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June 9, 2016 7:12:34 PM CDT

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18189862299

DURATION
26

PAGES
1

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Received

01/04/2008 01:35 18189862299

LANA'S INSURANCE SER

PAGE 01/01

Golnaz Kamali

Redacted - Confidential PHI/PII

Tel: Redacted - Confidential PHI/PII

Walgreens Employee Records
employeerecords@walgreens.com
Tel: 800-825-8467
Fax: 847-315-8296

RE: My Personnel File

Please mail my entire personnel file to [Redacted - Confidential PHI/PII], CA 91416 within 30 days. My Walgreen's Employee #1158459.

Thank You,

Golnaz Kamali

6/9/16

PLAINTIFF TRIAL
EXHIBIT
P-27312_00001

July 14, 2016

Golnaz Kamali

Redacted - Confidential PHI/PII

Dear Mr. Kamali

Enclosed are the personnel records you requested.

If you have any questions, please contact Employee Records at (800) 825-5467.

Sincerely,

Walgreens Human Resources | Employee Services
Walgreen Co.
102 Wilmot Road MS#1235
Deerfield, IL 60015
Telephone 800-825-5467| Fax 847.315.8296

Enclosure(s)

WALGREENS APPLICATION FOR EMPLOYMENT - An Equal Opportunity Employer

First Name GOLNAZ	MI	Last Name KAMALI	Preferred Name	Social Security Number Redacted - Confidential PHI/PII
Street Number Redacted - Confidential PHI/PII				
City or Town State Zip Code Email Address : Redacted - Confidential PHI/PII				
Primary Telephone No. Ext Type Secondary Telephone No. Ext Type Redacted - Confidential PHI/PII				
Position Desired <input type="checkbox"/> PH1 <input type="checkbox"/> PH2 <input type="checkbox"/> PH3 <input type="checkbox"/> PH4 <input type="checkbox"/> PH5 <input type="checkbox"/> PH6 <input type="checkbox"/> PHIG <input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Management <input type="checkbox"/> CMI <input type="checkbox"/> SP1 <input type="checkbox"/> SPI2 <input type="checkbox"/> SPI3 <input type="checkbox"/> SPI4 <input type="checkbox"/> SPI5 <input type="checkbox"/> SPI6 <input checked="" type="checkbox"/> Full <input type="checkbox"/> Part-time <input type="checkbox"/> Summer/Seasonal				
Availability Are you available to work days? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Are you available to work nights? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Are you available to work weekends? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Are you available to work holidays? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Are you available to work overnights? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> When are you available to start working? 04/25/2011			License Details License #: License type: State: Expiration: 58210 Pharmacist License California 02/29/2012	
Walgreen's Policy Do you agree to be tested for drugs/alcohol as permitted by law and may be required by company policy? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Do you have legal authorization to work in the United States? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Will you now or in the future require sponsorship for an employment visa (for example, H-1B visa status)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Are you willing to submit to a criminal records background check? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Are you under 21 years of age? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Birthdate: 02/10/1984			Education College Degree State Country University of New Mexico Doctor of Pharmacy NM US Are you interested in a clinical position? YES <input type="checkbox"/> NO <input type="checkbox"/> Special credentials or Certifications:	
How did you find out about Walgreens? Walgreen Employee			Have you worked at a Walgreens store or other Walgreens facility? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Name worked under: Dates From: To: Location: Store Manager Name: Position/Department: Why did you leave Walgreens?	
Is there a family member currently working at Walgreens? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Family Member Name: Location:				
Have you ever been convicted of felony? A conviction record will not necessarily bar you from employment. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Description:				
Are you currently, or have you ever been or has the government proposed that you be disqualified or excluded from participation in third party prescription or health care programs, including Governmental Ineligibility Screening, because of convictions for program-related fraud or patient YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Description:				
Have you ever been the subject of any past or pending license suspension, revocation, or other adverse action by any licensing authority, including but not limited to any fine, penalty, reprimand, disciplinary action or probationary period (even if paid and/or resolved) imposed by any licensing authority (excluding motor vehicle violations) in this state or any other jurisdiction/state? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> When: City: Description:				
References Name Title Company Phone City: State: Relationship			Additional Reference Name Title Company Phone City: State: Relationship	

3 Most Current Employers					
Company Name	City/State	From	To	Rate of pay	Reason for leaving
Longs/CVS	santa clarita, California	8/2006	4/4	64	Other
Supervisor Name	Supervisor phone#	May we contact this employer?			
T.C. Trial	(502)552-6434	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Job Duties					
Company Name	City/State	From	To	Rate of pay	Reason for leaving
Supervisor Name	Supervisor phone#	May we contact this employer?			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Job Duties					
Company Name	City/State	From	To	Rate of pay	Reason for leaving
Supervisor Name	Supervisor phone#	May we contact this employer?			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Job Duties					
District Preferences					
D193					

Before sending your application, please review and accept the following conditions.
 In making this application for employment, and if hired, I hereby understand, certify and state that:

You have been authorized to complete online documents in connection with your interest in employment. During this process, you will be asked to "sign" one or more of the online documents with an electronic signature. Please read the following carefully regarding the electronic signature process.

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an e-signature is the electronic equivalent of a hand-written signature.

To sign a document electronically, fill out your name and the last four of your SSN and click both the " I Accept " button and the " Submit " button appearing at the bottom of the document. NOTE: Your electronic signature will not be applied to the document until you correctly complete all of these steps.

If you want to make changes in information you provided, click " Back " button on your browser. If you do not agree to sign the document electronically, click the " I do not agree " button.

When you have completed a document that requires your electronic signature, you may use your browser to view, print, or download the document before you sign it and/or after you sign it. You may contact Walgreen Co. at (866) 967-5492 for a free copy of the documents you sign. Proper identification will be required before such information is provided.

Once the signature process is completed, your electronic signature will be binding as if you had physically signed the document by hand. If at any point you would like to withdraw your consent for your electronic signature, or if you need to update information needed to contact you electronically, please contact Walgreen Co. at (866) 967-5492. Any withdrawal of consent will be effective as of the date it is received.

Please check this box if you consent to provide an electronic signature rather than a handwritten signature in connection with your request for a background check about yourself and whenever you sign documents on this website.

Electronic Signature

I understand that by typing my name and [identifying information] and by clicking on "I ACCEPT" below, and clicking on the submit button below, that I am electronically signing my employment application. By doing so I understand I am attesting to all of the information in the above application to the best of my knowledge.

By electronically signing my employment application, I am indicating that I understand that the giving of false or misleading information or the failure to give complete information requested herein or during the recruiting process, or withholding any information that might adversely affect my chances for employment, shall constitute grounds, among other things, for rejection of my application or immediate termination in the event that I am hired regardless of the time that has elapsed before it is discovered by Company, and I acknowledge that I have not provided any false, misleading, or incomplete information or otherwise withheld information that might adversely affect my chances of employment, consistent with the requirements of applicable law(s).

I understand that my electronic signatures will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.

Electronic Signature given by GOLNAZ KAMALI on 04/20/2011 at 12:00 PM Central Time.

Walgreens is an equal opportunity/affirmative action employer committed to diversity in the workforce. EOE Minorities/Women/Disabled/Veterans

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Walgreen. Co. ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by General Information Services (GIS), PO Box 353, Chapin, SC 29036 Toll-free 1-866-265-4917

Website: www.geninfo.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Walgreen. Co. by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Walgreen. Co., and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by: General Information Services (GIS), PO Box 353, Chapin, SC 29036

Toll-free: 1-866-265-4917 Website: www.geninfo.com another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: Date: 04/20/2011

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Walgreen Co. (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes.

Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be General Information Services (GIS), PO Box 353, Chapin, SC 29036 Toll-free 1-866-265-4917

Website: www.geninfo.com. The source of any credit report will be General Information Services (GIS), PO Box 353, Chapin, SC 29036 Toll-free 1-866-265-4917 Website: www.geninfo.com. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Electronic Signature given by GOLNAZ KAMALI on 04/20/2011 at 12:02:01 PM Central Time.

Walgreens is an equal opportunity/affirmative action employer committed to diversity in the workforce. EOE Minorities/Women/Disabled/Veterans

State of California

Department of Fair Employment & Housing
2014 T Street, Suite 210
Sacramento, CA 95814

Sexual Harassment Is Forbidden By Law

Sexual harassment in employment violates the provisions of the *Fair Employment and Housing Act*, specifically *Government Code sections 12940(a), (j), and (k)*.

Definition of Sexual Harassment

The Fair Employment and Housing Act defines harassment because of sex as including sexual harassment, gender harassment and harassment based on pregnancy, childbirth, or related medical conditions. The Fair Employment and Housing Commission regulations define sexual harassment as unwanted sexual advances or visual, verbal or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes harassment of a person of the same sex as the harasser. The following is a partial list:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct, e.g., leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters
- Verbal conduct, e.g., making or using derogatory comments, epithets, slurs and jokes
- Verbal sexual advances or propositions
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe

- Physical conduct, e.g. touching, assault, impeding or blocking movements

Employers' Obligations

All employers have certain obligations under the law. Employers must:

- Take all reasonable steps to prevent discrimination and harassment from occurring.
- Develop and implement a sexual harassment prevention policy.
- Post in the workplace a poster made available by the Department of Fair Employment and Housing.
- Distribute to all employees an information sheet on sexual harassment. An employer may either distribute this pamphlet (DFEH - 185) or develop an equivalent document that meets the requirements *Government Code section 12950(b)*. This pamphlet may be duplicated in any quantity. ***However, this pamphlet is not to be used in place of a sexual harassment prevention policy which all employers are required to have.***

Employer Liability

All employers are covered by the harassment section of the Fair Employment and Housing Act. If harassment occurs, an employer may be liable even if management was not aware of the harassment. An employer might avoid liability if the harasser is a rank and file employee and if the employer had no knowledge of the harassment and if there was a program to prevent harassment. If the harasser is a rank and file employee and the employer was aware of the harassment, liability may be avoided if the employer took immediate and appropriate corrective action to stop the harassment.

Employers are strictly liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel may be held personally liable for harassing an employee or co-worker or for aiding and abetting harassment.

Additionally, *Government Code section 12940(j)* requires an entity to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment.

A victim may be entitled to damages even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

Typical Sexual Harassment Cases

The three most common types of sexual harassment complaints files with the Department are those in which:

- An employee is fired or denied a job or an employment benefit because he/she refused to grant sexual favors or because he/she complained about harassment. Retaliation for complaining about harassment is illegal, even if it cannot be demonstrated that the harassment actually occurred.
- An employee quits because he/she can no longer tolerate an offensive work environment, referred to as "constructive discharge." If it is proven that a reasonable person in the victim's position, under like conditions, would resign to escape the harassment, the employer may be held responsible for the resignation as if the employee had been discharged.
- An employee is exposed to an offensive work environment. Exposure to various kinds of behavior or to unwanted sexual advances alone may constitute harassment.

Preventing Sexual Harassment

A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way to avoid or limit liability if harassment should occur despite preventive efforts.

Training of All Individuals in the Workplace

All employees should be made aware of the seriousness of violations of the sexual harassment policy. Supervisory personnel should be educated about their specific responsibilities. Rank and file employees must be cautioned against using peer pressure to discourage harassment victims from using the internal grievance procedure.

Complaint Procedure

An employer should take immediate and appropriate action when he/she knows, or should have known, that sexual harassment has occurred. An employer must take effective action to stop any further harassment and to ameliorate any effects of the harassment. To those ends, the employer's policy should include provisions to:

- Fully inform the complainant of his/her rights and any obligations to secure those rights.
- Fully and effectively investigate. The investigation must be immediate, thorough, objective and complete. All persons with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the harasser, and, as appropriate, to all others directly concerned.
- If proven, there must be prompt and effective remedial action. First, appropriate action must be taken against the harasser and communicated to the complainant. Second, steps must be taken to prevent any further harassment. Third, appropriate action must be taken to remedy the complainant's loss, if any.

