INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*\*

TIME RECEIVED June 9, 2016 7:12:34 PM CDT

REMOTE CSID 18189862299

DURATION

**PAGES** 

**STATUS** Received

01/04/2008 01:35

18189862299

LANA'S INSURANCE SER

PAGE 01/01

Golnaz Kamali

Redacted - Confidential PHI/PII

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	APPI	LICATION	V FOR EN	ИPLC	YMENT - An Equal Opp	ortunity	Employer	
First Name GOLNAŽ	MI	Last Name KAMALI			Preferred Name		urity Number	
Street Number Redacted - Confidential PHI/PII								
City or Town	State	Zip Code Redacted - Co	Email / onfidential PH	Address I/PII	:			
Primary Telephone No.	Ext	Tyne Red	acted - Conf	fidenti	Secondary Telephone No. al PHI/PII	Ext	Type	
Position Desired	☐ PH ☐ SP ☒ Ful	711 🔲 SP12 [		PHIA C SPIA C		X Pharmacy	Management	🔲 смі
Availability					License Details			
Are you available to work days?			YES 🗌 NO		License #: License type:		State:	Expiration:
Are you available to work nights?			YES NO	o 🗵	58210 Pharmacist License	3	California	02/29/2012
Are you available to work weekends?	?		YES X NO	<b>□</b>				
Are you available to work holidays?			YES 🔲 NO	o 🗵				
Are you available to work overnights?	?		YES 🔲 NO	x c				
When are you available to start worki	ing?		04/25/2011					
Walgreen's Policy	WWW.				Education			***************************************
Do you agree to be tested for drugs/s permitted by law and may be required			YES 🛛 NO	o 🗖	College University of New Mexico		Degree Doctor of Pharmacy	State Country NM US
Do you have legal authorization to wo	ork in the	United States?	YES X NO					
Will you now or in the future require a employment visa (for example, H-18			YES N	o ⊠				
Are you willing to submit to a criminal check?	l records l	background	YES 🛛 NO	o <b></b>	Are you interested in a clinical position? Special credentials or Certifications:		YES 🗖	№ □
Are you under 21 years of age?			YES 🔲 NO	X	Special dieucinals of Octavolations.			
Birthdate:			02/10/1	964	Language skills:			
How did you find out about Walgre	ens?	***************************************			Have you worked at a Walgreens store	or other	YES NO	X
Walgreen Employee					Walgreens facility?	<b>5.</b> 22.2.	· Name	<b></b>
* - * · · · · · · · · · · · · · · · · ·			<b>[]</b>	· 🔽	Name worked under: Dates Fro	im;	To:	
Is there a family member currently Walgreens?	Working	at	YES 📙 NO		Location:			
Family Member Name:					Store Manager Name: Position/Department:			
Location:					Why did you leave Walgreens?			
Have you ever been convicted of fe Description:	elony? A	conviction rec	ard will not nec	essarily	t bar you from employment.		YES [	NO X
					ou be disqualified or excluded from parti creening, because of convictions for prog		·	□ NO ⊠
- · · · · · · · · · · · · · · · · · · ·	e, penalty motor ve	y, reprimand, di	isciplinary actio	on or pi	eation, or other adverse action by any lice obstionary period (even if paid and/or res ther jurisdiction/state?		d by	□ № 🛛
References					Additional Reference			
Name					Name			
Title					Title			
Company					Company			
Phone					Phone			
City:					City:			
State:					State:			
Relationship					Relationship			

3 Most Current Employers			
Company Name Longs/CVS Supervisor Name T.C. Trial Job Duties	City/State santa clarita, California Supervisor phone# (502)552-6434	From To Rate of pay Reason for leaving 8/2006 4/4 64 Other May we contact this employer? YES X NO	***************************************
Company Name	City/State	From To Rate of pay Reason for leaving	
Supervisor Name	Supervisor phone#	May we contact this employer? YES NO	
Job Duties		YES II NO II	
Company Name	City/State	From To Rate of pay Reason for leaving	
Supervisor Name	Supervisor phone#	May we contact this employer?	
Job Duties		YES NO C	
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. ICRAs 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 ICRAs.

"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.

## 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 scriousness 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 Wilmot 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 the 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.

Welgreens 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 seliva.

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

x 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 Waigreens as a positive test result.

- x 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:
- x 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 Wafgreens, Quest Diagnostics, EMSf, 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 fallure 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. EOF, Minorities/Women/Disabled/Veterans

B 1	OTHER	52AVG	S  CD HRS	HRS  REG-OT\$  : AMOUNT  CD	VAC H	R VAC-\$	SK-HR SICK\$ HRS AMOUNT	GROSS-Š	OUNT CD HRS	FIT AMOUNT	FICA	MDCARE   MOUNT   CD	STATE	NET PAY C	BECK #   WK#		T TAX-LIAB-DT  AMOUNT
B C D	.00	.00		RPF .00 .00 1419.06 17.03			0000 42 59.	7500 S F 1419.06		050411 185.53	01 050411 59.60	20.58	O 44.48	02106 1091.84 9	4 50760857D19	050611	051311
B C	.00	.00	MC 79	.00 .00 4772.54	.00	00.	.00	4772.54	4772.54	1068.20	00 000000 200.45	69.20	376.90	3000.52 9	50957518D21	052011	052711
D B C D	.00	40.00		57.27 .75 560.77 4054.64 31 56.82	.00	.00	.00	4734.91	4734.91	1057.66	198.86	68.65	373.05	2979.87 9	51143586D23	060311	061011
B C D	.00	38.25	.00	.00 .00 4899.50 58.79	.00	.00	.00	4899.50	4899.50	1103.74	205.78	71.05	389.88	3070.26 9	51347375D25	061711	062411
В	.00	39.00	.00	.00 .00	.00	.00	.00	4809.87	4809.87	1078.65	202.02	69.74	E 380.72	3021.02 9	50041214D28	070111	070811
C D B	.00	39.25	77 .00	4809.87 57.72 .00 .00 5549.28 23		.00 463.06	.00	6012.34	6012.34	1415.34	252.52	87.18	503.73	3681.42 9	50251086D30	071511	072211
Ď	11.00	41.00	77 .00	72.15 .00 .00 4854.68	.00		.00	4854.68	4854.68	1091.20	203.89	70.39	385.30	2999.50 9	50449460D32	072911	080511
C	10.25	41.00	MC 65	46.15 .00 478.00 3913.63			.00	4391.63	4391.63	961.54	184.45	63.68	337.93	2745.18 9	50655191D34	081211	081911
D B ( C	10.25	40.25	38 .00 98 77	46.15 .00 .00 100.00 1.20	77 .00	52.70 .00	.00	100.00	100.00	25.00	4.20	1.45	10.23	57.92 9	50706618D34	081211	081911
-	11.00	40.25		.00 .00 4847.22 75 46.15	.00 77	0 .00 3.84 58.22	.00	4851.06	4851.06	1090.18	203.74	70.34	294.37	3088.06 9	50861544D36	082611	090211
B 6 C D	12.00	40.25	.00 MC 86 33#	.00 .00 5340.97 23 62.50		) .00 478.00 31 46.15	.00 22.41 77	5841.38 69.34	5778.88	1349.97	242.72	83.79	389.28	3597.63 9	51057925D38	090911	091611
[									07								
B 4 C	12.00	41.00		.00 .00 4780.00 62.50		.00 46.15	.00	4780.00		773.86	198.13	68.41	280.70	3293.64 9	51268594D40	092311	093011
-	38.00	41.00	"	.00 .00 2912.81		.00	.00	56.61 2912.81	2850.31	294.31	119.72	41.33	89.69	2224.90 9	51466123D42	100711	101411
	38.25	39.50		62.50 .00 .00 5048.88 62.50	38 -00 38	46.15 .00 46.15	.00	34.21 5048.88	4986.38	849.15	209.42	72.30	308.21	3441.32 9	50184517D44	102111	102811
_	39.75	39.50		.00 50.00 5544.50 62.50	.00		.00	59.83 5594.50	5532.00	1001.92	232.35	80.21	364.03	3740.95 9	50382585D46	110411	111011
-	<b>\$1.50</b>	40.00	15.75	.75 1008.28 5362.56 37 62.50	38 .00 2 38	55.00	.00	66.39 6425.84	6363.34	1234.70	267.26	92.27	449.07	4197.53 9	50595604D48	111811	112511
~	11.25	40.75	8.25 4	1.75 919.35 3809.06 23	.00		8 492.94 22.41	76.36 5736.70	5674.20	1041.74	238.31	82.28	378.57	3819.06 9	50795956D50	120211	120911

NO NO	
<b>NFORMATION</b>	
INFO	
HEALTH	
CONFIDENTIAL PROTECTED HEALTH II	
COTECTED	IAL
AL PRO	HIGHLY CONFIDENTIAL
NTIAL	SONFI
VFIDEN	GHLYO
Ö	일

C OTHER EARNINGS D OTHER DEDUCTIO	REG-HR OT HRS  REG-OT\$  VAC HR   CD HRS AMOUNT  CD HRS AMOU	VAC-\$   SK-HR SICK\$   GROSS-\$	MOUNT   CD HRS AMOUNT   CD HRS AMOUNT   CD HRS AMOUNT   CD HRS AMOUNT
D B 42.25 41.25 C D	33# 62.50 38 .00 .00 .00 .00 MC 92 5834.33 33# 62.50 38	46.15 77 68.09 .00 .00 5834.33 46.15 77 69.26	3 5771.83 1069.07 242.42 83.69 388.56 3872.68 951008116D52 121611 122311
B* YTD C* D*	42.7 6.2 3016.40 0.00 MC 259 77753.53 31 77 990.24 38	0.00 8 492.94 83020.03 164.32 23 24 1434.00 98 507.65 33# 500.00	

