

FALLSBURG CENTRAL SCHOOL DISTRICT

PO Box 124, 115 Brickman Road
 Fallsburg, NY 12733
 Voice: 845-434-5884 Fax: 845-434-8346
 Web: www.fallsburgcsd.net

PER DIEM CLAIM FORM – Effective 1/1/2018

Name: _____

Long Term Subs for Science, Math, ESOL, Technology,
 Foreign Language: \$250/day after 10 days.
 All other Long Term Subs: \$250/day after 45 days

Services Rendered: **(check all that apply)**

Sub Teacher Floater-Non Classroom Coverage (NWEA's, Test Mods, study hall, lunch duty) <i>Unlimited – not counted as part of 90 day limit</i>	Sub Teacher Floater- Instructional (CSE coverage, 504's CPSE's) <i>90 day limit if uncertified.</i>
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Sub Teacher – Not Certified but Working Towards Certification - \$80/per day <i>Unlimited</i>	Sub Teacher - Certified w/Bachelors - \$100/day w/Masters - \$120/day <i>Unlimited</i>	Sub Teacher - Not Certified \$80/day <i>90 day limit</i>
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Sub Clerical/Aide - \$72.80/day	Sub Tchr. Asst. - \$72.80/day	Sub Nurse - \$100/day
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Coverage: **(check all that apply)**

AM	Staff Member Covering: _____
PM	Staff Member Covering: _____
FULL DAY	Staff Member Covering: _____

Date(s) Worked	Description to Service	Rate of Pay	Amount
TOTAL			

Under the Penalties of Perjury, I certify that (1) The number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. If you are subject to backup withholding, please cross out clause (2).

This is to certify that the work, labor, services, materials and supplies charged in the above amount or claim and included in the same, amounting to \$ _____ has been actually performed for, furnished and/or delivered to the Board of Education, Fallsburg, New York; that said claim is just, due and unpaid and that there are no offsets against the same; that the items and specifications therein are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account of claim.

 Claimant's Signature Date

 Principal's Signature Date

 Superintendent's Signature Date