How the Law is Enforced

Employees or job applicants who believe that they have been sexually harassed may, within one year of the harassment, file a complaint of discrimination with the California Department of Fair Employment and Housing.

The Department serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If the Department finds evidence of sexual harassment and settlement efforts fail, the Department may file a formal accusation against the employer and the harasser. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed on the complainant's behalf by the Department.

If the Commission finds that the harassment occurred, it can order remedies, not to exceed \$150,000 in fines or damages for emotional distress from each employer or harasser charged. In addition, the Commission may order hiring or reinstatement, back pay, promotion and changes in the policies or practices of the involved employer.

For more information, contact the Department Toll free at: (800) 884-1684

Sacramento area & out-of-state (916) 227-0551

TTY Number (800) 700-2320

or visit our website at: www.dfeh.ca.gov

Form: DFEH-185 (4/01)

WALGREENS POLICY AGAINST HARASSMENT AND DISCRIMINATION

Walgreens subscribes to a policy of equal employment opportunity, making employment decisions without regard to race, religion, national origin, marital status, citizenship, gender, age, disability, military or veteran status or discharge, sexual orientation, or HIV-positive status.

Walgreens also believes that individuals have a right to work in an environment free of verbal or physical harassment on account of race, religion, marital status, national origin, citizenship, gender, age, disability, military or veteran status or discharge, sexual orientation, HIV-positive status, or any personal characteristic. Walgreens' policy strictly prohibits any harassing conduct that affects an individual's employment, interferes with an individual's work performance, or creates an intimidating, hostile, or offensive working environment, even if the harassing behavior does not rise to the level of legally actionable conduct.

Anyone found to have violated the Walgreen Policy Against Harassment and Discrimination may be subject to serious disciplinary action up to and including termination of employment.

WHAT IS SEXUAL HARASSMENT?

Sexual harassment includes, but is not limited to:

- Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature as a condition of an employee's continued employment.
- Making a submission to or rejection of such conduct a basis for employment decisions affecting the employee.
- Creating an intimidating, hostile, or offensive working environment by verbal or physical conduct of a sexual nature.

WHAT CONSTITUTES HARASSING BEHAVIOR?

Harassing behavior may be verbal, nonverbal, or physical. Examples of inappropriate behaviors include:

- **Verbal** - Sexual innuendoes, unwelcome requests for any type of sexual favor or date, questions about personal sexual matters, sexually suggestive or discriminatory comments, epithets, slurs, insults, threats, or jokes about personal or physical traits or of a personal or physical nature.
- **Nonverbal** - Suggestive or insulting noises, leering, whistling, obscene gestures, and the posting or possession at the workplace of objects, written materials, posters, cartoons, or pictures that are of a sexually suggestive, pornographic, or discriminatory nature.
- **Physical** - Improper touching, hugging, pinching, brushing, rubbing, or massaging the body, unnecessary closeness, coercing sexual intercourse and assault, or any other intimidating or unwelcome physical contact.

It should be noted that engaging in activity of a personal or intimate sexual nature, whether or not consensual, is considered inappropriate in the workplace environment and will subject all involved to disciplinary action, up to and including termination of employment.

HOW CAN I REPORT A PROBLEM?

Employees who believe they have experienced or observed discrimination and/or harassment should report their complaint immediately to their choice of their Store Manager, District Manager, Store Operations Vice President, Loss Prevention Supervisor, the Loss Prevention Hotline at 1-800-666-5677, or the Employee Relations Department at Corporate Headquarters, (847) 914-5394. Loss Prevention and Employee Relations have both male and female staff available to investigate these matters.

Each complaint will be investigated on a priority basis, with the investigation coordinated by the Employee Relations Department. Although Walgreens must collect all relevant information, the investigation will be confidential, with disclosure made only where there is a need to know.

Decisions reached will be communicated to those involved. Walgreens encourages any employee to direct questions regarding discrimination or harassment to the Employee Relations Department and assures that this may be done without fear of retaliation. All decisions are reviewable upon request by the Vice President of Human Resources, 200 Willmot Road, Deerfield, Illinois 60015.

Everyone is encouraged to assist Walgreens in maintaining a workplace free of discrimination and/or harassment. It is only through immediate, accurate, and honest reporting of possible acts of discrimination and/or harassment that Walgreens can conduct meaningful investigations and take appropriate corrective action. Failing to cooperate with a discrimination and/or harassment investigation will be considered as serious as the report of harassment or discrimination itself and may result in termination of employment.

MANAGEMENT RESPONSIBILITIES

It is the responsibility of persons in management positions to ensure that 1) all employees are provided with a copy of the Walgreen Policy Against Harassment and Discrimination; 2) all personnel actions are administered in accordance with this policy; and 3) all concerns of discrimination and/or harassment are immediately reported in accordance with this policy. Any manager who ignores and/or knowingly conceals concerns of discrimination and/or harassment in violation of this policy will be subject to serious disciplinary action, up to and including termination of employment.

RETALIATION

Retaliation against a person who files a charge of discrimination, participates in an investigation, or opposes an unlawful employment practice, is prohibited by law. It is Walgreens' policy not to tolerate such behavior. Any employee determined to have retaliated against an individual will be subject to serious disciplinary action, up to and including termination of employment.

I have read Walgreen Co's policy regarding Sexual Harassment and Discrimination. I have also received a copy of a pamphlet from the State of California, that explains the state laws that forbid Sexual Harassment. I thoroughly understand that Sexual Harassment and Discrimination are forbidden by law and by Walgreens company policy. I also understand what behavior constitutes sexual harassment and discrimination. Furthermore, I agree to comply with the law and follow the Walgreen Co. policies regarding Sexual Harassment and Discrimination. I understand that any violation of these policies will result in disciplinary action, up to and including termination. I also understand that if I believe I have experienced or observed, observed, or been informed about any form of discrimination and/or harassment, I should report my complaint immediately to either Store Manager, or District Manager, or Store Operations Vice President, or Loss Prevention Supervisor, or the Loss Prevention Hotline at 1-800-666-5677, or the Employee Relations Department at Corporate Headquarters at (847)914-5394. This policy also applies to retaliation against a person who files a charge of discrimination, participates in an investigation, or opposes an unlawful practice.

Electronic Signature given by GOLNAZ KAMALI on 05/04/2011 at 01:28:37 PM Central Time.

Walgreens is an equal opportunity/affirmative action employer committed to diversity in the workforce. EOE Minorities/Women/Disabled/Veterans

Walgreens Substance Abuse Testing Consent/Release Agreement

I, GOLNAZ KAMALI, have read the Walgreens Co. Drug- and Alcohol-Free Workplace policy and hereby give my consent to have a specimen collected for controlled substance and/or alcohol testing. This specimen will usually be urine, but also may be (in states/counties/municipalities where allowed) breath, hair, blood, and/or saliva.

I acknowledge that in states/counties/municipalities where allowed, such testing is being done for one of the following reasons:

- as a precondition to initial employment with Walgreens. I understand that a positive result on a pre-employment urine analysis test will disqualify me from employment;

Note: For pre-employment tests, I understand that failure to report to the test site no later than 48 hours after receipt of this notice will be construed by Walgreens as a positive test result.

- as a condition for my continued employment with Walgreens. I understand that a positive result without an acceptable explanation on a "post-injury" or "reasonable suspicion" drug and/or alcohol test will result in termination of my employment with Walgreens, unless I meet eligibility requirements for a "Last Chance" agreement and follow the required compliance monitoring process;
- as a condition for my continued employment with Walgreens. I understand that a positive result without an acceptable explanation on a "random" or "return from leave" drug and/or alcohol test will result in termination of my employment with Walgreens, unless I meet eligibility requirements for a "Last Chance" agreement and follow the required compliance monitoring process.

I hereby authorize Quest Diagnostics and any of its outpatient centers, its medical personnel and/or agents, EMSI, or any agents designated by First Advantage Corporation, to obtain a specimen of my urine and/or breath, hair, blood or saliva for the purpose set forth above.

I give my permission to the collection site to release the results of my breath or blood alcohol test to Walgreens and First Advantage Corporation. I also give my permission to Quest Diagnostics and any of its outpatient centers, to release the results of my urine, hair, blood, or saliva drug test to First Advantage Corporation, who will review and report results to Walgreens. If I am an employee, I give permission to First Advantage Corporation to release any positive test results to SAP Services, who will manage my assessment and compliance monitoring.

I hereby release Walgreens, Quest Diagnostics, EMSI, and First Advantage Corporation from any and all liability arising out of the administration of said tests and the communication of the results. I understand that test results may be used to dispute unemployment compensation claims and in other legal proceedings initiated against Walgreens involving such results.

If I am an applicant, I understand that if I decline to provide a urine sample, or otherwise fail to cooperate in the testing procedure, absent adequate medical documentation providing a reasonable basis for my failure to provide a urine specimen, that I will be disqualified from employment.

If I am a current employee, I understand that if I am unable to provide an adequate urine specimen for testing, the collector will direct me to drink fluids and shall wait for up to 3 hours from the point of my initial attempt to provide an acceptable specimen. I understand that if I fail to provide a specimen after 3 hours, I will be required to seek a medical evaluation by a physician within 5 business days to certify that I have a legitimate medical condition that prevented me from providing the specimen at the time of testing. If there is no evidence of a medical condition, I understand that by not providing an acceptable specimen at the time of the collection, this will be considered a refusal to test, which is grounds for immediate termination. I also understand that by not cooperating with the collection process or by leaving without properly participating in a required post-employment drug and/or alcohol test, this will also be considered a refusal to test, which is grounds for immediate termination.

I understand that this Consent and Agreement is in addition to, and not in lieu of, any other authorization or consent which I may be required to execute prior to submitting to urine, breath, hair, blood, and/or saliva testing.

I have read and fully understand the above.

Electronic Signature given by GOLNAZ KAMALI on 04/20/2011 at 12:02:32 PM Central time.

Note: If you are under age 18 you must have your parent or legal guardian sign the Parental Consent Form below.

PARENTAL / LEGAL GUARDIAN CONSENT

I hereby acknowledge that I am the parent, legal guardian, or have legal custody of (name) _____, who is applying for a position or who is employed with Walgreens, and give my authorization for the above minor to consent to a pre-employment drug or alcohol screening test. Should my child or dependent be hired, I also give my authorization for the above minor to consent to any form of ongoing drug or alcohol screening required post employment. I authorize the release of test results to authorized Walgreens representatives, its workers compensation administrators, and First Advantage Corporation's Medical Review Officer, who may need to talk with my child/ dependent about a drug/alcohol test result. I understand that test results may be used to dispute unemployment compensation claims and in other legal proceedings initiated against Walgreens involving such results.

