

GOSHEN CENTRAL SCHOOL DISTRICT

PAYROLL CLAIM FORM

Teachers / Stipends / Tutors

2016 - 2017 School Year

Employee: _____

Employee Signature: _____

Address: _____

Date: _____

Payroll MUST receive ORIGINAL signatures.

Service date(s) MUST correspond to fiscal school year of claim form.

Blue or black ink ONLY please.

Note: Claim forms must be received in Payroll no later than 1 day after the pay period end date on the current pay schedule.

STIPEND	
ATHLETIC OR CO-CURRICULAR POSITION	AMOUNT
_____	_____
_____	_____

HOURLY / DAILY SERVICE (tutoring, supervision at athletic events, after school programs, instructional work, testing, teacher training, curriculum development, additional meetings, etc.)

Date	Description of Job Duties / Service	Times (am / pm)	# of Hours OR Days	Rate	Total
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
		_____ to _____			
Total Hours / Days				Total Amt	

Approved: _____		Date: _____	
Acct. Code: A / C / F		Checked by: _____	Reviewed by: _____
PPS / Sup't.: _____		Date: _____	Auditor: _____
Date: _____			