



Application for the PSC/CUNY Professional Development Funds in the Adjunct and Continuing Education Teachers Series

61 Broadway, 15th Floor · New York, NY 10006 · Tel (212) 354-1252 · Fax (212) 302-7815 · www.psc-cuny.org

Please type and return completed application to: PSC, APDC, 61 Broadway, 15th floor, New York, New York 10006

Request for (fill in one) Fall 20____ Intercession 20____ Spring 20____ Summer 20____

I. Personal Data

Name:_____ College:_____

Department/Unit: _____ Title: Adjunct _____ Continuing Ed _____

I have been teaching at least 6 hours in the previous 2 semesters (Adjunct) or 20 hours per week in the previous two semesters (CET) Yes _____ No _____

- **Adjunct:** I am currently teaching at least 6 contact hours in the semester: **Yes** _____ **No** _____
I expect to teach at least 6 contact hours in the following semester: **Yes** _____ **No** _____

- **Continuing Ed:** I am currently teaching a minimum of 20 hours per week: **Yes** _____ **No** _____
I expect to teach a minimum of 20 hours per week: **Yes** _____ **No** _____

Home address:_____ Home telephone: _____
Number and Street

_____ Office telephone: _____
City, State, Zip

E-mail address:_____

II. Professional Development Activity Information

A. Describe the nature and purpose of the proposed professional development activity. If the purpose is to attend a workshop, conference, seminar, or other structured professional development activity, **make sure to include all relevant information and documentation (including the details of the activity, the location, dates, times and a printed copy of the program)**. If the purpose is for academic research in your field, please provide documentation as to exactly what your research project is about and if you are working on this research for an academic publication. You must also submit an itinerary for your proposed research project. You may submit additional description, if needed.

B. Please describe how the professional development activity is related to your job and will enhance your teaching responsibilities.

C. Please describe how the professional development activity will contribute to your own intellectual/professional development and your ability to serve the University.

D. Amount of funding requested: _____. Please provide a detailed budget.

E. Have you received funding for this professional development activity from any other source? If so, please describe the source and amount of the funding. **No** ____ **Yes** _____

F. Please indicate the dates and purpose of any professional development activity for which you previously received funds from this program:

Dates: _____ Purpose: _____

III. Approval of Chairperson

This section must be filled in by one chairperson of a department employing the applicant.

A. For ALL applications:

- Is the employee's participation in the professional development activity approved? **Yes** ____ **No** _____
- If the employee's participation is not approved, please provide an explanation of the reasons for the disapproval.

B. For ADJUNCTS:

- The adjunct is teaching six or more classroom contact hours in the semester and has taught two or more courses for the most recent two semesters (not including summer session).
Yes ____ **No** _____
- The adjunct has been notified that s/he will be reappointed for the next consecutive semester.
Yes ____ **No** _____

C. For CETS:

- The Continuing Education Teacher is appointed to a position that will continue for a period of more than six months and will continue to teach a minimum of 20 hours per week and has taught in such an appointment for the most recent two semesters (not including summer session). **Yes** ____ **No** _____

Signature of Chair/Program Director: _____ Date: _____

Name of Chair: _____ Department: _____ College: _____

IV. ADJ-CET PROFESSIONAL DEVELOPMENT FUND ESTIMATE OF EXPENSES

_____ Name	_____ SS#
_____ Campus	_____ School Phone #
_____ Payroll Title	_____ Department

Please select for which type of activity you are requesting funding:

Tuition _____
Training/Workshop _____
Conference _____
Research _____
Publication _____
Other (Please Specify) _____

ESTIMATE OF EXPENSES

Transportation	\$ _____	Mode of Transportation: _____
Tuition*	\$ _____	
Lodging	\$ _____	
Books**	\$ _____	
Registration Fee	\$ _____	
Dues	\$ _____	
Per Diem***	\$ _____	
Other (Please Specify)	\$ _____	

TOTAL \$ _____

I acknowledge that this budget is an estimate for the purposes of the Committee to approve or disapprove funding for the proposed activity. I understand that I must submit receipts for reimbursement and I have reviewed the reimbursement guidelines.

Signature of Applicant

**Only semesters that have not commenced are eligible. No past balances will be paid.*

***For tuition, trainings, or workshops only.*

****Per Diem of \$60 per day includes all food, incidental miscellaneous expenses and local travel for a maximum of 5 days. Please review the Guidelines for more information.*

V. Acknowledgement of Applicant

I acknowledge the following (check each box):

- Funds provided under this program are to be used for the purposes intended and in accordance with the Agreement between the Professional Staff Congress/CUNY and The City University of New York and the policies of the Board of Trustees.
- The committee reserves the right to disapprove any application that is not received by the deadline.
- Should I be awarded professional development funds and then decide not to participate in the professional development activity, I will so notify my chair and the Adjunct/CET Professional Development Committee as soon as possible, but no later than the date on which the proposed professional development activity was to begin.
- Should the stated purpose of the professional development activity substantially change or should any of the particulars of the professional development activity change (such as the date and time of the activity), I will immediately notify my chair and the Adjunct/CET Professional Development Committee of the change and give them an opportunity to review the status of my application. Should my chair or the committee determine that the purpose for the professional development award is no longer being served, the award may be modified, terminated, or rescheduled.
- If the date and/or time should conflict with my teaching responsibilities, the grant will not be awarded.
- Within thirty (30) days following the professional development activity, I shall submit to my chair or program director and the Adjunct/CET Professional Development Committee a full one-page summary, in writing, of the professional development activity.
- I will be reimbursed for the professional development activity by the Adjunct Professional Development Committee only upon completion of activity and submission of the original signed expense report, original receipts documenting the expenses, credit card statements in my name and/or cancelled checks also in my name, and activity summary described above. I will also carefully review the reimbursement guidelines before submitting my reimbursement request.
- I understand that if any product of the activity is sold, related expenses will not be reimbursed.
- I understand that all decisions of the Adjunct/CET Professional Development Committee are final and may not be appealed.
- I have fully read and understand the Guidelines for the PSC/CUNY Adjunct/CET Professional Development Fund Grants.
- My application is complete and is being submitted in accordance with appropriate deadlines.

Signature of applicant

Date

***SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS APPLICATION. IF YOU HAVE NOT ATTACHED ANY, GO BACK TO SECTION A AND REREAD WHAT IS NEEDED.**

V. Professional Development Committee Action

Approved_____ Not approved_____ Amount Approved: _____ Date: _____

Name of Committee Chair

Signature