

NEW YORK STATE  
CONSOLIDATED FISCAL REPORT  
For the Period: January 1, 2001 to December 31, 2001

SCHEDULE CFR-6  
GOVERNING BOARD AND  
COMPENSATION SUMMARY

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
AGENCY CODE: \_\_\_\_\_  
SCHOOL CODE: (SED ONLY) \_\_\_\_\_

MEMBERS OF THE GOVERNING AUTHORITY

1. Do any employees of your agency also serve on the governing authority? \_\_\_\_ YES \_\_\_\_ NO  
If "YES", attach detail providing the employee name and position title.

COMPENSATION OF BOARD OFFICERS, BOARD OF DIRECTORS, AND BOARD TRUSTEES

2. List the names of all individuals who receive compensation as Board Officers, Members of the Board of Directors or Board Trustees:

	<u>NAME</u>	<u>AMOUNT PAID</u>	<u>CONTRACTED PAYMENT AMOUNT (PER 1099)</u>	<u>FRINGE BENEFITS</u>	<u>OTHER BENEFITS *</u>	<u>TOTAL COMPENSATION</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

3. List the five highest paid employees whose total annualized salary and/or contracted payment amount (column 7) is in excess of \$50,000 per year  
AND

ALL employees whose total annualized salary and/or contracted payment amount (column 7) is in excess of \$125,000 per year:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
							TOTAL		
							ANNUALIZED		
							SALARY AND		
							CONTRACTED		
							PAYMENT		
	<u>NAME</u>	<u>POSITION TITLE CODE</u>	<u>AMOUNT PAID</u>	<u>FTE</u>	<u>ANNUALIZED SALARY</u>	<u>CONTRACTED PAYMENT AMOUNT (PER 1099)</u>	<u>PAYMENT</u>	<u>FRINGE BENEFITS</u>	<u>OTHER BENEFITS *</u>
A.	_____	_____	_____	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____	_____	_____	_____

4. Number of additional employees whose annualized salary and/or contracted payment amount (per 1099) is in excess of \$50,000. \_\_\_\_\_

\* Cash value of awards, rewards, loans or other benefits made in lieu of, or in addition to, monetary compensation or regular fringe benefits.  
Regular fringe benefits are received by all classes or categories of employees. (Eg: Payroll Taxes)