

KILLEEN INDEPENDENT SCHOOL DISTRICT ALTERNATIVE TEACHER CERTIFICATION REIMBURSEMENT PROGRAM

The purpose of this program is to encourage holders of bachelor's degrees in fields other than education to join the teaching profession. The benefit to the district is to increase the overall number of qualified teachers in the district.

REIMBURSEMENT

Personnel eligible for Alternative Certification Program (ACP) Reimbursement

Employees eligible to participate in this program are those who hold a bachelor's degree in a field other than education and are actively enrolled in a Teacher Alternative Certification Program (ACP). Recipients agree to work for the district for three full school years from the date they start as teacher of record.

PROGRAM PROCESS

1. Complete an application (see [Administrative Procedure VI-UUU, Exhibit A](#)) for the Alternative Certification Reimbursement Program. The application includes the submission of proof of program enrollment, receipt for program payment, and the ACP reimbursement application. The applicant will be required to sign and acknowledge all requirements as part of the application process.
2. The number of applications approved will be based on need as identified by the Superintendent.
3. To be eligible, current staff members must successfully complete all components of a Texas Education Agency approved ACP and be working as a full-time teacher of record with the district.
4. An invoice can be reimbursed directly to the individual upon presentation of proof of successful completion of the ACP. The district will reimburse the enrolled program fee not to exceed \$5,000.
5. The reimbursement will be processed in the month the teacher submits the application and all required documentation.
6. If an employee resigns before the three year commitment is complete, the employee must reimburse the district the full amount of ACP fee reimbursed (exceptions will be considered by the Chief Financial Officer). The fees reimbursement will be deducted from the employee's last paycheck, with any remaining balance owed being billed to the employee.

DATE: April 2023
February 2022

CONTACT: Assistant Superintendent of
Human Resources

**KILLEEN INDEPENDENT SCHOOL DISTRICT
ALTERNATIVE TEACHER CERTIFICATION PROGRAM REIMBURSEMENT APPLICATION**

NAME _____ EMPLOYEE ID _____

CAMPUS/DEPT _____ DATE OF EMPLOYMENT _____

ALTERNATIVE CERTIFICATION PROGRAM NAME _____

Please list area for bachelor's degree _____

Identified Program Content Area (include subject and grade level):

PROGRAM ENROLLMENT DATE: _____

Are you currently enrolled in the program? _____ Yes _____ No

Have you fulfilled all program requirements? _____ Yes _____ No

If yes, date Standard Certificate issued _____

Date of Anticipated Completion _____

REQUIRED ATTACHMENTS: Please attach a copy of enrollment letter.

I have received and read the requirements for the "Alternative Certification Reimbursement Program" ([Administrative Procedure VI-UUU](#)). I understand that should I be selected to participate in this program, I must follow the procedures set forth by the district for reimbursement. I further understand I am required to work full-time as an employee of Killeen ISD for three full school years immediately following the date I started as teacher of record.

In the event I do not complete my employment obligation, I agree to pay and shall pay to KISD all sums received by me for which I did not meet the employment obligation. This amount shall be due and payable upon separation of employment with KISD. The amount shall be deducted from my KISD paycheck with any remaining balance due at separation.

Signature

Date