

George Mason University
College of Education and Human Development
Teacher Track at Mason
Thompson Hall 2300
703-993-9777
703-993-5701 (fax)

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 six weeks to be processed after your paperwork is submitted to the TEACHERtrack Office. Forms **must** be turned in no later than 30 days after the last day of the internship. Honorarium checks are delivered via US Postal mail.

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; EIN is not required.
 - Under *Entity Type*, select *Individual*
 - Under *Entity Classification*, select *Professional Services*
 - Everyone **must complete, hand-sign, and date** the W9 form in addition to their mentor teacher pay form.

Please send all forms to the following address:

College of Education and
Human Development
George Mason University
4400 University Drive, MS 6C13
Fairfax, VA 22030

If you have questions, please contact:

Teacher Track at Mason
703-993-4507

George Mason University
 College of Education and Human Development
 Teacher Track at Mason
 Thompson Hall 2300
 703-993-9777
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**MENTOR TEACHER
 PAY FORM**

Please complete this form and return to the TEACHERtrack Office, along with your completed W9 form no later than **30 days** after the completion of your work with our candidate. **Please note that payment takes a minimum of six weeks to process after the TEACHERtrack Office receives this paperwork.** Note, mentor teachers who have a G number will be issued a check with the name that is in Mason’s system.

TEACHER’S NAME: _____

SOCIAL SECURITY NUMBER: _____

RACE/ETHNICITY INFORMATION* (Please check only one category):

American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	Race/ethnicity Unknown	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Choose to Respond	<input type="checkbox"/>

*THIS INFORMATION IS COLLECTED FOR Council for the Accreditation of Educator Preparation (CAEP) RECORDING PURPOSES ONLY.

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 _____

15-16wks \$250 _____

I choose NOT to be compensated _____

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