



Educational Assistance

Application

To review the Educational Assistance Program, please refer to the Educational Assistance Program Guidelines on the [Source>Partner Central>myBenefits>Benefits Documents](#).

Partner Name:	Hire Date:
Job Title:	Department:
Partner Location:	School Name:
Date of Last Performance Assessment:	School City, State:

Is this an accredited school? ☐Yes ☐No
Are you enrolling in courses in pursuit of a degree? ☐Yes ☐No
Are the ratings on your last performance assessment successful or higher for results and qualities? ☐Yes ☐No

Type/Major		
Associates:	Bachelors:	Masters:
Other Major not listed on the Plan (Approval is NOT automatic):		
Anticipated Dates	Month/Year Program Start:	Month/Year Program End:
Specific course request applicable to your current job (If not seeking degree):		

This documentation is **required** and **must be attached** to your application before HR can process your application. Check box showing you have this attachment.

1. A summary of the degree/program to which you are applying ☐
2. The courses required under the program you are applying for and a description of each ☐
3. Proof of accreditation ☐

How do you feel the courses or degree will benefit you and Schreiber Foods?

Note: If you should decide to change schools or pursue a degree and/or major other than what's on your approved application, you will need to complete a new application and obtain the appropriate approvals.

ALL NECESSARY APPROVAL SIGNATURES:

I understand my participation in this program can be discontinued based on my performance or relationship to my current or new position in the company. If I should terminate employment within eighteen (18) months of course reimbursement, I acknowledge that I will reimburse Schreiber for educational reimbursements received within the last eighteen (18) months. I acknowledge that if I fail to pay back these amounts that Schreiber has the right to recover any amounts owed by deducting those amounts from any of my remaining paychecks. If my final paycheck is less than the amount owed, I acknowledge that I will send Schreiber a personal check for the remaining amount, paid to the order of Schreiber.

Required Approval Signatures:

Partner:	Date:
Leader:	Date:
HO Benefits:	Date:

Please forward this form and required documentation to HO Benefits Intern. All signatures must be obtained before forwarding to HO Benefits Intern.