

SALMON RIVER CENTRAL SCHOOL DISTRICT FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE TEACHER

This is to certify that I,				,
with last 4 digits of SS#, have worked as a <u>Substitute Teacher</u> as follows:				
Teacher's Name:	Date:	Building:	Full Day:	Half Day:
			_	
Certification Status (Please check of	 ne):			
☐ Certified Teacher ☐ Uncertified (2-4 Year Degree) ☐ Non-Degree				
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 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 DAYS $X RATE / DAY $ = \$				
BUDGET CODE: Elementary ☐ AA 2110140300000 ☐ AA2250140300000				
Middle School				
High School AA 2110140500000 AA2250140500000 Mohawk School AB2110140300000 AB2250140600000				
AUTHORIZED:				