

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2002 to December 31, 2002

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</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 AND INDEPENDENT CONTRACTORS

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, or;
- independent contractors paid in excess of \$50,000.

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)
	<u>NAME</u>	<u>POSITION TITLE CODE</u>	<u>AMOUNT PAID</u>	<u>FTE</u>	<u>ANNUALIZED SALARY</u>	<u>CONTRACTED PAYMENT AMOUNT</u>	<u>TOTAL ANNUALIZED SALARY AND CONTRACTED PAYMENT</u>	<u>FRINGE BENEFITS</u>	<u>OTHER BENEFITS *</u>
A.	_____	_____	_____	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____	_____	_____	_____

4. Number of additional employees and independent contractors whose annualized salary and/or contracted payment amount 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)