Exempt Professional Development Program

# EPDP Policy Highlights

We're excited and pleased that you want to utilize the Exempt Professional Development Program. It's a tremendous benefit that provides opportunity for continued growth and learning, and we encourage all exempt State of Ohio employees to use this program for that reason.

Before you complete the Application for Conference, Seminar, Training, Events, Vendor-Direct or Reimbursement, please read the full EPDP policy at ohio.gov/epdp. Here are some highlights to keep in mind.

You must be a permanent employee with at least six months of uninterrupted state service to be eligible. If you're a full-time employee that meets these requirements, you're eligible for a maximum of $1,500 of professional development event reimbursement per fiscal year; part-time employees are eligible for $750 per fiscal year.

Help our office go "paperless" by submitting your proof of payment and grades electronically! You can e-mail them to us at the e-mail address below.

If you are requesting tuition reimbursement, you are responsible for full, upfront payment of the course(s). We won't reimburse you for scholarships, grants, or for events that your agency has paid for.

Be sure to pay attention to deadlines. Submit tuition reimbursement requests at least **10 business days prior** to the beginning of class(es).

We're here to help. If you have questions, need a reasonable accommodation, or just want to say hi, please contact us at 614.728.3127 or 614.752.2451, e-mail us at epdp@das.state.oh.us or visit our web page at ohio.gov/epdp.

Ohio DAS Human Resources Division | Office of Learning and Professional Development
Service · Support · Solutions

Submit by Email

Print Form

**APPLICATION FOR CONFERENCE, SEMINAR,TRAINING EVENTS REIMBURSEMENT :** **New Application** ☐ **Amendment** ☐

Phone: 614.728.3127 or 614.752.2451 / Fax: 614.728.3710

Use this form for attending professional development events (courses that do not offer college credit). You will be requesting reimbursement for an event, you should submit this form at least **ten business days** prior to the event registration deadline. After completing this form, sign it electronically by typing your name and employee ID in the space identified below. You may wish to print a copy for your records before clicking the "Submit by Email" button to email your completed application to epdp@das.state.oh.us.

## APPLICANT INFORMATION

| Last Name | | First Name | | M.I. |
|---|---|---|---|---|
| Agency | | Work Phone | | |
| Home Address | City | | State | ZIP |
| Home Phone | | Email | | |

## EVENT INFORMATION

| Event Provider | | Type of Event | |
|---|---|---|---|
| Event Title | | Event Start Date | Event Endt Date |
| Event City | Event State | | |

(Optional) Please describe how you will apply this learning to your job (e.g. enhanced computer skills, etc.):

Event Cost

Other Assistance Rec'd

TOTAL AMOUNT REQUESTED (required)

## CERTIFICATION AND AGREEMENT

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 apply to a degree program and/or will relate to any of the major job classifications currently used in the State of Ohio. In order to receive reimbursement, I understand that I must submit electronic copies of all required documentation to support program completion and proof of payment in full, as defined in the EPDP assistance policy. Furthermore, I understand that if I receive funds from other sources (e.g. agency reimbursement, scholarships), I must provide documentation of such assistance and I will only be reimbursed for eligible costs not covered by those funds. I understand that the amount reimbursed is based upon fiscal year limits and final grade(s). 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 above.

Employee Name | Employee ID | Date