



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – HOME INSTRUCTION TUTOR

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

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 \$22.00 = \$ _____

AUTHORIZED: _____ BUDGET CODE: _____AA225015930000
 _____AA2250159400000
 _____AA2250159500000
 _____AB2250159600000

