



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF  
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY  
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: [www.kenton.kyschools.us](http://www.kenton.kyschools.us)

Dr. Henry Webb, Superintendent of Schools

**KCSD ISSUE PAPER**

**DATE:**

December 18, 2019

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve a Tuition Reimbursement Program for active, full-time KCSD employees who obtain teaching certification in a content area deemed as critical shortage by KCSD, contingent upon board attorney approval of all associated Tuition Reimbursement Program documents.

**APPLICABLE BOARD POLICY:**

01.1 "Legal Status of the Board"

**HISTORY/BACKGROUND:**

The District proposes a Tuition Reimbursement Program (Program) allowing active, full-time KCSD employees to be reimbursed for tuition and certain fees incurred by earn teaching certification in areas deemed by the District as "critical shortage". Employees utilizing the Program would be reimbursed for the schooling necessary to obtain a critical shortage teaching certificate in exchange for an agreement to remain with the District and teach in the content area for a specified period of time. This program is designed to provide a world-class education opportunity for all students by providing credentialed employees in areas designated as "critical shortage" by the District and reduce, or eliminate, the need to emergency certify teachers. Furthermore, the Program would serve as a recruiting and retention tool for employees looking to grow professionally within, and remain in, the District.

**FISCAL/BUDGETARY IMPACT:**

Estimated at \$5,000 per year, per teacher to be paid from the General Fund.

**RECOMMENDATION:**

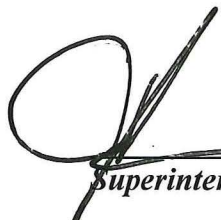
It is recommended the Kenton County School District approve a Tuition Reimbursement Program for active, full-time KCSD employees who obtain teaching certification in a content area deemed as critical shortage by KCSD, contingent upon board attorney approval of all associated Tuition Reimbursement Program documents.

**CONTACT PERSON:**

Matt Rigg, Executive Director Human Resources

\_\_\_\_\_  
Principal

  
\_\_\_\_\_  
District Administrator

  
\_\_\_\_\_  
Superintendent

**Kenton County Board of Education**

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn  
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

### Objective

The Kenton County School District (KCS D) supports employees who wish to continue their education to secure increased responsibility and growth within their professional careers. To demonstrate this support, the District has established a Tuition Reimbursement Program (Program) for expenses incurred through approved institutions of learning. The Program supports two specific objectives:

1. Provide a world-class education to ALL KCS D students by providing credentialed employees in areas designated as "critical shortage" by the KCS D
2. Support employees who want to grow professionally by completing a Teacher Education Preparation Program in order to accept KCS D employment opportunities deemed as areas of critical shortage by the KCS D

### Critical Shortage Areas

The KCS D will define areas of critical shortage prior to each school year and will monitor for areas of additional need throughout the school year. These areas will be published on the Program Guidelines document and updated as areas of critical shortage are added or removed based on KCS D needs. Only positions defined as critical shortage by the KCS D and would require the District to emergency certify a non-certified teacher, will be eligible for the Program.

### 2019-2020 Critical Shortage Areas:

- Special Education Teacher – Certificate For Teaching Exceptional Children--Visually Impaired, Grades Primary Through 12
- Special Education Teacher – Certificate For Teaching Exceptional Children--Moderate And Severe Disabilities, Grades Primary Through 12
- English Learners (EL) Teacher - Certificate For Teaching English As A Second Language, All Grades

### Procedures for Program Consideration

- Complete the Program application
- If approved:
  - Enroll in an approved Teacher Education Preparation Program as defined by the Kentucky Department of Education's [Division of Educator Preparation, Assessment and Internship](#)
- Submit the following required documentation prior to starting the semester/grading period:
  - Signed Professional Commitment Form for Tuition Reimbursement
  - Copy of your curriculum contract outlining required classes to complete the Teacher Education Preparation Program signed by the applicant and a representative from the education institution
  - Schedule of classes for the semester/grading period
  - Copy of the tuition bill for the semester/grading period
  - Proof of tuition payment
    - A receipt alone is not sufficient proof of tuition payment and must include documentation of the payment source, such as a credit card statement or bank statement
    - If paying by credit card:
      - Submit a copy of your statement showing the tuition payment
        - Black out account numbers and unrelated purchase/payment information
      - Your name must match the name on the statement
        - If your name is not on the credit card statement, a signed letter must be attached from the cardholder stating permission for use was given
    - If payment was made through a student loan, an invoice must be submitted to the KCS D from the loan provider
      - Tuition reimbursement will be made directly from the KCS D to the loan provider
- At the conclusion of the semester/grading period, submit transcripts reflecting grades earned to verify continued eligibility for reimbursement per the "Professional Commitment Form"



### Reimbursement of Tuition Payments

- Employees must pay tuition up front and seek reimbursement after making the tuition payment
- Tuition reimbursement will be made to eligible employees once all required documents have been turned in to, and approved by, the KCSD

### Reimbursement Schedule:

Employee earns certification and completes four (4) years of employment per the Professional Commitment Form	100% of tuition forgiven – employee is not required to repay any amount of tuition to the KCSD
Employee earns certification and completes three (3) years of employment per the Professional Commitment Form	75% of tuition forgiven – employee is required to repay 25% of total tuition paid by the KCSD to the KCSD
Employee earns certification and completes two (2) years of employment per the Professional Commitment Form	50% of tuition forgiven – employee is required to repay 50% of total tuition paid by the KCSD to the KCSD
Employee earns certification and completes one (1) year of employment per the Professional Commitment Form	25% of tuition forgiven – employee is required to repay 75% of total tuition paid by the KCSD to the KCSD
Employee does not earn certification, does not obtain a grade of "B" or "pass" and/or does not complete Program requirements as outlined in Program documents	0% of tuition forgiven – employee is required to repay 100% of tuition paid by the KCSD to the KCSD

### Tuition Limits

- Tuition reimbursement will be limited to the highest tuition charged by an accredited Kentucky Public University/College for a program qualifying as a KCSD defined critical shortage area
  - Tuition reimbursement may include certain institution administrative fees, such as online course fees, lab fees, books or other fees as approved by the KCSD
  - Tuition reimbursement shall not include late registration fees, out-of-state or private school tuition costs above the highest accredited Kentucky Public University/College tuition cost for the same or similar program, certain non-tuition costs, such as but not limited to: travel, food, room and application fees, or other fees as defined by the KCSD

### Program Assistance

Contact the Director or Assistant Director of Human Resources at [hr@kenton.kyschools.us](mailto:hr@kenton.kyschools.us) or 859-344-8888 for:

- Assistance with the Program application process
- Questions about the Program once accepted
- To submit forms and documents related to the program

### Program Acknowledgement

- I have reviewed the Tuition Reimbursement Program Guidelines and agree to follow all provisions of the Program

Employee Name (PRINT NAME)

Signature of Employee

Date

FOR KCSD OFFICE USE ONLY:

Program Guidelines Received: \_\_\_\_\_  
Date

Superintendent / Designee Signature: \_\_\_\_\_  
Date

## Application for Tuition Reimbursement Program

### Tuition Reimbursement Program Eligibility Requirements (must meet all five requirements to be eligible):

1. Employed on a full-time basis by the Kenton County School District (KCSD)
2. Approved Application for Tuition Reimbursement Program (Program)
3. Accepted into an approved Teacher Education Preparation Program as defined by the Kentucky Department of Education (KDE)
4. Pursuing a content area certification identified as a critical shortage area by the KCSD
5. Agree to work in the KCSD for four (4) years after exiting the Teacher Education Preparation Program OR repay the KCSD according to the Program Guidelines

**This is an application only and must be submitted and approved prior to starting any coursework to be considered for tuition reimbursement**

NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

WORK E-MAIL ADDRESS: \_\_\_\_\_ PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

CURRENT DISTRICT POSITION: \_\_\_\_\_ CURRENT SCHOOL/DEPARTMENT: \_\_\_\_\_

NAME OF UNIVERSITY/EDUCATION INSTITUTION: \_\_\_\_\_

CRITICAL SHORTAGE AREA FROM PROGRAM GUIDELINES DOCUMENT: \_\_\_\_\_

NAME OF CERTIFICATION PROGRAM/EDUCATION PROGRAM: \_\_\_\_\_

BEGINNING DATE OF CERTIFICATION PROGRAM/EDUCATION PROGRAM (Month & Year): \_\_\_\_\_

ESTIMATED COMPLETION DATE OF PROGRAM (Month & Year): \_\_\_\_\_

### Applicant to initial the following:

- \_\_\_\_\_ I meet the requirements of the Program as listed on this application and all other Program forms and/or instructions
- \_\_\_\_\_ If accepted into the Program, I understand it is my responsibility to submit all required documentation of the Program to the KCSD PRIOR to starting the semester/grading period of my university or education institution
- \_\_\_\_\_ I understand I will not be reimbursed for, and that it is my responsibility to pay, costs due to late registration, out-of-state tuition and certain non-tuition costs to include, but not limited to: travel, food, room, and application fees
- \_\_\_\_\_ I ensure I am not receiving reimbursement from any other source for the certification program/education program I am applying for through this application process. If I do receive any reimbursement or tuition assistance from any source other than the Program, I will disclose the source and amount of reimbursement and/or assistance to the KCSD immediately

Applicant/Employee Name (PRINT NAME)

