



Please Note: Your application will not be processed unless all information is completed, the application signed and dated

APPLICATION FOR TUITION/EVENT REIMBURSEMENT

Check One: [ ] Exempt [ ] FOP [ ] OSTA [ ] SCOPE OEA [ ] SEIU 1199

APPLICATION INFORMATION

Form with fields: Last Name, First Name, Middle Initial, Date, Agency, Work E-mail, Work Phone, Alternate Phone, Home Address, City, State, ZIP

COLLEGE/SCHOOL & COURSE INFORMATION (enter only one course per application)

Form with fields: College/School Name, Degree Type (Associate, Bachelor, Graduate, Doctoral, Continuing Ed), Course No., Course Name, Start Date, End Date, Total Credit Hours, Cost Per Credit Hour, Book Fees, Lab Fees, Technology Fees, COURSE TOTAL COST, Other Financial Assistance Rec'd, TOTAL AMOUNT REQUESTED

EVENT INFORMATION

Form with fields: Event Provider, Type of Event, Event Name, Event Start Date, Event End Date, Event City, Event State

\*\* FOP, OSTA 1 & 15 Members Only: If the event, seminar, workshop or conference is NOT job-related, it must be approved by management to receive reimbursement. Your manager must submit this application by his/her e-mail to indicate approval. Enter manager's name: \_\_\_\_\_

Form with fields: Event Cost \$, Other Financial Assistance Rec'd \$, TOTAL AMOUNT REQUESTED \$

For pre-approval submit only this application. If your course/event is completed include the following documents with this application. Submit electronically to EDFunds@das.ohio.gov. For Seminars: Proof of payment, Proof of attendance/certificate, Brochure or description of seminar. For Tuition: Proof of payment/book receipt, Invoice showing charges, Final grade

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 relate to any of the major job classifications currently used in the State of Ohio. By entering my name and employee ID number below, I certify that the information contained in this application is correct and I agree to the terms outlined in the EDF policies.

Form with fields: Employee Name, Employee ID, Date

SUBMIT BY EMAIL