



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – EXTRA WORK
(Brailleing)

This is to certify that I, _____, have worked in the following capacity

Date	Extra Work Duties:	Time In:	Time Out:	# of Hours:

Signed: _____ Date: _____

Approved By: _____ Date: _____
Supervisor's Signature

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 Northeastern Clinton Business Office.

PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE PAYROLL OFFICE BY THE THURSDAY PRECEDING THE WEEK PAYCHECKS ARE ISSUED

Forward completed form(s) to:

Kelsey Monette, School Personnel Specialist
Payroll Office
Middle School Building, Champlain

FOR OFFICE USE ONLY

PAYROLL NO. _____ DATE: _____

TOTAL HOURS _____ X RATE / HOUR **\$26.00** = \$ _____

AUTHORIZED: _____ BUDGET CODE: _____