

Tuition Reimbursement Program

Federal Programs Department

Franklin Parish School Board

July 1, 2024

Below are the guidelines concerning our Tuition Reimbursement Program:

- As long as funds are available, a maximum of \$4,000.00 will be reimbursed for tuition per year (July 1 - June 30)
- Submit Pre-Authorization form 30 days prior to the start of class.
- Submit Reimbursement form at the end of each class. **Deadline for the year is June 1st.**
- Supply all required documentation for reimbursement.
- **Funding, for reimbursement, is available through Federal funds for the purpose of providing opportunities for teachers to take courses to acquire certification in areas in which he/she is teaching.** In addition, consideration will be given to certified teachers becoming certified in areas of declared critical shortage. **Tuition reimbursement is not allowed for employees trying to obtain a master's degree.**

Praxis Test:

- Federal Programs will reimburse an employee up to **2 times per Praxis test.**
- Submit Pre-Authorization form 30 days prior to the test.
- Submit Reimbursement form once Praxis score has been received.
- **Deadline for the year is June 1st.**
- The cost of a Praxis test is **not** included in the \$4,000.00 tuition reimbursement amount.

TUITION/PRAxis REIMBURSEMENT APPLICATION PROCESS

(Updated September 1, 2022)

Step 1: Obtaining Pre-Authorization for Tuition/Praxis Reimbursement

Submit the Pre-Authorization Request Form 01 to the Superintendent's office as soon as you know you will be taking a class. This should be received 30 days prior to the class. *Failure to submit the "PRE-AUTHORIZATION REQUEST" Form 01 could result in funds being declined.*

1. **Submit signed and completed "PRE-AUTHORIZATION REQUEST" Form 01 for approval.**
2. **Submit a "Plan of Study" or "Course Description" with the Pre-Authorization form.**

The Tuition/Praxis Reimbursement helps employees finance formal education. Tuition/Praxis reimbursement does not guarantee continued employment, new job assignments, pay increases, or promotions. **Funding for reimbursement is available through Federal funds for the purpose of providing opportunities for teachers to take courses to acquire certification in areas in which he/she is teaching.** In addition, consideration will be given to certified teachers becoming certified in areas of declared critical shortage. **Tuition reimbursement is not allowed for employees trying to obtain a master's degree.**

Step 2: Being Reimbursed following Class Completion

Submit a Request for Reimbursement **Form 02** as soon as possible following class completion. Please note that the submission deadline is **June 1st** of each year. (NO EXCEPTIONS) All applicants must be full-time teachers and/or administrators during the entire school year.

1. Complete the "REQUEST FOR REIMBURSEMENT" Form 02.
2. Attach the required documentation listed below and send together with this form.
 - Verification of Completion** – Acceptable documentation
 - A. Transcript or grades, including the term, year, and your name, **or**
 - B. Certificate of completion with a grade of A, B, C, or Pass for a Pass/Fail course.
 - Verification of Payment** – Acceptable documentation
 - A. **Itemized receipt verifying the exact cost** of tuition (not including fees charged by the university) and **showing balance paid, or**
 - B. **Registration form verifying the exact cost** of tuition **AND** one of the following:
 - Copy of both the front and back of the canceled check, **or**;
 - Credit Card Statement verifying payment to the institution by the applicant.
(Black out credit card number)

Note: Your name must be imprinted on every document to be accepted. The itemized receipt must indicate the exact cost. Payment to the Institution must be indicated on your receipt/verification of payment. Checks are sent to your home address.

Important: The district will reimburse tuition expenses for a maximum of \$4,000, if funding is available, after submission of the above information and receipt of a transcript. This is for a period of July 1 – June 30 of the current school year for which you are employed.

Repayment upon early resignation: Please initial that you understand the statement below. -- _____
Initial Here

By signing this agreement, or Form 02, I agree to repay 100% of all reimbursed expenses if I voluntarily resign within one year of completion of a course and 50% of such costs if I voluntarily resign after one year, but within two years of course completion. This payment will be due at the time of my resignation. I authorize the Franklin Parish School Board to deduct from my wages any amount owed by me to the district. I further agree to pay attorney fees and all costs of collection and/or litigation in addition to the balance I owe. **To receive any reimbursement, all forms and documentation required must be received before June 1st of the current school year.**



FRANKLIN PARISH
SCHOOL BOARD

TUITION REIMBURSEMENT

STEP 1 – Submit Before Class

PRE-AUTHORIZATION REQUEST

Form 01

Submit signed, completed form to Nan Lee in the Superintendent's office – 30 days prior to the start of your course.

Please allow 30 days for processing.

Name: _____ Personal Email: _____

Employee ID: _____ Phone Number: _____

Hire Month/Year: _____ Home Address: _____

Job Title: _____

Supervisor: _____ City: _____ State: ___ Zip: _____

Work Location: _____ Current Position: _____

- Are you officially enrolled in a degree program? _____ Describe: _____
- Is this class required for certification? _____ Certificate Type: _____ Exp. Date: _____
- State how this class will benefit your current position: _____

COURSE INFORMATION OR PRAXIS TEST

Dates	Institution	Number of Credits	Quarter or Semester	Estimated Tuition Fee
				\$
				\$
				\$

Estimated Total \$ _____

I am receiving a <input type="checkbox"/> grant or <input type="checkbox"/> scholarship. (Please attach verification.) _____		
I certify that the information I have provided is complete and accurate.	I have reviewed this course and it is appropriate to the employee's current position.	I certify that the information is accurate and appropriate for the employee.
X _____	X _____	X _____
Employee's Signature	Date	School Principal's Signature
		Date
		Personnel Director's Signature
		Date

FOR SCHOOL BOARD OFFICE USE

Need Verification of Cost <input type="checkbox"/> Email Sent <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Reason: _____	Eligible Benefits		Q S	NOTES:
	Minus Prior Paid or Encumbered	-	Q S	
	Current Request	-	Q S	
	Remaining Benefits	=	Q S	
FEDERAL PROGRAMS DIRECTOR'S SIGNATURE AND DATE				APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/>

Nan Lee: _____ (Initials)



FRANKLIN PARISH
SCHOOL BOARD

TUITION REIMBURSEMENT **STEP 2 – Submit After Class**

REQUEST FOR REIMBURSEMENT **Form 02**

Submission Deadlines: All reimbursement documents for tuition reimbursement that were pre-authorized by the Federal Programs Department must be received by the submission deadlines to prevent forfeiting reimbursement benefits.

Name: _____ Personal Email: _____

Employee ID: _____ Phone Number: _____

Hire Month/Year: _____ Home Address: _____

Job Title: _____

Supervisor: _____ City: _____ State: ___ Zip: _____

Work Location: _____

COURSE INFORMATION: Attach grade(s) and proof of payment. See page one for acceptable documentation.

Dates	Institution	Class Name / Course Number	Grade	Number of Credits	Quarter or Semester	Tuition Cost
						\$
						\$
						\$

Checklist of Required Documents
Please read Attached Instructions

Pre-Authorization is on file with Federal Programs Dept.

Grade(s) (Transcript or Certificate of Completion)

Verification of Payment (A or B)

___ A Itemized receipt indicating Paid in Full or

___ B Proof of tuition

___ Copy of credit card statement or

___ Copy of cancelled check (Front and Back)

Estimated Total \$ _____

Subtract Financial Aid (Grants, Scholarships, Vouchers, etc.) - _____

Reimbursement Amount Requested \$ _____

I certify that the course I am taking is eligible for tuition reimbursement and that the information I have provided is complete and accurate.

X _____

Employee Signature Date

FOR SCHOOL BOARD OFFICE USE

A) Itemized Receipt or	<input type="checkbox"/>	Eligible Benefits		Q S	NOTES:
B) Proof of Cost & Payment	<input type="checkbox"/>	Minus Prior Paid or	-	Q S	
Grade(Transcript)	<input type="checkbox"/>	Encumbered		Q S	
Pre-Authorization on File	<input type="checkbox"/>	Current Request	-	Q S	
Is Personal Email Req'd?	<input type="checkbox"/>	Remaining Benefits	=	Q S	

Amount Approved: _____ APPROVED DECLINED

Notes: _____

X _____

Nan Lee -- Signature and Date

X _____

Federal Programs Director -- Signature and Date or Student Services Director -- Signature and Date