

SALMON RIVER CENTRAL SCHOOL DISTRICT FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE TEACHER AIDE/MONITOR

Substitute Teacher Aide's Name:	Date:	Building:	Start Time:	End Time:

Signed:		Date:		
Approved By:		Date:		
	Program Administrator			
*****	***************************************	*******		
2104 (Employee's With	you wish to make changes to your federal or state exempt holding Allowance Certificate). These forms are availab www.srk12.org	ble in the Salmon River Business Office and at		
PAYROLL	CLAIM FORMS MUST BE RECEIVED BY 2			
	ACCORDANCE WITH THE DISTRICT PA			
Forward completed form(s) to:				
	Salmon River Central School District – Bi	usiness Office		
	637 County Route 1 Fort Covington, New York 12937			
	FOR OFFICE USE ONLY	7		
TOTAL DAYS	$\underline{X RATE / DAY } =$	\$		
BUDGET CODE:	Elementary	□AA2250169300000		
	Middle School	□AA2250169400000		
	High School	□AA2250169500000		
	Mohawk School AB2110169300000	□AB2250169600000		
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AUTHORIZED: _____