



WEST SENECA CENTRAL SCHOOL DISTRICT

Administrative Offices • 900 Mill Road • West Seneca, NY 14224

Telephone: (716) 677-3100 • Facsimile: (716) 677-3609

Fingerprinting Reimbursement

Name _____ Date _____

Address _____

Position _____

Date of Permanent Appointment _____

ATTESTATION: By signing this claim form, the employee asserts that the information provided is true to the best of his/her knowledge. The employee attests that this is a request for reimbursement of the fingerprinting fees, that he/she has not received previous reimbursement for this expense and will not seek reimbursement for this expense from any other source. **Please attach proof of payment – the duplicate copy of your money order or certified check, copy of credit card statement, or TEACH payment receipt.**

For employees hired on or after July 1, 2025 who are mandated to be fingerprinted to commence employment with the District, the District will reimburse the employee for the cost of such fingerprinting upon successful completion of the employee's probationary period with the District.

- This will not apply to fingerprinting fees incurred by temporary, seasonal, or substitute employees.

Employee Signature

\$ _____
Fingerprinting Fee

Payment Approval: _____ Date: _____
Assist. Superintendent of Administrative Operations

A/P Approval: _____

Account Code: AB-1430-479