

Nazareth College of Rochester
SPEECH AND LANGUAGE PATHOLOGY
REMUNERATION SELECTION FORM

Thank you again for supporting teacher education.

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 College, Attn: Colleen Burrell, Office of Clinical Experiences and Partnerships, Golisano Academic Center, Room 277, 4245 East Avenue, Rochester, NY 14618

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

SBTE Name _____ Last 4 digits of Social Security # ____ ____ ____ ____ *(required)*

Previous Name(s) _____ Preferred Email: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School District: _____ Name of School: _____

School Address: _____ City: _____ State: _____ Zip: _____

Are you or have you ever been a Nazareth College Employee? *(Employee includes full-time and part-time staff, faculty and adjuncts)*

No Yes *If yes, please list the department* _____

II. TEACHER CANDIDATE INFORMATION:

Name of Teacher Candidate (Student Teacher): _____

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?
*(If yes, you **will equally split** your remuneration with the other SBTE. Please choose an option that states "with two SBTEs")* No Yes

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)*

Tuition Waiver 1.5 credits *(placement with one SBTE)*

Arts Center Voucher \$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 tuition waivers I receive.

Signature

Date

FOR COLLEGE APPROVAL ONLY

ACCOUNT NUMBER: 11-0307011-53194

Dept. Head: _____

Controller: _____

Treasurer: _____

AP type: _____

Due Date _____

Vendor # _____

Voucher # _____

Check # _____

By _____