



SALMON RIVER CENTRAL SCHOOL DISTRICT  
FORT COVINGTON, NEW YORK 12937

**CLAIM FORM – CLERICAL SUBSTITUTE**

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

Date:	Name of person substituted for:	Building	Time In	Time Out	# 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

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**FOR OFFICE USE ONLY**

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

BUDGET CODE: Clerical  AA 2020169100000  AB 2020169300000

Other  \_\_\_\_\_

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