



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT  
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – EXTRA WORK  
(Teacher)

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*

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**PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE PAYROLL OFFICE BY THE  
THURSDAY PRECEDING PAY WEEK.**

Forward completed form(s) to:

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

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**FOR OFFICE USE ONLY**

PAYROLL NO. \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_ X RATE / HOUR \$ \_\_\_\_\_ = \$ \_\_\_\_\_

AUTHORIZED: \_\_\_\_\_ BUDGET CODE: \_\_\_\_\_