, JESSENIA	HEALTH INFORMATION MANAGEMENT	OE REQUEST	04-12-2019	Y
DAVIS, CHAKINA	HEALTH INFORMATION MANAGEMENT	OE STATEMENT	07-16-2020	Y
MARSHALL, CHELLOMET	HEALTH INFORMATION MANAGEMENT	OE REQUEST	08-23-2019	Y
<b>TOTAL FOR HEALTH INFORMATION MANAGEMENT</b>				<b>3</b>

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Name	Department	Form Filed	Filed Date	Accepted
<b>ICU SEPARATE</b>				
BENT, DONNA	ICU SEPARATE	OE STATEMENT	07-11-2020	Y
<b>TOTAL FOR ICU SEPARATE</b>				<b>1</b>
<b>JHS NURSE FLOAT POOL</b>				
MURAT, JENITA	JHS NURSE FLOAT POOL	OE REQUEST	06-03-2019	Y
<b>TOTAL FOR JHS NURSE FLOAT POOL</b>				<b>1</b>
<b>NEWBORN INTENSIVE CARE</b>				
FOWLER, OLIVE	NEWBORN INTENSIVE CARE	OE STATEMENT	04-15-2020	Y
NADAL-DEL-VALLE, IRIS	NEWBORN INTENSIVE CARE	OE STATEMENT	06-01-2020	Y
SHERADSKY, CYNTHIA	NEWBORN INTENSIVE CARE	OE REQUEST	02-27-2019	Y
<b>TOTAL FOR NEWBORN INTENSIVE CARE</b>				<b>3</b>
<b>OBSTETRICS</b>				
HING, ALICIA	OBSTETRICS	OE STATEMENT	06-24-2020	Y
	OBSTETRICS	OE STATEMENT	07-22-2020	Y
<b>TOTAL FOR OBSTETRICS</b>				<b>2</b>
<b>OCCUPATIONAL THERAPY</b>				
URRUELA, TRACILYN	OCCUPATIONAL THERAPY	OE STATEMENT	06-29-2020	Y
<b>TOTAL FOR OCCUPATIONAL THERAPY</b>				<b>1</b>
<b>PALLIATIVE CARE</b>				
ZAWADZKI, CEZARY	PALLIATIVE CARE	OE STATEMENT	08-07-2020	Y
<b>TOTAL FOR PALLIATIVE CARE</b>				<b>1</b>

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Name	Department	Form Filed	Filed Date	Accepted
<b>PATINET TRANSFER CENTER</b>				
BENNETT, CYNTHIA	PATINET TRANSFER CENTER	OE REQUEST	06-28-2019	Y
<b>TOTAL FOR PATINET TRANSFER CENTER</b>				<b>1</b>
<b>PEDI ER</b>				
MERISIER, MIRDA	PEDI ER	OE STATEMENT	07-01-2020	Y
RIOS, GABRIEL	PEDI ER	OE REQUEST	04-26-2019	Y
<b>TOTAL FOR PEDI ER</b>				<b>2</b>
<b>PHARMACY ADMINISTRATION</b>				
PASTERMAC, KAREN	PHARMACY ADMINISTRATION	OE STATEMENT	06-26-2020	Y
<b>TOTAL FOR PHARMACY ADMINISTRATION</b>				<b>1</b>
<b>PHARMACY BUSINESS OPERATIONS</b>				
GUTIERREZ, HECTOR	PHARMACY BUSINESS OPERATIONS	OE STATEMENT	06-26-2020	Y
	PHARMACY BUSINESS OPERATIONS	OE STATEMENT	06-29-2020	Y
<b>TOTAL FOR PHARMACY BUSINESS OPERATIONS</b>				<b>2</b>
<b>PHYSICAL THERAPY</b>				
KERR, CATHERINE	PHYSICAL THERAPY	OE STATEMENT	06-29-2020	Y
TORRES, EDWIN	PHYSICAL THERAPY	OE STATEMENT	07-07-2020	Y
WONG, THERESA	PHYSICAL THERAPY	OE STATEMENT	06-29-2020	Y
<b>TOTAL FOR PHYSICAL THERAPY</b>				<b>3</b>
<b>PROCUREMENT CONSTRUCTION</b>				
CARRASCO, TEODORO	PROCUREMENT CONSTRUCTION	OE REQUEST	07-12-2019	Y
<b>TOTAL FOR PROCUREMENT CONSTRUCTION</b>				<b>1</b>

