CO - 98

Ichabod Crane High School
Valatie, NY 12184

After School Science Lab Payroll Claim Form

(This form is to be used for payment for after school REQUIRED lab make up per contract)

EMPLOYEE NAME: _____

Date of Service: _____

Session A 2:30 – 3:00 p.m.	Session B 3:00 – 3:30 p.m.	Total	
	Total Sessions: X Session Rate $19 per session		
	Total Payroll Claimed		

Employee Certification:
I certify under penalty of law that the above information is a true, complete and accurate claim for services rendered in the faithful discharge of teaching duties consistent with my appointment by the Board of Education.

Employee Signature_____ Date: _____

Supervisor Certification:
I hereby certify under penalty of law that I have reviewed the above claim and find it to be a true, complete and accurate representation of the employee's service on the dates indicated, and approve that this claim be forwarded to be adjudicated and paid per district practice.

Supervisor Signature _____ Date: _____

BUDGET CODE:_____ Amount Approved: _____

1/28/16 - amb