

WATERVLIET CITY SCHOOL DISTRICT
1245 HILLSIDE DRIVE
WATERVLIET, NEW YORK 12189

REQUEST FOR PAYMENT OF SERVICES
CLUBS/ADVISORS

I have performed my duties and services required by my assignment as:

I am requesting payment due at this time (40% in December and 60% in June).

Signature of Employee

Approval of Principal

Date

EMPLOYEE NAME _____

ADDRESS _____

SOCIAL SECURITY # _____ (if you are not an employee)

IF YOU ARE REQUESTING A CHANGE IN YOUR TAX WITHHOLDING, PLEASE ATTACH A COMPLETED STATE AND FEDERAL TAX FORM.