



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
RECOVERY SCHOOL DISTRICT

1641 Poland Ave. New Orleans, La 70117
 504-373-6200 • www.rsdl.net



Praxis/Tuition Reimbursement Request Form

Complete the information below and submit to Human Resources. If you have questions about this process, please contact Amber Morgan at 504-373-6200 x20053 or amber.morgan2@rsdla.net.

Incomplete applications will not be considered for reimbursement.

Documents to attach:

1. Copy of teaching certificate
2. Copy of test scores or transcripts verifying satisfactory completion of course(s) or exam(s) since 7/1/07
3. Receipt(s) showing cost of the exam or coursework taken since 7/1/07
4. Copy of undergraduate transcripts showing minimum of 2.5 GPA
5. If you are in an Alternative Certification Program attach a copy of your prescription of courses
6. Signed 3 year commitment to RSD

Praxis/Tuition Reimbursement Request				
Last Name	First Name	M.I.	Personnel #	
School	Position/Subject/Grade Level			
Address	City/State/Zip Code			
Phone Number	Email Address			
Certification Status				
Standard _____	Practitioner's License _____	TAT _____	Other _____	None _____
Certificate Type and Number	Expiration Date	Certification Area		
Reimbursement For: (i.e. Praxis I, Coursework)	Description (include subject area, university, etc.)	Date Completed	Score/Grade	Amount
Total Reimbursement Requested				
Central Office Use Only				
1. Human Resources	2. Finance	3. Payroll		
Approved _____ Denied _____	Approved _____ Denied _____	Amount Paid _____		
Amount Approved _____	Amount Approved _____	Date Paid _____		
Date _____	Date _____	Payroll Representative: _____		
HR Representative: _____	Budget Director: _____	(Once processed, please return a copy of this form to HR for our records)		

“Rebuilding New Orleans Through Education”