Instructions for

Cooperating Teacher Payroll Forms

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| --- | --- | --- |
| * Complete each of the following forms and submit to Shepherd University with original signatures. * All forms must be completed for each semester of service as a cooperating teacher. * Forms labeled MAT are for use by cooperating teachers hosting graduate students. * Stipend forms may not be scanned/emailed. Shepherd University requires original copies of all documents, free of any errors. * Payment is not made until student teachers have completed their practicum. * Please note that it takes a while for the paperwork to move through the appropriate departments, so we appreciate your help with getting the forms back as soon as possible.   **The deadline for stipend paperwork for the spring semester is April 28, 2018.** | | |
|  | Form | Instructions |
|  | Payroll Form | 1. Complete all sections of the Payroll Form. 2. Answer all five questions under the supervising teacher section with a yes or no. 3. Teacher and principal signatures are required. |
|  | Vendor Agreement Form | 1. Only complete highlighted areas. 2. Print name and home address clearly on the top line.    1. The address printed on all forms must match your current address on file with the postal office. 3. Fill in the dates of the student teaching assignment. 4. Signature is required under the word “Vendor” along with your social security number and the date.  * Note Teachers in West Virginia are considered county employees, not state employees. This box is already filled in please do not adjust this. |
|  | Vendor Invoice Form | 1. Print name and home address. 2. Fill in dates of the student teaching assignment. 3. Signature is required above the “Vendor’s/Cooperating Teacher’s Signature” line. |
|  | W-9 Form | 1. Complete the W-9 Request for Taxpayer Identification Number and Certification form. 2. Complete: name, address, social security number, and then sign and date the form.    1. Check individual/sole proprietor box for federal tax classification.    2. The signature is often missed due to the location of the signature line.    3. Do not complete the employee ID number section. 3. Do not fill in any other spaces on this form. 4. Only page one of this document is needed. |
|  | Submission | Submit **original forms** to the Shepherd University Department of Education before the end of the student teaching assignment.   * Mail original copies of all forms to:   Shepherd University  Department of Education  P.O. BOX 5000  Shepherdstown, WV 25443  Attn: Student Teaching Coordinator   * Return forms in a sealed envelope with the student teacher. Students may submit forms to the main office, Knutti Hall, room 108. |

**MAT PAYROLL**

Student Teacher’s Name Cooperating Teacher’s Name (PLEASE PRINT)

Street Address Home Address

City & State City & State

# Zip Code Zip Code Phone Number

# 

# 

# E-Mail Address

From: To:

Dates assigned to this teacher Name of School

Number of Classes per day Subject Area Grade Level(s)

Shepherd University pays an honorarium to Cooperating Teachers in the area public schools that accept a student teacher. The rate of honorarium is based on the following:

SUPERVISING TEACHER:

1. Do you have a professional teaching certificate endorsed for the areas of

specialization and the grade levels in which you supervise student teachers?

2. Prior to the beginning of the current semester, did you have three or more

years of teaching experience, one of which was in the area of specialization

and the grade levels in which you supervise student teachers?

3. Do you have a professional teacher certificate endorsed for the area of

specialization and the grade levels in which you supervise student teachers?

4. Do you have a Master’s Degree, which includes:

a. at least 15 graduate hours in the area of specialization in which you

supervise student teachers?

b. three or more semester hours of graduate work in Principles of

Supervision or in The Supervision of Student Teaching?

5. Prior to the beginning of the current semester, did you have five or more years

of teaching experience, two of which were in the areas of specialization and

grade levels in which you supervise student teachers?

I certify the above to be true and correct to the best of my knowledge.

Signature of Cooperating Teacher Date

Signature of School Principal Date

ST72

Vendor Agreement

Requisition No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account No. 712410

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to perform the following

(Name and Address)

services for \_\_\_\_\_\_\_\_\_\_\_\_\_Shepherd University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_Shepherdstown, WV 25443\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

(Agency) (Location)

**X SPRING 2018** MAT Cooperating Teacher services for the Department of Education **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Service: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The rate of pay shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per assignment not to exceed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Travel Expense:

Will not be reimbursed.

Will be reimbursed upon documentation in accordance with the travel regulations of Agency, not to exceed $\_\_\_\_\_\_\_\_\_.

Please check the appropriate box below:

I **am** **not** currently a full time employee of the State of West Virginia.

I **am** currently a full time employee of the State of West Virginia.

# Approved

West Virginia Shepherd University

(Agency) Vendor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Signature of Agency) (Vendor’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (SS #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Date)

Funding Paragraph

Service performed under this contract is to be continued in the succeeding fiscal year contingent upon funds being appropriated by the Legislature for this service. In the event funds are not appropriated for these services, this contract becomes of no effect and is null and void after June 30.

**NOTE: The following certification must be signed if the vendor is a full time employee of the State of West Virginia.**

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full time duties of the employee.

The amount of annual compensation received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (above named vendor) from the State of West Virginia for full time employment during the current fiscal year will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Vendor serves as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with the title of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency head’s Signature)

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE OF WEST VIRGINIA**

**VENDOR’S INVOICE**

INSTITUTION SHEPHERD UNIVERSITY REQUISITIONS NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS Shepherdstown, West Virginia PURCHASE ORDER NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENDOR'S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COOPERATING TEACHER PHONE NUMBER & EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUND 322043 ORG. 203650 ACCT. NO. #7GH124

STATEMENT OF VENDOR’S ACCOUNT

Payment to the above named vendor for MAT Cooperating Teacher services, **SPRING 2018.**

Dates of service: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Education Dept. will fill in amount)*

I certify that the above is just, due, and owing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Vendor's/Cooperating Teacher's Signature*

Office:

Invoice Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Merchandise Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the items listed hereon have

been received and are approved for payment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**