**PAYROLL CLAIM FORM**

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

**CSEA Extra Hours (up to 40 / week)**  
**2017-18 School Year**

**Employee Name** (PLEASE PRINT)

**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.

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

<table>
<thead>
<tr>
<th>DATE OF SERVICE</th>
<th>DESCRIPTION OF JOB DUTIES / WORK / SERVICES PERFORMED</th>
<th>START TIME OF EXTRA HOURS WORKED</th>
<th>END TIME OF EXTRA HOURS WORKED</th>
<th>TOTAL EXTRA HOURS WORKED</th>
<th>TOTAL AMOUNT</th>
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**EMPLOYEE'S MOST RECENTLY BOARD APPROVED HOURLY RATE = $**

**TOTAL EXTRA HOURS WORKED**  
**TOTAL AMOUNT THIS CLAIM FORM**

**APPROVED AND CODED BY:**

________________________________________  
Administrator  
Dated (Required)

**PRICES AND EXTENSIONS CHECKED BY:**

________________________________________  
Initials (Administrator’s Secretary)

**REVIEWED BY BUSINESS OFFICE ADMINISTRATOR**

________________________________________  
Date (Required)

________________________________________  
Initials

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