

COLORADO SUBSTITUTE STIPEND APPLICATION CHECKLIST

- **Documents 1-5 are required if you select check mailed**
- **Documents 1-7 are required if you select direct deposit**
- **Documents 1-8 are required if you are a retired teacher with PERA**

All forms are required to apply for the stipend. If you wish to handwrite your application, you can scan or take photos of documents and send to substitutestipend@unco.edu. Digital documents are provided on our [website](#) as well as an FAQ.

1. Colorado Substitute Certification Form
 - Applicant should fill out top half of form and request bottom half be certified by a person who can verify you were a substitute at a school or district
 - Bottom half of form must be filled out and signed by school of district in which you were a substitute teacher (HR, principal, staff, etc.)
2. Copy of valid Colorado Substitute Authorization or Teacher License
3. CDE's Moodle Bootcamp Certification of Completion
4. W-9 (Page 1)
 - Use your personal information to fill out the form
5. UNC Independent Contractor Service Provider Information Form (Page 1)
 - Use your personal information to fill out the form. Vendor= You
6. Authorization Agreement for Automated Deposits (Page 2)
7. Copy of a Voided Check or Bank ACH Authorization form
8. If you are a retired teacher: PERA's Disclosure of Compensation
 - See website FAQ for instructions

Documents 1-3 are required if you are a UNC Student

1. Colorado Substitute Certification Form
 - Bottom half of form must be filled out and signed by school of district in which you were a substitute teacher (HR, principal, staff, etc.)
2. Copy of valid Colorado Substitute Authorization or Teacher License
3. CDE's Moodle Bootcamp Certification of Completion
4. Include in the email if you are a current UNC Student Employee or not. The stipend coordinator will prepare additional forms for you to sign.

COLORADO SUBSTITUTE STIPEND

Substitute Certification Form (UPDATED 4/12/2023)

Applicant: Submit this completed form along with the other [required documents](#) after [eligibility requirements](#) have been met to the Colorado Substitute Stipend Coordinator at substitutestipend@unco.edu. Please **PRINT TO PDF** to save.

APPLICANT INFORMATION:

Last Name	First Name	DOB (MM/DD/YYYY)	Previous Name (If Applicable)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address		Home Address	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
City	State	Zip Code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

By selecting the option below, I confirm I am a new-first time substitute as of 2/1/2020 and do not hold a teaching contract.

Please Select One:

<input type="checkbox"/> I hold a valid Colorado Substitute Authorization (obtained after 1/1/20)	<input type="checkbox"/> I hold a valid Colorado Teacher License (may hold a Substitute Authorization only if obtained after 1/1/20)	<input type="checkbox"/> I am a retired teacher and I have a valid Colorado Teacher License or a Colorado Substitute Authorization (obtained after 1/1/20)
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Please Select One: Find My Colorado [Substitute Authorization](#) or [Teacher License](#)

Substitute Authorization #	Valid Date (MM/DD/YYYY)	Teacher License #	Valid Date (MM/DD/YYYY)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	OR	<input style="width: 95%;" type="text"/>

CDE Moodle Boot Camp Date of Attendance	Have you attended UNC within a year of Boot Camp Attendance Date?
<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

By signing below, I certify that all the above information is true and correct.

Signature of Applicant	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

- Applicant should request employing school district certify form before submitting -

EMPLOYING SCHOOL DISTRICT:

This is to certify that the individual named above has completed at **least one day as a substitute teacher** in the following school/school district, accredited non-public school or Board of Cooperative Educational Services and **does not hold a current teaching contract**.

Date first served as substitute teacher in your district (Must be after 2/1/2020)	School District		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
School Name	School Phone		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Address	City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Authorized School /District Representative (please print)	Representative Email		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Representative Title			
<input style="width: 95%;" type="text"/>			

By signing below, I certify that all the above information is true and correct.

