SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE NURSE

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

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

Status (Please check one):

☐Registered Professional Nurse ☐Licensed Practical Nurse

Signed: _____ Date: _____

Approved By: _____ Date: _____
Program Administrator

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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

FOR OFFICE USE ONLY

TOTAL HOURS_____ X RATE / HOUR $_____ = $_____

BUDGET CODE: ☐AA 2815169600000 ☐AB 2815169600000

AUTHORIZED: _____