CAYUGA ONONDAGA BOCES

Curriculum/Staff Payroll Claim Form

(Please print clearly)

Name _____ Date _____

Street _____ Last four SS# _____

City, State Zip _____

Amount Per Hr./Day /Course _____

Curriculum/Staff Claim Form
Teachers/ Teacher Assistants

Date	Description	Amt Per Hr./Day / Course	Total

Total	$ 0

Signature and Title of Claimant _____ Date _____

Signature of Supervisor _____ Date _____

Budget Code _____

Please return to Payroll after signatures are complete.

*1879 W. Genesee St Rd.*Auburn, New York 13021* (315) 253-0361*Fax (315-252-6493)*