



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUBSTITUTE TEACHING ASSISTANT

This is to certify that I, _____,
with last 4 digits of SS# __ __ __ __, have worked as a Substitute Teaching Assistant as follows:

Table with 5 columns: Date, Name of person substituted for, Building, Start Time, End Time

Certification Status (Please check one):

- Certified
Non-Certified

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 HOURS _____ X RATE / HOUR \$ _____ = \$ _____
BUDGET CODE: Elementary AA 211014030000 AA225014030000
Middle School AA 211014040000 AA225014040000
High School AA 211014050000 AA225014050000
Mohawk School AB211014030000 AB225014030000
AUTHORIZED: _____