

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
HAMILTON-FULTON-MONTGOMERY COUNTIES**

2755 ST HWY 67  
Johnstown, NY 12095

OFFICE USE ONLY	
<input type="checkbox"/>	SPEC ED
<input type="checkbox"/>	ALT ED
<input type="checkbox"/>	BUSINESS OFFICE
<input type="checkbox"/>	CAREER & TECH ED
<input type="checkbox"/>	OTHER

Confirmation # \_\_\_\_\_

Code # \_\_\_\_\_

**SUBSTITUTE CLAIM FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc Security # \_\_\_\_\_

I am a member of Teachers' Retirement System Retirement # \_\_\_\_\_ Date Joined (mm/dd/yy) \_\_\_\_\_

I am a member of Employees' Retirement System Retirement # \_\_\_\_\_ Date Joined (mm/dd/yy) \_\_\_\_\_

No, I am not a member of a public retirement system

Please indicate if you are a certified teacher Yes \_\_\_\_\_ No \_\_\_\_\_

**An employee who works a shift of more than six hours, which extends over the noonday meal period, is required to take a 30-minute meal break.**

School or Class Location Name of Person	Dates of Substitution	Start time	End time	Rate per Hour	Amount

The information given above is a valid claim for services rendered.

Date \_\_\_\_\_ Substitute's Signature \_\_\_\_\_ Must be signed on or after Substitute's last date claimed on this form.

Date \_\_\_\_\_ Authorized BOCES Supervisor's Signature \_\_\_\_\_

Form **W-4**

**Employee's Withholding Allowance Certificate**

**2018**

Department of the Treasury  
Internal Revenue Service

\*\*Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial _____	Last Name _____	2 Your social security number _____
Home address (number and street or rural route) _____	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, withhold at Higher Single rate Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code _____	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. _____	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____	5 _____	
6 Additional amount, if any, you want withheld from each paycheck _____	6 \$ _____	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. a. Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> b. This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here _____		

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**

(Form is not valid unless you sign it.)

**Date**

8 Employer's name & address (Employer: Complete lines 8 & 10 only if sending to the IRS.) \_\_\_\_\_ 9 Office code 10 Employer Identification number (EIN) \_\_\_\_\_