

**WINDHAM SCHOOL
DISTRICT**

NUMBER: SD-07.66
DATE: May 15, 2024
PAGE: 1 of 8
SUPERSEDES: N/A

SUPERINTENDENT DIRECTIVE

SUBJECT: TUITION AND CERTIFICATION REIMBURSEMENT PROGRAM

AUTHORITY: Tex. Educ. Code § 19.004; WBP-03.02, “Windham School District Superintendent Responsibilities and Authority”

EMPLOYMENT AT WILL CLAUSE:

This policy does not constitute an employment contract or guarantee of continued employment and does not create a legally enforceable interest or limit the superintendent’s authority to implement personnel policies. Windham School District (WSD) reserves the right to revise this policy at any time.

POLICY:

WSD provides a Tuition and Certification Reimbursement Program (Reimbursement Program) for full-time employees who complete an educator certification program or postsecondary institution coursework related to the employee’s current or prospective duties.

DEFINITIONS

These definitions are meant only for this directive and may not apply in other contexts.

“Postsecondary institution” is an accredited, non-profit, public technical institute, public junior college, public senior college or university, public state college, or other agency of higher education.

“Successfully completed” means completion of a course with a grade of “C” or better for a course graded on an “A” through “F” scale; a 70 percent or better for a course graded on a numerical scale; or a passing grade for a course graded on a “pass/fail” scale.

“Tuition Expenses” include only the cost of tuition and any mandatory fees not covered by grants, scholarships, or other awarded funds.

PROCEDURES:

I. Reimbursement Program Overview

WSD encourages the professional and personal growth of employees and believes that helping employees pursue job-relevant postsecondary studies or achieve teacher or principal certification will benefit WSD's programs and help retain high-performing, motivated staff.

A. Educator Certification

1. Upon program completion and certification, WSD will reimburse an approved employee up to \$5,000 of incurred expenses for an educator certification program provided by an education service center or other public education entity approved by WSD, with a lifetime maximum of \$20,000.
2. Reimbursement is conditioned on the employee's continued employment at WSD for at least two full school years following certification.

B. Postsecondary Coursework

1. WSD will reimburse up to \$5,000 per school year of an approved employee's tuition expenses upon completion of one or more eligible courses, with a lifetime maximum of \$20,000.
2. Courses must be relevant to employees' duties or prospective duties, or be required in an academic program relevant to employees' duties or prospective duties, completed in a postsecondary institution.
3. Reimbursement is conditioned on an employee's continued employment at WSD for at least two full school years following the date of most recent course completion.

II. Eligibility

To be considered for participation in the Reimbursement Program, an employee, at the time of the employee's request to participate in the Reimbursement Program, must:

- A. be a full-time employee;
- B. be otherwise qualified for the certification program or course;
- C. not currently be under disciplinary investigation or have received a disciplinary action in the preceding calendar year;
- D. not be a return-to-work retiree; and

- E. commit to working for WSD for two years after certification or most recent course for which tuition was reimbursed.

III. Participation Request Process

A. Postsecondary Coursework

1. An employee may request to participate in the Reimbursement Program while attending a postsecondary institution only by emailing the professional development administrator with the following information no later than 30 days before first scheduled day of the course(s):
 - a. Employee's contact information;
 - b. Name of the postsecondary institution, title of course(s), academic program pursued, and explanation of:
 - i. how the course(s) relates to the employee's current or prospective duties; or
 - ii. how the academic program relates to the employee's current or prospective duties and how the course(s) are related to the academic program.
 - c. First and last scheduled day of the course(s);
 - d. Anticipated tuition costs for which employee will seek reimbursement;
 - e. Anticipated conflicts with WSD work schedule, if any; and
 - f. A signed Reimbursement Program participation form (attached).
2. A request will not be processed until all information is received.
3. Employees must request participation in the Reimbursement Program for each course for which reimbursement is sought.

B. Educator Certification Program

1. An employee may request to participate in the Reimbursement Program while earning an educator certification only by emailing the professional development administrator with the following information no later than 30 days before the first scheduled day of the certification program:
 - a. Employee's contact information;

- b. The educator certification program through which the employee intends to be certified and the type of certification sought;
 - c. First and last scheduled day of the certification program;
 - d. Anticipated tuition costs for which the employee will seek reimbursement;
 - e. Anticipated conflicts with WSD work schedule, if any; and
 - f. A signed Reimbursement Program participation form (attached).
2. A request will not be processed until all information is received.

IV. Review and Approval

- A. The professional development administrator will process the request to participate in the Reimbursement Program by completing the following actions:
 1. Verify the employee meets the eligibility criteria in section II;
 2. Schedule and convene a Reimbursement Program Review Committee (committee) meeting.
- B. Committee
 1. The committee consists of the chief financial officer, who serves as chair, division director of instruction, human resources administrator, professional development administrator, and general counsel.
 2. The professional development administrator will present requests of eligible employees for the committee's consideration, and provide the committee's recommendation to the superintendent for final approval.
 3. The committee must ensure funding is available prior to a recommendation for reimbursement approval.
- C. The superintendent has final approval authority.
- D. Upon approval by the superintendent, the professional development administrator will notify the employee of the amount of reimbursement authorized.
- E. The professional development administrator will send a copy of approvals to the chief financial officer and the department director of business services for financial and budget tracking purposes.

V. Reimbursement

A. Employee Documentation

1. Postsecondary Course(s)

To receive reimbursement of tuition expenses for postsecondary course(s), an employee must, within 30 days of receiving the final grade(s), email the professional development administrator a request for reimbursement along with proof of:

- a. successful completion of course by an official grade report; and
- b. payment by providing billing and payment documentation sufficient to establish actual costs and payments made to the postsecondary institution.

