



Northampton County Schools  
**PRAXIS REIMBURSEMENT REQUEST/AGREEMENT**

**I. EMPLOYEE INFORMATION**

Teacher's Name: \_\_\_\_\_

Current School Assignment: \_\_\_\_\_

**II. PROGRAM DESCRIPTION & REQUIREMENTS**

Northampton County Schools reimburses teachers who successfully pass the Praxis exam, contingent upon available funding. This reimbursement is only available when the Praxis is taken for the purpose of becoming highly qualified as defined by NCLB. Northampton County Schools may reimburse an employee for the full cost of the exam if the employee can demonstrate that he or she passed the exam; and that the exam was taken in order to earn designation as a highly qualified teacher.

**III. SCORE REPORTING INFORMATION**

Candidate ID Number: \_\_\_\_\_

Educational Level: \_\_\_\_\_

Current Test Data:

Test Date	Test Code	Test Name	Your Score

Previous Test Date:

Test Date	Test Code	Test Name	Your Score

**IV. ACKNOWLEDGEMENT OF PENALTY FOR EARLY RESIGNATION**

I am aware that I will be required to repay Northampton County Schools in full for all reimbursed funds if I should voluntarily resign or retire within one calendar year of being reimbursed for the Praxis. I hereby agree to pay any and all balances due to Northampton County Schools as a result of this agreement upon resignation. I knowingly and voluntarily authorize Northampton County Schools to deduct from my wages and/or accrued vacation pay any amount due to Northampton County Schools under this agreement. Upon referral of this debt by Northampton County Schools to an attorney, I agree to pay any attorney's fees in addition to the balance due.

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Name (Printed): \_\_\_\_\_ DATE: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Title II Coordinator's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_