



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – COACHING

This is to certify that I, _____,
Last First MI

With the last 4 digits of SS# __ __ __ __, have coached as follows during the _____ School Year.

Payroll Information:

Sport: _____ *(Please indicate if Modified, JV or Varsity!)*

Step: _____ # of weeks: _____

Start Date: _____ End Date: _____

Please note, there may be a delay in payment if the information requested is not provided.

Signed: _____ Date: _____

Approved by: _____ Date: _____
(Program Administrator)

INSTRUCTIONS: If you wish to make changes to your federal or state exemptions, you need to complete a new W-4 & IT-2104 (Employees' Withholding Allowance Certificate). These forms are available online or in the Salmon River Business Office.

PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE BUSINESS OFFICE IN ACCORDANCE WITH THE END OF THE SPORTS SEASON.

FOR OFFICE USE ONLY

BASE SALARY _____ X PERCENT _____ = \$ _____

AUTHORIZED: _____ BUDGET CODE: AA2855-150-700000