SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM –WATCHKEEPER

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

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 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:_____