



NAZARETH COLLEGE
 School of Education
 Office of Clinical Experience and Partnerships

SBTE Remuneration Selection Form

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

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

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Preferred Email: _____

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 _____

Length: Half- Semester (6-7 week placement) Full Semester (12-14 week placement)

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 THE REMUNERATION OPTION:

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

- Cash Honorarium:**
- \$100 *(Half-Semester with two SBTEs)*
 - \$200 *(Half-Semester with one SBTE or a Full Semester with two SBTEs)*
 - \$400 *(Full Semester with one SBTE)*

- Tuition Waiver**
- 1.5 credits *(Half-Semester with one SBTE or Full Semester with two SBTEs)*
 - 3 credits *(Full Semester with one SBTE)*

IV. TAX INFORMATION

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

Signature

Date

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FOR COLLEGE APPROVAL ONLY

Date: _____

Total Payment: _____

AP Type 0022

Payment Description: Supervisor Remuneration

ACCOUNT NUMBER: 11-0307011-53194

Department Head Approval _____