



Instructions

Type or print clearly. You must submit the documents below for each request of reimbursement from your grant fund.

- Transitional Work Grant Reimbursement Request Form
- Transitional Work Grant Agreement
- BWC Service Invoice
- Payment verification
- Developer Invoice
- You may submit the completed form in one of the two ways listed below.
 - E-mail: TWSupport@bwc.state.oh.us
 - Fax: 614-621-5758

Employer information			
Company name (legal entity name)		Federal ID number	Policy number
List all associated company names and policy numbers. Use additional page to list additional companies.			
Company name	Policy number	Company name	Policy number
Company name	Policy number	Company name	Policy number
Transitional work coordinator name		Transitional work coordinator title	
Transitional work coordinator email address		Phone number	
Transitional work developer name		Transitional work developer accreditation number	

Reimbursement details
<p>BWC will reimburse employers for the covered transitional work developer services up to the maximum of your grant. The maximum developer rate is \$200/hour, and the maximum fee for job analysis is \$350/analysis. There is no specific number of developer hours or number of job analyses.</p> <p>BWC will not reimburse employers for the following:</p> <ul style="list-style-type: none"> • Cost associated with a transitional work developer's preparing and submitting a plan to an employer. • Plan materials such as paper, binders, and memory devices. • Travel and lodging expenses. • Services we deem not covered by grant monies.

Reimbursement request
<input type="checkbox"/> Reimbursement for a single policy grant <input type="checkbox"/> Reimbursement for corporate grant program <input type="checkbox"/> Reimbursement request from implementation fund (check below). <ul style="list-style-type: none"> <input type="checkbox"/> Assistance with a claim in the employer's transitional work plan. <input type="checkbox"/> Training for employer's transitional work coordinator, managers, and workers. <input type="checkbox"/> Update or additional job analyses. <input type="checkbox"/> Program improvement.

To the best of my knowledge, the information submitted in this form is correct.

Authorized employer's signature and title	Date signed
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