2. Certification Program

To receive reimbursement of certification program costs, an employee must, within 30 days of becoming certified, email the professional development administrator a request for reimbursement along with proof of:

- a. successful completion of an approved certification program;
- b. certification; and
- c. payment by providing itemized receipts for actual costs of the certification program.

B. Reconciliation/Verification

Upon receipt of required documents, the professional development administrator will verify:

1. the employee successfully completed course(s) or certification program;
2. the employee continues to be eligible for reimbursement; and
3. documentation submitted for reimbursement matches the information previously approved by the superintendent.

C. Payment

If there are no discrepancies, the professional development administrator will send the employee's tuition billing and payment documentation to the Business office to process a payment voucher.

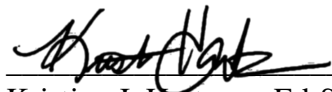
VI. Disqualification

An employee becomes disqualified for reimbursement if:

- A. while enrolled in the Reimbursement Program, employee receives two or more disciplinary actions or is suspended without pay;
- B. employee fails to complete the certification program or course(s) for any reason; or
- C. employee leaves WSD employment or employment is terminated prior to the end of the second full school year after certification, in which case, employee is responsible for repaying the full amount previously reimbursed by WSD. Employees may repay WSD by payroll deduction, personal check, money order, or cash.

VII. General

- A. Employees must fulfill coursework or certification program requirements on the employee's personal time. This includes, but is not limited to: class attendance, observations, study, and coursework.
- B. Employees must use personal leave, administrative leave, or compensatory time to attend required meetings or classes which cannot be scheduled outside of an employee's scheduled work hours. The notification and approval provisions of WSD Board Policy 07.11, "Leaves and Absences" apply to leave taken for coursework or the certification program.
- C. The Reimbursement Program depends on sufficient funding and may be suspended or terminated without notice at the discretion of the superintendent.
- D. Meeting eligibility criteria in this directive does not guarantee reimbursement; factors other than the eligibility criteria above may be considered by the superintendent.
- E. The superintendent has sole discretion to deviate from the provisions of this directive.
- F. WSD is not responsible for informing employees of possible tax consequences of reimbursement and should not be relied upon for such information.



Kristina J. Hartman, Ed.S.
Superintendent
Windham School District



**Windham School District
Tuition and Certification Reimbursement Program
Participation Form**

Date Received:

Employee name:		Date of request:	
Campus/department:		Position:	
Email address:		Phone number:	

Part I: Participation Request (to be completed by employee requesting participation)

I am requesting participation in the Reimbursement Program for expenses related to:				
<input type="checkbox"/> Educator certification program	Name of entity providing program:			
	Type of certification sought:			
<input type="checkbox"/> Postsecondary coursework	Name of institution:			
	<i>Course information:</i>			
		Title of Course	Course Number	Number of Credits
	1.			
	2.			
3.				
Please explain how the course(s) or academic program relate to your current or prospective duties:				

The anticipated tuition costs for which I will request reimbursement is:	\$
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Start date of course or program:		Last scheduled date of course or program:	
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By submitting this request to participate in the Reimbursement Program, I confirm that I have read and understand Superintendent Directive 07.66, "Tuition and Certification Reimbursement Program" and agree to comply with the directive's provisions. I acknowledge that reimbursement requires that I successfully complete the course(s) or certification program designated on this form, maintain program eligibility, and provide all necessary documentation upon course completion or certification, in accordance with SD-07.66. I also acknowledge that participation in this program does not create legal rights or guarantee reimbursement and that this program may be suspended or terminated at any time for lack of funds or other good cause, as determined by the superintendent.

By accepting reimbursement, I commit to continuing employment with Windham for no less than two full school years following the date of most recent course completion or certification. I agree that if I do not fulfill that commitment, I will repay Windham all costs previously reimbursed and authorize Windham to deduct repayment from my WSD compensation in whole or partial satisfaction of my debt.

I affirm that all information provided by me on this form is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Part II: Review & Approval

Eligibility Review (to be completed by professional development administrator)	
Employee requesting participation: <input type="checkbox"/> is a full-time employee <input type="checkbox"/> is not currently under disciplinary investigation <input type="checkbox"/> has not received a disciplinary action in the past year <input type="checkbox"/> is not a return-to-work retiree	<input type="checkbox"/> Eligible for participation <input type="checkbox"/> Ineligible for participation
Has the employee submitted all required documents and information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there sufficient funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursement Program Review Committee Recommendation	
<i>The committee has reviewed eligibility, documentation, and funding, and recommends:</i> <input type="checkbox"/> Approval of participation in the amount of <input type="text"/> <input type="checkbox"/> Denial of participation	<i>Committee Meeting Date:</i>
<i>Committee comments:</i>	
Approval (to be completed by superintendent)	
<input type="checkbox"/> Concur with committee recommendation	<input type="checkbox"/> Nonconcur with committee recommendation
<i>Superintendent comments:</i>	

Superintendent signature: _____ Date: _____

Part III: Reimbursement

Reconciliation/Verification (to be completed by professional development administrator)	
Employee requesting reimbursement: <input type="checkbox"/> continues to be a full-time employee <input type="checkbox"/> has not received two or more disciplinary actions or suspension without pay <input type="checkbox"/> submitted documentation verifying successful completion of course(s) or certification program <input type="checkbox"/> submitted documentation verifying actual costs and payments made <input type="checkbox"/> submitted documentation that matches the information previously approved by the superintendent	Date documents were received:
Payment voucher should be made out to Reimbursement Program participant in the amount of:	\$

<i>For Business Office Use</i>