



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

*Please Type or Print, Except Signature*

<b>Check your unit:</b>		<input type="checkbox"/> Confidential Exempt	<input type="checkbox"/> School Police
		<input type="checkbox"/> General Labor, Craft, and Technical (AFSCME)	<input type="checkbox"/> Skilled Trades (DCSMEC)
<b>DIRECTIONS:</b>			
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)			
<input type="checkbox"/> TR-1 from (obtainable from post-secondary/vocational/technical school) (Applies only to AFSCME and DCSMEC employees whose courses are not taken at a college/university)			
3. Additional documentation:			
<input type="checkbox"/> <b>Confidential Exempt Employees:</b> Written verification that your immediate supervisor or his/her designee has approved your course(s).			
<input type="checkbox"/> <b>Miami-Dade County Public School Police Employees (FOP):</b> Written verification from the Chief, MDCPSP, of approval of courses leading to a degree.			
<input type="checkbox"/> <b>General Labor, Craft, and Technical Employees (AFSCME):</b> Written verification that the responsible Bureau head or designee has approved your course(s).			
<input type="checkbox"/> <b>Skilled Trades (DCSMEC):</b> Written verification that the responsible Bureau head or designee has approved your course(s).			
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 ADMINISTRATION USE					REJ:	
YR	TERM	COURSE	CR	AMOUNT		
COMMENTS:					APPROVED: DATE:	PROCESSED: DATE: