

ST. LUCIE PUBLIC SCHOOLS

HQ Requirements Met Y / N : _____

**REQUEST FOR REIMBURSEMENT
HIGHLY QUALIFIED TEACHER REIMBURSEMENT PROGRAM**

Employee _____ Social Security Number (last 4 digits) _____
Last First MI

Street Address _____ City _____ State _____ Zip Code _____

Current Position _____ Work Location _____

I certify that the courses I have taken are in pursuit of full certification in the area in which I teach and will lead to my reaching High Qualified Status under the No Child Left Behind Act (NCLBA). I understand that only courses/exams completed during the current fiscal year will be eligible for reimbursement.

(Check all boxes that apply.)

A. Classes for which reimbursement is being sought (a grade of 3.0 or higher is required). Transcript and receipt must be attached as a requirement for payment.

Course Number	Course Title	Start Date	End Date	Amount of Reimbursement Requested	Transcript and receipt attached
					Yes or No
					Yes or No
					Yes or No
					Yes or No

B. Reimbursement for textbooks will be made upon presentation of valid receipts.

Book Title	Course Title	Amount Paid	Receipt Attached
			Yes or No
			Yes or No
			Yes or No
			Yes or No

C. I am applying for reimbursement for the cost of taking the Subject Area Exam. My results and receipt(s) are attached.

I certify that the information provided is correct and I understand that this program may be limited by the funds available for this purpose. I further certify that I understand that reimbursement will be at the fee rate in place at Florida Public Universities.

Applicant Signature _____

Date _____

FOR DISTRICT USE ONLY:

Approved / Denied _____
Administrative Approval

Date _____

Cost Strip _____

Payment Issued _____