Title II TEACHER Moving Expense
Reimbursement Guidelines

Section I:  General Information

The Jackson Public School District adheres to the belief that finding quality professional staff is necessary in order for students to achieve and excel. In accordance with Title II guidelines, approved TEACHERS will receive reimbursement for moving expenses related to relocating to Jackson as long as designated funds are available.

Note: Special assignment teachers, Classified and Administrative personnel do not qualify for reimbursement.

Section II:  Requirements for Accessing Funding

Requests to be considered for the program must be submitted by application.

Requirements:

1. The applicant must be under present contract with the Jackson Public School District.
2. Teachers should be fully certified and licensed by the Mississippi Department of Education.
3. Teacher must be relocating more than 90 miles from their permanent address.
4. Preference will be given to teachers moving the greatest distance.
5. Preference will be given to teachers in high need and/or state tested areas.
6. Program available to teachers as long as designated funds are available.
7. Requests must be submitted within 30 days of issuance of teacher contract.
8. Must show proof of residence or new address.

Section III:  Conditions

- Participant must agree in writing to remain with the district for one contracted year after receipt of funding. Failure to complete school year for any reason will require applicant to forfeit money.
- Participant must agree to supply any other documentation that the district deems necessary to meet the requirements of district policy, state or federal law.
- The applicant must submit AN ORIGINAL receipt of payment for moving related expenses.
- The applicant must submit a copy of teaching license.
- Participant must sign a Memo of Understanding/Intent to adhere to the Moving Reimbursement guidelines.
Praxis II - Title II MOVING EXPENSE
Reimbursement Application

Name_________________________________ Date________________
Social Security Number__________________________
School (where employed)______________________________
Position_________________________________
Number of miles from Jackson__________
Home Address___________________________ City___________________
State_____________________ Zip code____________________
Home phone________________ Work phone______________________

List travel/moving-related expenses below including expense and amount:
1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
6. ______________________________________

**Enclose original receipts related to move: _______________________

Your area of certification: __________________________
Type of License: (A, AA, Alternate Route, etc.)_________________________

SUBMIT THIS FORM TO:    Office of Teacher Recruitment
JPS Office of Human Resources - Central Office

Request for moving expense financial support through Title II (maximum $500.00) _______Accepted _______ Declined

Travel receipts received____ yes ____no

Amount requested $_________ Amount granted $__________
Jackson Public Schools  
Teacher Moving Expense Reimbursement Program  
Memorandum of Understanding/Intent

Participant’s Name: __________________________________________

Original or Permanent Address from which you are moving:

City _______________________ State ___________Zip________

New address:  ____________________________
City __________________ State ____ Zip________

Home Phone_________________  Cell Phone ______________

School ____________________ Email:  _____________

Position/Grade/Subject ______________________________________

Please read the following memorandum of understanding and statement of intent. You must sign this form only if you agree and plan to fully participate in this program.

Part I. Memorandum of Understanding

• I understand that I must successfully complete the teacher moving expense reimbursement application to be considered for the program. Successful completion is defined as:
  o Complying with all moving expense guidelines.
  o Submitting a valid copy of my Mississippi teaching certificate.
  o Submitting original receipts for all expenses related to moving to the metro Jackson area.

Sign: _________________________________ Date______________

Part II. Statement of Intent

• I intend to provide services to Jackson Public Schools as a certified classroom teacher for 1 year by accepting funds/services through this program.

Sign: _________________________________ Date______________

• I understand that failure to comply with the guidelines outlined above could result in my termination from the program and repayment of fees and expenses to Jackson Public Schools.

Sign: _________________________________ Date______________