SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE CLEANER/CUSTODIAN/WATCHKEEPER

This is to certify that I, _____,
Last *First* *M.I.*
with last 4 digits of SS# __ __ __ __, have worked as a substitute in the following capacity
(please check one of the following): ☐ Cleaner ☐ Custodian ☐ Watchkeeper

Date	Description of duties performed:	Building	Time In	Time Out	Total # of Hours:

Signed: _____ Date: _____

Approved By: _____ Date: _____
Supervisor Signature

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INSTRUCTIONS: If you wish to make changes to your federal or state exemptions, you need to complete a new W-4 (Employee's Withholding Allowance Certificate). These forms are available in the Salmon River Business Office.

PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE DISTRICT OFFICE BY 10:00 AM ON MONDAY THE WEEK PAYCHECKS ARE ISSUED.

Forward completed form(s) to:
Salmon River Central School District – Business Office
637 County Route 1
Fort Covington, New York 12937

FOR OFFICE USE ONLY

TOTAL HOURS_____ X RATE / HOUR $_____ = $_____

BUDGET CODE: ☐ AA 162016 9100000 ☐ AB 162016 9100000

AUTHORIZED:_____