

Name of Employer
Windsor Regional Hospital

On behalf of the above-named employer I certify that, to the best of my knowledge and belief, the posted compensation program conforms to the requirements of the Executive Compensation Framework in accordance with subsection 4(2) of O. Reg. 304/16. In particular, with respect to the framework requirements set out in section 2, I attest that:

- As contemplated in paragraph 1 of section 2, salary and performance-related pay caps in the executive compensation program were calculated under section 3 of O. Reg. 304/16 for each designated executive position or class of positions;
- As contemplated in paragraph 1.1 of section 2, the salary and performance-related pay envelope in the executive compensation program was determined under section 3.2 of O. Reg. 304/16;
- Other elements of compensation within the executive compensation program were determined in accordance with paragraphs 3-5 of section 2 for each designated executive position or class of positions; and
- Public consultation was conducted in accordance with paragraph 7 of section 2.

I have exercised care and diligence in making this attestation. This includes review of the government's expectation that the requirement for public consultation be met by posting the draft compensation program for public comment on the employer's public-facing website for a minimum of 30 days.

Board Chair or Equivalent Highest Ranking Officer

Last Name Watts	First Name Lynne	Middle Initial
--------------------	---------------------	----------------

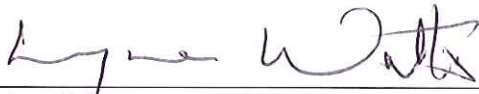
Title
Board Chair

Date of Posting of Executive Compensation Program (yyyy/mm/dd)
2018/03/05

Executive Compensation Program Website Address
www.wrh.on.ca

Signature

Signature



Date (yyyy/mm/dd)
2018/04/01

If you have any questions regarding this compliance report please contact your overseeing ministry liaison.

Compliance Report**Compensation Arrangements**

Pursuant to Section 7.18 of the *Broader Public Sector Accountability Act, 2010*, S.O. 2010, Chapter 25

Name of Employer

Windsor Regional Hospital

With regard to the *Broader Public Sector Accountability Act, 2010*, Part II.1, Compensation Arrangements, and the compensation plans of designated executives and designated office holders of the employer as well as with respect to the employer's performance pay envelopes, I certify that to the best of my knowledge and belief, the employer has complied with the restraint measures throughout the reporting period in accordance with the *Broader Public Sector Accountability Act, 2010*, Part II.1, Compensation Arrangements.

Highest Ranking Officer

Last Name

Watts

First Name

Lynne

Middle Initial

Position Title

Board Chair

Reporting Period

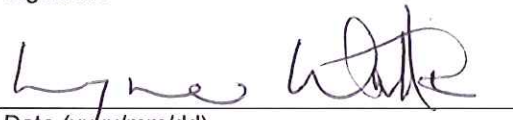
Start Date (yyyy/mm/dd)

2016/04/01

End Date (yyyy/mm/dd)

2017/03/31

Signature



Date (yy/yy/mm/dd)

2018/04/06

Compliance Report**Compensation Arrangements**

Pursuant to Section 7.18 of the *Broader Public Sector Accountability Act, 2010*, S.O. 2010, Chapter 25

Name of Employer

Windsor Regional Hospital

With regard to the *Broader Public Sector Accountability Act, 2010*, Part II.1, Compensation Arrangements, and the compensation plans of designated executives and designated office holders of the employer as well as with respect to the employer's performance pay envelopes, I certify that to the best of my knowledge and belief, the employer has complied with the restraint measures throughout the reporting period in accordance with the *Broader Public Sector Accountability Act, 2010*, Part II.1, Compensation Arrangements.

Highest Ranking Officer

Last Name

Watts

First Name

Lynne

Middle Initial

Position Title

Board Chair

Reporting Period

Start Date (yyyy/mm/dd)

2017/04/01

End Date (yyyy/mm/dd)

2018/03/31

Signature



Date (yyyy/mm/dd)

2018/04/01