

VALASSIS	EDUCATION ASSISTANCE PROGRAM APPLICATION
Policy: CB03	Effective: 07/28/08
Policy Owner: Human Resources	Version: 1.0

This form must be submitted and approved prior to the start of each semester/quarter. Valassis associates should submit to their local HRM. Valassis Shared Mail and Valassis Sales and Marketing Associates should submit to Gillian Dudley in Windsor.

Associate Name:	Title:
Department:	Type of Degree:
Hire Date:	Associate Extension:
School Name:	
City & State:	

Name(s) of Course(s):	Elective?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Course(s) begin: Ends:	Estimated Cost:
Are you eligible to receive tuition assistance from any other source? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I understand that if the above course(s) is/are approved under the Education Assistance Program, I will be reimbursed at 80% for the cost of the course upon presentation of paid receipts and satisfactory completion of the course with a grade of "C" or better up to a maximum of \$4,000 per calendar year for undergraduate courses or \$5,250 for Masters or Ph.D. courses. Termination of employment, for any reason, prior to completion of the course will make me ineligible for payment. Additionally, voluntary resignation within 12 months of completion of last class or graduation date will require me to repay the full amount of educational assistance received year to date and dating back to the prior calendar year.

Associate Signature: _____ Date: _____

Immediate Leader Signature: _____ Date: _____

Immediate Leader Printed Name: _____

HRM/Talent Management Approval _____		Date _____
Approved 80% <input type="checkbox"/>	Denied <input type="checkbox"/>	Reason: _____