



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – PAYMENT OF ACCUMULATED VACATION DAYS

This is to certify that I, _____ would like to be reimbursed, pursuant to the terms of my employment contract, for the following vacation days:

TOTAL DAYS REQUESTED: _____

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 NO LATER THAN
10:00 AM ON JUNE 15, 2023 FOR PAYMENT ON 6/23/23.**

Forward completed form(s) to:

Kelsey Monette
School Personnel Specialist
Middle School Building, Champlain

FOR OFFICE USE ONLY

TOTAL DAYS _____ X DAILY RATE OF \$ _____ = \$ _____

PAYROLL NO. _____ DATE: _____

AUTHORIZED: _____ BUDGET CODE: _____