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Name	Department	Form Filed	Filed Date	Accepted
<b>PURCHASING</b>				
GUADALUPE, LOUIS	PURCHASING	OE REQUEST	02-27-2019	Y
<b>TOTAL FOR PURCHASING</b>				<b>1</b>
<b>QUALITY &amp; PAT SAFETY</b>				
GARCIA, JULIO	QUALITY & PAT SAFETY	OE STATEMENT	06-18-2020	Y
<b>TOTAL FOR QUALITY &amp; PAT SAFETY</b>				<b>1</b>
<b>QUALITY ASSURANCE</b>				
ORCEL, JUDITH	QUALITY ASSURANCE	OE STATEMENT	06-22-2020	Y
	QUALITY ASSURANCE	OE STATEMENT	06-22-2020	Y
<b>TOTAL FOR QUALITY ASSURANCE</b>				<b>2</b>
<b>RADIOLOGY ADMINISTRATION</b>				
HAUBNER, ERIC	RADIOLOGY ADMINISTRATION	OE REQUEST	01-11-2019	Y
<b>TOTAL FOR RADIOLOGY ADMINISTRATION</b>				<b>1</b>
<b>REN GAMBRO CENTER</b>				
CASTRO, CARMENZA	REN GAMBRO CENTER	OE STATEMENT	06-30-2020	Y
<b>TOTAL FOR REN GAMBRO CENTER</b>				<b>1</b>
<b>RESPIRATORY THERAPY</b>				
JOUISSANCE, RAYMONDE	RESPIRATORY THERAPY	OE STATEMENT	06-10-2020	Y
<b>TOTAL FOR RESPIRATORY THERAPY</b>				<b>1</b>

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Name	Department	Form Filed	Filed Date	Accepted
<b>RESPIRATORY THERAPY UNIT</b>				
LAVANDERO, RITA	RESPIRATORY THERAPY UNIT	OE STATEMENT	07-06-2020	Y
<b>TOTAL FOR RESPIRATORY THERAPY UNIT</b>				<b>1</b>
<b>SPECIAL NURSING SVC</b>				
CAPOTE, MONICA	SPECIAL NURSING SVC	OE REQUEST	06-11-2019	Y
<b>TOTAL FOR SPECIAL NURSING SVC</b>				<b>1</b>
<b>SPEECH THERAPY</b>				
LANGHAUSER, KAREN	SPEECH THERAPY	OE STATEMENT	06-29-2020	Y
<b>TOTAL FOR SPEECH THERAPY</b>				<b>1</b>
<b>SURGICAL INTENSIVE CARE</b>				
JOHNSON, DEANNA	SURGICAL INTENSIVE CARE	OE REQUEST	07-31-2019	Y
PERROTTA, MAYRA	SURGICAL INTENSIVE CARE	OE REQUEST	07-31-2019	Y
SIERRA, MELANIE	SURGICAL INTENSIVE CARE	OE REQUEST	07-10-2019	Y
WICKS, CHRISTINA	SURGICAL INTENSIVE CARE	OE STATEMENT	06-15-2020	Y
<b>TOTAL FOR SURGICAL INTENSIVE CARE</b>				<b>4</b>
<b>TRAUMA ADMINISTRATION</b>				
HOUGHTON, DOUGLAS	TRAUMA ADMINISTRATION	OE REQUEST	06-03-2019	Y
	TRAUMA ADMINISTRATION	OE REQUEST	06-03-2019	Y
	TRAUMA ADMINISTRATION	OE STATEMENT	07-01-2020	Y
<b>TOTAL FOR TRAUMA ADMINISTRATION</b>				<b>3</b>

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<b>TRAUMA INTENSIVE CARE</b>				
PEREZ, BELKIS	TRAUMA INTENSIVE CARE	OE STATEMENT	06-10-2020	Y
	<b>TOTAL FOR</b>	<b>TRAUMA INTENSIVE CARE</b>		<b>1</b>