Signature of the Parent/Guardian

Date Signed

Printed Name of Parent/Guardian

Walgreens is an equal opportunity/affirmative action employer committed to diversity in the workforce. EOE Minorities/Women/Disabled/Veterans

A	SOC SEC #	NAME	POS	DATE	DIS	LOC	EST	FREQ	RATE	MAR	SX	FD	ST	SCHD	ST-DTE	CD	SP-DTE	TRN-DTE	MGRCO	PS	INS	B-DATE	01/06/12	
B	12AVG	52AVG	REG-HR	CT HRS	REG-OT\$	VAC HR	VAC-\$	SK-HR	SICK\$	GROSS-\$	ADJ-GROSS	FIT	FICA	MDCARE	STATE	NET PAY	CHECK #	WK#	PAY-END-DT	TAX-LIAB-DT				
C	OTHER EARNINGS	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT		
D	OTHER DEDUCTIONS	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	
			(CONTINUED)																					
D			33#	62.50		38	46.15		77	68.09														
B	42.25	41.25	.00	.00	.00	.00	.00		.00	5834.33		5771.83		1069.07	242.42		83.69		388.56		3872.68	951008116D52	121611	122311
C			MC 92	5834.33																				
D			33#	62.50		38	46.15		77	69.26														
B*	YTD	42.7	6.2	3016.40	0.00		0.00	8	492.94	83020.03		82520.03	16691.76	3465.84	1196.54	5744.70				53923.30				
C*		MC 259	77753.53	31		164.32	23	24	1434.00	98		100.00	75		3.84	37	2			55.00				
D*		77	990.24	38		507.65	33#			500.00														

A	SOC SEC #	NAME	POS	DATE	DIS	LOC	EST	FREQ	RATE	MAR	SX	FD	ST	SCHD	ST-DTE	CD	SP-DTE	TRN-DTE	MGRCO	PS	INS	B-DATE	PTO-ACCR	EMP-ID	01/03/15			
B	12AVG	52AVG	REG-HR	OT HRS	REG-OTS	PT/VC	HR	PT/VC	SK-HR	SICKS	GROSS-\$	ADJ-GROSS	FIT	PICA	MDCARE	STATE	NET PAY	CHECK #	WK#	PAY-END-DT	TAX-LTAB-DT							
C	OTHER EARNINGS	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	AMOUNT	
D	OTHER DEDUCTIONS	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	
		G	KAMALI		RPRH	1105	193	06347	0000	42	61.1000	S	F	07	05		050411	01	050411		I	BA23	021064	02031	1158492			
B	38.50	40.50	47.57	1.27	3022.92		.00	.00	12	740.53	4383.91	4063.65	563.68	251.95	58.92	198.90	2669.57	951262774D	1				122713		010314			
C			23	8.00	488.80		68			21.45	97		110.20															
D			23#		59.40		25#			11.73	31#		30.14		33#		96.16		38		46.15	50		212.61	54	1.97	77	40.42
D			97		1.97																							
B	37.50	40.25	57.83	1.38	3659.88	1.22	74.54		.00	4264.95	4058.43	564.80	251.62	58.85	199.36	2644.30	951462128D	3			U303		02031	1158492				
C			23	8.00	488.80		44			30.00	68		11.72												011014	011714		
D			30#		104.49		33#			96.16	38		46.15	50		211.16	54		4.39	77		40.47						
B	37.50	39.75	78.75	2.15	5008.68		.00	.00		5008.68	4802.16	760.25	297.73	69.63	276.64	3053.31	950173521D	5						012414	013114			
D			30#		104.49		33#			96.16	38		46.15	50		250.43	54		4.39	77		48.02						
B	37.50	39.75	79.55	3.12	5146.46		.00	.00		5179.08	4948.76	792.16	306.83	71.76	288.30	3104.46	950370276D	7			B303		02031	1158492				
C			68		32.62																				020714	021414		
D			30#		128.29		33#			96.16	38		46.15	50		257.32	54		4.39	77		49.16						
B	38.50	39.75	79.58	1.93	5039.21		.00	.00		5039.22	4761.30	748.81	295.20	69.04	272.46	3030.06	950583197D	9						022114	022814			
D			30#		128.29		33#			96.16	38		46.15	50		251.96	54		4.39	77		47.62						
B	38.75	40.25	79.65	2.25	5072.83		.00	.00		5105.45	4827.53	758.22	299.30	70.00	275.90	3043.76	950780244D	11						030714	031414			
C			68		32.62																							
D			30#		128.29		33#			96.16	38		46.15	50		253.64	54		4.39	77		47.94						
B	39.50	40.25	69.67	2.02	4441.97	8.00	488.80		.00	4930.77	4748.05	731.77	294.38	68.84	266.24	3046.65	950993128D	13						032114	032814			
D			29#		1.48		30#			47.60	31#		128.29	33#		96.16	38		46.15	50		246.54	54	4.39	77	47.48		
B	40.50	40.25	63.55	.50	3928.74	16.00	977.60		.00	4938.96	4708.64	724.93	291.94	68.28	263.74	2988.90	951190775D	15						040414	041114			
C			68		32.62																							
D			29#		1.48		31#			128.29	33#		96.16	38		46.15	50		245.32	54		4.39	77	46.76				
B	40.50	40.25	79.57	2.07	5051.44		.00	.00		5051.45	4821.13	765.56	298.91	69.90	278.58	2522.70	951409542D	17						041814	042514			
D			11		538.54		29#			1.48	31#		128.29	33#		96.16	38		46.15	50		252.57	54	4.39	77	48.22		
B	40.50	40.25	55.60	1.48	3532.80	24.00	1466.40		.00	5031.82	4801.50	750.93	297.69	69.63	273.24	2499.59	950122537D	19						050214	050914			
C			68		32.62																							
D			11		534.00		29#			1.48	31#		128.29	33#		96.16	38		46.15	50		249.96	54	4.39	77	47.69		
B	40.50	40.25	79.20	1.30	5027.24		.00	.00	61.9500	5027.24	4796.93	758.78	297.41	69.55	276.11	2513.00	950345711D	21					02031	1158492				
D			11		536.61		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		251.36	54	4.39	77	052314	47.96	
B	40.00	40.25	55.70	1.03	3546.32	13.82	656.15		.00	4930.70	4700.39	722.62	291.43	68.16	262.89	2458.99	950543002D	23						053014	050614			
C			23	8.00	495.60		68			32.62																		
D			11		525.95		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		244.90	54	4.39	77	46.68		
B	40.00	40.00	71.35	1.30	4540.93	6.08	376.66		.00	4917.59	4687.28	728.08	290.61	67.96	264.89	2468.96	950748866D	25						061314	062014			
D			11		527.88		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		245.88	54	4.39	77	46.87		
B	40.25	40.00	79.17	3.03	5186.14		.00	.00		5219.09	4988.78	803.28	309.30	72.34	292.36	2574.63	950961392D	27						062714	070314			
C			68		32.95																							
D			11		548.90		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		259.31	54	4.39	77	49.56		
B	38.50	40.00	39.65	1.48	2593.84	12.37	766.32		.00	3855.77	3625.46	459.49	224.78	52.57	156.26	2018.20	951164424D	29						071114	071814			
C			23	8.00	495.60																							
D			11		438.96		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		192.79	54	4.39	77	36.26		
B	38.75	39.50	79.80	2.98	5220.52		.00	.00		5253.48	5023.17	812.91	311.44	72.84	295.88	2588.44	951381479D	31										
C			68		32.95																							
D			11		551.63		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		261.03	54	4.39	77	49.90		
B	38.75	39.50	71.92	2.22	4661.72	8.00	495.60		.00	5157.33	4927.02	795.21	305.47	71.44	289.41	2565.22	950081825D	33										
D			11		546.98		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		257.87	54	4.39	77	49.27		
B	37.25	39.50	8.53	.77	599.98		.00	.00		3845.54	3615.23	456.93	224.15	52.42	155.22	2013.83	950296285D	36						082214	082914			
C			MC		51.60		3245.56																					
D			11		438.10		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		192.28	54	4.39	77	36.15		
B	37.50	39.00	.00	.00	.00	.00	.00		.00	5116.94	4886.63	774.83	302.97	70.85	281.97	2533.88	950495356D	38						090514	091214			
C			MC		73.41		4604.43	23	7.75	480.11	68		32.40															
D			11		540.81		29#			1.48	31#		128.29	33#		96.15	38		46.15	50		254.23	54	4.39	77	48.54		

WAGCAS00612457

CONFIDENTIAL PROTECTED HEALTH INFORMATION
HIGHLY CONFIDENTIAL

P-27312_00021

A SOC SEC #	NAME	POS	DATE	DIS	LOC	EST	FREQ	RATE	MAR	SX	FD	ST	SCHD	ST-DTE	CD	SP-DTE	TRN-DTE	MGR	CO	PS	INS	B-DATE	PTO-ACCR	EMP-ID	01/03/15												
B 12AVG	52AVG	REG-HR	OT HRS	REG-OT	PT/VC HR	PT/VC-\$	SK-HR	SICK-\$	GROSS-\$	ADJ-GROSS	FIT	FICA	MDCARE	STATE	NET PAY	CHECK #	WK#	PAY-END-DT	TAX-LIAB-DT																		
C OTHER EARNINGS	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	AMOUNT											
D OTHER DEDUCTIONS	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT											
CONTINUED																																					
B	36.75	39.00	.00	.00	.00	.00		.00	4597.62			4367.31		644.95	270.77		63.33	232.16			2334.98	950715406D40	091914		092614												
C			MC	73.36	4597.62																																
D			11		501.41		29#		1.48	31#		128.29		33#		96.15	38		46.15	50		229.88	54		4.39	77		43.68									
B	37.75	39.00	.00	.00	.00	.00		.00	4626.67			4396.36		644.26	272.57		63.75	231.87			2331.73	950914874D42	100314		101014												
C			MC	73.39	4594.83		68		31.84																												
D			11		500.81		29#		1.48	31#		128.29		33#		96.15	38		46.15	50		229.74	54		4.39	77		43.64									
193 07015 0000																																					
B	37.00	38.75	31.92	.63	2035.98	.00		.00	4541.55			4311.24		630.94	267.30						141017		02031	1158492													
C			MC	40.17	2505.56																62.51	226.42		2311.03	951153539D44	101714		102414									
D			11		496.69		29#		1.48	31#		128.29		33#		96.15	38		46.15	50		227.08	54		4.39	77		43.12									
B	37.00	38.50	24.00	1.27	1604.82	7.80		483.21	5106.20			4875.89		772.05	302.31		70.70	280.95			2561.83	951364188D46	103114		110714												
C			MC	48.05	2986.60		68		31.57																												
D			11		545.65		29#		1.48	31#		128.29		33#		96.15	38		46.15	50		253.73	54		4.39	77		10.95									
45																																					
B	37.00	38.50	23.95	1.00	1576.62	15.40		954.03	3819.84			3613.56		456.52	224.04		52.40	155.05			2048.64	950055789D48	111214		112014												
C			MC	20.75	1289.18																																
D			11		439.77		29#		1.48	31#		128.29		33#		72.12	38		46.15	50		190.99	54		4.39												
B	36.25	38.25	31.98	1.13	2086.15	.00		.00	4553.33			4347.05		632.07	269.51		63.03	226.88			2352.44	950272891D50	112614		120414												
C			MC	39.27	2435.88		68		31.29																												
D			11		499.58		29#		1.48	31#		128.29		33#		72.12	38		46.15	50		226.10	54		4.39												
B	36.25	38.25	32.00	1.62	2132.94	8.00		495.60	4587.46			4381.19		648.42	204.39		63.53	233.58			2434.11	950474995D52	121014		121814												
C			MC	23.75	1471.31		23	7.75	480.11	102		7.50																									
D			11		514.51		29#		1.48	31#		128.29		33#		72.11	38		46.15	50		229.00	54		4.39												
B	43.00	38.00	31.95	.42	2018.32	16.00		991.20	4461.33			4255.07		616.89	.00		61.70	220.67			2552.28	950692643D52	121014		121814												
C			MC	23.40	1451.80																																
D			11		534.31		29#		1.48	31#		128.29		33#		72.10	38		46.15	50		223.07	54		4.39												
B* YTD	1352.4	38.3	86736.45	136.69	8426.11	12	740.53	128551.97	122339.71	18519.34	7254.00	1773.93	6675.93	69265.49																							
C*	MC	467.15	29182.77	23	47.50	2929.02	68		389.27	97		110.20	44								30.00	102		7.50													
D*	23#	59.40	25#		11.73	31#		2724.23	33#		2500.00	38		1246.05	50		6400.75	54			116.11																
D*	77	1016.36	97		1.97	30#		546.25	29#		31.08	11		9761.09																							

CONFIDENTIAL PROTECTED HEALTH INFORMATION
 HIGHLY CONFIDENTIAL

WAGCAS00612458

P-27312 _ 00022

A	SOC	SEC	NAME	POS	DATE	DIS	LOC	EST	FREQ	RATE	MAR	SX	FD	ST	SCHD	ST-DTE	CD	SP-DTE	TRN-DTE	MGR	CO	PS	INS	R-DATE	PTO-ACCR	EMP-ID	01/06/16		
B	12AVG	52AVG	REG-HR	OT	HRS	REG-OT	PT/VC	HR	PT/VC	\$	SK-HR	SICK	GROSS-\$	ADJ-GROSS	FIT	PICA	MDCARE	STATE	NET PAY	CHECK #	WK#	PAY-END-DT	TAX-LIAB-DT						
C	OTHER EARNINGS	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	CD	HRS	AMOUNT	
D	OTHER DEDUCTIONS	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	AMOUNT		
G	KAMALI				PRPH	1105	193	07015	0000	45	61.9500	S	F	07	05	050411	01	050411					I	B303	021064	02131	1158492		
B	38.00	38.50	16.00	.22	1011.64	.00	.00	.00	.00	5063.24			4754.78		729.94	294.80		68.94	263.59			2446.95	950892498D	2	010715		011515		
C	MC		49.21		3091.62		23		15.00		929.25		68		30.73														
D	11		544.91		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		251.63		54		3.74	77	42.52
B	36.75	38.75	31.95	.27	2004.38	.00	.00	.00	.00	4111.00			3802.54		497.51	235.75		55.14	169.32			2056.42	951106552D	4	012115		012915		
C	MC		33.28		2106.62																								
D	11		467.86		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		205.55		54		3.74	77	34.22
B	35.75	38.50	39.95	1.12	2578.97	8.00	495.60	.00	.00	4148.45			3839.99		498.98	238.08		55.68	169.93			2056.87	951307623D	7	020415		021215		
C	MC		16.55		1042.31		68		31.57																				
D	11		467.99		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		205.84		54		3.74	77	34.28
B	35.75	38.00	31.93	.37	2012.44	8.00	495.60	.00	.00	4475.27			4166.81		588.58	258.35		60.42	206.59			2212.27	950021749D	9	021815		022615		
C	MC		31.73		1967.23																								
D	11		498.57		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		223.76		54		3.74	77	37.50
B	35.50	38.00	36.33	.37	2285.02	.00	.00	.00	.00	4379.31			4070.85		556.91	252.39		59.03	193.63			2156.06	950222008D	10	030415		031215		
C	MC		32.80		2063.56		68		30.73																				
D	11		487.54		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		217.43		54		3.74	77	36.36
B	35.50	37.75	8.50	.35	559.11	31.00	1920.45	.00	.00	4495.10			4186.64		593.54	259.57		60.70	208.62			2220.75	950437067D	12	031815		032615		
C	MC		32.35		2015.54																								
D	11		500.25		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		224.76		54		3.74	77	37.68
B	35.00	37.50	40.00	1.22	2591.37	.00	.00	.00	.00	4709.84			4401.38		639.61	272.89		63.82	227.47			2297.62	950637661D	15	040115		040915		
C	MC		33.12		2088.02		68		30.45																				
D	11		515.44		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		233.97		54		3.74	77	39.24
B	35.00	37.50	.00	.00	.00	.00	.00	.00	.00	1000.00			1000.00		250.00	62.00		14.50	102.30			427.87	950666546D	15	040115		040915		
C	121				1000.00																								
D	11		84.33		50		50.00		77		9.00																		
B	36.25	37.50	31.82	.22	1991.69	.00	.00	.00	.00	5074.94			4766.48		741.82	295.52		69.12	267.94			2466.02	950874524D	17	041515		042315		
C	MC		49.09		3083.25																								
D	11		548.65		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		253.75		54		3.74	77	42.89
B	36.75	37.50	31.92	.15	1991.37	8.00	495.60	.00	.00	4555.63			4247.17		601.12	263.32		61.58	211.72			2231.79	951076087D	20	042915		050715		
C	MC		32.57		2038.48		68		30.18																				
D	11		502.46		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		226.27		54		3.74	77	37.96
B	37.00	37.25	32.00	.50	2028.86	.00	.00	.00	.00	4641.60			4333.14		630.16	268.66		62.83	223.60			2283.44	951276581D	22	051315		052115		
C	MC		41.09		2581.76	160	.50		30.98																				
D	11		512.60		29#		31.80		31#		176.76		33#		96.16		38		80.77		50		232.08		54		3.74	77	39.00
B	37.00	37.00	23.55	.07	1465.42	7.50	464.63	.00	.00	4397.38			4088.93		561.63	253.51		59.29	195.56			2164.23	951489692D	24	052715		060415		
C	MC		31.77		1972.80	23	7.50		464.63																				
D	11		489.14		29#		31.80		31#		176.76		33#		96.15		38		80.77		50		218.37		54		3.74	77	36.53
B	37.00	37.00	32.00	.67	2044.67	7.45	461.53	.00	.00	4525.45			4217.00		601.13	261.45		61.15	211.72			2233.75	950189579D	26	061015		061815		
C	MC		32.28		2019.25																								
D	11		502.81		29#		31.80		31#		176.76		33#		96.15		38		80.77		50		226.27		54		3.74	77	37.95
B	37.75	36.75	31.90	.95	2064.49	.00	.00	.00	.00	5245.16			4936.71		781.11	306.08		71.58	282.29			2520.55	950404065D	28	062415		070215		
C	MC		49.81		3150.77		68		29.90																				
D	11		559.51		29#		31.80		31#		176.76		33#		96.15		38		80.77		50		260.76		54		3.74	77	44.16
B	38.25	36.75	23.95	.60	1539.45	7.40	458.43	.00	.00	5569.74			5261.29		880.52	326.20		76.29	318.61			2665.38	950603757D	30	070815		071615		
C	MC		48.01		2985.99	23	7.25		449.14																				
D	11		588.20		29#		31.80		31#		176.76		33#		96.15		38		80.77		50		278.52		54		3.74	77	47.36
B	39.25	37.25	18.20	.17	1143.28	17.87	1107.05	.00	.00	5353.41			5044.96		819.79	312.79		73.15	296.42			2578.09	950816904D	32	072215		073015		
C	MC		49.34		3103.07																								
D	11		570.88		29#		31.80		31#		176.76		33#		96.15		38		80.77		50		267.67		54		3.74	77	45.40
B	40.50	37.50	16.00	.07	997.65	10.30	638.09	.00	.00	5562.96			5254.51		870.09	325.78		76.19	314.80			2648.43	951015584D	34	080515		081315		
C	MC		61.66		3897.32		68		29.90																				
D	11		584.88		29#		31.80		31#		176.76		33#		96.15		38		80.77		50		276.65		54		3.74	77	47.02
B	40.75	37.50	30.85	.12	1922.29	.00	.00	.00	.00	4529.78			4221.33		602.21	261.72		61.21	212.17			2235.59	951228663D	36	081915		082715		

EARNING CODES
REFER TO "C" LINE ON EARNINGS/DEDUCTIONS STATEMENT

Code	Description
4	Deferred Compensation Payment, not Profit Sharing eligible
5	Miscellaneous Bonus
6	Pfts for Scripts
7	Dock Pay, used in Kronos to reduce salary
8	Jury Duty Pay - Full Day
9	Funeral Pay
10	New Jersey Disability Pay
11	Retro Pay (Carpenters)
12	Promotional Money - Photo Sales
13	Promotional Money - Cosmetic Sales
14	Miscellaneous Non-FICA Taxable Maintenance
15	Military Duty Pay
16	Gross Up Pay Code for Gift Cards
17	Duane Reade Tips
21	Commissions (WHS Sales Bonus)
22	Special Holiday/Anniversary Day
23	Company Holiday
24	Taxable Scholarship Program
25	Pay in Lieu of Vacation
27	Sick Pay - Partial Day
28	Performance Share - Taxable Share Award
29	Disability Pay - Partial
30	Disability Pay - Full
31	Premium Pay
32	Adjusted Rate of Pay
33	Performance Incentive
34	Promotional Money - Non-Cosmetic Sales
35	Miscellaneous Earnings
36	Salaries Pharmacist B Pay for Additional Shifts Worked
37	Shorted Hours from Previous Pay Period
38	Retro Pay, raise not processed timely
39	Car Allowance for Business Use of Personal Car
43	Promotional Money - Prescription Savings Club
44	Company-Paid Membership for Prescription Savings Club
45	Sales Bonus
46	Taxable Income for Transit Benefit

Code	Description
47	Transfer Incentive (Bonus)
48	Sign On Bonus
51	Taxable Personal Use of Company Car
52	Sick Pay - In Hours
53	Health Club Reimbursement of Dues
54	Third Party Disability Pay
55	Taxable Amount of Relocation Bonus
56	Deceased Employee Payment
57	Long Term Disability Pay Over 6 Months
58	Long-Term Disability Pay Over 1 Year
59	Profit Sharing Restoration
60	Vacation
61	Nontaxable Moving Expense
62	Taxable Amount of Discounted Stock Purchase
63	Deferred Compensation Payment, Profit Sharing eligible
64	Exercise of Stock Options
65	Midplan Payment (Executive Deferred Payment)
66	Company Paid Contribution to Profit Sharing Midplan
67	Company-Paid Life Insurance
68	Company Paid Life Insurance Over \$50,000
69	Executive Life Insurance
71	PR Holiday Gift
73	Company-Paid Life Insurance for Domestic Partner
74	Excess Taxable Interest on Deferred Compensation
75	Overtime Differential Pay
76	Senior Pharmacy Technician Bonus
77	Miscellaneous Payments, not Profit Sharing eligible
78	District Manager Bonus
79	Pharmacy Supervisor Bonus
81	Earned Income Credit, federal tax
82	Performance Share Dividend Award - Taxable Income
83	Performance Share Cash Award - Taxable Income
84	Headquarters Bonus

Code	Description
85	Store Manager Bonus
86	Executive Assistant Manager Bonus
87	Pharmacy Manager Bonus
88	Retention Bonus
90	Retention Bonus - Not Profit Sharing Eligible
92	Severance Pay, not Profit Sharing eligible
95	Referral Bonus
96	Relocation Incentive
97	Company-Paid Insurance for Adult Child
98	Pharmacy Staff Bonus
99	Duane Reade Beauty Advisor Bonus
100	Duane Reade Tips
101	Tip Supplement
102	Value of Gift Card
103	State Disability Pay > 6 mos.
104	New Jersey State Disability Pay > 6 mos.
105	Insurance Premium - Company Portion
106	Gift Card Gross Up Pay
107	Domestic Partner Equalization
108	Mobility Premium for International Employee
109	International Relocation Allowance
110	International Relocation Allowance
111	Global Relocation Expense
112	Global Relocation Expense
113	Global Tax Equalization
114	Global Tax Equalization
115	Taxes Paid to Host Country
116	Taxes Paid to Host Country
118	Bonus Payment
119	Bonus Payment
120	Bonus Payment
121	Bonus Payment
122	Bonus Payment
123	Bonus Payment
124	Bonus Payment
125	Taxable Benefit (Loyalty Points)
126	Commission
127	Frozen Vacation
128	Floating Holiday

DEDUCTION CODES
REFER TO "D" LINE ON EARNINGS/DEDUCTIONS STATEMENT

Code	Description
1	Deferred Compensation
3	Child Support Sixth Child
4	Child Support Seventh Child
5	Child Support First Child
6	Child Support Second Child
7	Child Support Third Child
8	Child Support Fourth Child
9	Child Support Fifth Child
10	Wage Garnishment - Nondisposible
11	Wage Garnishment - Disposable
12	Wage Garnishment - Bankruptcy
13	Wage Garnishment - Illinois
14	Wage Assignment - Illinois
15	Wage Garnishment
16	Wage Garnishment
17	Wage Garnishment
19	Manual Repay
20	Loan Payment
21	401K Loan
22	Miscellaneous Deduction
23	Medical Insurance for Adult Child
24	Medical Insurance for Domestic Partner
25	Dental Insurance for Adult Child
26	Dental Insurance for Domestic Partner
27	Personal Accident Insurance for Domestic Partner
28	Dental Adjustment

Code	Description
29	Dental Insurance
30	Medical Adjustment
31	Medical Insurance
32	Personal Accident Insurance
33	Flexible Spending - Health Care
34	Flexible Spending - Dependent Care
35	Union Dues
36	Uniform Deduction
37	Federal Tax Levy Garnishment
38	Voluntary Term Life Insurance
40	Profit Sharing Plan - USA
41	Profit Sharing Plan - Puerto Rico
42	Profit Sharing Roth IRA Plan
43	Profit Sharing Plan Catchup - Puerto Rico
46	Voluntary Investment Plan (VIP)
47	Executive Deferral Plan
48	Profit Sharing Plan Catchup - USA
49	Executive Deferral on Bonus
50	Percentage Stock Plan
51	Charity - Walgreen Benefit Fund
52	Military Profit Sharing Plan Catchup
53	Profit Sharing Roth IRA Plan Catchup
54	Drugstore.com Vision Plan

Code	Description
56	Parking Pre-Tax Transportation Deduction
57	Transit Pre-Tax Transportation Deduction
58	Company Car Deduction
59	Charity - United Way
60	Political Action Committee
61	Charity - American Cancer
62	Charity - American Heart Association
63	Charity - Juvenile Diabetes
64	Profit Sharing Loan
65	Parking Post-Tax Transportation Deduction
66	Transit Post-Tax Transportation Deduction
77	Disability Premium
78	Local Tax
79	Special Local Tax
81	Earned Income Credit Payment
98	Vision Adjustment
100	Global Employee Housing Expense
101	Global Employee Tax Equalization
102	Global Employee Host Country Tax
115	Back Deductions/Insurance Leave
121	Accident Insurance
122	Hospital Insurance
123	Critical Illness Insurance

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1/5/2015

Copy B—To Be Filed With Employee's FEDERAL Tax Return.		2011	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 82520.03	2 Federal income tax withheld 16691.76	
b Employer ID number (EIN) 361924025	3 Social security wages 82520.03	4 Social security tax withheld 3465.84	
	5 Medicare wages and tips 82520.03	6 Medicare tax withheld 1196.54	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ B KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA	283-2461-4	82520.03	5744.70
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 990.24	20 Locality name CASDI	

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		2011	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 82520.03	2 Federal income tax withheld 16691.76	
b Employer ID number (EIN) 361924025	3 Social security wages 82520.03	4 Social security tax withheld 3465.84	
	5 Medicare wages and tips 82520.03	6 Medicare tax withheld 1196.54	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ B KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA	283-2461-4	82520.03	5744.70
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 990.24	20 Locality name CASDI	

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2011	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 82520.03	2 Federal income tax withheld 16691.76	
b Employer ID number (EIN) 361924025	3 Social security wages 82520.03	4 Social security tax withheld 3465.84	
	5 Medicare wages and tips 82520.03	6 Medicare tax withheld 1196.54	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ B KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA	283-2461-4	82520.03	5744.70
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 990.24	20 Locality name CASDI	

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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		2011	OMB No. 1545-0008
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b Employer ID number (EIN) 361924025	3 Social security wages 82520.03	4 Social security tax withheld 3465.84	
	5 Medicare wages and tips 82520.03	6 Medicare tax withheld 1196.54	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ B KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA	283-2461-4	82520.03	5744.70
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 990.24	20 Locality name CASDI	

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS

Copy B—To Be Filed With Employee's FEDERAL Tax Return.		2012	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 121874.13	2 Federal income tax withheld 19558.37	
b Employer ID number (EIN) 361924025	3 Social security wages 110100.00	4 Social security tax withheld 4624.20	
	5 Medicare wages and tips 136114.23	6 Medicare tax withheld 1973.66	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12 C 179.95	
13 Statutory employee	14 Other	12b Code D 14240.10	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
CA 283-2461-4	121874.13	7056.49	
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 955.85	20 Locality name CASDI	

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		2012	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 121874.13	2 Federal income tax withheld 19558.37	
b Employer ID number (EIN) 361924025	3 Social security wages 110100.00	4 Social security tax withheld 4624.20	
	5 Medicare wages and tips 136114.23	6 Medicare tax withheld 1973.66	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12 C 179.95	
13 Statutory employee	14 Other	12b Code D 14240.10	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
CA 283-2461-4	121874.13	7056.49	
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 955.85	20 Locality name CASDI	

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2012	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 121874.13	2 Federal income tax withheld 19558.37	
b Employer ID number (EIN) 361924025	3 Social security wages 110100.00	4 Social security tax withheld 4624.20	
	5 Medicare wages and tips 136114.23	6 Medicare tax withheld 1973.66	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12 C 179.95	
13 Statutory employee	14 Other	12b Code D 14240.10	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
CA 283-2461-4	121874.13	7056.49	
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 955.85	20 Locality name CASDI	

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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.		2012	OMB No. 1545-0008
a Employee's social security number Redacted - Confidential PHI/PII	1 Wages, tips, other comp. 121874.13	2 Federal income tax withheld 19558.37	
b Employer ID number (EIN) 361924025	3 Social security wages 110100.00	4 Social security tax withheld 4624.20	
	5 Medicare wages and tips 136114.23	6 Medicare tax withheld 1973.66	
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000			
d Control number			
e Employee's name, address and ZIP code GOLNAZ KAMALI Redacted - Confidential PHI/PII			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12 C 179.95	
13 Statutory employee	14 Other	12b Code D 14240.10	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
CA 283-2461-4	121874.13	7056.49	
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax 955.85	20 Locality name CASDI	

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS

a Employee's social security number Redacted - Confidential PHI/PII		OMB No. 1545-0008		Copy B—To Be Filed With Employee's FEDERAL Tax Return.			
b Employer Identification number (EIN) 361924025		1 Wages, tips, other compensation 121008.84		2 Federal income tax withheld 18943.75			
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000		3 Social security wages 113700.00		4 Social security tax withheld 7049.40			
		5 Medicare wages and tips 125359.27		6 Medicare tax withheld 1817.71			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name GOLNAZ KAMALI Redacted - Confidential PHI/PII		11 Nonqualified plans		12a See instructions for box 12 C 258.48			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b D 4350.43			
		14 Other CASDI 1008.80		12c DD 9876.00			
		12d					
f Employee's address and ZIP code							
15 State CA	Employer's state ID number 283-2461-4	16 State wages, tips, etc. 121008.84	17 State income tax 6857.04	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2013

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

a Employee's social security number Redacted - Confidential PHI/PII		OMB No. 1545-0008		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			
b Employer Identification number (EIN) 361924025		1 Wages, tips, other compensation 121008.84		2 Federal income tax withheld 18943.75			
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000		3 Social security wages 113700.00		4 Social security tax withheld 7049.40			
		5 Medicare wages and tips 125359.27		6 Medicare tax withheld 1817.71			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name GOLNAZ KAMALI Redacted - Confidential PHI/PII		11 Nonqualified plans		12a See instructions for box 12 C 258.48			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b D 4350.43			
		14 Other CASDI 1008.80		12c DD 9876.00			
		12d					
f Employee's address and ZIP code							
15 State CA	Employer's state ID number 283-2461-4	16 State wages, tips, etc. 121008.84	17 State income tax 6857.04	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2013

Department of the Treasury—Internal Revenue Service

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a Employee's social security number Redacted - Confidential PHI/PII		OMB No. 1545-0008		Copy B—To Be Filed With Employee's FEDERAL Tax Return.			
b Employer Identification number (EIN) 361924025		1 Wages, tips, other compensation 122339.71		2 Federal income tax withheld 18519.34			
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000		3 Social security wages 117000.00		4 Social security tax withheld 7254.00			
		5 Medicare wages and tips 122339.71		6 Medicare tax withheld 1773.93			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name GOLNAZ KAMALI Redacted - Confidential PHI/PII		Suff.		11 Nonqualified plans		12a See instructions for box 12 C 389.27	
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b DD 7433.64			
		14 Other CASDI 1016.36		12c			
				12d			
15 State CA	Employer's state ID number 283-2461-4	16 State wages, tips, etc. 122339.71	17 State income tax 6675.93	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2014

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

a Employee's social security number Redacted - Confidential PHI/PII		OMB No. 1545-0008		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			
b Employer Identification number (EIN) 361924025		1 Wages, tips, other compensation 122339.71		2 Federal income tax withheld 18519.34			
c Employer's name, address, and ZIP code WALGREEN CO./ILL. AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000		3 Social security wages 117000.00		4 Social security tax withheld 7254.00			
		5 Medicare wages and tips 122339.71		6 Medicare tax withheld 1773.93			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name GOLNAZ KAMALI Redacted - Confidential PHI/PII		Suff.		11 Nonqualified plans		12a See instructions for box 12 C 389.27	
f Employee's address and ZIP code		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b DD 7433.64			
		14 Other CASDI 1016.36		12c			
				12d			
15 State CA	Employer's state ID number 283-2461-4	16 State wages, tips, etc. 122339.71	17 State income tax 6675.93	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2014

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's social security number Redacted - Confidential PHI/PII		OMB No. 1545-0008		Copy B—To Be Filed With Employee's FEDERAL Tax Return.			
b Employer identification number (EIN) 361924025		1 Wages, tips, other compensation 89154.22		2 Federal income tax withheld 13235.50			
c Employer's name, address, and ZIP code WALGREEN CO AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000		3 Social security wages 89154.22		4 Social security tax withheld 5527.79			
		5 Medicare wages and tips 89154.22		6 Medicare tax withheld 1292.79			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name GOLNAZ KAMALI Redacted - Confidential PHI/PII		11 Nonqualified plans		12a See instructions for box 12 C 272.98			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b DD 7303.68			
		14 Other CASDI 799.93		12c			
f Employee's address and ZIP code		12d					
15 State CA	Employer's state ID number 283-2461-4	16 State wages, tips, etc. 89154.22	17 State income tax 4704.12	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

2015

Department of the Treasury—Internal Revenue Service

a Employee's social security number Redacted - Confidential PHI/PII		OMB No. 1545-0008		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			
b Employer identification number (EIN) 361924025		1 Wages, tips, other compensation 89154.22		2 Federal income tax withheld 13235.50			
c Employer's name, address, and ZIP code WALGREEN CO AGENT FOR: WALGREEN PHARMACY SERVICES WES 200 WILMOT ROAD DEERFIELD, IL 60015 27-05-0000		3 Social security wages 89154.22		4 Social security tax withheld 5527.79			
		5 Medicare wages and tips 89154.22		6 Medicare tax withheld 1292.79			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's first name and initial Last name GOLNAZ KAMALI Redacted - Confidential PHI/PII		11 Nonqualified plans		12a See instructions for box 12 C 272.98			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b DD 7303.68			
		14 Other CASDI 799.93		12c			
f Employee's address and ZIP code		12d					
16 State CA	Employer's state ID number 283-2461-4	16 State wages, tips, etc. 89154.22	17 State income tax 4704.12	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2015

Department of the Treasury—Internal Revenue Service

CONFIDENTIAL PROTECTED HEALTH INFORMATION
HIGHLY CONFIDENTIAL

WAGCASF00612466

P-27312 _ 00030

Annual Performance Review (FY12) for Staff Pharmacists
Review Period 9/1/2011 - 8/31/2012



REVIEWER

ELLA MAZUR (Manager), PENA DADAYAN (Manager - Co-Planner)

GOLNAZ KAMALI

PHARMACIST MULTI LOC UNASSIGNED HOURLY
Position

1158492
User ID

Overview

Task Instructions

During the Annual Performance Review, both the team member and the manager will take time to review the team member's performance. The purpose of this is to help the team member understand where he/she is meeting expectations and where improvements can be made.

