



HIGHLAND FALLS-FORT MONTGOMERY

CENTRAL SCHOOL DISTRICT

PO Box 287

Highland Falls, NY 10928

(845) 446-9575

PAYROLL CLAIM FORM - ACADEMIC CLASS COVERAGES

Employee: _____

School: _____

Address: _____

Pay Rate: \$ See Below

ONE PERIOD PER LINE

Date	Teacher Covered	Period	Start and End Time

Please be advised:

1. Teachers – The first five (5) class coverages of the school year are non-reimbursable. Thereafter, compensation will be at the rate of \$38 per class. All non-reimbursable classes must be submitted on a claim form.
2. Aides & Monitors – When assigned to cover as the substitute teacher, compensation will be at the rate of \$12 per class period, not to exceed \$84 per day.

** Please see contract(s) for complete agreement.

Approval of Supervisor /Date _____

Requester Signature /Date _____

Approval of Asst. Supt. for Business /Date _____

For Business Office Use Only:

Units

Pay Rate

Amount

Notes