

**SUBJECT AREA EXAMINATION REIMBURSEMENT REQUEST FORM
2019-2020**

Please complete all sections below in order to apply for reimbursement for the registration cost of a core subject area examination(s). The completed form and all supporting documentation should be forwarded to Staffing & Talent Management, Human Resources no later than June 4, 2020.

Section I.

Employee Name: _____ School Name: _____
 Employee ID Number: _____ Phone: _____
 Employee Address: _____
 Current Teaching Assignment: _____

Section II.

Subject Area Exam Passed	Registration Cost	Exam Date	Goal(s) Please indicate all that apply. MC= Meet Certification MR= Meet Certification Renewal
<input type="checkbox"/> Art K-12			
<input type="checkbox"/> Biology 6-12			
<input type="checkbox"/> Chemistry 6-12			
<input type="checkbox"/> Drama 6-12			
<input type="checkbox"/> Earth/Space Science 6-12			
<input type="checkbox"/> Elementary Education K-6			
<input type="checkbox"/> English 6-12			
<input type="checkbox"/> ESOL K-12			
<input type="checkbox"/> Exceptional Student Education K-12			
<input type="checkbox"/> French K-12			
<input type="checkbox"/> German K-12			
<input type="checkbox"/> Hearing Impaired K-12			
<input type="checkbox"/> Journalism 6-12			
<input type="checkbox"/> Latin K-12			
<input type="checkbox"/> Mathematics 6-12			
<input type="checkbox"/> Middle Grades English 5-9			
<input type="checkbox"/> Middle Grades General Science 5-9			
<input type="checkbox"/> Middle Grades Mathematics 5-9			
<input type="checkbox"/> Middle Grades Social Science 5-9			
<input type="checkbox"/> Music K-12			
<input type="checkbox"/> Physics 6-12			
<input type="checkbox"/> Pre-K Primary PK-3			
<input type="checkbox"/> Reading K-12			
<input type="checkbox"/> Social Science 6-12			
<input type="checkbox"/> Spanish K-12			
<input type="checkbox"/> Speech			
<input type="checkbox"/> Speech-Language Impaired K-12			
<input type="checkbox"/> Visually Impaired K-12			

Section III.

I affirm that I have not and will not receive any form or amount of financial assistance for the exam(s) from any source that duplicates the reimbursement I am now requesting, including that I have not and will not receive any financial credit, discount, grant, loan forgiveness, scholarship, or other reimbursement for the cost of registration.

Employee Signature **Date**

Section IV.

I certify by my signature that the educator listed above is employed as an instructional staff member within the meaning of Section 1012.01 (2) (a)-(d), Florida Statutes.

Principal Signature **Date**

For Human Resources Use Only	
<input type="checkbox"/>	Approved \$ _____ Approval Amount
<input type="checkbox"/>	Denied _____
_____	_____
Initials	Date

National ID	