The Annual Performance Review sections you need to complete are listed on the left. A dot next to the section indicates your progress on each of the sections:

- **Red** dot means "not started"
- **Yellow** dot means "started, but not complete"
- **Green** dot means "all required fields are completed"
- **Greyed** out sections will be completed during a later step.

Click on the section on the left, under **Overview**, to review it, **or** click on **Continue** below to proceed from the beginning.

If you are returning to a review already in progress, you may click on the next section in the left panel.

Once all sections have been completed, the overall performance review score will be calculated. Please click here to review the overall rating scale and description.

Training Acknowledgement (Team Member) - Field

Directions

Annual Performance Review for GOLNAZ KAMALI

Please make sure to complete the online Performance Review Training before submitting your self-review. To access the online training, please follow the steps below. If you have completed the training, select "Yes" and complete the review.

To Do:

1. Click **Save and Exit** and complete the online Performance Review training, available on the **Welcome** page under **Development Corner > Team Member Training and Job Aids**.
2. After completing the training, select "**Yes**" to confirm that you have completed the training.
3. Click **Save and Continue** to fill out the review.
4. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Have you reviewed the online Annual Performance Review Training?

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	1	100%

Performance Goals - RPH

Directions

Performance Review for GOLNAZ KAMALI

The **Performance Goal** section addresses business operating results. The ratings should reflect accomplishments demonstrated in the most recent fiscal year.

To Do:

1. **Rate** the performance goal below using the rating scale in the drop down. Definitions of the ratings are listed on the Rating tab above.
2. Click **Continue** to move onto the next section **or** click **Save** to exit the review and come back later.
3. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Rating Scale

Score	Description
0	The employee has not been in position long enough (
1	Does not meet performance expectations.
2	Meets some, but not all performance expectations.
3	Fully meets performance expectations and occasionally may exceed them.
4	Meets all and exceeds some performance criteria.
5	Exceeds most or all performance criteria.

Sales - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the growth in prescription volume and promotion of other healthcare services that were agreed upon for this pharmacy by promoting MTM, immunizations, and various health care screenings.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	25%
PENAH DADAYAN (Manager - Co-Planner)	3	25%

Inventory Goal - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the inventory goal that was agreed upon for this pharmacy by ensuring SIMS best practices are enforced and that generic efficiency is maximized.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	25%
PENAH DADAYAN (Manager - Co-Planner)	3	25%

Shrink Goal – As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the shrink goal that was agreed upon for this pharmacy through heightened awareness and delivery of all loss prevention action steps.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	25%
PENAH DADAYAN (Manager - Co-Planner)	3	25%

Operations Goal – As a result of the efforts over the past year, the Staff Pharmacist contributed to the effective operations of the pharmacy department (i.e. Ensured workflow was maintained by all pharmacy team members; efficiently completed appropriate shift responsibilities using established processes and tools; ensured company/federal/state protocols were adhered to in the delivery of healthcare services to our patients).

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	25%
PENAH DADAYAN (Manager - Co-Planner)	3	25%

Competency Review - Field 5

Directions

This section addresses competencies: knowledge, skills or abilities that are required for a position. Listed below are the competencies for [NAME's] position. Please rate the team member's proficiency on these competencies.

To Do:

1. **CLICK on the title** of the Competency to retrieve the themes and behaviors to rate this position.
 - a. ****NOTE:** be sure to select the correct competency model based on the job role you are currently reviewing
2. Rate each of the leadership competencies below using the rating scale in the drop down.
3. Click **Save and Continue** to move onto the next section or click **Save and Exit** to exit the review and come back later.
4. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Rating Scale

Score	Description
Too New To Rate	Insufficient opportunity to assess performance in this area; the employee has not been in position long enough.
1	Does not meet performance criteria.
2	Meets only a few performance criteria.
3	Meets most or all performance criteria.
4	Meets all and exceeds some performance criteria.
5	Exceeds most or all performance criteria.

Customer Leadership -

(Please refer to the appropriate competency model for details.)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
PENAH DADAYAN (Manager - Co-Planner)	3	20%

Functional Competency

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
PENAH DADAYAN (Manager - Co-Planner)	3	20%

Happy, Healthy, Creating Value Together

(Please refer to the appropriate Competency Model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
PENAH DADAYAN (Manager - Co-Planner)	3	20%

Operations/Business Leadership

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
PENAH DADAYAN (Manager - Co-Planner)	3	20%

People Leadership

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
PENAH DADAYAN (Manager - Co-Planner)	3	20%

Training Acknowledgement (Manager) - Field

Directions

Annual Performance Review for GOLNAZ KAMALI

Please make sure to complete the online Performance Review Training before rating team member's performance. To access the online training, please follow the steps below. If you have completed the training, select "Yes" and complete the review.

Note: You only need to complete the manager's training once, but you will need to confirm that you have completed the training each time you begin to review a team member.

To Do:

1. Click **Save and Exit** and complete the online Performance Review training, available on the **Welcome** page under **Manager's Corner > Manager Training and Job Aids**.
2. After completing the training, select "**Yes**" to confirm that you have completed the training.
3. Click **Save and Continue** to fill out the review.
4. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Have you reviewed the online Annual Performance Review Training?

Reviewer	Rating Scale	Weight
PENAH DADAYAN (Manager - Co-Planner)	1	100%

Calibration - Field

Directions

This is the calibration step of the Performance Review process. As part of the calibration step, calibration meetings are arranged and facilitated by the Human Resources department to review ratings for fairness and consistency.

To Do:

1. Participate in a calibration session. Make sure you have all of your team members' performance reviews available during the meeting.
2. If no changes are necessary after the calibration meeting, do nothing. The calibration step will expire on its due date and automatically move you into the Performance Review Acknowledgement step.
3. If changes are necessary as a result of calibration, follow the steps below.
 - Select **Yes** to acknowledge that the Calibration meeting has taken place.
 - Click **Save and Continue**.
 - Move through each section one at a time, making all the changes discussed during calibration. Note: You will need to click through all sections of the review even if changes are required only in one section.
 - When you have finalized all changes, click the Submit button to complete this portion of the review. Note: The **Submit** button will be available on all pages.

Have you discussed calibration with your manager, and are you ready to move on to finalize this performance review?

Note: Once you click "Yes," you will be able to go back through the performance review and make changes to your ratings, if needed, based on the calibration meeting.

Reviewer	Rating Scale
PENAH DADAYAN (Manager - Co-Planner)	1

Summary

Overall Rating

Annual Performance Review (FY12) for Staff Pharmacists
GOLNAZ KAMALI

3.0 - Achieving Expectations

	Self Review	Manager Review
Training Acknowledgement (Team Member) - Field	1.0 / 1.0	
Performance Goals - RPH	3.3 / 5.0	3.0 / 5.0
Competency Review - Field 5	4.0 / 5.0	3.0 / 5.0
Training Acknowledgement (Manager) - Field		1.0 / 1.0
Overall	3.7 / 5.0	3.0 / 5.0

Acknowledgement of the Annual Performance Review Conversation

Directions

Acknowledgement of the Annual Review Performance Conversation for GOLNAZ KAMALI

This is an acknowledgement that **GOLNAZ KAMALI** and his/her manager have met and discussed **GOLNAZ KAMALI's** performance. To finalize the performance review, both the manager and the team member need to acknowledge that they have met to discuss the Annual Performance Review.

To Do:

1. After the Annual Review Discussion, **type your name below** and click the **Sign** button to acknowledge that GOLNAZ KAMALI and his/her manager have met and reviewed GOLNAZ KAMALI's performance
2. Click **Save and Continue** to go on to the Summary or click **Save and Exit** to exit the review and come back later.
3. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this task.

Note: This acknowledgement only indicates that the employee and manager have met and reviewed GOLNAZ KAMALI's performance review. It does not indicate an employee's agreement with the content of the performance review.

X Golnaz Kamali
Team Member

6/18/2012
Date

X ella mazur
Manager

6/18/2012
Date

Annual Performance Review (FY13) for Rph

Review Period 9/1/2012 - 8/31/2013



REVIEWER

DAVID KANG (Manager), MARIAM JENSEN (Manager - Co-Planner), PENAH DADAYAN (Manager - Co-Planner)

GOLNAZ KAMALI

PHARMACIST MULTI LOC UNASSIGNED HOURLY
Position

1158492
User ID

Overview

Task Instructions

During the Annual Performance Review, both the team member and the manager will take time to review the team member's performance. The purpose of this is to help the team member understand where he/she is meeting expectations and where improvements can be made.

The Annual Performance Review sections you need to complete are listed on the left. A dot next to the section indicates your progress on each of the sections:

- **Red** dot means "not started"
- **Yellow** dot means "started, but not complete"
- **Green** dot means "all required fields are completed"
- **Greyed** out sections will be completed during a later step.

Click on the section on the left, under **Overview**, to review it, **or** click on **Continue** below to proceed from the beginning.

If you are returning to a review already in progress, you may click on the next section in the left panel.

Once all sections have been completed, the overall performance review score will be calculated. Please click here to review the overall rating scale and description.

Training Acknowledgement (Team Member) - Field

Directions

Annual Performance Review for GOLNAZ KAMALI

Please make sure to complete the online Performance Review Training before submitting your self-review. To access the online training, please follow the steps below. If you have completed the training, select "Yes" and complete the review.

To Do:

1. Click **Save and Exit** and complete the online Performance Review training, available on the **Welcome** page under **Development Corner > Team Member Training and Job Aids**.
2. After completing the training, select **"Yes"** to confirm that you have completed the training.
3. Click **Save and Continue** to fill out the review.
4. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Have you reviewed the online Annual Performance Review Training?

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	1	100%

Performance Goals - RPH

Directions

Performance Review for GOLNAZ KAMALI

The **Performance Goal** section addresses business operating results. The ratings should reflect accomplishments demonstrated in the most recent fiscal year.

To Do:

1. **Rate** the performance goal below using the rating scale in the drop down. Definitions of the ratings are listed on the Rating tab above.
2. Click **Continue** to move onto the next section **or** click **Save** to exit the review and come back later.
3. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Rating Scale

Score	Description
0	The employee has not been in position long enough (
1	Does not meet performance expectations.
2	Meets some, but not all performance expectations.
3	Fully meets performance expectations and occasionally may exceed them.
4	Meets all and exceeds some performance criteria.
5	Exceeds most or all performance criteria.

Sales - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the growth in prescription volume and promotion of other healthcare services that were agreed upon for this pharmacy by promoting MTM, immunizations, and various health care screenings.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	25%
MARIAM JENSEN (Manager - Co-Planner)	3	25%

Inventory Goal - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the inventory goal that was agreed upon for this pharmacy by ensuring SIMS best practices are enforced and that generic efficiency is maximized.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	25%
MARIAM JENSEN (Manager - Co-Planner)	3	25%

Shrink Goal – As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the shrink goal that was agreed upon for this pharmacy through heightened awareness and delivery of all loss prevention action steps.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	25%
MARIAM JENSEN (Manager - Co-Planner)	3	25%

Operations Goal – As a result of the efforts over the past year, the Staff Pharmacist contributed to the effective operations of the pharmacy department (i.e. Ensured workflow was maintained by all pharmacy team members; efficiently completed appropriate shift responsibilities using established processes and tools; ensured company/federal/state protocols were adhered to in the delivery of healthcare services to our patients).

