Employee
Development
Funds

Email : EDFunds@das.ohio.gov

Fax: 614-728-3710

APPEAL OF DECISION

Name:

Department:

Choose one

Phone:

Email address

Date submitted

In the space below list the reason(s) your reimbursement was denied. Describe why you should be granted an exception from the reimbursement policies. You may attach additional pages if needed. Complete form, print and forward to the email address listed above. You will receive a response within 10 business days from receipt of your appeal.

EDF use only

Decision

Reviewer

Decision Date