

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2015 to December 31, 2015*

**SCHEDULE CFR-6**  
**GOVERNING BOARD AND**  
**COMPENSATION SUMMARY**

Page \_\_\_\_

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

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

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.	_____	_____	_____	_____	_____	_____

3. List ALL employees whose total annualized salary and contracted payment (column 7) is in excess of \$125,000 per year.

**AND**

The five highest paid employees whose total annualized salary and contracted payment amount (column 7) is in excess of \$75,000 per year.

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

4. List the five highest paid independent contractors (individual or firm) that received payments in excess of \$50,000.

	(1) <u>NAME</u>	(2) <u>TYPE OF SERVICE</u>	(3) <u>AMOUNT PAID</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

5. Number of additional employees whose annualized salary and/or contracted payment amount is in excess of \$75,000. \_\_\_\_\_

\* If an individual is reported under more than one position title code on CFR-4, please check the box in column 2.

\*\* 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. (e.g.: Payroll Taxes, Health Insurance, Pension Contributions, and Tuition Reimbursement)

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