A SOC SE	C #	NAME		Pos	DATE	DIS LOC EST FRE	ol ra	TE MARISX	depisti so	m Ist-ote	്ന വേഷ	אר   שידעד _ זאפייי ! אי	anco I ne i	TMC i p paged or	107/17	.1		
B 12AVG	52AVG	REG-HR O	T HRS	REG-OTS   Y	VAC HR	VAC-\$ SK-HR S	CKS	gross-s I	Leansp-Lua	FIT	FICA	MUCADE	onco PS	NET PAY CHECK	L/U//13	 		
C OTHER	EARNING	S CDH	RS AM	OUNT	CD HR	S AMOUNT CI	HRS	AMOUNT	CD HRS A		CD HRS	AMOUNT	CD HRS	MODEL CHECK	# NY#			
D OTHER :	DEDUCTI	ONS CD	AMO		CD		CD	AMOUNT	CD	AMOUNT	CD	AMOUNT			HRS A		D HRS AMOUNI	
:									100	11100111	-	MOONI	(CD	AMOUNT	CD	AMOUNT	1 cm	AMOUNT
<u> </u>	G В	KAMALI		RPRH	1105	193 06347 0000 42	59.	7500 S F	0.7	050411	01 05041	1	177	001064				
B 47.00			.50	1926.94	.00	.00	.00		6796.57		285.46	98.55	400 OF	021064				
С		MC		4376.69		8.25 492.94		0,,,,,,	0/20.3/	1341.30	203.40	20.33	487.87	4468.67 951205	9853D I	123011	010612	
α		38		46.15	77	67.97												
				10115	′'	07.51												
												_						
B 48.25	42 25	.00	.00	.00	.00	0.0	0.0	C007 00	C005 00		00 00000							
c	30.42	MC	88.25			.00	.00	6027.29	6027.29	1126.51	253.14	87.40	409.18	4044.64 951408	3445D 3	011312	012012	
D		38	00.25	46.15		8.50 507.88												
2		36		40.10	77	60.27												
7 47 55	i	0.0											I					
B 47.25	42.50	.00	.00	.00	.00	.00	.00	4839.76	4065.40	587.22	203.27	70.17	208.47	2901.72 950113	3907D 5	012712	020312	
C		MC	80.50															
p		38		46.15	40#	774.36 016%	77	48.40										
B 47.50	42.25	.00	.00	.00	.00	.00	.00	6651.15	5586.97	1003.22	279.35	96.44	364.13	3731.17 950313	301D 7	021012	021712	
C			101.00														*****	
D		38		46.15	40#	1064.18 016%	77	66.51										
B 47.25	42.75	.00	.00	.00	.00	.00	.00	5747.32	5172.59	887.19	241.39	83.34	321.74	3535.31 950523	636D 9	022412	030212	
C		MC	91.50	5747.32												002112	030222	
D		38		46.15	40#	574.73 010%	77	57.47										
B 46.25	43.00	.00	.00	.00	.00	.00 14 83	6.51	4787.48	4308.73	648.05	201.07	69.42	233.37	3062.79 950721	178D21	030912	031612	
С		MC	65.75	3950.97										3002.13 330122		030312	031612	
D		38		46.15	40#	478.75 010%	77	47.88										
B 43.50	42.75	.00	.00	.00	.00	.00	.00	4369.22	3932.30	553.94	183.51	63.35	194.86	2846.80 950945	E7ED13	032312	033012	
Ċ		MC	72.75	4369.22								03.23	252.00	2040.00 950345	,,,,,,,,,	032312	033012	
D		38		46.15	40#	436.92 010%	77	43.69										
B 43.50	42.50	.00	.00	.00	.00	.00	.00	577.00	519.30	729.83	24.23	8.37	53.12	297.98 950988	250012	032312	022010	
C		98		577.00						225.20	2.1.23	0.37	32.74	231.30 330300	1252013	032312	033012	
D		40#		57.70 010%	3 77	5.77												
B 42.25	42.50	32.00	.25	1934.41	.00	.00	.00	4854.47	4369.02	663 12	203.89	70.39	239.53	2007 40 001243	156515		0.40040	
С		MC	48.25	2897.87	75	22.19			1505.02	44.000	203.09	70.35	233.33	3097.40 951141	TOPDIO	040612	041312	
D		38		46.15	40#	485.45 010%	77	48.54										
B 42.25	42.50	.00	.00		8.50	507.88	.00	4944.32	4449.89	604 03	207.66	71,69	247.81	22.40 20 004.44				
C		MC		4436.44				17.11.52	4447.07	004.03	207.00	71.69	247.81	3142.30 951346	52101717	042012	042712	
D		38		46.15	40#	494.43 010%	77	49.45										
B 39.75	42.25	.00	.00	.00	.00	.00	.00	4335.51	3907.16	E40 15	182.09	CO 05						
C		MC	71.43	4283.47		30.00			.04	342.13	102.09	62.87	190.03	2788.70 950036	515D19	050412	051112	
D		38		46.15	40#	428.35 010%		43.13	104									
				*****	-x 0 ff	420.55 010%	,,	43.13										
							60	5000										
B 38.25	42.00	.00	.00	.00	.00	.00	.00		4006 BC	E02 C2	100 50	CC 04						
c		MC	73.87	4541.14		.00	.00	4540.96	4086.85	592.62	190.72	65.84	210.69	2935.60 950238	579D21	051812	052512	
D		38		46.15	40#	454.11 010%	77	A = A =										
B 38.50	42.00	.00	.00	.00 1		1016.40		45.41	4450 **									
c		MC	47.97	2913.38			.00	4950.26	4457.46		207.92	71.78	246.31	3133.06 950426	291D23	060112	060812	
Ď.		38	21.27	46.15	40#			8.50 514	.25 68	22	.23							
B 40.00	42 25	.00	.00	.00	.00	492.80 010%		49.28										
C 40.00	42.23	MC				.00	.00	5974.56	5377.12	944.41	250.93	86.63	342.64	3646.43 950613	777025	061512	062212	
D				5974.38		.18												
B 41.00	40 25	38		46.15	40#	597.44 010%		59.75										
C 41.00	42.23	.00	.00	.00	.00	.00	.00	6200.08	5582.31	995.64	260.40	89.90	361.36	3744.68 950815	571D27	062912	070612	
*		MC		6002.22		175.45			.41									
D	40 ~^	38		46.15	40#	617.77 010%		61.77										
В 41.75 С	42.50	.00	.00		8.45	511.23	.00	5458.79	4912.93	814.44	229.27	79.15	295.16	3394.00 951002	909D29	071312	072012	
~		MC		4433.14		8.50 514.25			.17									
D		38		46.15	40#	545.86 010%		54.59										
B 42.50	42.50	.00	.00	.00	.00	.00 43 261	4.81	4882.85	4396.82	664.43	205.08	70.81	240.07	3099.10 951204	760D31	072712	080312	
С		MC	36.97	2245.46	68	22.58											000312	

C OTHER D OTHER	52AVG  EARNING DEDUCTI	S (CDH	RS AM	REG-OTS	VAC HR	DIS  LOC  E VAC-\$  SK B AMOUNT AMOUNT	-HR SICKŞ	ATE  MAR S   GROSS-\$   AMOUNT   AMOUNT	X FD ST  SCI   ADJ-GROSS  CD HRS 2  CD	FIT	CD SP-DT   FICA    CD HRS  CD	MDCARE	STATE    CD HRS	INS   B-DATE  01/07/13 NET PAY   CHECK #   WK# AMOUNT   CD HRS AF	PAY-END-DT TA	X-LIAB-DT HRS AMOU	
		TINUED)												,			
D		38		46.15	40#	486.03	010% 77	48.60									
B 42.25	42.50	.00	.00	.00	.00	.00	.00	4293.08	3863.77	536.81	180.31	62.24	187.85	2807.48 951392506D33	081012	081712	
C		MC 38	70.50				04.00 88										
B 42.25	42 50		.12	46.15 968.00	40# .00	.00	010% 77	42.93 4975.83		600 70	200 00	90.15	050 51	2255 50 65556565			
C	10.50	MC	65.38			.00	.00	49/5.65	4410.25	092.78	208.98	72.15	250.71	3157.72 950095022D35	082412	083112	
D		38		46.15	40#	497.58	010% 77	49.76									
B 41.25	42.50	.00	.00	.00	.00	.00	.00			699.10	210.99	72.85	253.02	3214.05 950283573D37	090712	091412	
n C		MC 38	73.26	4486.68 46.15	23 40#		4.25 68 010% 77	4.68	2.58								
B 41.00	42.25	.00	.00	.00	.00	.00	.00			864 57	237.63	82.03	313.51	3548.18 950488701D39	092112	092812	
C		MC	88.97				.17-		5552555	001.07	237.03	02.03	515.51	3340:10 930400701039	092112	092012	
D		38		46.15	40#	565.80	010%										
i i		KAMALI												007.054			
B 40.25	43.00	.00	.00	.00	.00	.00	.00	400.00	360.00	90.00	.00	5.80	36.83	021064 227.37 950713951D41	100512	101212	
C		98		400.00						20.00		3.30	50.05	227.37 930713931541	100312	101212	
D		40#		40.00 010													
B 40.25	42.25	23.77 MC		1456.23 3298.77	.00		2 151.25 2.41	4928.66	4438.03	675.24	176.91	71.47	244.30	3201.S5 950688470D41	100512	101212	
Ď		38	54.00	46,15	40#	490.63											
B 40.50	43.00	.00	.00	.00	.00	.00	.00	5058.48	4299.79	645.68	.00	73.35	232.40	3301.68 950924708D43	101912	102612	
č		MC	82.05				.53 75	1	0.74								
B 41.50	43 00	38 .00	.00	46.15 .00	40# 8.45	758.69 511.23	.00	E050 20	4006 33	530 16							
C	10.00	MC	73.72				2.94	5050.20	4296.11	639.16	.00	73.22	229.73	3284.91 951129289D45	110212	110912	
D		38		46.15	40#	754.09											
(																	
B 41.25	42.75	.00	.00	.00	16 45	995.23	.00	4885.21	05 4152.40	609.01	.00	20.04	0.5	2000 - 0 0000 / 00000			
C		MC	64.05			222.23	.18-	4000.21	4132.40	003.01	.00	70.84	217.39	3209.19 951340025D47	111612	112312	
D		38		46.15	40#	732.81											
B 41.75	42.50	.00	.00	.00	.00	.00	.00			709.51	.00	77.74	256.82	3447.78 950035717D49	113012	120712	
D		MC 38	79.29	4824.57 46.15	23 40#	8.50 51 800.82	4.25 68	2	2.58								
B 40.75	42.25	4.80	.00		.00	.00	.00	4542.47	3861.07	536.18	.00	65.87	187.59	2798.32 950232077D51	121412	122112	
C		MC	70.09				.17-					~~··			******	100116	
D		38		46.15	40#	681.40	015% 50	227.13									
B* YTD		107.8	1.0	6575.98	58.65	3541.97 5	9 3602.57	136114.23	121874.13	19558.37	4624.20	1973.66	7056.49	86068.58			
C*			1895.	21 117456	.56 23	50.75	3057.82	98	977.00			2.93 44		30.00 68	179.95 22	8.00	484.00
C* D*		31 38		175 1199.90		955 8	5 40#	14240.10	50	227.13							
_		55			• •	222.0	- ×0#	14240.10	30	22(.13							

