



DIRECTOR SALARY APPROVAL FORM

FY 2023

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	\$
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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