



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE ADMINISTRATOR

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

Teacher's Name	Date	Building	Full Day	Half Day

Certification Status (Please check one):

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 DAYS _____ X RATE / DAY \$ _____ = \$ _____

BUDGET CODE: AA 2020150100000 AB 2020150300000

AUTHORIZED: _____