Signature of Authorized District Representative	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SUBSTITUTE AUTHORIZATION OR LICENSE EXAMPLE



Colorado State Board of Education

Educator Certificate

YOUR NAME HERE



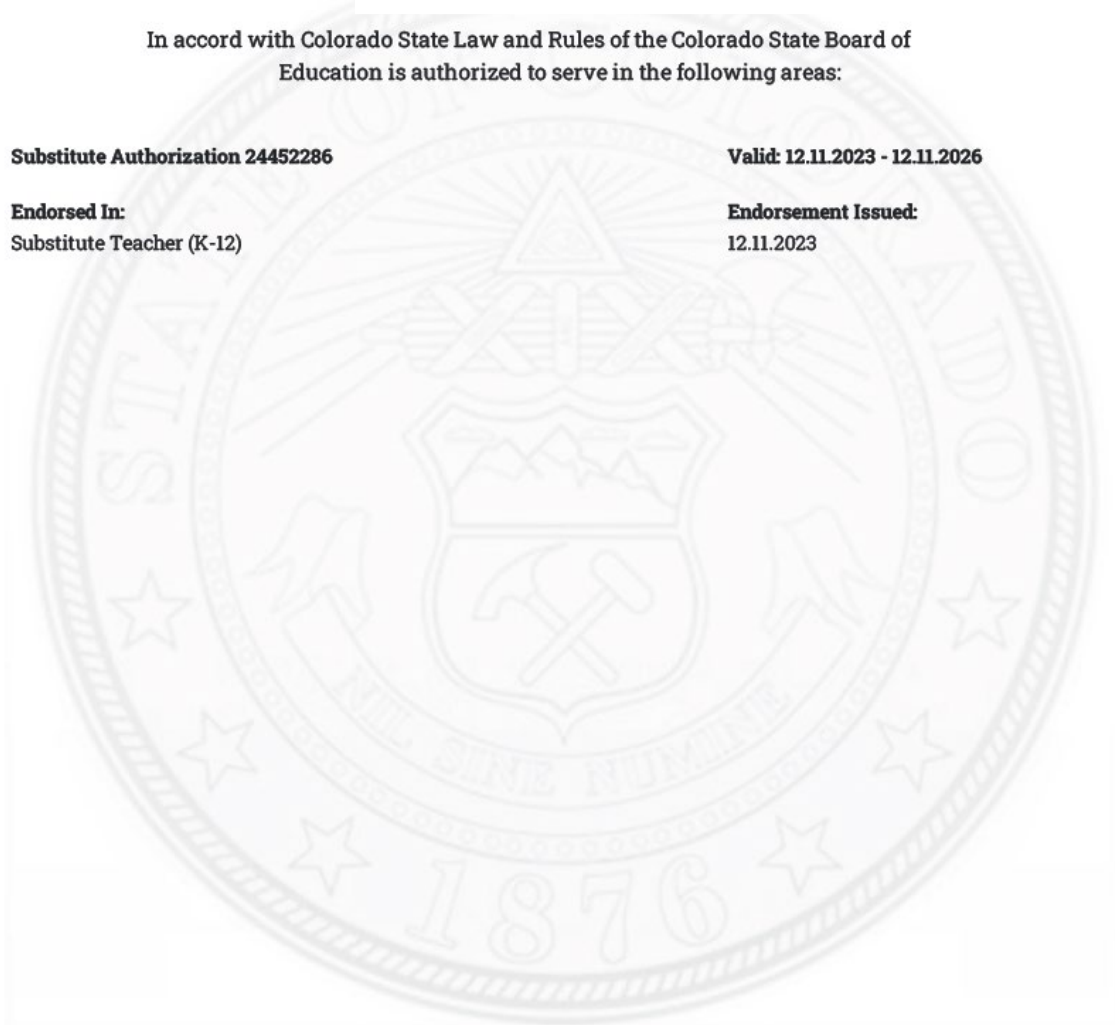
In accord with Colorado State Law and Rules of the Colorado State Board of Education is authorized to serve in the following areas:

