NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2008 to December 31, 2008

SCHEDULE CFR-6
GOVERNING BOARD AND
COMPENSATION SUMMARY

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:

	NAME	AMOUNT PAID	CONTRACTED PAYMENT AMOUNT	FRINGE BENEFITS	OTHER BENEFITS **	TOTAL COMPENSATION
A.						
B.						
C.						
D.						
E.						

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

AND

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

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

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

	(1) NAME	(2) TYPE OF SERVICE	(3) AMOUNT PAID
A.			
B.			
C.			
D.			
E.			

5. Number of additional employees and independent contractors whose annualized salary and/or contracted payment amount is in excess of $50,000. _____

* 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)