Signature of Applicant/Employee

Date

### FOR KCSD OFFICE USE ONLY:

Application Received: \_\_\_\_\_ Application Approved: \_\_\_\_\_ Application Denied & Returned: \_\_\_\_\_  
Date Date Date

Superintendent / Designee Signature: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
Date



## Professional Commitment Form for Tuition Reimbursement

I, \_\_\_\_\_  
 PRINT FULL LEGAL NAME  
 \_\_\_\_\_  
 EMPLOYEE NUMBER

agree that in exchange for the receipt of tuition reimbursement from the Kenton County School District (KCS D) through the Tuition Reimbursement Program (Program), I will:

1. After completion of an approved Teacher Education Preparation Program as determined by my application for the Program, I will remain employed with the KCS D in the position requiring the certification obtained through the Program for at least four (4) full years of service;
  - a. Year of service as defined by KRS 157.310 to 157.440 equaling no less than 140 worked days per school year
  - b. The year of service definition shall apply equally to certified or classified employees who utilize the Program
2. I will complete my Teacher Education Preparation Program in no more than six (6) concurrent semesters or two years from the start of the program, whichever is less, while maintaining an overall grade of "B" or higher, or "Pass" on a pass/fail scale, for each course, beginning with the first date of my approval into the Program;
3. I will maintain acceptable employee evaluations as an employee of the KCS D;
4. I will provide to the KCS D a signed copy of my curriculum contract for my area of certification from the recommending university/education institution. If my curriculum contract changes, I will supply the KCS D with a new copy.

I understand that my agreement to work for the KCS D in the position requiring the certification I will obtain through the Program does not constitute an agreement by the KCS D to continue my employment during the entire period set forth above. Without limitation, I understand the KCS D may terminate or suspend my employment for any reason for which the employment of a KCS D employee can be terminated or suspended under existing KCS D policies, including my failure to perform my duties satisfactorily and/or unavailability of funds.

I further agree that:

5. If I do not complete my Teacher Education Preparation Program for any reason, including but not limited to discharge, suspension or non-renewal, or if I fail to complete my professional commitment of employment with the KCS D for at least four (4) full years of service as set forth in paragraph 1 above or if I fail to maintain an overall grade of "B" or "pass" in the course(s), I will repay the KCS D the amount of tuition paid by the KCS D on my behalf, prorated as set forth in the following two sentences.  
**The KCS D will prorate the debt according to the number of full years of service that I have completed, as a percentage of four (4) full years. The proration will be measured for each year of service based on the number of days I was employed during each year of service, as a percentage of 140 days.** In addition, I hereby authorize the KCS D to withhold any compensation due me and apply it to any debt that I might incur by not completing my Teacher Education Preparation Program or not adhering to the professional commitment for tuition reimbursement. I understand that this withholding may be taken in one lump sum from one pay period in accordance with the Department of Labor's Wage and Hour Laws.
6. If I receive scholarship or grant monies from any source that I use to pay part or all of the cost of my tuition for any semester, the KCS D will only reimburse the difference between the full cost of my tuition and the amount of the scholarship or grant monies, up to the maximum allowed under the first paragraph set forth above.
7. If I am granted leave in accordance with then existing KCS D policies during any semester, the reimbursement by KCS D for that semester will be paid as follows:
  - a. Classes that began prior to the start date of an approved leave, KCS D will pay tuition
  - b. Classes that began after the start date of a leave, KCS D will not pay tuition
8. If I change universities, I will give the KCS D written notification
9. If I resign from this program, I will give the KCS D written notification
10. If I fail to receive a grade of "B" or above, or "pass", for any class, tuition for that class will not be reimbursed by the KCS D
11. I am responsible for submitting all paperwork required to the KCS D. If I fail to do so in a timely manner (fiscal year July 1-June 30), the KCS D will not be required to pay tuition reimbursement for that semester
12. If I fail to adhere to any part of this agreement, the KCS D may terminate or suspend any future tuition reimbursement payments that otherwise would be due under this agreement, after giving written notice to me of the failure

## Professional Commitment Form for Tuition Reimbursement Acknowledgement

- I have reviewed the Professional Commitment Form for Tuition Reimbursement and agree to follow all provisions of the Program
- I understand the KCSD has reimbursed \$\_\_\_\_\_ in tuition payments to me or on my behalf and I will abide by all provisions of the Professional Commitment Form for Tuition Reimbursement

Employee Name (PRINT NAME)	Signature of Employee	Date
----------------------------	-----------------------	------

---

### FOR KCSD OFFICE USE ONLY:

Professional Commitment Form Received: _____ Date	Superintendent / Designee Signature: _____ Date
--	--

Amount Reimbursed: _____	Date Reimbursed: _____
--------------------------	------------------------

Reimbursement Paid To: _____
------------------------------

DRAFT