

Executive Compensation Recording Form

Name of Executive Director: _____

Wage adjustment was approved: _____

Date adjustment will be effective: _____

Date of last salary adjustment: _____

Current salary: _____ Adjusted salary: _____

Board members approving salary adjustment:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are there any conflicts of interest of board members participating in the executive compensation decision-making process? Yes No

If so, please acknowledge the nature of the conflict: _____

Please share the most recent sources accessed/applied when determining the above executive compensation: _____

President, WACOSA Board of Directors

Date