

Gateway School District

ADDENDUM TO STAFF NURSE COMPENSATION POLICY

Staff Nurse to Certified School Nurse Tuition Reimbursement Program

Effective Date: August 18, 2026

Rationale:

The District seeks to support qualified, experienced staff nurses in obtaining Pennsylvania certification as a Certified School Nurse, PK-12, and to improve the District's capacity to provide certified school health services.

1. Program Overview

The District may reimburse approved educational expenses incurred by eligible Participants in a Pennsylvania Department of Education (PDE) approved program leading to School Nurse, PK-12 certification. The program is subject to annual budget authorization, Board approval when required, and the terms of this addendum. Approval of reimbursement does not create a permanent entitlement, guarantee continued funding, or promise appointment, transfer, tenure, seniority, salary placement, or employment in a certified school nurse position.

2. Eligibility

An employee is eligible to apply only if all of the following requirements are satisfied at the time of application and at each reimbursement request:

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- The employee has completed at least five (5) consecutive years of full-time service (or the part-time equivalent of five (5) full-time years, calculated as 1.0 FTE per year) to the District as a Staff Nurse. Approved leaves do not break continuity but do not count toward the five-year minimum unless required by law or the applicable collective bargaining agreement.
- The employee is actively employed by the District as a Staff Nurse, is not on an improvement plan or active discipline that the Superintendent or designee determines materially relates to participation, and is rated satisfactory where evaluations apply.
- The employee holds and maintains an active, unrestricted Pennsylvania Registered Nurse license and all legally required employment clearances and credentials.

- The employee has been admitted to, or is eligible to enroll in (i.e., holds a BSN degree or higher), a regionally accredited institution's PDE-approved School Nurse, PK-12 certification program and satisfies the program's degree and clinical prerequisites.
- The employee submits a complete application and receives written approval before the course begins. Prior approval is course-specific and does not guarantee approval of later courses.
- The employee is not receiving duplicative payment for the same expense from another employer, grant, scholarship, veterans benefit, or other source. Reimbursement may cover only the employee's remaining eligible out-of-pocket expense.
- The Board and its administration shall retain exclusive right to determine eligibility of the tuition reimbursement program regardless of seniority, date of hire, education level and the like. The Board and its administration shall also have exclusive right to determine the number of applicants that are eligible to move forward with the PDE program if there is more than one qualified individual to participate in the program.

3. Application and Prior Approval

The Participant shall submit the District's application to the Superintendent or designee at least thirty (30) calendar days before the first day of each course, unless the District waives the deadline in writing. The application must include the program name, proof of admission or enrollment, course title and credits, course dates, itemized tuition and mandatory fees, expected completion date, other financial assistance, and any additional information reasonably requested by the District. Approval must be in writing. Enrollment or payment without written approval is at the employee's sole financial risk.

4. Eligible and Excluded Expenses

Subject to the limits in Section 5, eligible expenses are tuition and mandatory program or course fees for approved coursework that is necessary for initial Pennsylvania School Nurse, PK-12 certification. The District will not reimburse books, supplies, equipment, technology, parking, travel, lodging, meals, late fees, finance charges, transcript fees, certification application fees, testing fees, licensure fees, optional fees, repeated courses, or expenses paid by another source, unless expressly approved in writing before the expense is incurred.

5. Reimbursement Limits & Subject to Appropriation

The reimbursement rate will be based on the current per credit cost for the School Nurse, PK-12, certification program offered through Slippery Rock University. The maximum reimbursement is the lesser of the Participant's documented eligible out-of-pocket cost or the amount approved in writing by the District. The District may establish an annual program-wide cap and a neutral selection process if qualified applications exceed available funds. No payment will exceed limits imposed by Board

action, District policy, or law. All funding obligations of the District under this addendum are subject to annual budget appropriation by the Board of School Directors.

6. Academic and Certification Requirements

To qualify for reimbursement and remain in the program, the Participant shall:

- Complete each approved course with a grade of B or better, or a passing grade when the course is offered only on a pass/fail basis.
- Provide an official transcript or other institution-issued proof of successful completion, an itemized billing statement, proof of payment, and documentation of all grants, scholarships, or other assistance within sixty (60) calendar days after the course ends.
- Maintain good academic standing and make satisfactory progress toward certification.
- Complete all certification program requirements and submit a complete PDE certification application within thirty-six (36) months after the first reimbursed course begins, unless the District approves a written extension for good cause.
- Promptly notify the District of withdrawal, course failure, program dismissal, loss or restriction of RN licensure, change in program, leave of absence, or any event that may affect eligibility or timely completion.

