

# TUITION/PRAxis II REIMBURSEMENT REQUEST FORM

Name of Employee \_\_\_\_\_ School \_\_\_\_\_

College or University \_\_\_\_\_ Tuition/Registration Costs: \_\_\_\_\_

Course/Praxis Number Name of course/praxis

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

## Reason for taking the course/praxis:

Certification

Renewal Credit

Graduate Degree

## **Documentation Deadlines (Tuition Reimbursement Only):**

Documentation must be submitted within 30 days of completion of course. Failure to do so may result in denial of reimbursement.

**EMPLOYEE AGREEMENT:** Should I voluntarily leave Scotland County Schools within two years of receiving this reimbursement, I agree to repay the school system the reimbursements received during the past 2 years. I understand that if my documentation is not submitted within 30 days of completion of the course, I may not receive tuition reimbursement for that course. I understand that if I receive full reimbursement from another source affiliated with Scotland County Schools, I cannot submit a duplicate request to Scotland County. Failure to comply with these terms may result in denial of reimbursement and/or termination.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

Please print 2 copies of this form. Submit one copy to Scotland County Schools Human Resources Department and keep the other copy for your records.

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**FOR CENTRAL OFFICE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ HR Signature \_\_\_\_\_

Date: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Vendor # \_\_\_\_\_ Tuition to be reimbursed \_\_\_\_\_

***This instrument has been pre-audited in the manner required by the School Budget and fiscal control Act.***

Finance Officer \_\_\_\_\_ Date \_\_\_\_\_