

**PAYMENT VOUCHER -VERIFICATION FORM**  
**Supervising Teachers of Student Teachers**

Please return this form within 30 days of completing your supervising assignment. *Payment requests for second semester assignments must be submitted prior to June 1, 2012.* All forms must be signed by the supervising teacher and principal AFTER completing assignment. Forms signed or authorized prior to the completion date of your assignment will be returned. Please submit a separate form for each assignment. Payment will be made ONLY to the college/university approved supervising teacher.

Return original signed and completed payment voucher via the MCPS Pony to **Fiscal Team, OHRD, 45 West Gude Dr., Suite 2100.**

Placement School Name: \_\_\_\_\_ Sponsoring University: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervising Teacher	MCPS Employee ID#	Name of Student Teacher	Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Hours Per Day	# of Days Per Week

I certify that the teacher listed on this verification form has performed his/her duties as a supervising teacher of the student teacher(s) and/or intern(s) listed above.

\_\_\_\_\_  
Supervising Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (if not Principal)