NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2018 to December 31, 2018

SCHEDULE CFR-6
GOVERNING BOARD AND
COMPENSATION SUMMARY

Page ____

AGENCY NAME:	Y NAME: A				AGENCY CODE:			SCHOOL CODE (SED ONLY):		
Do any employees of your agency also serve on the contraction of	e governing autho	rity? YES	NO	f "YES", provide d	etail of the employee n	ame and position tit	le.			
2. List the names of all individuals who receive comp	ensation as Board	Officers, Men	nbers of the Board o	f Directors or Boa	ard Trustees:					
NAME AMOUNT PAID	CONTRACTED PAYMENT AMOUNT		FRINGE BENEFITS	OTHER BENEFITS **	TOTAL COMPENSATION					
A										
B C.										
C										
E										
3. List ALL employees reported under Position Title Codes 601, 602 and 603 (regardless of their total annualized salary) and all employees that received a total annualized salary and contracted payment amount (column 7) in excess of \$125,000.										
(1) (2)	(3)	(4)	(5)	(6) CONTRACTED	(7) TOTAL ANNUALIZED SALARY AND	(8)	(9)			
POSITION NAME TITLE CODE *	AMOUNT <u>Paid</u>	<u>FTE</u>	ANNUALIZED SALARY	PAYMENT AMOUNT	CONTRACTED PAYMENT	FRINGE BENEFITS	OTHER BENEFITS **			
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D					· -		· -			
<u> </u>										
4. List the five highest paid independent contractors	•	that received	payments in excess	of \$50,000.						
(1) NAME		(2) TYPE OF SERVICE		(3) AMOUNT PAID						
А. В.										
C										
D	-			_						
E				_						
 * If an individual is reported under more than one p ** Cash value of awards, rewards, loans or other ber Regular fringe benefits are received by all classes 	efits made in lieu o	of, or in addition	on to, monetary com	pensation or regu		eimbursement, Sev	erance Benefits)			