

## School Board Member Compensation Form

Name of Board Member: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Compensation Dates:            July 1 – December 31            January 1 – June 30

Additional Life Insurance Coverage Deducted: Yes No    Amount: \$ \_\_\_\_\_

Date of Meeting	Reg. Bd. Mtg.	Sp. Bd. Mtg.	Name of Committee	\$25
<b>Total Meetings</b>			<b>Total Compensation</b>	

I choose to decline my school board member compensation.  
 Date: \_\_\_\_\_ Signature of Board member: \_\_\_\_\_

Date submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Date paid: \_\_\_\_\_

\* Board members will receive compensation of \$25 for all regular school board meetings, special school board meetings and official school board committee meetings. (collaborative bargaining, NCA, interviews, administrative negotiations, budget input & development committee, health insurance, superintendent negotiations, RESP Governing Board, professional development, extracurricular activity committee, technology committee, Safe & Drug Free Schools and Communities) Other committees may be added.