

APPLICATION FOR TUITION REIMBURSEMENT, SEMINAR AND CONFERENCE FUND | OSTA 1 & 15 BARGAINING UNITS 01 & 15

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

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 present job, or one at a higher level?

Technology Fee (if applicable)

Other Assistance Rec'd

TOTAL AMOUNT REQUESTED

If the course is not job related, it must be approved by management designee:
Name: _____ Signature: _____

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 - Lab Fees (list each)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:

<p>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.</p> <p>For Seminars: Proof of Payment Proof of Attendance/Certificate Flyer or Description of Seminar</p> <p>For Tuition: Proof of Payment Fee Schedule Final Grade Course Description</p>	<p>The application form, receipts, and any other necessary attachments are to be sent to:</p> <p>Office of Learning and Professional Development Staff</p> <p>4200 Surface Road Columbus, OH 43228-1395</p> <p>Voice: 614.728.3127 or 614.752.2451 Email: EPDP@das.state.oh.us Fax: 614.728.3710</p>
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