NAZARETH COLLEGE
School of Education
Office of Clinical Experience and Partnerships

SBTE Remuneration Documentation

(Student Teaching/Graduate Practicum)

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: 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)*

Previous Name(s) _____ Preferred Email: _____

Home Address: _____ Phone: _____

City:_____ State: _____ Zip:_____

Are you currently employed of Nazareth College? ☐ No ☐ Yes *(if yes, please list the department)* _____
(Employees includes adjunct or part-time/full-time staff and faculty)

II. PLACEMENT INFORMATION:

Name of Teacher Candidate (Student Teacher):_____

School District:_____ Name of School:_____

Placement: Start Date _____ End Date _____ Length: Half- Semester Full Semester

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 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

FOR COLLEGE APPROVAL ONLY **ACCOUNT NUMBER: 11-0307011-53194**

Dept. Head: _____ Controller: _____ Treasurer: _____
AP type: _____ Due Date_____ Vendor #_____
Voucher #_____ Check # _____ By_____