Colton-Pierrepont Central School
4921 State Highway 56
Colton, NY 13625
(315) 262-2100

Claim Form – Payroll

Please print the following information clearly and legibly.

Name: _____
Address: _____
_____
_____

Date	Work Performed	Hours/Rate

Signature: _____ Date: _____

Social Security Number: _____

Supervisor Signature: _____ Date: _____

For Official Use Only

Total Hours: _____ X Rate: $_____ = $ _____

Position Code: _____ Budget Code: _____

Last Revised: May 17, 2005