Tuition Reimbursement Program

Federal Programs Department
Franklin Parish School Board
July 1, 2025

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 July 1, 2025)

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

Submit the Pre-Authorization Request Form 01 to the Federal Programs Department 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
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TUITION REIMBURSEMENT **STEP 1 – Submit Before Class**

PRE-AUTHORIZATION REQUEST Form 01

Submit signed, completed form to the Federal Programs Department – 30 days prior to the start of your course.

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 ☐ grant or ☐ 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 ☐ Email Sent ☐ Approved ☐ Declined ☐ 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 ☐ DECLINED ☐

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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 ☐	Eligible Benefits		Q S	NOTES:
B) Proof of Cost & Payment ☐	Minus Prior Paid or Encumbered	-	Q S	
Grade(Transcript) ☐	Current Request	-	Q S	
Pre-Authorization on File ☐	Remaining Benefits	=	Q S	
Is Personal Email Req'd? ☐				

Amount Approved: _____ APPROVED ☐ DECLINED ☐

Notes: _____

X

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