



COOPERATING TEACHER PAYROLL FORM

PLEASE PRINT

W-9 (1<sup>st</sup> page only) AND PAYROLL FORM DUE  
 BY THE END OF THE 2<sup>ND</sup> WEEK OF STUDENT TEACHING  
 SCAN AND EMAIL TO [jsb@montana.edu](mailto:jsb@montana.edu) OR fax to (406) 994-1950.

1. Student Teacher: \_\_\_\_\_

2. Cooperating Teacher: \_\_\_\_\_  
 (Last Name), (First Name) (MI)

\_\_\_\_\_  
 (Mailing Address) (City), (ST) (Zip)

\_\_\_\_\_  
 (Email Address)

\_\_\_\_\_  
 (Work Phone) (Home Phone) (Fax)

3. For contract services rendered during \_\_\_\_\_  
 (Semester) (Year)

4. Honorarium

Before making a choice, please read [Instructions](#).

\$ \_\_\_\_\_ Honorarium OR EDCI Supervision of Student Teachers class

**PLEASE BE AWARE:** THAT DUE TO THE COMPLEXITIES OF THE MSU AND STATE PAYROLL PROCESSES, YOUR CHECK MAY TAKE AS LONG AS 45 DAYS AFTER SEMESTER'S END TO REACH YOUR MAILBOX.

5. I certify that this claim is correct and just in all respects and that payment or credit has not been received.

\_\_\_\_\_  
 (print name) (signature) (date)

\_\_\_\_\_  
 (name of school)

.....

6. Cooperating Teacher: Are you currently employed by 1) MSU – Bozeman (in a capacity other than Cooperating Teacher 2) MSU – Billings (in any capacity) 3) MSU – Northern (in any capacity) **and/or** 4) MSU – Great Falls (in any capacity)?

Yes OR no

If one or more apply, please fill in the following information:

University(s) Dept Name \_\_\_\_\_  
 Department(s) Name \_\_\_\_\_  
 Department(s) Phone Number \_\_\_\_\_

Honorarium payment will be made after Montana State University receives all completed paperwork. Montana State University will make every attempt to mail the final checks out within two to three weeks after receiving the completed paperwork.

**Field Placement and Licensure**  
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