



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
APPLICATION FOR TUITION REIMBURSEMENT
(NON-INSTRUCTIONAL - UTD)**

Please Type or Print, Except Signature

Check your unit:	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Security Monitor/Resource Specialist
	<input type="checkbox"/> Office Personnel	<input type="checkbox"/> Physical/Occupational Therapist Assistant
DIRECTIONS:		
1. Complete form, attach required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1450 NE 2nd Ave., Suite 621, Miami, Florida 33132. (School Mail Code - 9317) Direct inquiries to Pers_Tuition@Dadeschools.net or use the previous addresses.		
2. Required documentation:		
	<input type="checkbox"/> Letter of Acceptance from college/university (required only if this is your first application for tuition reimbursement)	
	<input type="checkbox"/> Official transcript(s)	
	<input type="checkbox"/> FT-1 form (obtainable from your college/university cashier's office)	
3. Additional documentation:		
	<input type="checkbox"/> Paraprofessionals: Written verification that your principal has approved your course(s). (This is not needed for a course which is required or is accepted as an elective, in a formal program of study leading to a Bachelor's degree in Education)	
	<input type="checkbox"/> Office Employees: Written verification that your principal or administrative supervisor has approved your course(s). (Not needed if course is required, or accepted as an elective, in a formal program of study leading to a Bachelor's degree in a job related area)	
	<input type="checkbox"/> School Security Monitors/School Resource Specialists: Written verification that your Principal and the Chief of Miami-Dade County Public Schools Police have approved your course(s). (This is not required if the course is required, or is accepted as an elective, in a formal program of study leading to a Bachelor's degree in Education, Psychology or Counseling, Criminal Justice, or a program which leads to certification as a Law Enforcement Officer)	
4.	<input type="checkbox"/> Physical and Occupational Therapist Assistants: Written verification that the Office of Exceptional Student Education and Psychological Services has approved your courses(s). (This is not required if a course is part of a formal program leading to a degree and a license as a Physical or Occupational Therapist)	
Name (Last) (First) (Middle)		Employee No.
Home Address (Number and Street) (City) (Zip)		Home Phone No.
E-mail Address (Optional)		
Work Location Name		Work Location No. Work Phone No.

You are required to report any scholarship or reimbursement monies you receive to cover tuition.

I certify that all the foregoing information is true to the best of my knowledge.

Signature of applicant _____					Date _____	
ONLY FOR Compensation USE					REJ:	
YR	TERM	COURSE	CR	AMOUNT		
COMMENTS:					APPROVED: DATE:	PROCESSED: DATE: