WINDHAM SCHOOL DISTRICT

NUMBER:	**SD-07.66 (rev. 1)**
DATE:	**October 27, 2025**
PAGE:	**1 of 12**
SUPERSEDES:	**SD-07.66 May 15, 2024**

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 (Windham) reserves the right to revise this policy at any time.

POLICY:

Windham 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.

"Accredited" means holding accreditation granted by an organization recognized by the Council for Higher Education Accreditation (CHEA) or by the U.S. Department of Education (USDE).

"Disciplinary Action" means a formal response to an employee's failure to comply with established standards of conduct, in accordance Windham Board Policy 07.44, "Professional Standards of Conduct and Disciplinary Guidelines."

"Lifetime" means the entirety of an employee's employment relationship with Windham, regardless of breaks in service, position changes, or re-employment after retirement.

"Postsecondary Institution" is an accredited, non-profit, technical institute, junior college, senior college or university, state college, or other institution of higher education located or based in

Texas. Exceptions may be made, at the discretion of the superintendent, for programs or courses not offered by a Texas institution.

"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

Windham 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 Windham's programs and help retain high-performing, motivated staff.

A. Postsecondary Coursework

1. Windham 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 Windham for at least two full school years following the date of most recent course completion.

4. Program required electives are eligible for reimbursement only if they are part of the approved degree program.

B. Educator Certification

1. Upon program completion and certification, Windham 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 Windham, with a lifetime maximum of $20,000.

2. Reimbursement is conditioned on the employee's continued employment at Windham for at least two full school years following certification.

3. Program required electives are eligible for reimbursement only if they are part of the approved certification program.

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 for at least one calendar year;

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 Windham for two years after certification or most recent course for which tuition was reimbursed.

III. Participation Request Process

To ensure a participation request is approved prior the start date of the course or program, employees should submit their request no later than 30 days prior to the start date of course or program.Participation requests received fewer than 30 days before the course or program begins will be automatically denied, unless accompanied by a written justification on the Tuition and Certification Reimbursement Program Participation Form (Attachment A). All written justifications are subject to the approval of the committee.

Regardless of circumstances, all participation requests without justification will be denied if not submitted prior to starting the course or program.

A. Postsecondary Coursework

1. An employee must submit a completed Tuition and Certification Reimbursement Program Participation Form only by emailing the professional development administrator or designee with the following attachments:

a. Degree plan or similar documentation from the institution that outlines the required courses;

b. Course description including the course title and number, a brief overview of the course content, and the name of the postsecondary institution;

c. Anticipated conflicts with Windham work schedule, if any; and.

d. A signed Tuition and Certification Reimbursement Program Participation Form.

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 must submit a completed Tuition and Certification Reimbursement Program Participation Form only by emailing the professional development administrator, or designee with the following attachments:

a. Certification plan or similar documentation from the institution that outlines the required courses;

b. Course description including the course title and number, a brief overview of the course content, and the name of the, and;

c. Anticipated conflicts with Windham work schedule, if any; and

d. A signed Tuition and Certification 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, or designeewill 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. Verify application for completeness;

3. Schedule and convene a Reimbursement Program Review Committee (committee) meeting.

B. Committee

1. The committee consists of the following, or their designee: 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 or designeewill 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 or designeewill notify the employee of the amount of reimbursement authorized.

E. The professional development administrator or designee 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 calendar days of the course end date on the original participation form, email the professional development administrator or designeethe completed Tuition and Certification Reimbursement Program Verification Form (Attachment B) and the following attachments:

a. proof of successful completion of the approved course(s) by an official grade report; and

b. proof of payment by providing billing and payment documentation sufficient to establish actual costs and payments made to the postsecondary institution, including a zero-balnce, itemized receipt.

