

**SUBJECT AREA EXAMINATION REIMBURSEMENT REQUEST FORM
2023-2024**

Please complete all sections below in order to apply for reimbursement for the registration cost of a subject area examination in a high demand area. The completed form and all supporting documentation should be forwarded to Human Resources Operations no later than June 3, 2024.

Section I.

Employee Name: _____ School Name: _____

School Number: _____

Employee ID Number: _____ Phone: _____

Employee Address: _____

Current Teaching Assignment: _____

Section II.

| Subject Area Exam Passed | Registration Cost | Exam Date | Date Area Added to Florida Certificate |
|------------------------------------|-------------------|-----------|--|
| Chemistry 6-12 | | | |
| Deaf or Hard of Hearing K-12 | | | |
| English 6-12 | | | |
| ESOL K-12 | | | |
| Exceptional Student Education K-12 | | | |
| Mathematics 6-12 | | | |
| Middle Grades English 5-9 | | | |
| Middle Grades General Science 5-9 | | | |
| Middle Grades Mathematics 5-9 | | | |
| Physics 6-12 | | | |
| Reading K-12 | | | |
| Speech-Language Impaired K-12 | | | |
| Visually Impaired K-12 | | | |

Section III.

I affirm that I have not and will not receive any form or amount of financial assistance for the exam(s) from any source that duplicates the reimbursement I am now requesting, including that I have not and will not receive any financial credit, discount, grant, loan forgiveness, scholarship, or other reimbursement for the cost of test registration.

Employee Signature **Date**

Section IV.

I certify by my signature that the educator listed above is employed as an instructional staff member within the meaning of Section 1012.01 (2) (a)-(d), Florida Statutes.

Principal Signature **Date**

For Human Resources Use Only

Performance Rating

Highly Effective

Effective

Exam Date _____

Added to Cert _____
Date

Approved \$ _____
Approval Amount

Denied _____

Initials Date