SALMON RIVER CENTRAL SCHOOL DISTRICT
Fort Covington, New York 12937

PAYROLL CLAIM FORM

☐Teacher ☐Teaching Assistant ☐Aides/Monitors ☐Clerical

This is to certify that I, _____

(Name)

Social Security # _____New York State Employees/Retirement System # _____ # of dependents claimed_____(attach W-4), have performed the following service _____on the following dates:

DATE:	**# of HRS:**	**DATE:**	**# of HRS:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date: _____ **Signed: _____**

Address: _____

_____

Approved by:_____

(Program administrator)

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INSTRUCTIONS: You must complete a W-4 form (Employee's Withholding Allowance Certificate) unless you have filed this form with the Salmon River Business Office previously this year.

PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE DISTRICT OFFICE BY NOON ON MONDAY THE WEEK PAYCHECKS ARE ISSUED.

Forward complete form and W-4 form to:

Salmon River Central School District – Business Office
637 County Route 1
Fort Covington, New York 12937