



NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT
CHAMPLAIN, NEW YORK 12919

CLAIM FORM
(Summer Teacher Aide/Student Aide)

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

Date	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 PRECEEDING PAYWEEK.**

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 \$ _____ = \$ _____

PAYROLL NO. _____ DATE: _____

AUTHORIZED: _____ BUDGET CODE: ☐ A2110.162.00.0000
☐ A2250.162.50.0000