SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBTITUTE TEACHER AIDE/MONITOR

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

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

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: Tad/Mon SP ☐ AA 2250169600000 ☐ AB 2250169600000
Tad/Mon RE ☐ AA 2110169300000 ☐ AB 2110169300000
Other ☐ _____

AUTHORIZED: _____