

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

## CLAIM FORM – SUBSTITUTE NURSE

	ertify that I,	First ted as a Substi	M.I. itute Nurse as foll	
Date:	Name of person substituted for:	<b>Building:</b>	Start Time:	End Time:
	Status (Please	check one):		
	☐ Registered Professional Nurse	□ Lio	censed Practical N	Turse
Approved B	By:Program Adminis	Date:		
	*************			*******
	IONS: If you wish to make changes to your federa yee's Withholding Allowance Certificate). These f www.srk	forms are available		
PAY	FORMS MUST BE RECORDANCE WITH THE LESS Salmon River Central School 637 County Route 1 Fort Covington, New York	DISTRICT PAR eted form(s) to al District – Bus 12937	Y SCHEDULE. o: siness Office	
TOTAL HC	FOR OFFICE OURSX RATE / HOUR \$	E USE ONLY		
BUDGET C	ODE: <u>AA 2815169600000</u>	□ <u>AB 2815</u>	169600000	
AUTHORIZ	ŒD:			