



Please Note: Your application will not be processed unless all information is completed.

APPLICATION FOR TUITION/EVENT REIMBURSEMENT

Check One: [] Exempt [] FOP [] OSTA [] SCOPE OEA [] SEIU 1199

APPLICATION INFORMATION

Form with fields: Last Name, First Name, Middle Initial, Date, Agency, Work E-mail, Work Phone, Alternate Phone, Home Address, City, State, ZIP

COLLEGE/SCHOOL & COURSE INFORMATION

Form with fields: College/School Name, Degree Type (Associate, Bachelor, Graduate, Doctoral, Continuing Ed.), Course No., Course Name, Start Date, End Date, Total Credit Hours, Cost Per Credit Hour, Book Fees, Lab Fees, Technology Fees, COURSE TOTAL COST, Other Financial Assistance Rec'd, TOTAL AMOUNT REQUESTED

Check one box only

EVENT INFORMATION

Form with fields: Event Provider, Type of Event, Event Name, Event Start Date, Event End Date, Event City, Event State

** FOP, OSTA 1 & 15 Members Only: If the event, seminar, workshop or conference is NOT job-related, it must be approved by management to receive reimbursement. Your manager must submit this application by his/her e-mail to indicate approval.

Enter manager's name: _____

Form with fields: Event Cost \$, Other Financial Assistance Rec'd \$, TOTAL AMOUNT REQUESTED \$

For pre-approval submit only this application. If your course/event is completed include the following documents with this application. Submit electronically to EDFunds@das.ohio.gov.

For Seminars: Proof of payment, Proof of attendance/certificate, Brochure or description of seminar; For Tuition: Proof of payment/book receipt, Invoice showing charges, Final grade

SUBMIT BY EMAIL

I certify and agree that my participation in this program is to further my professional development as an employee of the State of Ohio, and courses taken will relate to any of the major job classifications currently used in the State of Ohio. My electronic signature below indicates that the information contained in this application is correct, to the best of my knowledge, and I agree to the terms outlined in the EDF policies.

Form with fields: Employee Name, Employee ID, Date