



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – EXTRA WORK
(Tutoring)

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

**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: _____