



DIRECTOR SALARY APPROVAL FORM

FY 2024

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
(Chair as of July 1, 2023)

Library System Board Chairperson's Signature

Date