7. Timing, Method of Payment, and Unmet Academic Conditions

Reimbursement will be processed after the District verifies successful course completion and all required documentation. Payment will be made through the District's regular accounts payable or payroll process, as the District determines, and will be subject to any tax reporting or withholding required by law. The participant is responsible for obtaining personal tax advice.

7.1 Direct University Payments & Unmet Academic Conditions: If the District elects to pay the educational institution directly on behalf of the Participant, and the Participant subsequently fails to achieve a grade of 'B' or higher (or 'Pass' in pass/fail courses), drops the course after the 100% tuition refund deadline, or withdraws from the program, the amount paid by the District for that course shall immediately become a debt owed by the participant to the District. Repayment shall be made in full within thirty (30) calendar days of the conclusion of the academic term.

8. Five-Year Service Commitment & FTE Status

In consideration for reimbursement, the Participant agrees to remain continuously employed by the District in a full-time nursing position for five (5) years after the Service Commitment Date. The Service Commitment Date is the later of: (a) the date PDE issues the participant's School Nurse, PK-12 certificate, or (b) the date of the District's final reimbursement payment. Service before the Service Commitment Date does not reduce the five-year obligation. Approved leaves preserve the Participant's status but

extend the commitment by the duration of unpaid leave, except where prohibited by law or otherwise agreed in writing.

8.1 Impact of Part-Time Status During Service Obligation: If a Participant voluntarily transitions from full-time to part-time employment during the five-year service commitment, the required five-year period shall be extended on a pro-rata basis based on FTE status (e.g., a 0.5 FTE assignment will require two years of service to satisfy one year of the commitment), provided the District approves the continuation of the commitment in writing. In the absence of District written approval, voluntary reduction below full-time status shall be treated as a voluntary resignation under Section 9.

9. Events Requiring Repayment

The unpaid reimbursement balance becomes due if, before completing the five-year service commitment, the Participant:

- Voluntarily resigns or retires from District employment, except as provided in Section 11.
- Abandons employment or fails to return from an approved leave.
- Is discharged for just cause or is separated for misconduct.
- Fails to maintain required RN licensure, certification, clearances, or qualifications because of an act or omission within the Participant's control.
- Withdraws from, is dismissed from, or fails to make satisfactory progress in the certification program.
- Fails to complete the program or submit a complete PDE application within the approved time.
- Obtains reimbursement through a material misrepresentation or omission, or receives a duplicate payment and does not promptly refund it.
- Refuses or declines to accept an offer or assignment to a vacant Certified School Nurse (CSN) position within the District following certification.

10. Repayment Amount and Execution of Deduction Authorization

Repayment is based on the total tuition and eligible fees paid by the District for the Participant, less any amount already repaid. The applicable balance is determined by completed service measured from the Service Commitment Date through the last day of active employment:

Completed Service	Amount Repaid	Amount Forgiven
Less than 1 year	100%	0%
At least 1, less than 2 years	80%	20%

Completed Service	Amount Repaid	Amount Forgiven
At least 2, less than 3 years	60%	40%
At least 3, less than 4 years	40%	60%
At least 4, less than 5 years	20%	80%
5 years or more	0%	100%

10.1 Payment Plan & Wage Deductions: The District will provide a written calculation of the amount due. Unless a written payment plan is approved, repayment is due within thirty (30) calendar days after notice. At the Participant's written request, the District may approve installments for up to twenty-four (24) months.

To secure repayment, the Participant shall execute the Voluntary Payroll Deduction Authorization Form attached hereto as **Exhibit B** at the time each reimbursement request is submitted or paid. Any payroll or final-pay deduction shall occur to the extent permitted by law. The District may pursue lawful collection remedies for an unpaid balance. No interest will accrue during an approved payment plan, but lawful collection costs and interest after default may be assessed if awarded or permitted by law.

11. Waiver or Reduction of Repayment

No repayment is required when separation results solely from the Participant's death, permanent disability that prevents continued performance of nursing duties, District-initiated layoff or position elimination, or District decision not to renew or continue employment for a reason other than misconduct, unsatisfactory performance, or loss of required qualifications. The Superintendent or designee may recommend a full or partial waiver for documented extraordinary circumstances outside the Participant's reasonable control. Any waiver must be in writing and approved by the Board when required. A waiver for one Participant does not require a waiver for another Participant whose circumstances differ.

12. Employment, Assignment, and Compensation

Nothing in this addendum limits the District's authority under law or the current compensation policy regarding staffing, assignment, transfer, evaluation, discipline, furlough, compensation, or appointment. Obtaining certification does not guarantee a vacancy or appointment as a certified school nurse. If appointed, the Participant's salary, seniority, and other terms will be governed by the applicable collective bargaining agreement, Board action, and law.

