



SALMON RIVER CENTRAL SCHOOL DISTRICT  
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE FOOD SERVICE WORKER

This is to certify that I, \_\_\_\_\_,  
*Last First M.I.*  
with last 4 digits of SS# \_\_ \_\_ \_\_ \_\_, have worked as a substitute food service worker as follows:

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 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

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*FOR OFFICE USE ONLY*

TOTAL HOURS \_\_\_\_\_ X RATE / HOUR \$ \_\_\_\_\_ = \$ \_\_\_\_\_

BUDGET CODE:      CA 2860-169-100000            CB 2860-169-100000

AUTHORIZED: \_\_\_\_\_