	52AVG EARNING	S CD H	RS AM	REG-OTS P OUNT	T/VC E	R PT/VC-\$ SK-HR	SICKŞ	TE  MAR SX   GROSS-\$ AMOUNT AMOUNT	FD ST  SC ADJ-GROS  CD HRS  CD	S FIT	CD SP-DTI   FICA  CD HRS  CD	MDCARE	STATE    CD HRS		O-ACCR #  WK# HRS AM  CD	PAY-END-DT   T	05/14  CAX-LIAB-DT HRS AMOUNT  CD	r     Truoma
B 40.75 C	]G 42.00	KAMALI .00 MC	.00 64.22	.00 3928.27	8.00 23	193 06347 0000 484.00 8.50 514.25	.00 68	4948.75 22	4113.62 .23		01 05041: 300:86	L 70.36	1 207.18	021064 00 2578.50 950441		1158492 122812	010413	
D	,	33#		96.15	38	46.15	40#	738.98	015% 50	246.33	77	48.3	0					
Ĺ <u>"</u>											00 000000				1000	1158492		
B 41.25 C	41.50	.00 MC	.00 79.73	.00 4909.88	.00 23	.00 8.25 499.13	.00 68	5518.85	4387.29 .36- 97		322.31 0.20	75.38	237.48	2727.19 950636	880D 3	011113	011813	
ם D		23# 54		59.40 1.97	25# 77	11.73 51.99	29# 97	8.69 1.97	30#	30.14	33#	96.1	5 38	46.15	40#	811.35 0	15% 50	270.45
B 41.25	41.25	,00 MC	.00 75.15	.00 4655.48	8.00 68	484.00 21.70	.00 97	5271.38 110	4180.21	599.39	306.97	71.79	214.04	2613.90 950847	7173D 5	012513	020113	
D D		23# 54		59.40 1.97	25# 77	11.73 49.30	29# 97	8.69 1.97	30#	30.14	33#	96.1	5 38	46.15	40#	770.92 0	15% 50	256.97
B 41.25 C	41.25	.00 MC	.00 73.16	.00 4483.05	.00 22	.00 8.00 484.00	.00 97	5077.25 110	4011.94	562.74	294.94	68.98	199.05	2544.16 951043	3181D 7	020813	021513	
D D		23# 54		59.40 1.97	25# 77	8.00 484.00 11.73 47.57	29# 97	8.69 1.97	30#	30.14	33#	96.1	5 38	46.15	40#	745.06 0	15% 50	248.35
B 39.00	41.00	.00	.00	.00	.00	.00	.00	3772.91	2906.48	281.00	214.06	50.06	83.76	1993.56 951254	576D 9	022213	030113	
ם		MC 23#	59.61	3641.19 59.40	68 25#	21.52 11.73	97 29#	110 8.69	.20 30#	30.14	33#	96.1	5 38	46.15	40#	546.18 0	ስነፍ <del>ዬ</del> ፍበ	182.06
D B 39.50	40.25	54	60	1.97 1029.71	77 8.00	34.31 484.00 2	97 <sup>°</sup> 172.43	1.97										102100
c 23.30	40.23	MC	53.12	3233.43	68		- 97	5029.24 110	3971.05	552.65	291.96	68.28	194.92	2524.55 951451	.385D11	030813	031513	
D D		23# 54		59.40 1.97	25# 77	11.73 47.09	29# 97	8.69 1.97	30#	30.14	33#	96.1	5 38	46.15	40#	737.94 (	15% 50	245.98
B 39.50	40.50	8.00 MC	.48 63.57	527.56	8.20	496.10	.00	5019.36	4699.11	740.06	291.35	58.14	269.33	2991.46 950163	017D13	032213	032913	
D		23# 77		59.40 46.99	25# 97	11.73 1.97	97 29#	110 8.69	.20 30#	30.14	33#	96.1	5 38	46.15	50	245.45	54	1.97
B 38.50	40.50	.00 MC	.00 76.67	.00	.00	.00	.00 68	4980.98	4660.73		288.96	67.58	263.25	2961.31 950359	661D15	040513	041213	
о О		23# 77		59.40 46.40	25# 97	11.73	29#	8.69	30#	30.14	).20 33#	96.1	5 38	46.15	50	242.48	54	1.97
B 38.25	40.50		2.15	4995.79 110.20	.00	.00	.00	5105.99	4785.74	764.36	296.73	69.40	278.21	3033.25 950571	.701D17	041913	042613	
D D		23# 77		59.40 47.86	25# 97	11.73 1.97	29#	8.69	30#	30.14	33#	96.1	5 38	46.15	50	249.79	54	1.97
B 39.00	40.50		1.42 8.10	3504.77	23.70	1433.85	.00	5560.04	5239.79	885.57	324.86	75.97	322.49	3239.97 950768	3533D19	050313	051013	
ם ם		22 23# 77		490.05 59.40 52.18	25# 97	21.17 11.73 1.97	97 29#	110 8.69	30#	30.14	33#	96.1	5 38	46.15	50	271.43	54	1.97
B 40.75	40.75	79.35 25	1.25	4962.85 1028.50	.00 68	.00	61. .00 97	1000 6101.72 110	5781.47	1012.27	358.45	83.83	380.06	00 3543.15 950979	0000 9382D21	1158492 051713	052413	
D		23#		59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.1	5 38	46.15	50	299.57	54	1.97
B 41.50	41.00			57.82 3533.72		1.97 1472.51	.00	5642.32	5322.07	908.43	329.97	77.17	330.84	3279.18 951174	1537D23	053113	060713	
ם		23 23#	8.25	59.40	68 25#	21.81 11.73	97 29#	110 8.69	.20 30#	30.14	33#	96.1	5 38	45.15	50	275.52	54	1.97
D B 41.50	41.00	77 79.80	1.73	53.00 5034.32	97 .00	1.97 .00	.00	5144.53	4824.26			69.96	282.15	3051.80 951369		061413	062113	2.27
C		97 23#		110.20 59.40	25#	11 02												
D		77		48.24	97	11.73 1.97	29#	8.69	30#	30.14	33#	96.1	5 38	46.15	50	251.72	54	1.97
В 42.00	40.75	79.52	2.03	5044.72	.00	.00	.00	5176.55	4856.30	778.06	301.09	70.41	283.21	3055.16 950079	9892D27	062813	070513	

A SOC SE B 12AVG C OTHER	52AVG	NAME  REG-HR C GS  CD H	T HRS	KEG-CISIE	AL/VC H	DIS  LOC  EST  R PT/VC-\$ SK-  S AMOUNT	FREQ  RA	GROSS-S	ADJ-GROS	S FIT	FICA	MDCARE   S	STATE	INS   B-DATE  PT NET PAY   CHECK	#   WK#	PAY-END-DT   T	AX-LIAB-DI	
D OTHER	DEDUCT	IONS CD		OUNT	CD AK	AMOUNT	CD RKS	AMOUNT	CD HRS  CD	AMOUNT	CD HRS  CD	AMCUNT AMOUNT	CD HRS		HRS AM	OUNT   CD AMOUNT	HRS AMOUN	THUOMA
	(00)	NTINUED)											·				,	
D		68		21.63		110.												
מ		23# 77	•	59.40 48.35	25# 97	11.73 1.97	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	252.24	54	1.97
B 42.00 C	40.75	23	8.25	4004.50 504.08	8.15 97	497.97 110.	.00	5116.75	4796.50	767.38	297.38	69.55 2	279.31	3038.44 950275	028D29	071213	071913	
D D		23# 77	<b>!</b>	59.40 47.96	25# 97	11.73 1.97	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	250.33	54	1.97
B 41.25 C	40.50		. 1.95	4548,59 21.49	8.00	488.80 110.	.00	5169.04	4848.79	776.01	300.63	70.31 2	82.46	3051.63 950484	355D31	072613	080213	
D D		23#	<b>!</b>	59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	251.87	54	1.97
_	40.50	77 55.33 22	1.67	48.25 3533.72 488.80		1.97 977.60 8 110.		5599.12	5278.87	902.44	327.29	76.54 3	28.65	3270.57 950678	189D33	080923	081613	
D —		23#		59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	274.45	54	1.97
D B 41.25 C	40.75	77 39.82 68	.52	52.78 2480.65	97 40.00	1.97 2444.00 110.	.00	5035.04	4714.79	744.45	292.31	68.37 2	70.93	2999.02 950891		082313	083013	2.7.
ā		23#	Ŀ	59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	246.23	54	1.97
D B 41.25	40.75	77 63.25	1 22	47.15 3976.39	97 8.00	1.97 488.80	0.5	5102.40									•	1.51
c	40.70	23	8.25			456.50	.00 63 97	5101.10 110	4780.85	756.94	296.42	69.32 2	75.49	3018.85 951086	969D37	090613	091313	
D		23# 77	!	59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	248.46	54	1.97
B 41.00	40.75	79.20 97	1.45	47.59 4972.01 110.20	97 .00	1.97 .00	.00	5082.21	4761.96	757.70	295.24	69.05 2	75.77	3021.83 951295	457D39	092013	092713	
D		23#		59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	248.60	54	1.97
D B 41.00	40.75	77 79.32	1.75	47.62 5006.84	97 .00	1.97 .00	.00	5138.67	4818.42	767 46	200 24	55.05.5		2010 00				
С		58		21.63	97	110.		3130.07	4010.42	767.46	298.74	69.86 2	79.34	3046.88 951489	932D41	100413	101113	
D D		23# 77	:	59.40 38.02	25# 97	11.73 1.97	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	250.34	54	1.97
c	40.75	79.45 97		5067.94 110.20	.00	.00	.00	5178.14	4857.89	784.56	301.19	70.44 2	85.59	3116.56 950220	654D43	101813	102513	
D O		23# 97		59.40 1.97	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	253.40	54	1,97
B 40.50 C	40.75	47.08 68	2.25	3082.79 21.63		947.05 16 110,	977.60 20	5139.28	4819.03	767.63	298.78	69.88 2	79.40	3085.19 950431	815D45	110113	110813	
D D		23# 97		59.40 1.97	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	250.37	54	1.97
-	40.75	38.98 MC	.10 8.57	2390.84		1035.65 16 .80 48.	977.60 88 97	5104.22 110	4783.97	763.87	119.81	69.37 2	78.03	3257.04 950650	097047	111513	112213	
D D		23#		59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	249.70	54	1.97
B 39.75 C	40.75	97 61.37 23	.43 8.25	1.97 3789.12 504.08	.00 68	.00	.00 63 97	4425.03 110	4104.78	580.55	.00	59.52 2	06.33	2975.94 950848	643D49	112913	120613	
D		23#		59.40	25#	11.73	29#	8.69	30#	30.14	33#	96.15	38	46.15	50	214.66	54	1.97
D B 39.50 C	40.25	97 76.07 68	1.23	1.97 4760.61	.00 - 97	.00 2 110,	152.75	5023.20	4702.95	741.28	.00		69.77	3332.25 951050		121313	122013	1.51
D		23#		59.40	25#	11.73	20 29#	8,69	30#	30.14	33#	96.15	38	46.15	50	245.67	54	1 00
D		97		1.97			**			*****	23#	20.13	30	40.13	οv	245.67	34	1.97
B* YTD C* D*		1207.9 MC 33	553.	76247.44 1 80 34097 2499.90	.94 2	11734.33 44 3 49.75 1199.90	3029.70	133461.67 68 4350.43	258.48	18943.75 97 6522.42 77	2755		.90	77351.34 1511.73 31 185.00 25#	293.2	29.34 25		1028.50
															2000			

