

**APPLICATION FOR APPROVAL OF
TUITION ASSISTANCE**

- Applicant is:
- Part-time – Stores, Corporate, EDC or WDC
 - Full-time – Stores
 - Store Manager/Group Leader/TS
 - Full-time – EDC or WDC
 - Full-time – Corporate and Field

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

SEMESTER/TERM: _____
TODAY'S DATE: _____

Note: Tuition assistance is subject to all applicable income tax laws.

PART I: INSTRUCTIONS

- A. This form is used to request approval from your immediate supervisor and the Corporate HR Benefits Team. 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 Assistance Program plan document is available on the My Benefits website at www.mypayless.com or by requesting a hard copy from the Corporate HR Benefits Team.
- 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: TUITION ASSISTANCE COORDINATOR
P.O. BOX 1189
TOPEKA, KS 66601
FAX: (785) 354-9647
- D. This application will be denied if not fully complete.

PART II: PERSONAL INFORMATION

Name:	Department/Division & District:
Mailing Address:	Date of Hire:
	Employee ID:
City/State/Zip:	Cost Center/Store Number:
	Home Phone:

(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) for Reimbursement	No. of Credits (Semester/Quarter Hrs)
_____	_____
_____	_____
Title of Course(s) Not for Reimbursement	No. of Credits (Semester/Quarter Hrs)
_____	_____
_____	_____

Note: Reimbursement will be provided for completion of not more than six (6) semester hours or seven (7) quarter hours per enrollment period. Please indicate all courses you will be taking to allow for proper allocation of education assistance from other sources.

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: _____
B. Corporate HR Benefits Team: _____	
Date: _____	_____ Approved
	_____ Not Approved

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