



EDUCATIONAL PRE-APPROVAL & REIMBURSEMENT FORM

☐ **Pre-Approval and Advance Payment Request**
(Complete Sections A and B Only)

☐ **Reimbursement Request**
(Complete Sections A and C Only)

SECTION A

TEAMMATE NAME			DATE SUBMITTED			
EDUCATIONAL INSTITUTION			QUARTER/SEMESTER			
COURSE #	COURSE NAME	TUITION \$	BOOKS \$	LAB \$	TOTAL \$	FINAL GRADE
					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
					\$ 0.00	
TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

SECTION B

SECTION C

Advance Approval Request: (before course(s) begin)

Teammate Printed Name: _____ Date: _____

Teammate Signature: _____

☐ Check here if you do not want to receive an advance Payment of 30%.

Reimbursement Request: (after grade(s) received)

Teammate Signature: _____ Date: _____

You must submit eligible receipts for tuition, fees, and books and a copy of the final grade for each course to the People Department no later than 6 weeks after the course ends to determine qualification for final reimbursement. Failure to submit required documents in a timely manner might result in ineligibility for reimbursement.

Pre-Approval Received By:

Department Head: _____ Date: _____

HR Manager: _____ Date: _____

Division President/VP, People _____ Date: _____

Reimbursement Request Approved By:

HR Manager: _____ Date: _____

Plan Year: _____

YTD Amount Paid: _____

TYD Remaining Amount Due: _____

EDUCATIONAL ASSISTANCE POLICY
Repayment Agreement

I, _____, understand and agree that my eligibility for financial assistance under the McLane Educational Assistance Policy ("Policy") is conditioned upon me being employed by McLane Company, Inc. or one of its subsidiaries through the completion of the course(s) and completing the course(s) for which I seek reimbursement.

I expressly understand and agree that in the event my employment with McLane ends within 6 months of receiving an Educational Assistance payment, whether voluntarily or involuntarily; I must reimburse McLane for any payment(s) during this time. I also understand that such monies may be withheld from my final wages, vacation, severance, bonus, or other monies owed to me by McLane at the time of my separation. Finally, I understand that I may be required to write or check or provide other form of acceptable payment to McLane if my final paycheck does not have enough money to cover the required reimbursement.

I expressly understand and agree that in the event that I: 1) do not earn a grade of "C" or above; 2) do not "pass" the class; 3) do not complete the coursework; or 4) withdraw from a class, I am required to repay the 30% partial payment I have received. I also understand that such monies may be withheld from the wages owed to me by McLane.

I expressly authorize McLane to deduct and/or withhold Payment(s) I owe McLane under the Policy as described above.

TEAMMATE SIGNATURE

DATE