

**APPLICATION FOR TUITION REIMBURSEMENT, SEMINAR AND CONFERENCE FUND | 1199 BARGAINING UNITS 11 & 12**

**APPLICANT INFORMATION**

Last Name		First Name			Date	
Agency			Work Phone			
Classification and Work Title			Employee ID			
Home Address		City		State	ZIP	
Home Phone			Email			

**COLLEGE/SCHOOL INFORMATION**

College/School/Sponsoring Organization	Degree Type: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
--	---

**COURSE INFORMATION** *Note: if the course(s) is not job related to any position in the bargaining units, you may still be eligible for reimbursement if your degree is related.*

Course No.	Course Name	Course Type	Start Date	End Date	Credit Hours	Cost/Credit Hour	Lab Fees	Course Total

How is the course(s) related to your job, or to other positions in the bargaining unit?

	Technology Fee (if applicable)	
	Other Assistance Rec'd	
	<b>TOTAL AMOUNT REQUESTED</b>	

Request for Reimbursement - Tuition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
Request for Reimbursement - Seminar, Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
Request for Reimbursement - Book, Lab Fees (list each)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:

**Please note:**  
**Your application will not be processed unless all the following information is completed.**

**For Agency Designee:**

1. Related to current position or other positions in bargaining unit  Yes  No  
 Management Representative (Name and Title) \_\_\_\_\_  
 Comment if not recommended \_\_\_\_\_

2. Agency funds available  Yes  No  
 Management Representative (Name and Title) \_\_\_\_\_  
 Comment if not recommended or details of amount reimbursed by agency \_\_\_\_\_

**For Department of Administrative Services:**  Yes  No

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Comment if not approved

In order to receive reimbursement, the following information must be received and approved by the Department of Administrative Services. Reimbursement does not pay for travel, food or lodging.

For Seminars: Proof of Payment  
 Proof of Attendance/Certificate  
 Flyer or Description of Seminar

For Tuition: Proof of Payment/ Book Receipt  
 Fee Schedule  
 Final Grade  
 Course Description

The application form, receipts, and any other necessary attachments are to be mailed to:

**Office of Learning and Professional Development Staff**

4200 Surface Road  
 Columbus, OH 43228-1395

Voice: 614.728.3127 or 614.752.2451  
 Email: EPDP@das.state.oh.us  
 Fax: 614.728.3710