

*Hoke County Schools*  
**TUITION/PRAXIS REIMBURSEMENT REQUEST FORM**

Employee \_\_\_\_\_ School \_\_\_\_\_

College or University \_\_\_\_\_

Course Number(s) \_\_\_\_\_ Name (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRAXIS Exam: \_\_\_\_\_ Reason for taking Course/Praxis (see guidelines 1-5) \_\_\_\_\_

Semester: (check one below)

\_\_\_\_\_ Fall

\_\_\_\_\_ Winter

\_\_\_\_\_ Spring

\_\_\_\_\_ Summer I II

Cost of Tuition, Fees and Books: \_\_\_\_\_ Prior Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

*Required documentation should be submitted **immediately** each semester to receive reimbursement*

**EMPLOYEE AGREEMENT:**

If I should voluntarily leave Hoke County Schools less than 24 months after I have received this reimbursement, I agree to repay the school system the full amount of all reimbursements received to date. I understand that if my documentation does not meet the specified requirements, I will not receive tuition/Praxis reimbursement.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

**FOR CENTRAL OFFICE USE ONLY**

Approved \_\_\_\_\_ Amount to be reimbursed \_\_\_\_\_ Budget Code \_\_\_\_\_

Not Approved \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)