Z

A SOC SEC B 12AVG C OTHER E D OTHER E	52AVG  EARNING	S CD H	rs An	REG-OT\$ P 40UNT	T/VC H	R PT/VC-\$ SK-HR	SICK\$	TE  MAR SX   GROSS-\$ AMOUNT AMOUNT	FD ST  SO   ADJ-GROS  CD HRS  CD	SS FIT	CD SP-DTM   FICA  CD HRS  CD	MDCARE   STATE AMOUNT   CD HRS	INS   B-DATE  PTO-ACCR   NET PAY   CHECK #   WK B AMOUNT   CD HRS A CD AMOUNT   CD	#   PAY-END-DT   T	3/15  AX-LIAB-DT  HRS AMOUNT  CD	
B 38.50 C	G 40.50			RPRH 3022.92 0 488.80	.00	193 06347 0000 - .00 12 21.45	740.53	1000 S F 4383.91 110	4063.69		01 050411 251.95	1 I 58.92 198.90	BA23 021064 02031 2669.57 951262774D 1	1158492 122713	010314	
D D		23# 97		59.40 1.97	25#	11.73	31#	30.14	33#	96.16	38	46.15	50 212.61 54	1.97	77 .	40.42
C	40.25	23	8.00		44	74.54 30.00		4264-95			00 000000 251.62	58.85 199.36	U3O3 02O31 2644.30 951462128D 3	1158492 011014	011714	
D		30# 78.75 30#	2.15	104.49 5008.68 104.49	33# .00 33#	96.16 .00 95.16	38 .00 38	46.15 5008.68 46.15	50 4802.10 50	211.16 760.25 250.43	54 297.73 54	69.63 276.64	77 40.47 3053.31 950173521D 5 77 48.02	012414	013114	
B 37.50 C		79.55 68	3.12	5146.46 32.62	.00	.00	.00	5179.08	4948.70	792.16	306.83	71.76 288.30	B303 02031 3104.46 950370276D 7	1158492 020714	021414	
D B 38.50 D	39.75	30# 79.58 30#	1.93	128.29	33# .00 33#	96.16 .00 96.16	38 .00 38	46.15 5039.22 46.15	50 4761.30 50	257.32 748.81 251.96	54 295.20 54	69.04 272.46	77 49.16 3030.06 950583197D 9 77 47.62	022114	022814	
B 38.75 C	40.25	79.65 68 30#	2.25	5072.83 32.62 128.29	.00	.00 96.16	.00	5105.45	4827.5		299.30	70.00 275.90	3043.76 950780244D11	030714	031414	
~		69.67 29#		4441.97 1.48 3928.74	8.00 30#	488.80 47.60-	.00 31# .00	4930.77 128.29 4938.96	4748.0! 33# 4708.6	731.77 96.16	54 294.38 38	68.84 266.24 46.15 5	77 47.94 3046.65 950993128D13 50 246.54 54	4.39	032814 77	47.48
C D		68 29#		32.62 1.48	31#	128.29	33#	96.16	38	46.15	291.94 50		2988.90 951190775D15 54 4.39 77	040414 45.76	041114	
D B 40.50		11 55.60		5051.44 538.54 3532.80		.00 1.48 1466.40	.00 31# .00	5051.45 128.29 5031.82	4821.13 33# 4801.5	96.16	298.91 38 297.69	69.90 278.58 46.15 5 69.63 273.24	2522.70 951409542D17 50 252.57 54 2499.59 950122537D19	4.39	042514 77 050914	48.22
С Б		68 11		32.62 534.00	29#	1.48	31#	128.29	33#	96.16	38	46.15	50 249.96 54	4.39	77	47.69
<u> </u>	j							9500					02031	1158492		
B 40.50	40.25	79.20 11	1.30	5027.24 536.61	.00 29#	.00 1.48	.00 31#	5027.24 128.29	4796.93 33#	3 758.78 96.15	297.41	69.55 276.11	2513.00 950345711D21		052314	
_	40.25		1.03	3546.32	13.82	856.15 32.62	.00	4930.70	4700.3		38 291.43	46.15 5 68.16 262.89	50 251.36 54 2458.99 950543002D23	4.39 053014	77 050614	47.96
D	40.00	11		525.95	29#	1.48	31#	128.29	33#	96.15	38		50 244.90 54	4.39	77	46.68
B 40.00 D	40.00	71.35	1.30	4540.93 527.88	6.08 29#	376.66 1.48	.00 31#	4917.59 128.29	4687.2: 33#	3 728.08 96.15	290.61 38	67.96 264.89 46.15 5	2468.96 950748866D25 50 245.88 54	061314 4.39	062014 77	46.87
B 40.25 C	40.00		3.03	5186.14 32.95	.00	.00	.00	5219.09	4988.7		309.30	72.34 292.36			070314	46.87
D B 38.50	40.00	11 39.65 23		548.90 2593.84 0 495.60		1.48 766.32	31# .00	128.29 3855.77	33# 3625.40	96.15 459.49	38 224.78	46.15 5 52.57 156.26	50 259.31 54 2018.20 951164424D29	4.39 071114	77 071814	49.56
Ď		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 C	39.50	68	2.98	5220.52 32.95	.00	.00	.00	5253.48	5023.1	7 812.91	311.44	72.84 295.88	2588.44 951381479D31			
D B 38.75	39.50		2.22	551.63 4661.72	29# 8.00	1.48 495.60	31# .00	128.29 5157.33	33# 4927.0:	96.15 795.21	38 305.47	46.15 9 71.44 289.41	50 261.03 54 2565.22 950081825D33	4.39	77	49.90
D B 37.25	39.50	8.53		546.98 599.98	29# .00	1.48 .00	31# .00	128.29 3845.54	33# 3615.2	96.15 456.93	38 224.15	46.15 5 52.42 155.22	50 257.87 54 2013.83 950296285D36	4.39 082214	77 082914	49.27
D B 37,50	39.00	MC 11 .00	.00	438.10	29# .00	1.48	31#	128.29 5116.94	33# 4886.6	96.15	38 302.97	46.15 5 70.85 281.97	50 192.28 54 2533.88 950495356D38	4.39 090514	77 091214	36.15
c		MC		1 4604.43	23	7.75 480.11	68	32	.40					030214		
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

A SOC SEC #  B 12AVG 52AV C OTHER EARNI D OTHER DEDUC	G REG-HR C NGS  CD I TIONS CD	OT HRS  RE	EG-OT\$   PI VT	YVC H	DIS  LOC  EST R PT/VC-\$ SK- S AMOUNT AMOUNT	HR SICK\$	TE  Mar S)   GROSS-\$ AMOUNT AMOUNT	ADJ-GROS:	s  fit AMOUNT	FICA	MDCARE	STATE  CD HRS	NET PAY CE	ieck #  Wki  CD HRS AN	EMP-ID  01/0   PAY-END-DT 1  OUNT   CD   AMOUNT	AX-LIAB-DT	 T     AMOUNT
[	ONTINIED																
B 36.75 39.0		.00	.00	.00	.00	.00	4597.62	4367.31	644 - 95	270.77	63.33	232.16	2334.98 950	3715406D40	091914	092614	
C	MC	73.36							0	2.0.,,	00.00	202.20	2334.30 33	11234001340	031314	092024	
מ	11		1.41	29#	1.48	31#	128.29	33#	96.15	38	46.	15 50	229.88	54	4.39	77	43.68
В 37.75 39.0		.00	.00	.00	.00	.00	4626.67	4396.36	644.26	272.57	63.75	231.87	2331.73 950	914874D42	100314	101014	
C	MC		4594.83		31.												
D	11	500	3.81	29#	1.48	31#	128.29	33#	96.15	38	46.	15 50	229.74	54	4.39	77	43.64
					193 07015 000	in.					141017			02027	7250400		
B 37.00 38.7	5 31.92	.63 20	35.98	.00		.00	4541.55	4311.24	630.94	267.30		226.42	2311.03 953	02031	1158492 101714	102414	
С	MC	40.17							0.01,71	20,150	VB.31	220112	4344103 33		101/14	102414	
D	11		5.69	29#	1.48	31#	128.29	33#	96.15	38	46.	15 50	227.08	3 54	4.39	77	43.12
B 37.00 38.5		1.27 16		7.80	483.21	.00	5106.20	4875.89	772.05	302.31	70.70	280.95	2561.83 953		103114	110714	
С	MC	48.05			31.												
D	11	545	5.65	29#	1.48	31#	128.29	33#	96.15	38	46.	15 50	253.73	3 54	4.39	77	10.95
[	1																
B 37.00 38.5	j N 23.95	1.00 15	576 62 1	5 AA	954.03	45	3819.84	3613.56	456 50	224.04	FO 40	150.00	0040 64 054	02031	1158492		
C	MC	20.75		.3.40	334.03	.00	3013.04	3013.50	400.02	224.04	52.40	155.05	2048.64 950	055789048	111214	112014	
Ď	11		7.77	29#	1.48	31#	128.29	33#	72.12	38	46.	15 S	190.99	9 54	4.39		
B 36.25 38.2	5 31.98			.00	.00	.00	4553.33	4347.05		269.51		226.88	2352.44 950		112614	120414	
C	MC	39.27		68	31.	29									22202	200121	
D	11		9.58	29#	1.48	31#	128.29	33#	72.12	38	46.	15 50	226.10	54	4.39		
B 36.25 38.2				8.00	495.60	.00	4587.46		648.42	204.39	63.53	233.58	2434.11 950	474995D52	121014	121814	
C	MC		1471.31			11 102		7.50									
D	11		1.51	29#	1.48	31#	128.29		72.11	38	46.				4.39		
B 43.00 38.0		.42 20		6.00	991.20	.00	4461.33	4255.07	616.89	.00	61.70	220.67	2552.28 950	0692643D52	121014	121814	
C D	MC 11	23.40	1451.80	29#	1.48	31#	700 55	224	mc								
D	11	234	1.31	29#	1.48	31#	128.29	33#	72.10	38	46.	15 50	223.0	7 54	4.39		
B* YTD					8426.11 12							6675.93	69265.49				
C*						2929.02		389.27			0.20 44		30.00 102		7.50		
D*		3#	59.40		11.73		2724.23		2500.00 38		1246.05 5	0 (	5400.75 54	116.	.11		
D*	7	7 1	1016.36	97	1.97	30#	546.25	29#	31.08 11		9761.09						

A SOC SE		NAME	POS	DATE	DIS LOC EST F	reo ra	TE   MAR   SX	FD ST  SC	HD ST-DTE	CD SP-DT	EITRN-DTEIM	(GRCO LPS )	INS   B-DATE   PTO	)-bccel	PMP_TDL A1/A	c/161	
B 12AVG	52AVG	REG-HR C	T UKO   KEG-OID 6	TAAC E	IR PT/VC-5 SK-HR	SICKS	GROSS-\$	ADJ-GROS	S FIT	FICA	MDCARE	STATE	NET PAY CHECK	# [WK#]	PAY-END-DTIT	DV TO   AX - I.YAR - DT	ı
C OTHER :							THUUMA	CD HRS		CD HRS	AMOUNT	CD HRS	AMOUNT CD H	IRS AMO	UNT  CD	HRS AMOUN	T
D Olask	DEDUCTI	ORSICO	AMOUNT	CD	AMOUNT	CD	AMOUNT	CD	TRUOMA	CD	AMOUNT	'  cr	TRUUOMA	CD	TRUOMA	CD	AMOUNT
	G	KAMALI	RPRH	1105	193 07015 0000	45 61	9500 5 5	07 05	060411	01 05041			D200 001001 00-				
B 38.00	38.50	16.00	.22 1011.64	.00	.00	.00	5063.24	4754.78		294.80	68.94	263.59	B303 021064 021 2446.95 9508924		1158492 010715	011515	
C		MC	49.21 3091.62	23	15.00 929.25			.73	,25,54	251.00	00.54	203.39	2440.33 3300324	1900 2	010/12	011515	
D		11	544.91	29#	31.80	31#	176.76	33#	96.16	38	80.7	7 50	251.63	54	3.74	77	42.52
(	i											-		•	3,71	,,	72.35
7 26 76		22.05	27 2224 22							00 00000	0		021	131	1158492		
B 36.75 C	18.75	31.95 MC	.27 2004.38 33.28 2106.62	.00	.00	-00	4111.00	3802.54	497.51	235.75	55.14	169.32	2056.42 9511065	52D 4	012115	012915	
D		11	467.86	29#	31.80	31#	176.76	224	00.00								
B 35.75	38.50		1.12 2578.97	8.00	495.60	.00	4148.45	33# 3839.99	96.16	38 238.08	80.7			54	3.74	77	34.22
C		MC	16.55 1042.31		31.57	.00	3740.43	3039.99	420.20	230.00	55.68	169.93	2056.87 9513076	23D 7	020415	021215	
D		11	467.99	29#	31.80	31#	176.76	33#	96.16	. 38	. 80.7	7 50	205.84	54	3.74	77	34.26
B 35.75	38.00		.37 2012.44	8.00	495.60	.00	4475.27	4166.81		258.35	60.42	206.59	2212.27 9500217		021815	022615	34.28
<u>c</u>		MC	31.73 1967.23											.,,	021015	022013	
D 25 50	20.00	11	498.57	29#	31.80	31#	176.76	33#	96.16	38	80.7	7 50	223.76	54	3.74	77	37.50
B 35.50	38.00	36.33 MC	.37 2285.02	.00	.00	.00	4379.31	4070.85	556.91	252.39	59.03	193.63	2156.06 9502220	008D10	030415	031215	
ם		MC 11	32.80 2053.56 487.54		30.73												
_	37.75	8.50	.35 559.11	29#	31.80 1920.45	31# .00	176.76 4495.10	33#	96.16	38	80.7			54	3.74	77	36.36
c		MC	32.35 2015.54		******	.00	4473.10	4186.64	593.54	259.57	60.70	208.62	2220.75 9504370	67D12	031815	032615	
D		11	500.25	29#	31.80	31#	176.76	33#	96.16	- 38	80.7	7 50	224.76	54	3.74	77	27 60
B 35.00	37.50	40.00	1.22 2591.37	.00	.00	.00	4709.84	4401.38		272.89	63.82	227.47	2297.62 9506376		3.74 040115	040915	37.68
С		MC	33.12 2088.02		30.45				******		03.02	22/12/	2277.02 3300310	01013	040113	040913	
D		11	515.44	29#	31.80	31#	176.76	33#	96.16	38	80.7	7 50	233.97	54	3.74	77	39.34
B 35.00	37.50	.00	.00 .00	.00	.00	.00	1000.00	1000.00	250.00	62.00	14.50	102.30	427.87 9506665		040115	040915	22.01
מ		121 11	1000.00 84.33		55.00												
B 36.25	37.50		.22 1991.69	50 .00	50.00 .00	77	9.00	1066 10									
c	JJ0	MC	49.09 3083.25	.00	.00	.00	5074.94	4766.48	741.82	295.52	69.12	267.94	2466.02 9508745	24D17	041515	042315	
D		11	548.65	29#	31.80	31#	176.76	33#	96.15	38	80.7	7 50	253 85				
B 36.75	37.50	31.92	.15 1991.37	8.00	495.60	.00	4555.63	4247.17		263.32	61.58	211.72	253.75 2231.79 9510760	54 197020	3.74 042915	77 050715	42.89
С		MC	32.57 2038.48		30.18							2221/2	2231.75 7310700	0 10 10	042915	050115	
D		11	502.46	29#	31.80	31#	176.76	33#	96.16	38	80.7	7 50	226.27	54	3.74	77	37.96
1																	
B 37.00	j	32 00	.50 2028.86	.00	249 07015 0000	.00	4644 60						021		1158492		
c	3,.23	MC	41.09 2581.76		.50 30.98	.00	4641.60	4333.14	630.16	268.66	62.83	223.60	2283.44 9512765	81D22	051315	052115	
D		11	512.60	29#	31.80	31#	176.76	33#	96.16	38	80.7		220.00				
B 37.00	37.00	23.55	.07 1455.42	7.50	464.63	.00	4397.38	4088.93		253.51	59.29	7 50 195.56	232.08 2164.23 9514896	54	3.74 052715	77	39.00
С		MC	31.77 1972.80	23	7.50 464.63	68		.90	352.03	255.51	33.23	133.30	V104.50 3014030	132024	052715	060415	
D		11	489.14	29#	31.80	31#	176.76	33#	96.15	38	80.7	7 50	218.37	54	3.74	77	36.53
B 37.00	37.00		.67 2044.67	7.45	461.53	.00	4525.45	4217.00	601.13	261.45	61.15	211.72	2233.75 9501895		061015	061815	30.55
D		MC 11	32.28 2019.25	2011				_									
B 37.75	36 75		502.81 .95 2064.49	29# .00	31.80 .00	31#	176.76	33#	96.15	38	80.7			54	3.74	77	37.95
c		MC	49.81 3150.77		29.90	- 50	5245.16	4936.71	781.11	306.08	71.58	282.29	2520.55 9504040	65D28	062415	070215	
D		11	559.51	29#	31.80	31#	176.76	33#	96.15	38	80.7	7 50	260 86				
B 38.25	36.75	23.95	.60 1539.45	7.40	458.43	.00	5569.74	5261.29			76.29	318.61	260.76 2665.38 9506037	54	3.74 070815	77	44.16
c		MC	48.01 2985.99	23	7.25 449.14	68		-56- 75		.38 160		23.90	2000.00 0000000	571130	0.0012	071615	
D	20	11	588.20	29#	31.80	31#	176.76	33#	96.15	38	80.7		278.52	54	3.74	77	47.36
B 39.25	37.25		.17 1143.28 3	17.87	1107.05	-00	5353.41	5044.96	819.79	312.79	73.15	296.42	2578.09 9508169		072215	073015	47130
C D		MC	49.34 3103.07	00"	22.00									-	·		
B 40.50	37 50	16 00	570.88 .07 997.65 1	29#	31.80 638.09	31#	176.76	33#	96.15	38	80.7			54	3.74	77	45.40
c	50	MC	61.66 3897.32		29.90	.00	5562.96	5254.51	870.09	325.78	76.19	314.80	2648.43 9510155	84D34	080515	081315	
D		11	584.88	29#	31.80	31#	176.76	33#	96 15	20		<b>"</b>	555 55				
B 40.75	37.50		.12 1922.29	.00	.00	.00	4529.78	4221.33	96.15 602.21	38 261 72	80.7 61.21	7 50 212.17		54	3.74	77	47.02
									VV4121	-04.72	27.57	e14.1/	2235.59 9512286	95050	081915	082715	

TH INFORMATION	
CONFIDENTIAL PROTECTED HEALTH INFORM	LY CONFIDENTIAL
CONFI	HIGHLY

A SOC SEC # B 12AVG 52AVG C OTHER EARNING D OTHER DEDUCT	S   CD H	T HRS REG-	OT\$ PT/VO	E DIS  LOC   29 HR PT/VC-\$ SI HRS AMOUNT AMOUNT	K-HR SICK	ATE  MAR S \$  GROSS-\$ AMOUNT AMOUNT	X FD ST  SCI   ADJ-GROS:  CD HRS :  CD	FIT	PICA	E TRN-DTE M   MDCARE   AMOUNT AMOUNT	STATE    CD HRS	AMOUNT CE		PAY-END-DT		
i !	NTINUED)															
C	MC	41.35 26	07.48													
D	11	503.1			31#	176.76	33#	96.15	38	80.7	77 50	226.49	54	3.74	77	38.00
B 42.00 37.75	39.10	.27 2447	.33 6.1	0 377.90	.00	5539.98	5231.53	863.58	324.35	75.86	312.42	2615.05 95142	26453D38	090215	091015	
C	MC	41.90 26		30	0.00 68	3	0.18									
D	11	578.5			31#	176.76	33#	96.15	38	80.7	77 50	273.99	54	3.74	77	46.81
B 41.75 37.75	23.95	.13 1495		0 495.60	.00	5023.53	4715.08	727.42	292.34	68.37	262.68	2445.35 95013	37919D40	091615	092415	
С	MC		67.51 23													
D	11	544.5	4 29	# 31.80	31#	176.76	33#	96.15	38	80.7	77 50	251.18	54	3.74	77	42.43
(																
L							00		58 09241	5		(	2131	1158492		
9 41.75 38.00			.60 7.3	7 456.57	.00	2921.55	2613.10	199.85	162.24	37.94	52.74	1543.17 97017	75200 42	093015	100815	
c	MC		69.38													
a	11	366.7	'9 29	# 31.80	31#	176.76	33#	96.15	3.8	80.7	77 50	146.08	S4	3.74	77	23.52
B* YTD	547.9	7.8 34670								1292.79 4	4704.12	46505.65				
C*	MC	780.44			2307.65		272.98	121	100	0.00 160	2.50	154.88 75		13.38 44		30.00
D*	11		.9.04 29#	636.00	31#	3535.20	33#	1923.10 3	8	1615.40 50	3 4	751.02 54	74.	80		
D*	77	79	9.93													

