

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