



SALMON RIVER CENTRAL SCHOOL DISTRICT  
FORT COVINGTON, NEW YORK 12937

**CLAIM FORM – COACHING**

This is to certify that I, \_\_\_\_\_,  
Last First MI

With the last 4 digits of SS# \_\_ \_\_ \_\_ \_\_, have coached as follows during the \_\_\_\_\_ School Year.

**Payroll Information:**

Sport: \_\_\_\_\_ Modified/JV/Varsity: \_\_\_\_\_

Title (Coach/Assistant Coach): \_\_\_\_\_

Step: \_\_\_\_\_ # of weeks: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\*\*\*Please note, there may be a delay in payment if the information requested is not provided.\*\*\*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Program Administrator)

INSTRUCTIONS: If you wish to make changes to your federal or state exemptions, you need to complete a new W-4 & IT-2104 (Employees' Withholding Allowance Certificate). These forms are available online or in the Salmon River Business Office.

***PAYROLL CLAIM FORMS MUST BE RECEIVED BY THE BUSINESS OFFICE IN ACCORDANCE WITH THE END OF THE SPORTS SEASON.***

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***FOR OFFICE USE ONLY***

BASE SALARY \_\_\_\_\_ X PERCENT \_\_\_\_\_ = \$ \_\_\_\_\_

AUTHORIZED: \_\_\_\_\_ BUDGET CODE: AA2855-150-700000