



Instructions

Please type or print clearly. You must submit the following documents for each request for reimbursement from your grant fund.

- Transitional Work Reimbursement Request Form
• Transitional Work Grant Agreement
• BWC Service Invoice
• Payment verification
• Developer Invoice
• You may submit the completed form in one of three ways listed below.

E-mail: TWSupport@bwc.state.oh.us

Fax: 614-621-5758

Mail: Attention: Transition Work Grant
Ohio Bureau of Workers' Compensation
30 W. Spring St., 21st Floor
Columbus, OH 43215-0335

Employer information

Form with fields for Employer information including Company name, Federal ID number, Policy number, Transitional work coordinator name, and Transitional work developer name.

Reimbursement details

BWC will reimburse employers 75% of the covered transitional work developer services up to the maximum of your grant. Maximum developer rate is \$200/hour and maximum fee for job analysis is \$200/analysis. There is no specific number of developer hours or number of job analyses. BWC will not reimburse employers for the following:
• 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

- Reimbursement for a single policy grant
Reimbursement of corporate grant program
Reimbursement request from implementation fund (check below)
Assistance with employer's first claim in the transitional work plan
Training for employer's new transitional work coordinator
Update or additional job analyses
Program improvement

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

Authorized Employer's signature and title (with handwritten X) and Date signed