

School Improvement Teacher Stipend Employee Data / Record of Time Worked

2								
EMPLOYEE INFORMATION	Print Name:	▲ Last		▲ First			▲ M.I.	
	▲ Address (Stre	eet Name and Number)					▲ Date of Birth (month/day/year)	
	▲ City		▲ State	▲ State			▲ Zip Code	
APLOY	▲ School Distric	et		▲ Phone # (include area code)				
E	Social Security #		▲ NYS Teacher's	▲ NYS Teacher's Retirement Number (if not a med			nber, check here: 🔲)	
TAX WITHHOLDING	Federal W-4	Claim Status (check one) Single (or Head of Household) Married Married, but withhold at higher single rate	000		Total number of allowances: Additional amount withheld from paycheck (\$)			
	NYS IT-2104	Claim Status (check one) Single (or Head of Household) Married Married, but withhold at higher single rate		Total number of allowances: Additional amount withheld from paycheck (\$)				
	Employee's signature (no signature will result in single zero withholding) Date							
	Employer name and OCM BOCES, P	address O Box 4754, Syracuse, NY 13221-4754					Employer ID number 16-0955084	
RECORD OF TIME WORKED	Workshop							
	Trainer		BOCES Cor	BOCES Contact Person				
	COSER:	563 🗖 547 🗖	Day of <u>week</u>	<u>Date</u>	<u>Time In</u>	Time Out	# Hours	
	Session 1							
	Session 2							
	Session 3 (Session 4 (
	I declare that the above record of time worked is true, correct, and comple					TOTAL		
	Participant Signature					Date		
	Trainer Signatu	ire				Date		