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 Educator Preparation 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, sign, and date the W9 form in addition to their mentor teacher pay form.

Please send all forms to the following address:

Clinical Practice Office/CEHD
George Mason University
4400 University Drive, MS 6C13
Fairfax, VA 22030

Or, please fax the completed forms to 703-993-5701.

If you have questions, please contact:
Educator Preparation Office
703-993-4507

Updated March 2018
MENTOR TEACHER PAY FORM

Please complete this form and return to the Clinical Practice Specialist, along with your completed W9 form during the first month of your work with our candidate. Please note that payment takes a minimum of six weeks to process after the Educator Preparation 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
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- White
- Two or more races
- Race/ethnicity Unknown
- Do Not Choose to Respond

*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 _____

15-16 wks $250 _____

I choose NOT to be compensated _____

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

Updated March 2018