Goshen Central School District Business Office 227 Main Street Goshen, NY 10924	**PAYROLL CLAIM FORM** ***CSEA Extra Hours (up to 40 / week)*** **2017-18 School Year**	For Business Office Use Only Payroll Date: Initials

FROM: (NAME AND ADDRESS OF EMPLOYEE)

Employee Name (P L E A S E P R I N T)

Address (If check is to be mailed)

Address

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.

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

EMPLOYEE'S MOST RECENTLY BOARD APPROVED HOURLY RATE = $ _____ PER HOUR

DATE OF SERVICE	DESCRIPTION OF JOB DUTIES / WORK / SERVICES PERFORMED	START TIME OF EXTRA HOURS WORKED	END TIME OF EXTRA HOURS WORKED	TOTAL EXTRA HOURS WORKED	TOTAL AMOUNT
		_____ am / pm to	_____ am / pm		$
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
		_____ am / pm to	_____ am / pm		
			TOTAL EXTRA HOURS WORKED		**TOTAL AMOUNT THIS CLAIM FORM** $

APPROVED AND CODED BY:	PRICES AND EXTENSIONS CHECKED BY:	REVIEWED BY BUSINESS OFFICE ADMINISTRATOR
Administrator Dated (***Required***)	Initials (*Administrator's Secretary*) Date (***Required***)	Initials
CODE: **A / C / F** _ _ _ _ **1** _ _ _ _ _ _ _ _ _ (***Required***)		