

SALMON RIVER CENTRAL SCHOOL DISTRICT FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE FOOD SERVICE WORKER

follows:

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

Signed:		Date:
Approved By:		Date:
	Supervisor Si	gnature
INSTRUCTIONS: If you	wish to make changes to your fe ding Allowance Certificate). The	deral or state exemptions, you need to complete a new W-4 & IT- se forms are available in the Salmon River Business Office and at .srk12.org.
A	CCORDANCE WITH TH Forward con Salmon River Central Scl 637 Co Fort Covingto	ECEIVED BY THE BUSINESS OFFICE IN E DISTRICT PAY SCHEDULE. pleted form(s) to: nool District – Business Office unty Route 1 n, New York 12937
		CE USE ONLY
TOTAL HOURS	X RATE / HOUR	<u>\$</u> = \$
BUDGET CODE:	□ CA 2860-169	□CB 2860-169
AUTHORIZED:		