



Adoption Assistance Request for Approval

Name _____ Department or Store Number _____

Position _____ Date of Hire _____

Name of the Adoption Agency _____

Number of child(ren) being adopted _____ Expected Adoption Date _____

Estimated cost for the adoption process _____

Please itemize estimated cost(s) below

Please submit the completed form to the Total Rewards team at KKHR@krispykreme.com. Once the approval process has been completed, a signed copy of this form will be returned to you and you will be eligible to receive reimbursement toward your adoption.

Human Resources Approval _____

Employee's Signature _____