13. Records and Verification

The Participant authorizes the District to verify enrollment, academic standing, course completion, charges, payments, licensure, and certification status with the institution, PDE, and other appropriate entities, subject to applicable law. The Participant shall execute any additional release reasonably necessary for verification. The District shall maintain program records in accordance with its records retention requirements and applicable privacy law.

14. Program Administration and Equal Application

The Superintendent or designee will administer this addendum, maintain forms, determine whether expenses and documentation satisfy the stated criteria, and apply the requirements consistently. If available funding is insufficient, the District may consider District need, years of staff nurse service beyond the five-year minimum, application completeness, program progress, and anticipated completion date. No decision may be based on a legally protected characteristic or protected activity.

15. Relationship to Current Compensation Policy

This addendum is a limited supplement to the parties' compensation policy. Except as expressly stated here, all provisions of the compensation policy remain in full force. A dispute concerning interpretation or application of this addendum is subject to the policy's grievance and arbitration procedure. If a conflict exists, applicable law controls first, this addendum controls only as to this tuition program, and the compensation policy controls all other employment terms.

16. Term, Modification, and Termination

This addendum begins on **August 18, 2020** and ends on **June 30, 2027**, unless renewed in writing. The District may stop approving new participants or new courses when appropriated funds are exhausted. Expiration or termination does not affect a reimbursement already paid, an approved course already begun, a Participant's service obligation, the District's repayment rights, or any provision intended to survive. This addendum may be modified only by a written instrument signed by the District, if applicable. An individual Participant may not modify the addendum by oral agreement.

17. General Terms

This addendum, the signed Participant Agreement (Exhibit A), and the Payroll Deduction Authorization (Exhibit B) contain the entire agreement concerning this program. If a provision is held invalid or unenforceable, it will be modified to the minimum extent necessary and the remaining provisions will continue in effect. A party's delay in enforcing a provision is not a waiver. Pennsylvania law governs. Electronic and counterpart signatures are effective as originals. Headings are for convenience and do not limit the text.

SIGNATURES

The authorized representatives approve this addendum as of the dates written below.

Gateway School District	Gateway School District
By: _____ Leslie McBride, Board President	By: _____ Dr. Guy Rossi, Superintendent
Date:	Date:

EXHIBIT A

Individual Participant Agreement and Repayment Acknowledgment

Participant Information

- Participant Name: _____
- Current Position/Building: _____
- Original Staff Nurse Hire Date: _____
- Institution and Program: _____
- Expected Certification Date: _____

Approved Funding

- Approved Course(s)/Term: _____
- Approved Amount for This Request:
\$ _____
- Maximum Cumulative Approved Amount:
\$ _____
- Program Completion Deadline: _____
- Special Written Conditions: _____

Participant Acknowledgment

I have received and read the MOU. I voluntarily accept its eligibility, documentation, academic, certification, five-year service, and repayment terms. I understand that the five-year service period begins on the later of the date PDE issues my School Nurse, PK-12 certificate or the date of the District's final reimbursement payment. I authorize reasonable verification of the information required to administer the program.

I understand that certification does not guarantee appointment to a certified school nurse position, but that refusing a CSN position if offered/assigned constitutes an event requiring full repayment. I agree to notify the District promptly of any event affecting eligibility and to repay any amount due under the MOU. I agree to execute Exhibit B (Payroll Deduction Authorization) concurrently herewith.

PARTICIPANT	DISTRICT APPROVAL
Signature: _____	Signature: _____
Printed Name: _____	Name/Title: _____
Date: _____	Date: _____

For District Use Only

- PDE Certificate Issue Date: _____
- Final Reimbursement Payment Date: _____
- Service Commitment Date: _____
- Five-Year Completion Date: _____
- Total District Reimbursement: \$ _____

EXHIBIT B

Voluntary Payroll Deduction Authorization Form

I, _____, hereby acknowledge that I have received (or will receive) \$_____ in tuition reimbursement/funding from **[DISTRICT NAME]** pursuant to the Staff Nurse to CSN Tuition Reimbursement MOU.

In accordance with Section 10 and 10.1 of the MOU and applicable Pennsylvania wage payment laws, I hereby voluntarily authorize **[DISTRICT NAME]** to deduct any unpaid tuition repayment balance owed by me under the terms of the MOU directly from my final paycheck, accumulated regular pay, or accrued leave payout checks upon my separation from employment prior to fulfilling my five-year service commitment.

I understand and agree that if my final paycheck or total accrued pay is insufficient to cover the total repayment balance owed, I remain personally liable for the remaining balance in accordance with Section 10.1 of the MOU.

Employee Signature: _____

Printed Name: _____

Date: _____