

APPLICATION FOR TUITION REIMBURSEMENT, SEMINAR AND CONFERENCE FUND | FOP BARGAINING UNIT 02

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
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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	
TOTAL AMOUNT REQUESTED	

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