

SBTE Remuneration Selection Form

I. SCHOOL-BASED TEACHER EDUCATOR (SBTE) INFORMATION:

SBTE Name			Last 4 digits of S	Last 4 digits of Social Security # (required)		
Home Address:				Phone:		
City:		St	rate:	Zip:		
Preferred Em	nail:					
Are you an e	mployee of Nazaret	th University during the current a	cademic semester?			
	No	Yes (if yes, please	list the department) _			
-	ENT INFORMATI cher Candidate (Stu					
School Distri	ct:		Name of School:			
Placement:	Start Date	End Date				
Length:	Half- Semeste	er (6-7 week placement)	Full Semester (12-	14 week placement)		
During the ti	me the teacher cand	lidate was in your room, did you	and another SBTE <i>equ</i>	ually share the supervision of the tea	icher candidate?	
No	Yes (If ye	es, you <u>will equally split</u> your remu	neration with the other	SBTE. Please choose an option that s	states "with two SBTEs")	
Please select with another	SBTE.	ased on your time with the teacher		ner you supervised the candidate inde	ependently or equally	
Cash Honorarium: Tuition Waiver		, ,	\$100 (Half-Semester with two SBTEs)			
			\$200 (Half-Semester with one SBTE or a Full Semester with two SBTEs)			
		,	\$400 (Full Semester with one SBTE)			
		1.5 credits (Half-S	1.5 credits (Half-Semester with one SBTE or Full Semester with two SBTEs)			
		3 credits (Full Sen	nester with one SBTE)			
	ORMATION that according to cu	urrent tax laws, there may be tax i	mplications related to	the remuneration I receive.		
Signature				Date		
	ERSITY APPRO	VAL ONLY				
Date:						
AP Type 00 Payment De	22	isor Remuneration 307011-53194				
Department	t Head Annroval					