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

#### Code Description Code Description Deferred Compensation Payment, not Profit Code Description Transfer Incentive (Bonus) Sharing eligible Miscellaneous Bonus Store Manager Bonus Sign On Bonus PMs for Scripts Taxable Personal Use of Company Car **Executive Assistant Manager Bonus** Dock Pay, used in Kronos to reduce salary Jury Outy Pay - Fulf Day Funeral Pay New Jersey Oisability Pay 52 Sick Pay - In Hours Pharmacy Manager Bonus Health Club Reimbursement of Dues Third Party Disability Pay Taxable Amount of Relocation Bonus Retention Bonus 54 55 Retention Bonus - Not Profit Sharing Eligible Severance Pay, not Profit Sharing eligible Referral Bonus Relocation Incentive 10 New Jersey Orsaonity Pay Retro Pay (Carpenters) Promotional Money - Photo Sales Promotional Money - Cosmetic Sales Miscellaneous Non-FICA Taxable Maintenance Military Outs Tax. Deceased Employee Payment Long-Term Disability Pay Over 6 Months 12 13 57 58 Long-Term Disability Pay Over 1 Year Profit Sharing Restoration Company-Paid Insurance for Adult Child 98 99 Pharmacy Staff Bonus Duane Reade Beauty Advisor Bonus 15 Vacation Nontaxable Moving Expense Taxable Amount of Discounted Stock Purchase Military Duty Pay Gross Up Pay Code for Gift Cards Duane Reade Tips Commissions (WHS Sales Bonus) Special Holiday/Anniversary Day Company Holiday Taxable Scholarship Program Pay in Jim of Macation Military Duty Pay Orane Reade Tips Tip Supplement 17 62 181 Hip Supprement Value of Gift Card State Disability Pay > 6 mos. New Jersey State Disability Pay > 6 mos. Insurance Premium - Company Portion Gift Card Gross Up Pay Domestic Partner Equalization Mobility Premium for International Employee International Relocation Allowance International Relocation Allowance Global Relocation Expense Global Relocation Expense Global Tax Equalization Global Tax Equalization Iaxes Paid to Host Country Iaxes Paid to Host Country Bonus Payment Deferred Compensation Payment, Profit Sharing eligible Value of Gift Card 22 103 Exercise of Stock Options Midplan Payment (Exocutive Deferred 24 25 27 65 105 Pay in Lieu of Vacation Sick Pay - Partial Day Performance Strace - Taxable Share Award Disability Pay - Partial Disability Pay - Full Premium Pay Payment) Company-Paid Contribution to Profit Sharing Midplan 107 28 Company-Paid Life Insurance 30 Company Paid Life Insurance Over \$50,000 Executive Life Insurance 31 32 Adjusted Rate of Pay PR Holiday Gift 33 34 Performance Incentive Company-Paid Life Insurance for Domestic Promotional Money - Non-Cosmetic Sales Miscellaneous Earnings Padner 74 Excess Taxable Interest on Deferred 35 115 Excess resources Compensation Overtime Differential Pay Senior Pharmacy Technician Bonus Payments, not Profit: Salaried Pharmacist B Pay for Additional Shifts Worked 75 118 Shorted Hours from Previous Pay Period Bonus Payment Retro Pay, raise not processed finely Car Allowance for Business Use of Personal Miscellaneous Payments, not Profit Sharing 120 121 Bonus Payment eligibte Bonus Payment District Manager Bonus 78 122 Bonus Payment Promotional Money - Prescription Savings Pharmacy Supervisor Bonus Earned Income Credit, federal tax Bonus Payment Bonus Payment 81 124 Company-Paid Membership for Prescription Performance Share Dividend Award - Taxable Taxable Benefit (Loyalty Points) Savings Club 126 Commission Frozen Vacation Sales Bonus 83 Performance Share Cash Award - Taxable 127 Taxable Income for Transit Benefit Income Floating Holiday

# DEDUCTION CODES REFER TO "D" LINE ON EARNINGS/DEDUCTIONS STAT

Headquarters Bonus

84

		- CARAMING STUEDUCTIONS STATEMEN	T
Cod	le Description		•
		Code Description	
. 4	Deferred C		Code Description
- 1	Deferred Compensation	29 Dental Insurance	ocaciipuoii
3	Child Support Sixth Child	The transfer of the transf	<u></u>
4	Child Support Seventh Child	30 Medical Adjustment	56 Parking Pre-Tax Transportation Deduction
5	Child Support First Child	31 Medical Insurance	57 Transit Pre-Tax Transportation Deduction 58 Company Cos Partners
	Critic Subport First Cuito	32 Personal Academy (	58 Company Cos Deduction Deduction
	Child Support Second Child		
7	Child Support Third Child	33 Flexible Spending - Health Care	
8	Child Support Fourth Child	34 Flexible Spending - Dependent Care	90 Political Action Committee
9	Child Support Fifth Child	35 Union Dues	61 Charity - American Cancer
10	Meas Coortel Cities Cities	36 Uniform Deduction	62 Charity American Cancer
	Wage Garnishment - Nondisposable		
11	Wage Garnishment - Disposable		
7,2	Wage Gamishment - Bankruptov	30 Voluntary Term Life Insurance	94 Profit Sharing Lean
13	Wage Garnishment - Illinois	46 Profit Sharing Plan - USA	55 Parking Post-Tax Transportation 0
14	Wage Assignment - Illinois	41 Profit Sharing Plan - Puerto Rico	66 Transit Post-Tax Transportation Deduction 77 Disability Promiter
15	Mass Complete a Milliola	42 Profit Sharing Roth IRA Plan	77 Disability Premium
	Wage Garnishment		78 Local Tax
16	Wage Garnishment		- accert tak
17	Wage Garnishment	** Voluntary investment Plan (VID)	79. Special Local Tax
19	Manual Repay	47 Executive Deferral Plan	81 Earned Income Credit Daymant
20	Loan Payment	48 Profit Sharing Plan Catchup - USA	98 Vision Adjustment
21	401K Loan	49 Executive Deferral on Bonus	100 Global Employee Housing Expense
22		50 Percentage Stock plan	101 Global Employee Housing Expense
	Miscellaneous Deduction		101 Global Employee Tax Equalization
23	Medical Insurance for Adult Child		
24	Medical Insurance for Domestic Partner	52 Military Profit Shadno Plan Catalian	Dack Deductions/Insurance Leave
25	Dental Insurance for Adult Child	53 Profit Sharing Roth IRA Plan Catchup	121 Accident Insurance
26	Dental Incurrence for D	54 Drugstore.com Vision Ptan	122 Hospital Insurance
27	Dental Insurance for Domestic Partner		123 Critical Illness Insurance
21	Personal Accident Insurance for Domestic		ormon miless insurance
	Partner		

MJNA.DOC

Dental Adjustment

1/5/2015

FEDER	3—To Be Filed Wit RAL Tax Return.		• •		011 OMB No. 1545-0008
	ee's social security numbe	ar   1 \	Vages, tips, other comp. 82520.03		ederal income tax withheld 16691.76
i	er ID number (EIN)	3 5	Social security wages 82520.03	4.5	Social security tax withheld 3465.84
	924025	51	Medicare wages and tips 82520.03	6 N	Nedicare tax withheld 1196.54
c Employ	er's name, address, and Z	IP cc			
AGE 200	WILMOT ROAD RFIELD, IL 60015	EN	PHARMACY SERVIC	ES	WES 27-05-0000
e Employ	ee's name, address and Z	IP cr	de		
i	NAZ B KAMALI acted - Confidential		<u> </u>		
7 Social s	security tips	8 /	Allocated tips	9	
10 Deper	ident care benefits	11	Nonqualified plans	12	a Code See Inst. for box 12
13 Statut	ory employee 14 Other			12	o Code
Retin	ement plan			120	Code
Third-p	arty sick pay			120	d Code
CA	283-2461-4		82520.0	3	5744.70
5 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	Locality name CASDI	
	2 Wage and Tax Statemen		e Internal Revenue Service	Del	ot, of the Treasury—IRS

Form W-2 Wage and Tax Statement

	2—To Be F r Local inc			nployee's State, eturn.	2	011	OMB No. 1545-0008		
a Employ	ree's social sec	urity number	11	Vages, tips, other comp.	2 F	ederal incor	ne tax withheld		
Dodoot	ed - Confidential P			82520.03		16691.76			
i	eu - Comidential F	<u>-</u>	3 \$	locial security wages	4 8	4 Social security tax withheld			
b Employ	rer ID number (	EIN)	1	82520.03		3465.84			
3610	924025		5 N	Medicare wages and tips	6 Medicare tax withheld				
501.	JE-1020			82520.03			1196.54		
, ,	er's name, add	•	cc	de					
AGE 200	WILMOT R	VALGREE :OAD	N	PHARMACY SERVIC	ES	WES			
DEE	RFIELD, IL	. 60015					27-05-0000		
d Control	number						•		
Red	lacted - Cor	nfidential I	PH	I/PII					
7 Social :	security tips		87	ullocated tips	9				
10 Deper	ndent care ben	efits	11	Nonqualified plans	12	Code See	Inst. for box 12		
3 Statut	ory employee	14 Other			121	Code			
Retin	ement plan				120	Code			
Third-p	arty sick pay				120	d Code			
CA	283-24	61-4		82520.03	3		5744.70		
15 State	ı Employer's sta	ste I.D. no.		16 State wages, tips, etc.		17 State in	come tax		
	wages, tips, et		19	Local income tax	20	Locality nan	ne		
				990.24		CASE	N		

Copy C-For EMPLOYEE'S RECORDS OMB No. 2011 (See Notice to Employee on the back of Copy B. 1545-0008 1 Wages, tips, other comp. a Employee's social security number 82520.03 16691.76 Redacted - Confidential PHI/PII 4 Social security tax withhele 3 Social security wages 82520.03 3465.84 b Employer ID number (EIN) 5 Medicare wages and tips 82520.03 6 Medicare tax withheld 361924025 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 e Employee's name, address and ZIP code GOLNAZ B KAMALI Redacted - Confidential PHI/PII Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See Inst. for box 12 12b Code 13 Statutory employee | 14 Other Retirement plan 12c Code 12d Code Third-party sick pay 283-2461-4 82520.03 5744.70 CA 16 State wages, tips, etc 17 State income tax 15 State Employer's state I.D. по. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 990.24 CASDI

Form W-2 Wage and Tax Statement Dept, of the Treasury—IRS This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

	To Be F			nployee's State, turn.	20	011 OMB No. 1545-0008		
,	ee's social sec	,	1 V	Vages, tips, other comp. 82520.03	2 F	ederal income tax withheld 16691.76		
i		j	3 \$	ocial security wages	4 8	locial security tax withheld		
b Employ	er ID number (I	EIN)	L	82520.03		3465.84		
3619	924025		5 N	ledicare wages and tips 82520.03	6 N	ledicare tax withheld 1196.54		
	er's name, add GREEN CO		, co.	de				
200	NT FOR: V WILMOT R RFIELD, IL	OAD	N	PHARMACY SERVIC	E\$	WES 27-05-0000		
d Control	·					27-03-0000		
000000	t admission							
GOL	ee's name, add .NAZ B KAI acted - Cont	MALI	 HI/	·· <del>···</del>	19			
/ Socials	security tips		6 A	liocateo tips	la la			
10 Deper	ident care bene	ofits	11	Nonqualified plans	126	a Code See inst. for box 12		
13 Statut	ory employee	14 Other	•		12t	o Code		
Retin	ement plan					12c Code		
Third-p	arty sick pay				12d Code			
CA	283-24			82520.00				
	Employer's sta		146	16 State wages, tips, etc. Local income tax	17 State income tax			
18 Local	wages, tips, etc	2.	19		20 Locality name			
1				990.24	1	CASDI		

