



**SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937**

CLAIM FORM – SUBSTITUTE CLEANER/CUSTODIAN/WATCHKEEPER

This is to certify that I, _____, _____, _____,
Last First M.I.
 with last 4 digits of SS# ____ __ __ __, have worked as a substitute in the following capacity
 (*please check one of the following*): Cleaner Custodian Watchkeeper

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

Signed: _____ Date: _____

Approved By: _____ Date: _____
Supervisor Signature

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 at www.srk12.org.

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 \$ _____ = \$ _____

BUDGET CODE: AA 162016910000 AB 162016910000
 AUTHORIZED: _____