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	25%
MARIAM JENSEN (Manager - Co-Planner)	4	25%

Comments

MARIAM JENSEN (Manager - Co-Planner): Kamali is very good at following rules and being pragmatic with solving problems

Competency Review - Field (5)

Directions

This section addresses competencies: knowledge, skills or abilities that are required for a position. Listed below are each of the Walgreens Leadership Competency Pillars. Please rate the team member's proficiency on these competencies.

To Do:

1. [CLICK HERE](#) to retrieve the themes and behaviors to rate this position.
 - a. ****NOTE:** be sure to select the correct competency model based on the job role you are currently reviewing
2. Rate each of the leadership competencies below using the rating scale in the drop down.
3. Click **Save and Continue** to move onto the next section or click **Save and Exit** to exit the review and come back later.
4. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Rating Scale

Score	Description
Too New To Rate	Insufficient opportunity to assess performance in this area; the employee has not been in position long enough.
1	Does not meet performance criteria.
2	Meets only a few performance criteria.
3	Meets most or all performance criteria.
4	Meets all and exceeds some performance criteria.
5	Exceeds most or all performance criteria.

Customer Leadership -

(Please refer to the appropriate competency model for details.)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	20%
MARIAM JENSEN (Manager - Co-Planner)	2	20%

Comments

MARIAM JENSEN (Manager - Co-Planner): Golnaz is often to forward and or blunt with customers when they ask questions .She becomes impatient lacking the tone of voice and body lauguage that adeqatly conveys care or concern for her customers. I have received a couple of comments to this effect from customers.

Functional Competency

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
MARIAM JENSEN (Manager - Co-Planner)	3	20%

Happy, Healthy, Creating Value Together

(Please refer to the appropriate Competency Model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	20%
MARIAM JENSEN (Manager - Co-Planner)	3	20%

Operations/Business Leadership

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	20%
MARIAM JENSEN (Manager - Co-Planner)	3	20%

People Leadership

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	3	20%
MARIAM JENSEN (Manager - Co-Planner)	3	20%

Training Acknowledgement (Manager) - Field

Directions

Annual Performance Review for GOLNAZ KAMALI

Please make sure to complete the online Performance Review Training before rating team member's performance. To access the online training, please follow the steps below. If you have completed the training, select "Yes" and complete the review.

Note: You only need to complete the manager's training once, but you will need to confirm that you have completed the training each time you begin to review a team member.

To Do:

1. Click **Save and Exit** and complete the online Performance Review training, available on the **Welcome** page under **Manager's Corner > Manager Training and Job Aids**.
2. After completing the training, select "Yes" to confirm that you have completed the training.
3. Click **Save and Continue** to fill out the review.
4. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Have you reviewed the online Annual Performance Review Training?

Reviewer	Rating Scale	Weight
MARIAM JENSEN (Manager - Co-Planner)	1	100%

Summary

Overall Rating

Annual Performance Review (FY13) for Rph
GOLNAZ KAMALI

3.1 - Achieving Expectations

	Complete Your Self Review	Complete the Manager Review
Training Acknowledgement (Team Member) - Field	1.0 / 1.0	
Performance Goals - RPH	3.3 / 5.0	3.3 / 5.0
Competency Review - Field (5)	3.2 / 5.0	2.8 / 5.0
Training Acknowledgement (Manager) - Field		1.0 / 1.0
Overall	3.3 / 5.0	3.1 / 5.0

Acknowledgement of the Annual Performance Review Conversation

Directions

Acknowledgement of the Annual Review Performance Conversation for GOLNAZ KAMALI

This is an acknowledgement that **GOLNAZ KAMALI** and his/her manager have met and discussed **GOLNAZ KAMALI's** performance. To finalize the performance review, both the manager and the team member need to acknowledge that they have met to discuss the Annual Performance Review.

To Do:

1. After the Annual Review Discussion, **type your name below** and click the **Sign** button to acknowledge that GOLNAZ KAMALI and his/her manager have met and reviewed GOLNAZ KAMALI's performance
2. Click **Save and Continue** to go on to the Summary or click **Save and Exit** to exit the review and come back later.
3. When you have finished all sections of the review, the Submit button will be available on all pages. When you are ready to submit the review, click the **Submit** button to complete this task.

Note: This acknowledgement only indicates that the employee and manager have met and reviewed GOLNAZ KAMALI's performance review. It does not indicate an employee's agreement with the content of the performance review.

X golnaz.kamali
Team Member

7/24/2013
Date

X Mariam A Jensen
Manager

7/19/2013
Date

Annual Performance Review (FY14) for Rph

Review Period 9/1/2013 - 8/31/2014



REVIEWER
DAVID KANG (Manager)

GOLNAZ KAMALI

PHARMACIST MULTI LOC UNASSIGNED HOURLY
Position

1158492
User ID

Overview

Task Instructions

Performance Review Outcomes:

- A shared understanding of the team member's performance for the role they were in 90 days prior to the beginning of the manager review.
- Clear direction on the team member's next steps for success.

Performance Review Benefits:

- Team members who performed well are rewarded for their efforts and accomplishments.
- Based on manager feedback, the team member can focus on maintaining consistency in areas where they perform well and develop in their areas identified for improvement.

Navigating the Performance Review:

The Annual Performance Review sections you need to complete are listed on the left. A dot next to the section indicates your progress on each of the sections:

- **Red** dot means "not started"
- **Yellow** dot means "started, but not complete"
- **Green** dot means "all required fields are completed"
- **Greyed** out sections will be completed during a later step.

Click on the section on the left, under **Overview**, to review it, **or** click on **Continue** below to proceed from the beginning.

If you are returning to a review already in progress, you may click on the next section in the left panel.

Once all sections have been completed, the overall performance review score will be calculated.

Please click [here](#) to review the overall rating scale and description.

Performance Goals - RPH

Directions

Performance Review for GOLNAZ KAMALI

The **Performance Goal** section addresses business operating results. The ratings should reflect accomplishments demonstrated in the most recent fiscal year.

To Do:

1. **Rate** the performance goal below using the rating scale in the drop down. Definitions of the ratings are listed on the Rating tab above.
2. Click **Continue** to move onto the next section **or** click **Save** to exit the review and come back later.
3. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Rating Scale

Score	Description
NA	This goal is not applicable to the team member's performance and should not be included in the review.
1	Does not meet performance expectations.
2	Meets some, but not all performance expectations.
3	Fully meets performance expectations and occasionally may exceed them.
4	Meets all and exceeds some performance criteria.
5	Exceeds most or all performance criteria.

Sales - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the growth in prescription volume and promotion of other healthcare services that were agreed upon for this pharmacy by promoting MTM, immunizations, and various health care screenings.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Inventory Goal - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the inventory goal that was agreed upon for this pharmacy by ensuring SIMS best practices are enforced and that generic efficiency is maximized.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Shrink Goal – As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the shrink goal that was agreed upon for this pharmacy through heightened awareness and delivery of all loss prevention action steps.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Operations Goal – As a result of the efforts over the past year, the Staff Pharmacist contributed to the effective operations of the pharmacy department (i.e. Ensured workflow was maintained by all pharmacy team members; efficiently completed appropriate shift responsibilities using established processes and tools; ensured company/federal/state protocols were adhered to in the delivery of healthcare services to our patients).

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	4	20%

Enhance the Customer and Patient Experience - As a result of the efforts over the past year, the staff pharmacist contributed towards meeting the customer delight goal that was agreed upon for this store by adopting and emulating the 5 extraordinary customer care behaviors.

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Competency Review - Field (5)

Directions

This section addresses competencies: The knowledge, skills or abilities required for a position. Listed below are each of the Walgreens Leadership Competency Pillars. Please rate the team member's proficiency on these competencies.

To Do:

1. [CLICK HERE](#) to retrieve the themes and behaviors to rate this position.
****NOTE:** be sure to select the correct competency model based on the job role you are currently reviewing
2. Rate each of the leadership competencies below using the rating scale in the drop down.
3. Click **Save and Continue** to move onto the next section or click **Save and Exit** to exit the review and come back later.
4. When you are ready to submit the review, click the **Submit** button to complete this portion of the review.

Rating Scale

Score	Description
N/A	The team member was on leave for a majority of the year and the competency behaviors could not be adequately observed.
1	Does not meet performance criteria.
2	Meets only a few performance criteria.
3	Meets most or all performance criteria.
4	Meets all and exceeds some performance criteria.
5	Exceeds most or all performance criteria.

Customer Leadership -

(Please refer to the appropriate competency model for details.)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Functional Competency

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Happy, Healthy, Creating Value Together

(Please refer to the appropriate Competency Model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Operations/Business Leadership

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

People Leadership

(Please refer to the appropriate competency model)

Reviewer	Rating Scale	Weight
GOLNAZ KAMALI (Self)	4	20%
DAVID KANG (Manager)	3	20%

Calibration - Field

Directions

Performance Review for GOLNAZ KAMALI

This is the calibration step of the Performance Review process. As part of the calibration step, District Managers review ratings for fairness and consistency.

To Do:

1. Consult with your District Manager or HRTM to determine if any changes need to be made after the calibration meeting.
2. Select **Yes** to acknowledge that the Calibration meeting has taken place.
3. Click **Save and Continue**.
4. Move through each section one at a time, making all the changes discussed during calibration.
Note: You will need to click through all sections of the review even if changes are required only in one section.
5. When you have finalized all changes, click the **Submit** button to complete this portion of the review.

Have you discussed calibration with your manager, and are you ready to move on to finalize this performance review?

Note: Once you click "Yes," you will be able to go back through the performance review and make changes to your ratings, if needed, based on the calibration meeting.

Reviewer	Rating Scale
DAVID KANG (Manager)	1

Summary

Overall Rating

Annual Performance Review (FY14) for Rph
GOLNAZ KAMALI

3.1 - Achieving Expectations

	Complete Your Self Review	Complete the Manager Review
Performance Goals - RPH	4.0 / 5.0	3.2 / 5.0
Competency Review - Field (5)	4.0 / 5.0	3.0 / 5.0
Overall	4.0 / 5.0	3.1 / 5.0

Acknowledgement of Annual Performance Review Conversation

Directions

Acknowledgement of the Annual Review Performance Conversation for GOLNAZ KAMALI

This is an acknowledgement that **GOLNAZ KAMALI** and his/her manager have met and discussed **GOLNAZ KAMALI's** performance. To finalize the performance review, both the manager and the team member need to acknowledge that they have met to discuss the Annual Performance Review.

To Do:

1. After the Annual Review Discussion, **type your name below** and click the **Sign** button to acknowledge that **GOLNAZ KAMALI** and his/her manager have met and reviewed **GOLNAZ KAMALI's** performance
2. Click **Save and Continue** to go on to the Summary or click **Save and Exit** to exit the review and come back later.
3. When you are ready to submit the review, click the **Submit** button to complete this task.

Note: This acknowledgement only indicates that the employee and manager have met and reviewed **GOLNAZ KAMALI's** performance review. It does not indicate an employee's agreement with the content of the performance review.

X golnaz kamali
Team Member

7/21/2014
Date

X David Kang
Manager

7/21/2014
Date

Discipline for Misconduct



REVIEWER

SHAWNT BATMANIAN (Manager)

GOLNAZ KAMALI

PHARMACIST MULTI LOC UNASSIGNED HOURLY
Position

1158492
User ID

SHAWNT BATMANIAN
Manager

Walgreen Drug Store - 7015
Division

Overview

Task Instructions

Important: Employees should be disciplined in a fair and consistent manner for similar violations of policy or procedures
For Discipline Policy, [click here](#)

Basis for Discipline 3

Directions

Important: Employees must be disciplined in a fair and consistent manner for similar violations of policy or procedures
For Discipline Policy, [click here](#)

To search for examples, templates, and guides in the Employee Relations website, [click here](#)

Select a discipline level. Print a copy of the discipline for use as a reference during the conversation with the employee. Then click: "Save and Continue" and meet with the employee to deliver the discipline. The employee will be able to print this record from the acknowledgment section.

