



## Speech and Language Pathology SBTE Remuneration Documentation

To obtain your remuneration, please complete this form and your W-9 and mail via US Postal Service by the LAST day of the teacher candidate's placement to:  
*Nazareth University, Attn: Office of Clinical Experiences and Partnerships, 4245 East Avenue, Golisano Academic Center Room 277, Rochester, NY 14618*

### I. SCHOOL-BASED TEACHER EDUCATOR (SBTE) INFORMATION:

SBTE Name \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_ (required)

Preferred Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are you an employee of Nazareth College during the current academic semester?

No

Yes (if yes, please list the department) \_\_\_\_\_

### II. PLACEMENT INFORMATION:

Name of Teacher Candidate (Student Teacher): \_\_\_\_\_

School District: \_\_\_\_\_ Name of School: \_\_\_\_\_

Placement: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

During the time the teacher candidate was in your room did you and another SBTE ***equally share the supervision*** of the teacher candidate?

No

Yes (If yes, you **will equally split** your remuneration with the other SBTE. Please choose an option that states "with two SBTEs")

### III. SELECT REMUNERATION OPTION:

Please select only ONE option based on your time with the teacher candidate and whether you supervised the teacher candidate by yourself, or with another SBTE.

Cash Waiver: \$100 (placement with two SBTEs)

\$200 (placement with one SBTE)

### IV. SCHOOL-BASED TEACHER EDUCATORS TAX INFORMATION

I understand that according to current tax laws, there may be tax implications related to the remuneration I receive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
**FOR COLLEGE APPROVAL ONLY**

Date: \_\_\_\_\_

Total Payment: \_\_\_\_\_

AP Type 0022

Payment Description: Supervisor Remuneration

ACCOUNT NUMBER: 11-0307011-53194

Department Head Approval \_\_\_\_\_