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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_