



**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 2855150700000 – Instructional  
A2855160700000-Non-Instructional