



Reimbursement for License Renewal and Completion of Ohio Reading Praxis Test

Contract language 19.02 and MOU #1

I am applying for:

_____ Reimbursement for License Renewal
 Reimbursement will only be offered during the calendar in which license expires.
 Completion of this form is required for reimbursement.

_____ Completion of Ohio Reading Praxis Test
 Reimbursement will only be offered during the calendar in which license expires.
 Completion of this form is required for reimbursement.

Name _____ Employee ID (EE) _____

Date of Request _____ Grade Level/Department _____ Building _____

Current License Expiration Date: _____

Requested amount of reimbursement: _____

Employee Signature: _____

Attach test results for Praxis and proof of payment for both.

Amount Approved: _____

Reason for Denied Payment:

Incomplete Application _____

Outside the calendar year _____

Other _____

Authorized Signature _____