2. Certification Program

To receive reimbursement of certification program costs, an employee must, within 30 calendar days of becoming certified, email the professional development administrator or designee the completed Tuition and Certification Reimbursement Program Verification Form and the following attachments:

a. proof of successful completion of an approved certification program;

b. obtained certification; and

c. proof of payment by providing billing and payment documentation sufficient to establish actual costs and payments made to the certifying institution, including a zero-balnce, itemized receipt.

B. Reconciliation/Verification

Upon receipt of required documents, the professional development administrator or designee 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 or designee 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 Windham 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 Windham. Employees may repay Windham 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

Windham 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. Windham 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 (check one):

☐ Educator certification program	Name of entity providing program:	
	Type of certification sought:	

For certification program, attach certification plan or similar documentation and applicable course description(s).

☐ Postsecondary coursework	Name of institution:	

Course information:

	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:

For postsecondary coursework, attach degree plan or similar documentation and applicable course description(s).

The anticipated tuition costs for which I will request reimbursement is:	$

Start date of course or program (MM/YY):		Last scheduled date of course or program (MM/YY):	

Justification for Late Request (complete if fewer than 30 days prior to start of class):

Supervisor Certification

I certify that the employee named in this request is not under investigation at the time of application, nor have I initiated the disciplinary process within the last 30 days. I agree to notify the Professional Development Administrator if this status changes within the next 30 days.

Supervisor Signature: _____ Date: _____

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 education specialist for leadership and development)*	
Employee requesting participation: ☐ is a full-time employee ☐ has not received a disciplinary action in the past year ☐ is not a return-to-work retiree	☐ ***Eligible for participation*** ☐ ***Ineligible for participation***
Has the employee submitted all required documents and information?	☐ **Yes** ☐ **No**
Is there sufficient funding?	☐ **Yes** ☐ **No**

Reimbursement Program Review Committee Recommendation	
The committee has reviewed eligibility, documentation, and funding, and recommends: ☐ **Approval of participation** in the amount of ☐ **Denial of participation**	*Committee Meeting Date:*
Committee comments:	

Approval *(to be completed by superintendent)*	
☐ **Concur with committee recommendation**	☐ **Nonconcur with committee recommendation**
Superintendent comments:	

Superintendent signature: _____ Date: _____

Part III: Reimbursement

Reconciliation/Verification *(to be completed by education specialist for leadership and development)*	
Employee requesting reimbursement: ☐ continues to be a full-time employee ☐ has not received two or more disciplinary actions or suspension without pay ☐ submitted documentation verifying successful completion of course(s) or certification program ☐ submitted documentation verifying actual costs and payments made ☐ 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:	$

For Business Office Use

Windham School District
Tuition and Certification Reimbursement Program
Verification Form

Date Received:

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

Part I: Payment Request (to be completed by employee requesting payment)

Educator Certification Program

Complete this section to request reimbursement for approved educator certification program

Name of entity providing program:	
Type of certification completed:	
Program End Date:	

Attach the following:
Proof of successful completion of approved certification program
Proof of obtained certification
Proof of payment by providing itemized, zero-balance receipts for actual costs of the certification program

Post Secondary Coursework Program

Complete this section to request reimbursement of approved postsecondary coursework

Name of institution:	
Course End Date:	

Course information:

Title of Course	Course Number	Number of Credits
1.		
2.		
3.		

Attach the following:
Proof of successful completion of approved course(s)
Proof of payment by providing itemized, zero-balance receipts for actual costs of the coursework

Supervisor Certification

I certify that the employee named on this verification form is not under investigation nor have I initiated the disciplinary process within the last 30 days.

Supervisor Signature: _____ Date: _____

By submitting this request for reimbursement, 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: Reimbursement

Reconciliation/Verification *(to be completed by education specialist for leadership and development)*	
Employee requesting reimbursement: ☐ continues to be a full-time employee ☐ has not received two or more disciplinary actions or suspension without pay ☐ submitted documentation verifying successful completion of course(s) or certification program ☐ submitted documentation verifying actual costs and payments made ☐ 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:	$

For Business Office Use