

**APPLICATION FOR APPROVAL OF
TUITION REIMBURSEMENT**

**Make sure this
application is fully
completed.**

Applicant is:

- Store Associate – Part-time
- Store Associate – Full-time
- Store Manager
- Field (DRO/DM/TS)
- Corporate – Part-time
- Corporate – Full-time

SEMESTER/TERM: _____

TODAY'S DATE: _____

Note: Tuition reimbursement is subject to all applicable Federal and State income tax laws.

PART I: INSTRUCTIONS

- A. This form is used to request approval from your manager and the HR Benefits Department. You must have this approval before the first day of classes in order to be eligible for reimbursement. Submission of this application does not guarantee approval.
- B. A copy of the Payless ShoeSource Tuition Reimbursement Program plan document is available on www.mypayless.com, the Stores SPD CD or by requesting a hard copy from the HR Benefits Department.
- C. Complete Parts II, III, and IV below. Obtain the necessary approval in Part V from your immediate supervisor and send the completed form to:
- PAYLESS SHOESOURCE, INC.
ATTENTION: HR BENEFITS DEPARTMENT
P.O. BOX 1189
TOPEKA, KS 66601
FAX: (785) 295-6689
- Part-time and Full-time Store Associates need the approval of their Store Manager and District Manager.
- D. This application will be denied if not fully complete.

PART II: PERSONAL INFORMATION

Name:	Department/Store Number:
Mailing Address:	Date of Hire:
	Employee ID:
City/State/Zip:	Cost Center:
	Phone/Extension:

(OVER)

PART III: DESCRIPTION OF PROPOSED COURSE OF STUDY

A. Name of degree you are pursuing: _____
 Undergraduate Graduate

B. Name of institution you will attend: _____

C. Location of institution where you will attend: _____

D. Number of hours or credits needed to complete your degree: _____

E. Anticipated Graduation Date: _____

Title of Course(s)	No. of Credits (Semester/Quarter Hrs)
_____	_____
_____	_____
_____	_____

PART IV: OTHER REQUIRED INFORMATION

A. Cost per semester/term hour _____

B. Amount of tuition _____

C. Deadline for enrollment _____

D. Date of first class _____

E. Are you eligible for education assistance from other sources? Yes No
 If YES, describe the assistance provided.

F. Signature of Applicant: _____ Date: _____

NOTE : If this application is approved, reimbursement will be made upon successful completion of the course(s) with a copy of the grade slip(s) verifying a grade of C (70% if a letter grade is not designated) or higher for each course and a copy of your paid receipts(s).

PART V: SIGNATURES/APPROVAL

A. Immediate Supervisor Approval _____ Date: _____
 District Manager Approval* _____ Date: _____

B. HR Benefits Department: _____
 Date: _____ _____ Approved
 _____ Disapproved

VALIDATION OF GRADE AND AUTHORIZATION TO PAY BENEFITS	
Name	_____
Date	_____

* Part-time and Full-time Store Associates need the approval of their Store Manager and District Manager.