Memorandum

To: Principals and PreK-12 Teachers
From: Director of Federal Programs, Christy Hendrix
Subject: **Praxis Reimbursement**

Title I funds are used for Praxis reimbursement for teachers seeking certification status through Praxis exams. Reimbursement will be based on the cost of the Praxis test only. (Online fees, date changes, etc. will not be reimbursed.)

Please complete a "Praxis Reimbursement Request Form" once scores have been received. This form should be completed and turned in along with all required documentation to Rebecca Freeland or Christy Hendrix. Determination will be made at that time if the requirements for reimbursement have been met. If so, reimbursement will be made to the employee usually within two (2) weeks.

If you have further questions concerning this process, please contact me by phone at 318.728.5964 ext. 262 or chendrix@richland.k12.la.us

Sincerely,

Christy Hendrix

Christy Hendrix
Federal Programs
Richland Parish Schools

Richland Parish Schools
Praxis Reimbursement Request
Title I / Title II

Instructions: Fill out one Reimbursement Request for each Praxis Exam. You will be eligible for reimbursement only when the form is completed and submitted with **all** required documentation.

1. **Employee Information**

Name:_____
SS#:_____ Phone #_____
Mailing Address:_____
_____
_____

School:_____ Grade/Subject_____

Current Classification: (circle one)
Uncertified classroom teacher in an alternative certification program
Certified teacher taking praxis exam to be certified in teaching area
Other _____

2. **Exam information**
Praxis Test Name:_____

Cost of exam listed above:_____

FOR EACH REQUEST YOU MUST ATTACH:
1. **COPY OF YOUR PRAXIS SCORES FOR PRAXIS TEST**
2. **AN ORIGINAL itemized INVOICE OR RECEIPT FOR TESTING FEES MARKED PAID. (ITEMIZED)**

Certification of Payee

I certify that this reimbursement request is just and true in all respects; that the expenses were originally paid by me and were for required expenditure in conjunction with my pursuit of certification. I will repay the district 100 percent of all reimbursed expenses if I voluntarily resign within one year after completing the test, and 50 percent of such costs if I voluntarily resign after one year has lapsed, but within two years after completing the test. I hereby agree to pay any and all balances due at the time to the District in full upon demand. In the event I do not make such payment in full upon demand, I knowingly and voluntarily authorize the District to deduct from my wages any amount owed by me to the District under this agreement. Upon referral of this debt by the District to an attorney's fees in addition to the balance I owe.

_____ _____
Payee Signature LEA Authority

For Office use only:
Date_____
Amt._____
Code:_____
_____