



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
APPLICATION FOR TUITION REIMBURSEMENT
(MANAGERIAL EXEMPT)**

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 only if this is from first-time applicants who are advanced degree candidates.)

NOTE:

Full-time administrators are eligible to receive tuition reimbursement payments for up to nine graduate semester hours (or the equivalent in quarter hours), per year, from an accredited institution of higher learning at a rate not to exceed \$130 per semester hour up to a total of 36 graduate semester hours leading to an educational specialist or doctorate degree. Administrators who have applied for and are participating in the Deferred Retirement Option Program (DROP) are not eligible for tuition reimbursement.

Tuition reimbursement shall be limited to graduate level courses leading to an educational specialist or doctorate degree in an area that improves the managerial skills of the administrator as related to teaching and learning. Appropriate areas of study include educational leadership, educational theory and practice, educational research, educational technology, or educational psychology with specialization in areas such as curriculum and instructional leadership, school management, or learning and cognition.

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 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: