

GEORGE MASON UNIVERSITY
College of Education and Human Development
Office of Accreditation and Program Improvement
Educator Preparation Office
Thompson Hall 1708
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 Clinical Practice Specialist. Forms **must** be turned in no later than 30 days after the last day of the internship. Honorarium checks are delivered via mail.

Required Payment Forms:

- Mentor Teacher Pay Form
- W9 (Virginia tax form). Everyone **must** complete, sign, and date the W9 form. (W9 is available online at doa.virginia.gov)

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

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**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 Clinical Practice Specialist 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):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Two or more races			
Asian	Hispanic or Latino	Race/ethnicity Unknown			
Black or African American	White	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 \$75 _____

7-8 wks \$100 _____

15-16wks \$200 _____

I choose NOT to be compensated _____

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