

REBUTTABLE PRESUMPTION CHECKLIST

1. Name of disqualified person: _____
2. Position under consideration: _____
3. Duration of contract (1 yr., 3 yr., etc): _____
4. Proposed Compensation:

Salary: _____

Bonus: _____

Deferred compensation: _____

Fringe benefits (list, excluding Sec. 132 fringes):

Liability insurance premiums: _____

Foregone interest on loans: _____

Other: _____

5. Description of types of comparability data relied upon (e.g., association survey, phone inquiries, etc.):

a) _____

b) _____

c) _____

d) _____

6. Sources and amounts of comparability data:

Salaries _____

Bonuses: _____

Deferred compensation: _____

Fringe benefits (list, excluding Sec. 132 fringes):

Liability insurance premiums: _____

Foregone interest on loans: _____

Others: _____

7. Office or file where comparability data kept: _____

8. Total proposed compensation: _____

9. Maximum total compensation per comparability data: _____

10. Compensation package approved by authorized body:

Salary: _____

Bonus: _____

Fringe benefits (list, excluding Sec. 132 fringes):

Deferred compensation: _____

Liability insurance premiums: _____

Foregone interest on loans: _____

Other: _____

11. Date compensation approved by authorized body: _____

12. Members of the authorized body present (indicate with X if voted in favor):

13. Comparability data relied upon by approving body and how data was obtained:

14. Names of and actions (if any) by members of authorized body having conflict of interest:

15. Date of preparation of this documentation (must be prepared by the later of next meeting of authorized body, or 60 days after authorized body approved compensation): _____

16. Date of approval of this documentation by Board (must be within reasonable time after preparation of documentation above):
