



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: _____

Assistant Superintendent's Office Use:

Authorized Signature:

Dr. Lisa J. English, Assistant Superintendent
Curriculum & Instruction

Mentee Name: _____

Payroll Office Use:

Date Paid: _____

Amount Paid: _____

