



#SweetPlaceToWork

Educational Assistance Request

Name _____ Department/Store Number _____

Position _____ Date of Hire _____

Title of Degree Program _____

Please check one:

Undergraduate Program _____ Graduate Program _____

Educational Institution(s) _____

Expected Start Date _____ Expected Graduation Date _____

Estimated Tuition Cost for Entire Program _____

Please describe how pursuing this educational program will benefit you in your career path with Krispy Kreme.

Please submit this completed form to your Manager for approval prior to registration for this course/program. Field employees must also receive approval of their Operations Director. 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 the courses covered under this program.

Manager/Department Head Approval _____

Operations Director Approval (if applicable) _____

KK Human Resources Approval _____

If an employee who is enrolled in a program or degree terminates employment with Krispy Kreme prior to one year after the completion of this course, the employee will be responsible for reimbursing the amount of any educational assistance that was received from the company during the preceding 12 months.

Employee's Signature _____

If you have any questions, please contact KKHR@KrispyKreme.com