Clear Form

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

*Please Type or Print, Except Signature*

**Check your unit:**
- ❑ Confidential Exempt
- ❑ General Labor, Craft, and Technical (AFSCME)
- ❑ School Police
- ❑ Skilled Trades (DCSMEC)

**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:
   - ❑ Letter of Acceptance from college/university (required only if this is your first application for tuition reimbursement)
   - ❑ Official transcript(s)
   - ❑ FT-1 form (obtainable from your college/university cashier's office)
   - ❑ 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:
   - ❑ **Confidential Exempt Employees:** Written verification that your immediate supervisor or his/her designee has approved your course(s).
   - ❑ **Miami-Dade County Public School Police Employees (FOP):** Written verification from the Chief, MDCPSP, of approval of courses leading to a Bachelor's or Master's Degree.
   - ❑ **General Labor, Craft, and Technical Employees (AFSCME):** Written verification that the responsible Bureau head or designee has approved your course(s).
   - ❑ **Skilled Trades (DCSMEC):** 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: |

FM-5781 Rev. (04-13)