



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – MENTORING

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

DATE	MENTORING FOR:	FIRST OR SECOND YEAR?

Signed: _____ Date: _____

Approved By: _____ Date: _____

Supervisor's Signature

**THIS CLAIM FORM MUST BE RECEIVED BY THE PAYROLL OFFICE BY JUNE 15, 2023 TO
RECEIVE A CHECK BY THE END OF THE SCHOOL YEAR**

Forward completed form(s) to:

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

FOR OFFICE USE ONLY

PAYROLL NO. _____ DATE: _____

TOTAL AMOUNT = \$ _____

AUTHORIZED: _____ BUDGET CODE: _____