Substitute Authorization 24452286

Valid: 12.11.2023 - 12.11.2026

Endorsed In:
Substitute Teacher (K-12)

Endorsement Issued:
12.11.2023





State of Colorado

Be it known that

YOUR NAME HERE

Completed the online training, 2 clock hours

Substitute Boot Camp 23-24

May 11, 2024

with Educator Workforce Development, Colorado Department of Education

Colleen O'Neil

Colleen O'Neil
Associate Commissioner for Educator Talent



COLORADO
Department of Education

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

University of Northern Colorado
Independent Contractor Service Provider Information

Printed Name: _____ Phone: _____

Street Address: _____ Email: _____

City, State, Zip: _____

Are you retired from PERA and collecting benefits from them? Yes No

If Yes, please complete the PERA Disclosure of Compensation: [PERA Disclosure of Compensation Form](#)

If you do not have a Bear Number, please complete and return a W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Please Note: The name on your W-9 must match your name as shown on existing UNC student and employment records. If you previously attended or applied to UNC and your name has changed, an Individual Data Change Form must be completed to request an update to your records: <https://onbase.unco.edu/Registrars/IndividualDataChange>

Please choose one form of payment: Direct Deposit - (Preferred) Direct deposit information on file will be used.
 Check Mailed - Address above will be used.

University of Northern Colorado Exhibit IC -
Independent Contractor Status

1. DIRECTION AND CONTROL-REPRESENTATION

Vendor (the term "Vendor" includes Contractors and Grantees) shall perform all services and other obligations under the Purchase Order (PO) or Contract (the term "Contract" includes Agreements and Grants) to which this Exhibit is attached, free from the direction and control of the State. Vendor represents that it is customarily engaged in an independent trade, occupation, profession, or business related to the services performed. The latter is a material representation made by Vendor to the State, upon which the State relied in issuing this PO or Contract, and without which, this PO or Contract would not have been issued. In accordance with the foregoing, **the State does not and shall not:**

- A. *Require Vendor to work exclusively for the State; except to the extent Vendor chooses to work exclusively for the state for a finite period of time specified in the PO or Contract;*
- B. *Establish a quality standard for Vendor; except that the State can provide plans and specifications regarding the work but cannot oversee the actual work or instruct Vendor as to how the work will be performed;*
- C. *Pay a salary or hourly rate but rather a fixed or contract rate;*
- D. *Terminate the work during the PO or Contract period unless Vendor violate the terms of the PO or fails to produce a result that meets the specifications of the PO or Contract;*
- E. *Provide more than minimal training for Vendor;*
- F. *Provide tools or benefits to Vendor; except that materials and equipment may be supplied;*
- G. *Dictate the time of performance; except that a completion schedule and a range of mutually agreeable work hours may be established;*
- H. *Combine the State's business operations in any way with Vendor's business, but instead maintain the State's and Vendor's operations as separate and distinct;*
- I. *Pay Vendor personally but rather make checks payable to the trade or business name of Vendor.*

2. DISCLOSURE

Vendor is not entitled to unemployment insurance benefits unless unemployment compensation coverage is provided by Vendor or some other entity, and Vendor is obligated to pay federal and state income tax on any moneys paid pursuant to the independent contractor relationship created by this PO or Contract. The State shall issue and, Vendor shall accept as proper for tax reporting purposes, a Form 1099 to Vendor for all payments made to Vendor pursuant to this PO or Contract if this payment is 1099 reportable.

VENDOR (Independent Contractor):

Printed Name: _____

*Signature: _____ Date: _____

***Persons signing for Vendor hereby swear and affirm that they are authorized to act on the Vendor's behalf and acknowledge that the State is relying on their representation to that effect. Please note that amounts paid are 1099 and PERA reportable.**

Authorization Agreement for Automated Deposits

NOTE: Direct Deposits are generally received 7-10 days sooner than a paper check.

