



SALMON RIVER CENTRAL SCHOOL DISTRICT  
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – CLERICAL STAFF EXTRA WORK

This is to certify that I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Last First M.I.  
 have worked the hours listed below:

Date:	Description of duties performed:	Building:	Start Time:	End Time:

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 & IT-2104 (Employee’s Withholding Allowance Certificate). These forms are available in the Salmon River Business Office and at [www.srk12.org](http://www.srk12.org)

**PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE BUSINESS 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:     AA2810160600000                     AA2020160100000  
                                                                                                   AB2020160100000

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