

MENTORING PROGRAM

Mentor Payment Form

BCIT Campus: _____ BCSSSD Campus: _____

I hereby authorize Burlington County Special Services School District or Burlington County Institute of Technology to pay the Mentor named below as follows:

CEAS: (Certificate of Eligibility with Advanced Standing)

_____ **\$550.00**
(taxable, non-pensionable earnings)

_____ **Adjusted Amount, please explain below:**

CE: (Certificate of Eligibility) (Alternate Route Teacher)

_____ **\$1,000.00**
(taxable, non-pensionable earnings)

Adjusted Amount, please explain below:

Mentor Name (Please Print): _____

Mentor Signature: _____ **Date:** _____

Mentee Name: _____

Assistant Superintendent's Office Use:

Authorized Signature:

Assistant Superintendent

Date

Payroll Office Use:

Date Paid: _____

Amount Paid: _____