Form W-2 Wage and Tax Statement

Dept. of the Treasury-IRS

Dept. of the Treasury-IRS

Copy B-To Be Filed With FEDERAL Tax Return.		2012 OMB No. 1545-0008	Copy 2— City, or Lo
a Employee's social security numbe		2 Federal income tax withheld	a Employee's
Redacted - Confidential PHI/PII	121874.13	19558.37	Redacted -
b Employer ID number (EIN)	3 Social security wages 110100.00	4 Social security tax withheld 4624.20	b Employer IC
361924025	5 Medicare wages and tips 136114.23	6 Medicare tax withheld 1973.66	361924
c Employer's name, address, and ZI		1010.00	c Employer's i
WALGREEN CO./ILL. AGENT FOR: WALGREI 200 WILMOT ROAD DEERFIELD, IL 60015 d Control number	EN PHARMACY SERVIC	ES WES 27-05-0000	WALGR AGENT 200 WIL DEERF
e Employee's name, address and Zi	P code		e Employee's
GOLNAZ KAMALI			GOLNA
Redacted - Confident	ial PHI/PII		Redacted
7 Social security tips	8 Allocated tips	9	7 Social secur
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12 C 179.95	10 Dependent
13 Statutory employee 14 Other	<u> </u>	12b Code D 14240.10	13 Statutory e
Retirement plan X		12c Code	Retiremen
Third-party sick pay		12d Code	Third-party s
CA 283-2461-4	121874.1		CA
15 State Employer's state I.D. no. 18 Local wages, tips, etc.	16 State wages, tips, etc.	17 State income tax 20 Locality name	15 State Emp. 18 Local wage
, o acces frague, upe, etc.	955.85	CASDI	To cocal wage
Form W-2 Wege and Tax Statement This information is being furnished to		Dept. of the Treasury—IR\$	Form W-2 Wa

Copy 2—To Be Filed Wi City, or Local Income T	ax Return.	2012	OMB No. 1545-0008				
a Employee's social security num	121874.13		ome tax withheld 19558.37				
L	i 3 Social security wages	4 Social secu	4 Social security tax withheld				
b Employer ID number (EIN)	110100.00		4624.20				
361924025	5 Medicare wages and tips 136114.23	6 Medicare ta	x withheld 1973.66				
c Employer's name, address, and			1070.00				
200 WILMOT ROAD DEERFIELD, IL 60015	EEN PHARMACY SERVI	CES WES	27 <b>-0</b> 5-000				
d Control number							
GOLNAZ KAMALI Redacted - Confidential	]						
!	]	9					
Redacted - Confidential	PHI/PII		e Inst. for box 12				
Redacted - Confidential	PHI/PII  8 Allocated tips		e Inst. for box 12 179.95				
Redacted - Confidential	PHI/PII  8 Allocated tips	12a Code Se C 12b Code	179.95				
Redacted - Confidential 7 Social security tips 10 Dependent care benefits	PHI/PII  8 Allocated tips	12a Code Se C 12b Code D					
Redacted - Confidential  7 Social security tips  10 Dependent care benefits  13 Statutory employee   14 Other	PHI/PII  8 Allocated tips	12a Code Se C 12b Code	179.95				
Redacted - Confidential 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan X	PHI/PII  8 Allocated tips	12a Code Ser C 12b Code D 12c Code	179.95				
Redacted - Confidential 7 Social security tips 10 Dependent care benefits 13 Statutory employee	B Allocated tips  11 Nonqualified plans  121874.1	12a Code Ser C 12b Code D 12c Code 12d Code	179.95 14240.10 7056.49				
Redacted - Confidential  7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan X Third-party sick pay  CA 283-2461-4	B Allocated tips  11 Nonqualified plans  121874.1  16 State wages, tips, etc.  19 Local income tax	12a Code Ser C 12b Code D 12c Code 12d Code 12d Code	179.95 14240.10 7056.49 ncome tax				
Redacted - Confidential 7 Social security tips 10 Dependent care benefits 13 Statutory employee	B Allocated tips  11 Nonqualified plans  121874.1	12a Code Ser C 12b Code D 12c Code 12d Code	179.95 14240.10 7056.49 ncome tax				

							•
(See N	C—For EMi lotice to En	iployee o	nc	the back of Copy B.)		012	OMB No. 1545-0008
l ('''''	/ee's social secu ted - Confidential Ph			Nages, tips, other comp. 121874.13			ome tax withheld 19558.37
b Employ	er ID number (I	EIN)	3 8	Social security wages 110100.00	4 8	ocial secu	rity tax withheld 4624.20
361	924025		51	Medicare wages and tips 136114.23	6 N	Medicare ta	x withheld 1973.66
WAI AGE 200	er's name, addr GREEN CO NT FOR: W WILMOT RO RFIELD, IL	D./ILL. /ALGREE		PHARMACY SERVICE	≣S	WES	
d Control		00015					27-05-0000
Red	.NAZ KAMA lacted - Con			/PII	9		
10 Deper	ident care bene	fits	11	Nonqualified plans	128	Code See	inst. for box 12 179.95
Retire	ement plan ( arty sick pay	14 Other			120	Code D Code	14240.10
CA 15 State	283-246 Employer's stat			121874.13 16 State wages, tips, etc.		17 State in	7056.49
	wages, tips, etc.		19	Local income tax 955.85		Locality na CASI	me
F 11/	2 Wage and Ta	. Ctataaa			D	t of the To	00010/ 100

Copy 2-To Be Filed With Employee's State, 2012 City, or Local Income Tax Return. 1545-0008 a Employee's social security number 1 Wages, tips, other comp. 2 Federal income tax withheld 121874.13 19558.37 Redacted - Confidential PHI/PII 3 Social security wages 4 Social security tax withheld 110100.00 b Employer ID number (EIN) 4624.20 5 Medicare wages and tips 6 Medicare tax withheld 361924025 136114.23 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 10 Dependent care benefits 11 Nonqualified plans 12a Code See Inst. for box 12 179.95 13 Statutory employee 14 Other 12b Code D 14240.10 Retirement plan 12c Code Third-party sick pay 12d Code 283-2461-4 121874.13 7056.49 16 State wages, tips, etc. 19 Local income tax 15 State Employer's state I.D. no. 17 State income tax 18 Local wages, tips, etc. 20 Locality name 955.85 CASDI

Form W-2 Wage and Tax Statement Dept. of the Treasury—IRS This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement

Dept. of the Treasury-IRS

OMB No.

	a Employee's soc Redacted - Confi	al security number dential PHI/PII	OMB No. 15	45-0008	Сору В—То	Be Filed \	With Emplo	yee's FE	DERAL Tax Re	eturn.
b Employer Identificatio	n number (EIN)		.L		1 Wages, tips, o	other compense	ation	2 Federa	l income tax withheld	
361924025						121008.	84			18943.75
c Employer's name, add	iress, and ZIP code				3 Social security	y wages		4 Social s	ecurity tax withheld	
WALGREEN CO						113700.	00			7049.40
AGENT FOR: W	/ALGREEN PHARMA( DAD	CY SERVICES WE	S		5 Medicare wag	es and tips		6 Medica	re tax withheld	
DEERFIELD, IL						125359.	27			1817.71
					7 Social security	/ tips	,	8 Allocate	ed tips	
			27-0	5-0000						
Control number	,				9			10 Depen	dent care benefits	
Employee's first name	and initial Last name		**************************************	Suff.	11 Nonqualified	plans	·		instructions for box 1	2
GOLNAZ KAMA	ĻI_							į c		258.48
Redacted - Co	nfidential PHI/PII				13 Statutory employee	Retirement plan	Third-party sick pay	12b D	·	4350.43
					14 Other CASDI		1008.80	12c . DD		9876.00
' Employee's address a	nd ZIP code							<b>12</b> d		
		1		-0	<u></u>	101		1 401-	cal income tax	20 Locality name
15 State Employer's st CA 283-2461	ate ID number -4	16 State wages, tips 121008.8		7 State Inc	ome tax 6857.04	18 Local wa	iges, tips, etc.	19 LO	cai income tax	20 Locality name
.	many and the man and the man and the man									
=orm W-2 w	age and Tax Stateme	nt			2013		wii .	Departmen	it of the Treasury—I	nternal Revenue Servi
	being furnished to the		Service.	_						
				_						and the same of th
	a Employee's soc	•			Сору С—Ес	or EMPLOY	'EE'S RECC	ORDS		
	Redacted - Confid		OMB No. 15	45-0008	(See Notice	to Employ	ee on the b	ack of C	opy B.)	

		a Employee's social		OMB No.	1545-0008	,	Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)					
b Employ	er Identification number (	EIN)				1 Wages, tips, oth	ner compensa	ation	2 Federal	income tax withheld		
3619	24025						121008.	84			189	43.75
c Employ	er's name, address, and	ZIP code				3 Social security	wages		4 Social s	ecurity tax withheld		•
WAL	GREEN CO./ILL.	· · · · · · · · · · · · · · · · · · ·	, OED 40ED 14E	<u>^</u>			113700.	00			70	49.40
	NT FOR: WALGRE	EN PHARMACY	SERVICES WE	5		5 Medicare wage	s and tips		6 Medicar	e tax withheld		
	RFIELD, IL 60015						125359.	27			18	17.71
						7 Social security	tips		8 Allocate	ed tips		
				27	-05-0000							
d Control	number					9			10 Depend	dent care benefits	.,	
e Employ	ee's first name and initial	Last name			Suff.	11 Nonqualified p	lans	1,000		instructions for box 1	2	
GOL	NAZ KAMALI								i c		2	58.48
Red	lacted - Confide	ntial PHI/PII				13 Statutory employee	Retirement plan	Third-party sick pay	12b D		43	50.43
						14 Other CASDI		1008.80	12c		7.74.34.4.	
						CASDI		1000.00	: DD		98	76.00
									12d	ı		
f Employe	ee's address and ZIP co	de									COTO	
15 State	Employer's state ID nun	nber	16 State wages, tips	. etc.	17 State inc	ome tax	18 Local wa	ages, tips, etc.		cal income tax		20 Locality name
CA	283-2461-4		121008.8			6857.04						-
	1											

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. 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 socia		OMB No.	. 1545-0008	Сору В—Т	o Be Filed \	With Emplo	yee's FE	DERAL Tax F	Return.
Employer Identification numb	er (EIN)	LURIUM LINE DE LA CONTRACTION			1 Wages, tips,	other compensa	tion	2 Federa	I income tax withhe	eld .
361924025						122339.	71			18519.34
: Employer's name, address, a	ind ZIP code				3 Social securi	ly wages		4 Social s	security tax withheld	d
WALGREEN CO./ILL						117000.0	00			7254.00
AGENT FOR: WALG 200 WILMOT ROAD	REEN PHARMAC	Y SERVICES V	VES		5 Medicare wa	ges and tips		6 Medica	re tax withheld	
DEERFIELD, IL 6001	5					122339.	71			1773.93
					7 Social securi	y tips		8 Alfocate	ed tips	
			27	<b>7-05-0000</b>						
Control number			······································		9			10 Depen	dent care benefits	The second secon
Employee's first name and ir	itial Last name			Suff.	11 Nonqualified	plans			instructions for box	c 12
GOLNAZ KAMALI		<del>:</del>			2		7111	i c		389.27
Redacted - Conf	idential PHI/PI				13 Statutory employee	Retirement plan	Third-party sick pay	12ь DD		7433.64
					14 Other CASDI		1016.36	12c		
								12d		
Employee's address and ZIP	code							C		
COLLE COLLEGE NAME AND		16 State wages,	i I	17 State inc	ana lau	484 0001440	ges, tips, etc.		cal income tax	20 Locality name
5 State Employer's state ID CA 283-2461-4	unune	12233	· ·	17 State inc	6675.93	16 COCAI WA	ges, ups, erc.	13 20	cai income tax	20 Cocality Haine
	<del>-</del>	12200				-				
orm W-2 Wage	and Tax Statemer	l st		2	2014			Departmen	t of the Treasury-	Internal Revenue Servic
his information is being			ie Service.	_						
				_						

