



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
APPLICATION FOR TUITION REIMBURSEMENT  
(PROFESSIONAL/TECHNICAL)**

*Please Type or Print, Except Signature*

**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 Telephone (305) 995-7039. Direct inquiries to Pers\_Tuition@Dadeschools.net.
2. Required documentation:
  - Official transcript(s)
  - FT-1 form (obtainable from your college/university cashier's office)
  - Letter of Acceptance from college/university. (Required from first time applicants for each degree)
  - Advanced written verification that your immediate supervisor has approved your course of study.

**NOTE:**

*Full-time professional/technical personnel are eligible to receive tuition reimbursement payments for up to 12 semester hours (or 18 quarter hours), per year, from an accredited institution of higher learning at a rate not to exceed \$150 per semester hour. Tuition reimbursement in this case shall be limited to Bachelor and graduate level courses that are required by a formal course of study leading to a degree. The course of study shall be directly related to the employee's primary job responsibilities.*

*With the approval, prior to registration, of the supervising administrator, tuition reimbursement payments may be made for the cost of a professional course or seminar offered by an accredited technical or professional institution. The course or seminar shall be directly related to the employee's primary job responsibilities. Such reimbursement shall not exceed \$500 in a fiscal year.*

*Administrators who have applied for and are participating in the Deferred Retirement Option Program (DROP) are not eligible for tuition reimbursement.*

Name	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	Employee No.
Home Address	<i>(Number and Street)</i>		<i>(City)</i>	<i>(Zip)</i>
Home Address		Home Phone No.		
M-DCPS E-mail Address		Other E-mail Address (Optional)		
Work Location Name		Work Location No.	Work Phone No.	
Position				

**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:	REASON:
YR	TERM	COURSE	CR	AMOUNT		
COMMENTS:					APPROVED: DATE:	PROCESSED: DATE: