Superintendent Payment Disclosure Form
TEXAS EDUCATION AGENCY

County-District Number ________________________________________________________

Information Filed Pursuant to Texas Education Code (TEC) §11.201

School District Name (ISD) ______________________________________________________

Collection Authority: T.E.C. §11.201

Instructions: Request for compliance information is for severance agreements executed on or after September 1, 2001.

File a separate form for each former superintendent, if applicable.

The Commissioner’s Rules concerning severance payment and any reduction amount is to be applied in accordance with 19 Texas Administrative Code §105.1021.

Part 1 Complete the following questions:

a. Former superintendent’s name: ___________________________________________________________________

b. Date severance agreement was executed: ___________________________________________________________________

c. Annual salary per superintendent employment contract terms agreed upon prior to first day of service for last contract year of employment:
   Please provide an itemized detail of total amount listed including any supporting documentation, i.e., the base salary, benefits, board minutes, contract amendments, school policies, etc., on a separate sheet of paper.

d. Aggregate payment amount of any salary and/or any other payment paid during last contract year of employment through date employment as superintendent ended:
   Please provide an itemized detail of total amount listed and any supporting documentation, which also includes payments made on behalf of, e.g., membership fees, car lease, cell phone, etc., on a separate sheet of paper.

e. Aggregate payment amount of any salary and/or any other payment paid after employment as superintendent ended:
   On a separate sheet of paper, please provide an itemized detail of total amount listed including any supporting documentation.

f. Date(s) of employment with district after the execution of severance agreement: ___________________________ / ___________________________ (Began) / (Ended, if applicable)

Part 2 Copies of Superintendent’s Documents:

Superintendent document copies filed with this form.

☐ Indicate if copy of the mandatory superintendent employment contract is enclosed.

☐ Indicate if copy of the mandatory termination/severance agreement is enclosed.

☐ Indicate if copy of any agreement for employment, after employment as superintendent is enclosed.

Part 3 Complete this information:

Current Superintendent’s Name Date email address Signature

Current Board President’s Name Date email address Signature

District Contact Person’s Name Telephone email address Title

Part 4 Return to:

Texas Education Agency
Division of School Financial Compliance
1701 Congress Avenue, Austin, TX 78701
Phone #: (512) 463-7652; Fax #: (512) 463 1777

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