



**HIGHLAND FALLS-FORT MONTGOMERY**

**CENTRAL SCHOOL DISTRICT**

PO Box 287

Highland Falls, NY 10928

(845) 446-9575

**PAYROLL CLAIM FORM - ACADEMIC CLASS COVERAGES**

Employee: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Pay Rate: \$ See Below

ONE PERIOD PER LINE

Date	Teacher Covered	Period	Start and End Time

Please be advised:

1. Teachers - The first five (5) class coverages of the school year are non-reimbursable. Thereafter, compensation will be at the rate of \$38 per class. All non-reimbursable classes must be submitted on a claim form.
  2. Aides & Monitors - When assigned to cover as the substitute teacher, compensation will be at the rate of \$9 per class period, not to exceed \$63 per day.
- \*\* Please see contract(s) for complete agreement.

\_\_\_\_\_  
Approval of Supervisor/Date

\_\_\_\_\_  
Requester Signature/Date

\_\_\_\_\_  
Approval of Asst. Supt. for Business/Date

For Business Office Use Only:

Units	Pay Rate	Amount	Notes
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