OSTE PAYMENTS FOR _____ SEMESTER

LC Mentor: _____

Please pay the following teachers for student cadre support as On-Site Teacher Educator (OSTE)

OSTE	School	Intern	Host Duration (16 wks/8 wks)	Payment Amount (Office Use Only)	Paid (Office Use Only)	Fee Waiver(s)	Issue Date (Office Use Only)
SUPERVISOR(s):							

LC Mentor Signature: Date:

☐ I am the Supervisor and this is included in my Workload.

☐ I am the Supervisor and this will be OVERLOAD.