



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