

APPLICATION FOR TUITION REIMBURSEMENT

Employee’s First Name _____ Employee ID # _____

Employee’s Last Name _____ SDP Email Address _____

Contact Number _____

Job Classification. Check One:

Non-Teaching Assistant Recertifying Teacher (teachers who do not hold a Level 2 certification)

Secretary Paraprofessional School Operations Officer Non Degreed Professional/Technical

Other: _____

Eligibility: Tuition reimbursement is provided for paraprofessionals, non-teaching assistants, secretaries, non-degreed professional/technical members assigned to the bargaining unit and teachers who need to be re-certified according to the Agreement between The School District of Philadelphia and the Philadelphia Federation of Teachers. Reimbursement is not given for tuition covered by grants received from another program.

List completed courses:

Course Title and Number	Name of College/University	Semester			Total Credits	Cost
		Spring	Summer	Fall		

Amount of Tuition Reimbursement Requested: \$ _____

Approved candidates will receive up to a maximum of \$600

I hereby acknowledge that the information listed above is accurate.

Employee’s Signature: _____ Date: _____