



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
RECOVERY SCHOOL DISTRICT
 1641 POLAND AVE., NEW ORLEANS, LA 70117
 (504) 373-6200 • www.rsdl.net



Title II Praxis/Tuition Reimbursement Request

Praxis/Tuition Reimbursement Request				
Last Name	First Name	M.I.	Personnel #	
School		Position/Subject/Grade Level		
Address			City/State/Zip Code	
Phone Number		Email Address		
Certification Status				
Standard _____ Practitioner's License _____ TAT _____ Other _____ None _____				
Certificate Type and Number		Expiration Date	Certification Area	
Reimbursement For: (i.e. Praxis I, Coursework)	Description (include subject area, university, etc.)	Date Completed	Score/Grade	Amount
Total Reimbursement Requested				
Central Office Use Only				
1. Human Resources		2. Finance		3. Payroll
Approved _____ Denied _____		Approved _____ Denied _____		Amount Paid _____
Amount Approved _____		Amount Approved _____		Date Paid _____
Date _____		Date _____		Payroll Representative: _____
HR Director: _____		Budget Director: _____		(Once processed, please return a copy of this form to HR for our records)

Complete the information above and submit to Human Resources. If you have questions about this process, please contact Amber Morgan at 504-373-6200 x20053 or amber.morgan@rsdla.net. **Incomplete applications will not be considered for reimbursement.**

Documents to attach:

1. Copy of teaching certificate
2. Official test scores or transcripts verifying satisfactory completion of course(s) or exam(s)
3. Receipt(s) showing cost of the exam or coursework taken within the current fiscal year
4. If a request for tuition reimbursement, you must provide a copy your degree plan

All requests subject to review and approval. Any approved request must meet Title II guidelines for reimbursement

“Rebuilding New Orleans Through Education”