

Tuition Reimbursement Program

Federal Programs Department

Franklin Parish School Board

September 1, 2022

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.

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 for ongoing professional development. First consideration in approving requests for tuition assistance will be given to those persons who are seeking certification under the Every Student Succeeds Act (ESSA) and teachers and administrators requiring certification for their current position. In addition, consideration will be given to certified teachers becoming certified in areas of declared critical shortage.

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 stating "**Pass**" in 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.**



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 grant or scholarship. (Please attach verification.) _____

I certify that the information I have provided is complete and accurate. X _____	I have reviewed this course and it is appropriate to the employee's current position. X _____	I certify that the information is accurate and appropriate for the employee. 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 DECLINED

Nan Lee: _____ (Initials)



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
						\$
						\$
						\$

<p>Checklist of Required Documents Please read Attached Instructions</p> <p><input type="checkbox"/> Pre-Authorization is on file with Federal Programs Dept.</p> <p><input type="checkbox"/> Grade(s) (Transcript)</p> <p><input type="checkbox"/> Verification of Payment (A or B)</p> <p style="margin-left: 20px;">___ A Itemized receipt indicating Paid in Full <u>or</u></p> <p style="margin-left: 20px;">___ B Proof of tuition</p> <p style="margin-left: 20px;">___ Copy of credit card statement or</p> <p style="margin-left: 20px;">___ Copy of cancelled check (Front and Back)</p>	<p style="text-align: right;">Estimated Total \$ _____</p> <p>Subtract Financial Aid (Grants, Scholarships, Vouchers, etc.) - _____</p> <p style="text-align: center;">Reimbursement Amount Requested \$ _____</p> <p>I certify that the course I am taking is eligible for tuition reimbursement and that the information I have provided is complete and accurate.</p> <hr/> <p style="text-align: center;"><input checked="" type="checkbox"/> _____</p> <p style="text-align: center;">Employee Signature Date</p>
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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 Encumbered	-	Q S	
Grade(Transcript) <input type="checkbox"/>	Current Request	-	Q S	
Pre-Authorization on File <input type="checkbox"/>	Remaining Benefits	=	Q S	
Is Personal Email Req'd? <input type="checkbox"/>				
Email Sent? <input type="checkbox"/>				

Amount Approved: _____ APPROVED DECLINED

Notes: _____

X

Nan Lee -- Signature and Date

X

Federal Programs Director -- Signature and Date