



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE TEACHING ASSISTANT

This is to certify that I, _____,
Last First M.I.
 with last 4 digits of SS# _ _ _ _ , have worked as a Substitute Teaching Assistant as follows:

Date	Name of person substituted for:	Building	# of Hours:

Certification Status (Please check one):

Certified Non-Certified

Signed: _____ Date: _____

Approved By: _____ Date: _____

Program Administrator

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 IN ACCORDANCE WITH THE DISTRICT PAY SCHEDULE.

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: Elementary AA 2110140300000 AB 2110140300000
 High School AA 2110140400000
 Special Ed AA 2250140600000 AB 2250140600000

AUTHORIZED: _____