

**DIRECTOR SALARY APPROVAL FORM
FY 2021**

Library System _____

WE, the undersigned, as duly authorized representatives of this library system certify the Library System Director's salary as calculated below was voted on and approved by the Governing Library Board of Trustees.

State Reimbursed Salary

State Reimbursed Benefits

Local Salary

Local Benefits

Total Salary + Benefits

Library System Director's Name

Library System Director's Signature

Date

Library System Board Chairperson's Name

Library System Board Chairperson's Signature

Date