



# WEST SENECA CENTRAL SCHOOL DISTRICT

Administrative Offices • 900 Mill Road • West Seneca, NY 14224

Telephone: (716) 677-3100 • Facsimile: (716) 677-3609

## Fingerprinting Reimbursement

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

Address \_\_\_\_\_

Position \_\_\_\_\_

Date of Permanent Appointment \_\_\_\_\_

**ATTESTATION:** By signing this claim form, the employee asserts that the information provided is true to the best of his/her knowledge. The employee attests that this is a request for reimbursement of the fingerprinting fees, that he/she has not received previous reimbursement for this expense and will not seek reimbursement for this expense from any other source. **Please attach proof of payment - the duplicate copy of your money order or certified check, copy of credit card statement, or TEACH payment receipt.**

*Effective July 1, 2023 through June 30, 2025, full and part time CSEA members may submit proof of payment of their fingerprinting fee for reimbursement.*

- **Must be submitted within 30 days upon successful completion of probationary period.**
- **This Memorandum will not apply to fingerprinting fees incurred by temporary, seasonal, or substitute employees.**

\_\_\_\_\_  
Employee Signature

\$ \_\_\_\_\_  
Fingerprinting Fee

Payment Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Assist. Superintendent of Administrative Operations

A/P Approval: \_\_\_\_\_ Account Code: AB-1430-479