Putnam Valley Central School District
Putnam Valley, New York 10579

# CLAIM FORM

Name: _____

| Date | Description of Work | Time In | Time Out | Total Hours | Stipend Rate | Total Claim |
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| | | | Total Claim | | | |

_____ _____ _____ _____
*Signature of Employee* *Date* *Signature of Supervisor* *Date*

_____ _____ _____ _____
*Signature of Director of Pupil Personnel (If applicable)* *Date* *Signature of Superintendent* *Date*

For Office Use Only

Budget Code:_____ _____@ $_____
Budget Code:_____ _____@ $_____
Budget Code:_____ _____@ $_____

*Rev. August 20, 2026*