# 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 10/7/2021

**Name:**

| Long Term Subs:  $300/day after 10 days |
| --- |

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

| | **Sub Teacher Floater-Non Classroom Coverage** (NWEA's, Test Mods, study hall, lunch duty) *Unlimited – not counted as part of 90 day limit* | | **Sub Teacher Floater- Instructional** (CSE coverage, 504's CPSE's) *90 day limit if uncertified.* |
| --- | --- | --- | --- |

| | **Sub Teacher – Not Certified but Working Towards Certification - $130/per day** *Unlimited* | | **Sub Teacher - Certified w/Bachelors - $150/day** **w/Masters - $160/day** *Unlimited* | | **Sub Teacher - Not Certified $130/day** *90 day limit* |
| --- | --- | --- | --- | --- | --- |

| | **Sub Clerical/Aide - $95/day** | | **Sub Tchr. Asst. - $95/day** | | **Sub Nurse - $130/day** |
| --- | --- | --- | --- | --- | --- |

**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 |
| --- | --- | --- | --- |
| | | | |
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| | | | |
| | | | |
| | | **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.**

X_____
**Claimant's Signature**                                                                                  **Date**

X_____
**Principal's Signature**                                                                                 **Date**

X_____
**Superintendent's Signature**                                                                         **Date**