

**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

2019

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 Single Married 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 2019, and I certify that I meet **both** of the following conditions for exemption.
a. Last year I had a right to a refund of **all** federal income tax withhold because I had **no** tax liability **and**
b. This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.
If you meet both conditions, write "Exempt" here _____ 7 _____

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) _____