	Redacted - Co	ocial security number	OMB No. 1545-0008	Copy C—Fo (See Notice				opy B.)	
b Employer ider	ntification number (EIN)		***************************************	1 Wages, tips, ot	her compensat	tion	2 Federa	income tax withheld	
36192402	5				122339.7	71		18	3519.34
c Employer's na	ame, address, and ZIP code			3 Social security	wages		4 Social s	security tax withheld	
WALGRE	EN CO./ILL.	10V CEDVICES 14E	c		117000.0	00		7	7254.00
200 WILM	OR: WALGREEN PHARM IOT ROAD	ACY SERVICES WE	5	5 Medicare wage	s and tips		6 Medica	re tax withheld	
DEERFIEI	LD, IL 60015				122339.7	71		1	1773.93
				7 Social security	tips		8 Allocate	ed tips	
			27-05-0000						
d Control number	er			9			10 Depen	dent care benefits	
e Employee's fir	rst name and initial Last name		Suff.	11 Nonqualified p	lans			instructions for box 12	
GOLNAZI	KAMALI						i c		389.27
Redacted	I - Confidential PHI/PII			13 Statutory employee	Retirement plan	Third-party sick pay	12b DD	7	<b>43</b> 3.64
				14 Other CASDI		1016.36	12c		
							12d		
f Employee's ad	idress and ZIP code						d a		
15 State Emplo	oyer's state ID number	16 State wages, tips	. etc. 17 State in	\	18 Local was	age tine atc	1910	cal income tax	20 Locality name
1 1	3-2461-4	122339.7	,	6675.93	10 FOCS! ME	joa, tipa, etc.	1000	COLLINGOING TOX	20 Locality Hame
1_203	/		<b>-'</b> -			<del>-</del>			<b> </b>

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 2014

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			Copy B—To	Be Filed V	With Emplo	vee's F	EDERAL Tax R	eturn.
		Redacted - Confiden	tial PHI/PII	OMB No. 1545-000				·		M. d. b
	yer Identification number	(EIN)			1 Wages, tips, o	•		2 Federa	al income tax withhel	
3619	24025					89154.2	22			13235.50
e Employ	yer's name, address, and	ZIP code			3 Social security	y wages		4 Social	security tax withheld	
	.GREEN CO NT FOR: WALGRE	EEN DUADMAACV	CEDVICES ME	c		89154.2	22			5527.79
	MT FOR, WALGRE WILMOT ROAD	EN FRANKACI	SEKAICES AAE	3	5 Medicare wag	es and tips		6 Medica	are tax withheld	
DEE	RFIELD, IL 60015					89154.2	22			1292.79
					7 Social security	/ tips		8 Allocat	ted tips	
				27-05-000						
d Contro	! number			27-00-000	9			10 Deper	ndent care benefits	
- 041.114								. د پره د د د		
o Emolo	yee's first name and initial	Last name		Sufi	. 11 Nonqualified	nlone		120 000	instructions for box	49
	NAZ KAMALI			Suit	. I i Nonquameo	hiens		: C	I I I I I I I I I I I I I I I I I I I	272.98
!		i			13 Statutory employee	Retirement	Third-party sick pay	12b	<u> </u>	212.30
Red	lacted - Confiden	i				plan	sick pay	DD		7303.68
					14 Other CASDI		799.93	12c		·
								12d	J	
f Employ	ee's address and ZIP coo	do.						000		
1 Cilipioy										
15 State	Employer's state ID num	nber	16 State wages, tips		ncome tax	18 Local was	ges, tips, etc.	19 Lo	ocal income tax	20 Locality name
CA	283-2461-4		89154.2	2	4704.12				·	
	W-2 Wage and	d Tay Statement			2015	1		Departme	nt of the Treasury-	Internal Revenue Service
	ww-z wage and formation is being for			Service	2010					
11110 1111	omidaon io being n			5011100.						
					to the state of th					
					1					
		a Employee's social s	·-·í		Copy C—Fo					
		Redacted - Confidential	PHI/PII İ	OMB No. 1545-0008	1000 110000			******		
Employ	er Identification number (	EIN)			1 Wages, tips, o	ther compensat	ion	2 Federa	l income tax withheld	I
3619	24025					89154.2	22			13235.50

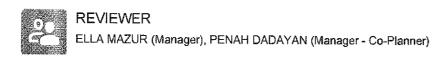
		a Employee's social security number	OMB No. 1545-0008	Copy C—Fo				iony D )	
h F	yer Identification number (	<u> </u>	0,000,000,000	1 Wages, tips, of			***********	income tax withheld	
1 '	924025	LIIV)		1 Wayes, ups, u	89154.		Z reusia		235.50
	yer's name, address, and	71D and		3 Social security			A Conint	security tax withheld	200.00
1 ' '	GREEN CO	ZIP code		3 Social security	*	22	w Social s	•	F07 70
		EN PHARMACY SERVICES WE	s		89154.	.22			527.79
	WILMOT ROAD			5 Medicare wage	•		6 Medica	re tax withheld	
DEE	RFIELD, IL 60015				89154.	22		1	292.79
				7 Social security	tips		8 Allocate	ed tips	
			27-05-0000						
d Contro	l number			9			10 Depen	dent care benefits	
a Employ	yee's first name and initial	Last name	Suff.	11 Nonqualified p	Jane		12a Soo	instructions for box 12	·
1 .	NAZ KAMALI	Lastinant	our.	11 Itoriquanieu p	10110		C		272.98
1 6	dacted - Confidentia	I DUI/DU		13 Statutory employee	Retirement	Third-party	12b		272.30
L				етрюуве	plan	sick pay	DD	7	303.68
				14 Other			12c	750 Y2AY100007710F61 V71001 Y772000000000000000000000000	
				CASDI		799.93	G 0 4		
							12d	,	
f Employ	ee's address and ZIP coo	le.					G G 4		
<u> </u>				<u> </u>	т				<del> </del>
15 State	Employer's state ID num		I		18 Local wa	iges, tips, etc.	19 Lo	cal income tax	20 Locality name
CA	283-2461-4	89154.	22	4704.12					L
	1			•					

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 2015

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.

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



# **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"
- 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.

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 2 of 11

# 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%

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 3 of 11

# 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 KAMAŁI (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.

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 4 of 11

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%

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 6 of 11

## 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%

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

## 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

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 9 of 11

## 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

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 10 of 11

## 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:

- 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.
- 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 Goinaz Kilimali Team Member

÷/18/2012 Date X ella mazur Manager

6/18/2012

Date

Annual Performance Review (FY12) for Staff Pharmacists GOLNAZ KAMALI

Page | 11 of 11

# 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"
- 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.

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

Page | 2 of 10

## 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:

- 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%

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

Page | 3 of 10

## 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.

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

Page | 4 of 10

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%

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. <u>CLICK HERE</u> 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 adequatly 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)

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

Page | 6 of 10

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%

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

## 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%

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

Page | 8 of 10

## **Summary**

## **Overall Rating**

## Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

# 3.1 - Achieving Expectations

Ż	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

Annual Performance Review (FY13) for Rph GOLNAZ KAMALI

Page | 9 of 10

## 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 golna... k. hali 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



## **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"
- 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.

Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

Page | 2 of 9

## 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.

Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

Page | 3 of 9

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.
- 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

Annual Performance Review (FY14) for Rph GOLNAZ KAMAL!

Page | 5 of 9

(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)

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

Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

Page | 6 of 9

## 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

Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

Page | 7 of 9

## Summary

## **Overall Rating**

## Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

# 3.1 - Achieving Expectations

<u> </u>	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	3:175.0

Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

Page | 8 of 9

## 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 kanali Team Member 7/21/2014

Date

X David Kang Manager 7/21/2014 Date

Annual Performance Review (FY14) for Rph GOLNAZ KAMALI

Page | 9 of 9

# Discipline for Misconduct



## **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

Discipline for Misconduct GOLNAZ KAMALI

Page | 2 of 9

## **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

Customer Service

Discipline

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. Golanz 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 blatently accussed patient of doctor and pharmacy shopping for narcotics in a loud and exclamatory manner. Golnaz also used unnecessary tone and language when the technican tried to communicate with her during this encounter, in which she says to technician "Keep out of it! The technican 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, embarrased and humiliated.

## Discipline Level:

Discipline for Misconduct GOLNAZ KAMALI

Page | 3 of 9

Reviewer	Rating Scale
SHAWNT BATMANIAN (Manager)	Final Written Warning

## Comments

**SHAWNT BATMANIAN** (Manager): Manager - Shawnt Batmanian - Final Written Warning Golnaz is receving 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 for Misconduct GOLNAZ KAMALI

Page | 4 of 9

## **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

Cori Evans

Name

Discipline for Misconduct GOLNAZ KAMALI

Page | 5 of 9

## 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 Shawnt for Imagean Manager

8/24/2015 Date

Discipline for Misconduct GOLNAZ KAMALI

Page | 6 of 9

## 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 golhaz ku hali Self 8/24/2015

Date

Discipline for Misconduct GOLNAZ KAMALI

Page | 7 of 9

## 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 withdrawls I said that I did not know and if she has any problems she should go to the ER.

Discipline for Misconduct GOLNAZ KAMALI

Page | 8 of 9

## 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 Showet Hiltmanian

Manager

3-28.7C+6

Date

Discipline for Misconduct GOLNAZ KAMALI

Page | 9 of 9

# Discipline for Misconduct



## **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

Discipline for Misconduct GOLNAZ KAMALI

Page | 2 of 9

## **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:

|--|

SHAWNT BATMANIAN (Manager)

Written Warning

## Comments

#### SHAWNT BATMANIAN (Manager):

Golnaz is receiving this written warning due to failure to achieve minimum competencies such as;

Discipline for Misconduct GOLNAZ KAMALI

Page | 3 of 9

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 for Misconduct GOLNAZ KAMALI

Page | 4 of 9

## **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

Angela Odom

Name

Discipline for Misconduct GOLNAZ KAMALI

Page | 5 of 9

## 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 Shawnt Fortmanian Manager

1713/201E

Date

Discipline for Misconduct GOLNAZ KAMALI

Page | 6 of 9

## 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.

Х				
Self	•	 ,	 ***************************************	
Date	700700 JE AN	 		

Discipline for Misconduct GOLNAZ KAMALI

Page [ 7 of 9

## 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 an 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?

Discipline for Misconduct GOLNAZ KAMALI

Page | 8 of 9

## 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 shawni bil mantan

Manager

117.20 te

Date

Discipline for Misconduct GOLNAZ KAMALI

Page | 9 of 9