

FEE SCHEDULE FORM

GPISD

BISD

Salary

Annual Salary
for Food Service
Director

\$ _____

\$ _____

x 50% =

x 50% =

Total Annual Salary
Obligation

\$ _____

\$ _____

Benefits

Cost of Monthly
Benefits per GPISD

\$ _____

Percentage of Total
Salary Contribution

x ____ % =

x ____ % =

Total Monthly
Benefits Obligation

\$ _____

\$ _____

Monthly Compensation Obligation

GPISD

BISD

Monthly Salary
Obligation

\$ _____

\$ _____

Monthly Benefits
Obligation

\$ _____

\$ _____

Total Monthly
Obligation

\$ _____

\$ _____

<p><u>Annual Salary</u></p> <p>= \$ _____</p>
<p><u>Monthly Salary</u></p> <p>= \$ _____</p>

Dr. Paul Clore, Superintendent Date
Gregory-Portland ISD

Dr. Sue Thomas, Superintendent Date
Beeville ISD