



DIRECTOR SALARY APPROVAL FORM
FY 2025

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.

Table with 2 columns: Category (State Reimbursed Salary, State Reimbursed Benefits, Local Salary, Local Benefits, Total Salary + Benefits) and Amount (\$ _____)

Library System Director's Name _____

Library System Director's Signature _____

Date _____

Library System Board Chairperson's Name _____

Library System Board Chairperson's Signature _____

Date _____