

I (Print Name), \_\_\_\_\_, acknowledge that I have received a copy of my completed Tuition Reimbursement/Praxis application. I also acknowledge that my fee bill and grades and/or Praxis scores are due by **December 14, 2018** in order to receive reimbursement.

***PLEASE NOTE: Jefferson Parish Public School System will process reimbursement for employees who submit required documents by the due date. Failure to submit the required documents may result in denial of reimbursement.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_