



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

*Please Type or Print, Except Signature*

<b>Check your unit:</b>	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Security Monitor/Resource Specialist
	<input type="checkbox"/> Office Personnel	<input type="checkbox"/> Physical/Occupational Therapist Assistant
<b>DIRECTIONS:</b>		
1. Complete form, attach required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1500 Biscayne Boulevard, Suite 140, 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"/> <b>Paraprofessionals:</b> 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"/> <b>Office Employees:</b> 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"/> <b>School Security Monitors/School Resource Specialists:</b> 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"/> <b>Physical and Occupational Therapist Assistants:</b> 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: