



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

**CLAIM FORM – EXTRA PROGRAM EMPLOYMENT
(LATCHKEY – Teacher Assistant)**

This is to certify that I, _____,
Last First M.I.
 with last 4 digits of SS# __ __ __ __, have worked in the following capacity

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

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 (Employee's Withholding Allowance Certificate). These forms are available in the Salmon River Business Office and on the www.srk12.org website.

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

FOR OFFICE USE ONLY

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

AUTHORIZED: _____

BUDGET CODE: AA2330150900000
AB2330151300000