



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM – LAKE CLEAR
(Nurses)

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

Date	Extra Work Duties:	½ or whole day

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 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 / HRLY. \$ _____ = \$ _____

AUTHORIZED: _____ BUDGET CODE: _____