

**TUITION REIMBURSEMENT REQUEST FORM
2019-2020**

Please complete all sections below in order to apply for tuition reimbursement for courses in a core subject area. The completed form and all supporting documentation must be received in Staffing & Talent Management Department by June 4, 2020.

Section I.

Employee Name: _____ School Name: _____

Employee ID Number: _____ Phone: _____

Employee Address: _____

Current Teaching Assignment: _____

Institution Attended: _____ Term of Attendance: _____

Section II.

Subject Area	Course Number	Course Name	Course Credit	Course Begin Date	Course End Date	Course Tuition Fee	Goal(s) Please indicate all that apply. MA = Master's Degree MC = Meet Certification MP = Meet Prof Ed Coursework MR = Meet Certification Renewal TP = Test Preparation
† Professional Education Coursework							
† Art K-12							
† Autism Spectrum Disorders Endorsement							
† Biology 6-12							
† Chemistry 6-12							
† Drama 6-12							
† Earth/Space Science 6-12							
† Elementary Education K-6							
† English 6-12							
† ESOL Endorsement							
† ESOL K-12							
† Exceptional Student Education K-12							
† French K-12							
† German K-12							
† Hearing Impaired K-12							
† Journalism 6-12							
† Latin K-12							
† Mathematics 6-12							
† Middle Grades English 5-9							
† Middle Grades General Science 5-9							
† Middle Grades Integrated Curriculum 5-9							
† Middle Grades Mathematics 5-9							
† Middle Grades Social Science 5-9							
† Music K-12							
† Physics 6-12							
† Prekindergarten Disabilities Endorsement							
† Pre-K Primary PK-3							
† Reading Endorsement/ Reading K-12							
† Social Science 6-12							
† Spanish K-12							
† Speech 6-12							
† Speech-Language Impaired K-12							
† Visually Impaired K-12							

Section III.

I affirm that I have not and will not receive any form or amount of financial assistance for this course 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 course 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	