



**Mentoring Program**  
**Mentor Payment Form**

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

**Please check the appropriate box.**

**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:** \_\_\_\_\_

**Mentee Name:** \_\_\_\_\_

**Payroll Office Use:**

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Assistant Superintendent's Office Use:**

Authorized Signature:

\_\_\_\_\_

Assistant Superintendent