Vendor Name _____ Daytime Phone No. _____

E-mail Address _____

I hereby authorize the University of Northern Colorado to make payment of any amounts owed to me by initiating credit entries to the account listed below. I understand and agree that if an erroneous credit is made to my account that the University and financial institution are authorized to stop payment, reverse the entry, or make any adjustments necessary to my account to correct the erroneous entry. I understand that this authorization will remain in effect until I have cancelled it in writing.

Please notify Accounts Payable within two weeks prior to payment date to prevent the direct deposit from occurring and funds are directed into a closed account; the direct deposit will reject at the financial institution. I understand that funds will not be available to me until the original funds are returned by the financial institution and a check can be prepared. I understand that I am responsible for checking the availability of funds in my account and that the University is not liable for check charges incurred before funds are verified.

If a voided check or bank ACH authorization form is not attached, I understand that a check will be mailed to the address on file.

I authorize the University of Northern Colorado to send my ACH advice to my company e-mail address listed above.

Signature _____ Date _____

Account Number _____

Routing Number _____

Attach a **VOIDED CHECK or Bank ACH Authorization form** for the direct deposit account requested. Deposit slips are only allowed for savings accounts and **temporary checks are not allowed** per requirement of our auditors. All new account numbers will be verified to detect any problems with your bank transit number. (Be sure the bank name and address is printed on the face of the check.)

Questions on this form can be directed to Accounts Payable, (970) 351-2387
or accountspayable.electronicinvoices@unco.edu

Accounts Payable Use Only:

Bear #: _____

Processed by: _____

VOIDED CHECK OR ACH BANK LETTER EXAMPLE

Jane Doe 123 Main St Anywhere US 10111	Date _____	790 1-6781239
PAY TO THE ORDER OF _____	\$ _____	
VOID		
Your Bank 456 Main St Anywhere US 10111		DOLLARS
MEMO _____		
⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 0 0 1 0 0 1 2 3 9 ⑆ 0 7 9 0		

DIRECT DEPOSIT REQUEST FORM



Complete this form, then print it, sign it and take it to your employer's payroll department to request direct deposit of your paycheck.

Customer name		
Address		
City	State	ZIP code

Please have my paycheck automatically deposited into the following account:

<input type="radio"/> Checking account number
Or
<input type="radio"/> Savings/MIA/Money market account number
Your bank's routing number

You can find your account and routing numbers when you sign in to chase.com:
• Click on the last four digits of your account number that appear above your account information, or
• Select the "Account & routing number PDF" from the "Things you can do" menu.

I authorize _____ (name of business)
and my bank to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Customer signature	Date
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PERA DISCLOSURE OF COMPENSATION FORM

ONLY REQUIRED If you are a retired teacher collecting PERA

PERA Employer: University of Northern Colorado

Dates Worked: Bootcamp Date

Type of Service: Contractor attended Bootcamp

Amount: \$300

Disclosure of Compensation

Colorado Public Employees' Retirement Association
 PO Box 5800, Denver, Colorado 80217-5800
 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Your SSN

See instructions on page 20 before completing this form. You may also submit this form online at www.copera.org by logging into your account using your User ID and password.

Retiree Information

Your Name _____
Last First MI

Mailing Address _____
Street City State ZIP Code

Telephone Number _____ Email Address _____

Sign up for electronic delivery of PERA information? Yes No

If applicable:

Name of company providing services to the PERA employer _____

Company Tax Identification Number (TIN): -

Name of owner of company _____

Please specify the nature of the relationship between you and the affiliated party (*For example:* The affiliated party is your spouse, daughter, brother-in-law, etc.) _____

Compensation Received

Name of PERA Employer _____

Enter the compensation received from the PERA employer listed above.

Date(s) Worked	Date of Invoice (if applicable)	Type of Service Provided	Compensation Received by Retiree to be reported to PERA*	Compensation Received by Retiree NOT to be reported to PERA*
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total:			\$	\$

* Compensation reported to PERA should only include amounts paid for services rendered. Any amounts that were reimbursed for travel, materials, and other expenses should not be reported to PERA.

Sign Here →

Signature _____ Date _____