

Goshen Central School District
Business Office
227 Main Street
Goshen, NY 10924

PAYROLL CLAIM FORM

**CSEA Extra Hours (up to 40 / week)
2016 - 2017 School Year**

For Business Office Use Only

Payroll Date: _____

Initials _____

FROM:
(NAME AND
ADDRESS OF
EMPLOYEE)

Employee Name (PLEASE PRINT) _____

Address (If check is to be mailed) _____

Address _____

Employee Signature (Payroll **MUST** receive **ORIGINAL** signature) _____

Date _____

Note to Employees: Claim forms **MUST** be received by the **PAYROLL OFFICE** by the first business day after the period end date. Claims received after that date will be processed with the following payroll. Service date(s) **MUST** correspond to fiscal school year of claim form.

**THIS SECTION TO BE COMPLETED BY CSEA (CIVIL SERVICE EMPLOYEES) FOR EXTRA HOURS WORKED
BEYOND BOARD APPROVED HOURS UP TO 40 HOURS PER WEEK**

EMPLOYEE'S MOST RECENTLY BOARD APPROVED HOURLY RATE = \$ _____ PER HOUR

DATE OF SERVICE	DESCRIPTION OF JOB DUTIES / WORK / SERVICES PERFORMED	START TIME OF EXTRA HOURS WORKED	END TIME OF EXTRA HOURS WORKED	TOTAL EXTRA HOURS WORKED	TOTAL AMOUNT
		_____ am / pm to	_____ am / pm		\$
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
TOTAL EXTRA HOURS WORKED				_____	TOTAL AMOUNT THIS CLAIM FORM \$ _____

APPROVED AND CODED BY:

Administrator Dated (Required) _____

CODE: **A/C/F** _____ **1** _____ (Required)

PRICES AND EXTENSIONS CHECKED BY:

Initials (Administrator's Secretary) _____
Date (Required) _____

REVIEWED BY
BUSINESS OFFICE
ADMINISTRATOR

Initials _____