



SALMON RIVER CENTRAL SCHOOL DISTRICT
FORT COVINGTON, NEW YORK 12937

CLAIM FORM – SUPERVISION

This is to certify that I, _____,
Last First M.I.
with last 4 digits of SS# __ __ __ __, have completed Supervision as follows:

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

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.

***SUPERVISION PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE BUSINESS OFFICE
IN ACCORDANCE WITH THE END OF EACH SPORTS SEASON.***

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 \$ _____ = \$ _____

AUTHORIZED: _____ BUDGET CODE: AA 2850-170-500000