



SALMON RIVER CENTRAL SCHOOL DISTRICT  
FORT COVINGTON, NEW YORK 12937

**CLAIM FORM – LIFEGUARD**

This is to certify that I, \_\_\_\_\_,  
Last First M.I.  
 with last 4 digits of SS# \_\_ \_\_ \_\_ \_\_, have worked as a Lifeguard as follows:

Date:	Name of person substituted for:	Start Time:	End Time:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Administrator

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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](http://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

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*FOR OFFICE USE ONLY*  
 TOTAL HOURS \_\_\_\_\_ X RATE / HOUR \$ 15.00 = \$ \_\_\_\_\_

AUTHORIZED: \_\_\_\_\_ BUDGET CODE: \_\_\_\_\_