Additional Information

Basis for Current Conduct-related Discipline	Customer Service
Consequences if performance standards are not met:	Further Discipline up to and including Termination

Related Disciplinary History:

Comments

SHAWNT BATMANIAN (Manager): Verbal warning -
Given on 4/20/15 regarding, improper behavior, tone and use of personal Phone in Pharmacy
First Written Warning -
Given on 7/13/15 regarding a number of customer complaints, both verbally and through emails from customers to me
Shawnt Batmanian on 6/9/15 and 7/1/15. Golnaz was given her first written warning with the understanding that any further complaints would result in a Final Written warning.

Explanation for Current Discipline:

Comments

SHAWNT BATMANIAN (Manager): We continue to receive customer service complaints specifically two complaints from store 7556 and 10767. Specifically on 7/29/15 at store 7556 the basis of the complaint was a regular and known customer had presented a prescription for a controlled substance. After running a CURES Golnaz discovered the patient had been to other pharmacies for medication. According to the patient and technician on duty, Golnaz humiliated her in front of other patients in the waiting area by waiving the CURES paperwork in her face and blatantly accused patient of doctor and pharmacy shopping for narcotics in a loud and exclamatory manner. Golnaz also used unnecessary tone and language when the technician tried to communicate with her during this encounter, in which she says to technician "Keep out of it! The technician knew the patient and had information regarding a previous conversation on this very topic with the Pharmacy Manager (Sharlin) previous to this script being dropped off, but Golnaz would not let the technician explain. The customer called and spoke with Sharlin regarding the situation and was very upset, embarrassed and humiliated.

Discipline Level:

Discipline for Misconduct
GOLNAZ KAMALI

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Reviewer

SHAWNT BATMANIAN (Manager)

Rating Scale

Final Written Warning

Comments**SHAWNT BATMANIAN (Manager):** Manager - Shawnt Batmanian - Final Written WarningGolnaz is receiving this Final written warning due to continued failure to achieve minimum competencies such as:
Failing to communicate in an appropriate manner to both customers and pharmacy staff.

Discipline Meeting

Directions

The section below should provide the date when **GOLNAZ KAMALI** met with a manager to discuss this disciplinary action, and the name of the witness who attended this meeting.

Additional Information

When did the meeting take place? 8/24/2015
Witness' First Name and Last Name Cori Evans

Discipline Acknowledgement - Manager

Directions

The information in this disciplinary record, including the consequences for any further misconduct, failure to meet expectations, or for retaliation against anyone who provided information relating to this discipline, was provided to **GOLNAZ KAMALI**

Important: The progressive discipline policy is not a contract of employment between Walgreens family of companies and any employee. In most instances, an employee should not be terminated for a single misdeed or failure to work up to standard. However, serious misconduct may justify immediate dismissal.

X Shawn J. Altmanian
Manager

6/24/2015
Date

Discipline for Misconduct
GOLNAZ KAMALI

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Discipline Conversation Acknowledgement - Team Member

Directions

I, **GOLNAZ KAMALI**, met with a manager and was provided with the information contained in this Disciplinary Record, and allowed an opportunity to respond verbally, or in writing in the space below. I understand that further misconduct, or failure to meet expectations, will result in more severe discipline, up to and including termination. I am aware of the policy against retaliation and I agree not to retaliate against anyone who provided information relating to this discipline. I understand that any act of retaliation can result in immediate termination.

Important: The progressive discipline policy is not a contract of employment between Walgreens family of companies and any employee. In most instances, an employee should not be terminated for a single misdeed or failure to work up to standard. However, serious misconduct may justify immediate dismissal.

Signature indicates having read and understood this disciplinary record and the acknowledgement above; it does not necessarily imply agreement.

X golnaz kamali

Self

8/24/2015

Date

Discipline for Misconduct
GOLNAZ KAMALI

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Comments

Directions

Use the space provided below to respond to the discipline. Provide all relevant information that the manager should consider as the explanation, or that should be reviewed as part of the Open Door process. Employees who believe they have experienced or observed discrimination and/or harassment should report their complaint immediately to their choice of their Manager, their Manager's Manager, Vice President, Loss Prevention, or call the Confidential Hotline at 1-800-666-5677 or the Employee Relations Department at Corporate Headquarters (847) 315-4455. Loss Prevention and Employee Relations have both male and female staff available to investigate these matters.

Additional Information

Comments (Optional)

at store 7556 I do not think investigation was done properly or at all. The customer complained that I talked to her in front of other customers. That is a lie. The customer was at the consultation window and I was standing close to her. This should be evident from watching the cameras. It was not loud enough for anyone else to hear. Kristin the tech that I had fired previously when I was the pharmacy manager at CVS kept on calling the patient and urging her to make a complaint. Cory will ask Charlyn to watch the video and observe where the patient was standing and communicating with me. At store 10767 I made a decision based on professional judgment not to fill a high dose medication. At no point was I rude or unprofessional to the customer. another pharmacy called to transfer the Rx but after they found out she had already picked up a high quantity they refused the transfer. This is not a customer service issue. the customer was told that I need to speak with the prescriber before filling the RX. when Patient asked me if she is going to have withdrawals I said that I did not know and if she has any problems she should go to the ER.

Discipline for Misconduct
GOLNAZ KAMALI

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Final Acknowledgement - Manager

Directions

Signature confirms that the team member acknowledged receipt of the discipline, and that a manager reviewed and properly handled any comments that the team member made in response to the discipline.

X Shariq H. Khan
Manager

3/28/2016
Date

Discipline for Misconduct
GOLNAZ KAMALI

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Discipline for Misconduct



REVIEWER

SHAWNT BATMANIAN (Manager)

GOLNAZ KAMALI

PHARMACIST MULTI LOC UNASSIGNED HOURLY
Position

1158492
User ID

SHAWNT BATMANIAN
Manager

Walgreen Drug Store - 7015
Division

Overview

Task Instructions

Important: Employees should be disciplined in a fair and consistent manner for similar violations of policy or procedures
For Discipline Policy, [click here](#)

Basis for Discipline 3

Directions

Important: Employees must be disciplined in a fair and consistent manner for similar violations of policy or procedures
For Discipline Policy, click here

To search for examples, templates, and guides in the Employee Relations website, click here

Select a discipline level. Print a copy of the discipline for use as a reference during the conversation with the employee. Then click: "Save and Continue" and meet with the employee to deliver the discipline. The employee will be able to print this record from the acknowledgment section.

Additional Information

Basis for Current Conduct-related Discipline Customer Service

Consequences if performance standards are not met: Further Discipline up to and Including Termination

Related Disciplinary History:

Comments

SHAWNT BATMANIAN (Manager): Previous communication regarding customer service in March/April 2015 with Shawnt Batmanian (RXM) and Mr.Hoffmeister (store manager). ON 4/20/15 an ROD was provided regarding improper behavior, tone, and use of personal phone in pharmacy.

Explanation for Current Discipline:

Comments

SHAWNT BATMANIAN (Manager):
We continue to receive customer service complaints specifically two written complaints on 6/9 and 7/1 from customers as well as non-written complaints regarding poor attitude towards customers and rudeness. Also, we have received and continue to receive a number of complaints from store employees both front and pharmacy regarding poor attitude and/or rude tone towards them and customers.

Discipline Level:

Reviewer

Rating Scale

SHAWNT BATMANIAN (Manager)

Written Warning

Comments

SHAWNT BATMANIAN (Manager):
Golnaz is receiving this written warning due to failure to achieve minimum competencies such as;

Fails to respond in timely manner, losing potential opportunities with customers.
Does not fully understand or act as advocate for adoption of the basic principles that lead to extraordinary customer care.
Becomes defensive when mistakes are pointed out.
Does not treat all employees with dignity and respect.
Lack's passion for the business and demonstrates negative attitudes toward one's own work.
Lacks compassion and general interest in team members, is unapproachable, and lacks empathy for team members.
Inability to help with workflow leads to increased wait time and poor customer service.
Poor attitude towards customers and staff leads to hostile work environment and does not provide extraordinary customer care.

Discipline Meeting

Directions

The section below should provide the date when **GOLNAZ KAMALI** met with a manager to discuss this disciplinary action, and the name of the witness who attended this meeting.

Additional Information

When did the meeting take place? 7/13/2015
Witness' First Name and Last Name Angela Odom

Discipline Acknowledgement - Manager

Directions

The information in this disciplinary record, including the consequences for any further misconduct, failure to meet expectations, or for retaliation against anyone who provided information relating to this discipline, was provided to **GOLNAZ KAMALI**

Important: The progressive discipline policy is not a contract of employment between Walgreens family of companies and any employee. In most instances, an employee should not be terminated for a single misdeed or failure to work up to standard. However, serious misconduct may justify immediate dismissal.

X Shawntia Pittman
Manager

07/13/2015
Date

Discipline Conversation Acknowledgement - Team Member

Directions

I, **GOLNAZ KAMALI**, met with a manager and was provided with the information contained in this Disciplinary Record, and allowed an opportunity to respond verbally, or in writing in the space below. I understand that further misconduct, or failure to meet expectations, will result in more severe discipline, up to and including termination. I am aware of the policy against retaliation and I agree not to retaliate against anyone who provided information relating to this discipline. I understand that any act of retaliation can result in immediate termination.

Important: The progressive discipline policy is not a contract of employment between Walgreens family of companies and any employee. In most instances, an employee should not be terminated for a single misdeed or failure to work up to standard. However, serious misconduct may justify immediate dismissal.

Signature indicates having read and understood this disciplinary record and the acknowledgement above; it does not necessarily imply agreement.

X

Self

Date

Discipline for Misconduct
GOLNAZ KAMALI

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Comments

Directions

Use the space provided below to respond to the discipline. Provide all relevant information that the manager should consider as the explanation, or that should be reviewed as part of the Open Door process. Employees who believe they have experienced or observed discrimination and/or harassment should report their complaint immediately to their choice of their Manager, their Manager's Manager, Vice President, Loss Prevention, or call the Confidential Hotline at 1-800-666-5677 or the Employee Relations Department at Corporate Headquarters (847) 315-4455. Loss Prevention and Employee Relations have both male and female staff available to investigate these matters.

Additional Information

Comments (Optional)

I was presented with two written complaints. I explained my point of view to the store and pharmacy managers. In both complaints both customers lied and exaggerated about the facts. One customer wanted me to fill a prescription with a different name and date of birth under his name and I refused and he argued and insisted even after I TOLD HIM I HAD CALLED AND PAGED HIS DR AS THIS WAS AFTER HOURS. The other I don't even remember the conversation and it does not make sense to me about the this she is "venting" about. I disagree with Shawnt's written warning. I don't agree with or know what any of this is about. All I know and have told Shawnt is that the complains have come in only since he took over. I do respond in timely manner. I do not lose opportunities with customers. I do fully understand and act as advocate for adoption of the basic principals that lead to extraordinary customer care. No mistakes have been pointed out to me and therefore I have not been defensive. I do treat ALL employees with dignity and respect. I do not lack passion and general interest and do not demonstrated negative attitude toward my work. I do not lack compassion and general interest in team members, I am approachable and do not lack empty for team members. I am very able to help with work flow and multitasking. I do not have poor attitude with customers and staff. Hardly ever a complaint is received by other store's customers or employees. This should be considered. Why is this the only store getting complaints and the only store that the employees complain?

Final Acknowledgement - Manager

Directions

Signature confirms that the team member acknowledged receipt of the discipline, and that a manager reviewed and properly handled any comments that the team member made in response to the discipline.

X shawnt b. manan
Manager

17. 2018
Date