



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM
(Temporary-On-Call Custodial Worker)

This is to certify that I, _____, have worked in the following capacity
(PLEASE PRINT NAME)

Date	Person Worked For:	Building	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 PAY WEEK.

Forward completed form(s) to:

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

FOR OFFICE USE ONLY

TOTAL HOURS _____ X RATE / HOUR **\$14.40** = \$ _____

PAYROLL NO. _____ DATE: _____

AUTHORIZED: _____ BUDGET CODE: A1620.162.80.0000