

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 August 13, 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: _____