

George Mason University
College of Education and Human Development
Office of Teacher Preparation
Thompson Hall 2200
703-993-4507

MENTOR TEACHER INSTRUCTIONS FOR PAYMENT

To ensure efficient compensation for your services, these procedures must be followed for the processing of honorariums. Please note that payment takes a minimum of four to six weeks to be processed after the internship is completed and your forms are received. Forms **must** be turned in no later than 30 days after the last day of the internship; however, you are encouraged to submit during the internship.

Checks are delivered via US mail using the address on your forms.

Required Payment Forms:

- Mentor Teacher Pay Form
- W9 (Virginia tax form) <https://cehd.gmu.edu/assets/docs/forms/cehd/fw9.pdf>
- When completing your W-9:
 - Please provide your SS number; no EIN or UEI number is required.
 - Under *Entity Type*, select *Individual*
 - Under *Entity Classification*, select *Professional Services*
 - *Do not add Business Name*
 - Everyone **must complete the W9 form, provide handwritten signature, DocuSign, or a certified electronic PDF signature, and date** the W9 form.

You may scan as full-sized email attachments to Beth Rooney: erooney1@gmu.edu

Or, you may mail forms to the following address:

George Mason University
CEHD/Office of Teacher Preparation
4400 University Drive, MS 6C13
Fairfax, VA 22030

If you have questions, please contact:

Office of Teacher Preparation
703-993-4507
Or email Beth Rooney: erooney1@gmu.edu

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**MENTOR TEACHER
Honarium PAY FORM**

Please complete this form and return to the Office of Teacher Preparation, along with your completed W9 form, during the first month of your work with our candidate. **Please note that honorarium payment takes a minimum of four to six weeks to be processed after the internship is completed and your forms are received.** Note, mentor teachers who have a Mason G number will be issued a check with the name that is in Mason's system.

TEACHER'S NAME: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE: _____

SCHOOL NAME: _____

GRADE LEVEL/SUBJECT TAUGHT: _____

NAME OF CANDIDATE SUPERVISED: _____

SEMESTER AND YEAR: _____

HONORARIUM FOR MENTOR TEACHERS: 5-6 wks \$100 _____

7-8 wks \$125 _____

14-16wks \$250 _____

I choose NOT to be compensated _____

I attest that the information I have provided on this form is accurate: _____(please sign)