Log No.: ☐☐☐☐ – ☐☐☐☐

District 75 Therapist Tuition Reimbursement Form

Print Form

Instructions: Completed applications must be forwarded with appropriate documentation (i.e. copy of workshop brochure, signed PD-19 if necessary, proof of payment and certificate of completion or student transcript.

IDENTIFYING INFORMATION

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Apt No.: _____

City: _____ State: _____ Zip Code: _____

Home Telephone No.*: _____ Employee Reference No.*: ☐☐☐☐☐☐☐

e-Mail Address: _____

School (ex. K004) _____ School Address: _____

Related Service Area:

- ☐ Physical Therapist (DOE) - Lvl 1
- ☐ Physical Therapist (DOE) - Lvl 2
- ☐ Occupational Therapist (DOE) - Lvl 1
- ☐ Occupational Therapist (DOE) - Lvl 2
- ☐ Physical Therapist (DOE) (HOURLY) - Lvl 1
- ☐ Physical Therapist (DOE) (HOURLY) - Lvl 2
- ☐ Occupational Therapist (DOE) (HOURLY) - Lvl 1
- ☐ Occupational Therapist (DOE) (HOURLY) - Lvl 2

COLLEGE/UNIVERSITY/AND/OR WORKSHOP/CONFERENCE INFORMATION

Degree Presently Held: _____ Degree or Certificate Being Sought: _____

College/University or Institute of Attendance: _____ Address: _____

Semester of Attendance: ◯ Fall ◯ Spring ◯ Summer

List Job-Related Course or Workshop:

1. _____ Date From: _____ To _____

Tuition for Course: _____

NOTE: Late fees, books, membership fees and program fees are not paid for by Tuition Reimbursement and are the responsibility of the applicant.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE OF CLINICAL AND SUPPORT SERVICES

I have reviewed the enclosed documentation and have determined that the above listed course/workshop is job-related and is provided by a legitimate institution. This request for Tuition Reimbursement is deemed appropriate and hereby approved for reimbursement.

_____ OT/PT Supervisor

_____ OT/PT Supervisor's Signature

_____ Date

Sfx 1: ☐☐☐☐ ☐☐

Entered By: _____ Date: _____ Sfx 2: ☐☐☐☐ ☐☐

Approved By: _____ Date: _____ Sfx 3: ☐☐☐☐ ☐☐

Rev 5 - 07/30/14

Tickler No.: W I ☐☐☐☐☐☐☐☐☐

Instructions for Completion of Therapist Tuition Reimbursement Form

The Therapist Tuition Reimbursement Form is a PDF document designed for completion on a computer. If not completed on a computer, the form must be printed, except for signatures. Illegible and/or incomplete forms will not be processed

1- Complete all Identifying Information.

2- Complete College/University and/or Workshop Conference Information section of the form.

3- Click Print Form Button on upper right hand of screen to print out the reimbursement form.

4- Sign and date the form and then transmit to your supervisor for approval.

5- Submit reimbursement application package in accordance with the instructions below, in order to claim your reimbursement.

PLEASE NOTE: Your Employee Reference Number can be found on your pay stub. Directions to locate this number can be found at: http://www.nyc.gov/html/opa/html/getting_paid/statement_explained.shtml#Area2
Your Employee Reference Number MUST be entered for processing.

District 75 Occupational/Physical Therapist Tuition Reimbursement Application Submission Procedure

Assemble the reimbursement claim documents in the following order (top to bottom):

1- Original completed **"District 75 Therapist Tuition Reimbursement Form"**, signed by your supervisor.

2- Copy of entire conference/workshop brochure/agenda indicating the cost to attend the conference/workshop.
NOTE: If attending AOTA Conference, you **must** submit a copy of your invoice or confirmation detailing the specific amount being charged. from AOTA.

3- Copy of "**Application for Excuse of Absence with Pay" (PD-19)** approved by your Principal and Supervisor if conference/workshop is held during the school day. This form is not required for after school (e.g. evening or weekend) sessions.

4- Proof of payment: a copy of cancelled check (front and back), or credit card statement, Bursar's receipt,or cash payment receipt.

5- Copy of certificate of completion/attendance at conference/workshop

6- Mail the above documents to:

Ms. Mary Ann Lucatorto
NYC Department of Education - District 75
400 First Ave - Rm 661
New York, NY 10010-4004

Questions concerning therapist tuition reimbursement should be directed to Ms. Lucatorto at 212-802-1539, or via e-mail to mlucato@schools.nyc.gov

Illegible or incomplete forms/packages will **not** be processed.

Please Note: Your Employee Reference Number and Home Telephone No. are required in order to process your claim. In addition, you must include your apartment number, if any, in order for checks not to be returned due to insufficient address.

Requests for tuition reimbursement should be submitted as soon as possible after completion of the course. Do not submit reimbursement requests at the end of the year. All requests for tuition reimbursement **MUST** be received and processed **no later than June 30th** in order to be considered as part of the reimbursement limit for that fiscal year (July 1st - June 30th)