

Checklist to Document Compensation for a Disqualified Person

1. Name: _____

2. Title and responsibilities: _____

3. Duration of contract (one year, two years, etc.): _____

4. Types of appropriate comparable data relied upon in approving compensation package (check applicable boxes):

- Compensation paid by similarly situated organizations (taxable and tax exempt)
- Availability of similar services in the geographical areas
- Independent compensation surveys
- Actual written employment offers from other similar institutions to the disqualified person

5. Explain fully how comparable data relied upon was obtained: _____

6. Annual compensation summary: _____

Cash	Comparable Data	Approved Compensation
• Salary	_____	_____
• Bonus or contingent payment (estimate)	_____	_____
Noncash		
• Deferred compensation	_____	_____
• Premiums paid on insurance coverage (life, health, disability, liability, etc.)	_____	_____
• Automobile (value of personal use)	_____	_____
• Foregone interest on below market loan(s)	_____	_____
• Other (excluding nontaxable benefits under IRC Sec. 132)	_____	_____
Total compensation	_____	_____

7. Members of authorized body present during discussion of compensation package and vote cast:

<u>Present</u>	<u>In Favor</u>	<u>Opposed</u>
_____	_____	_____
_____	_____	_____

8. Members of authorized body having a conflict of interest with respect to the compensation arrangement and how the conflict was handled (e.g., left room during discussions and votes):

<u>Member</u>	<u>Action re: Conflict</u>
_____	_____
_____	_____

9. Date compensation package approved: _____