



NAZARETH COLLEGE
 School of Education
 Office of Clinical Experience and Partnerships

SBTE Remuneration Documentation
(Undergraduate Practicum/International TESOL)

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 _____

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: \$50 *(placement with two SBTEs)*

\$100 *(placement 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 _____