

EACH ACTIVITY MUST HAVE A SEPARATE APPLICATION

The City University of New York/Professional Staff Congress Application for Adjunct Professional Development Funds

Description: In accordance with the PSC-CUNY collective bargaining agreement, a University-wide total of \$500,000 is available to support professional development activities for eligible employees in titles in the Adjunct series and Continuing Education Teacher series. The maximum award for professional development activities in any academic year (September 1 through August 31) is \$3,000, and preference will be given to employees who have not previously received professional development funds from this program. The Adjunct Professional Development Committee as established by the Professional Staff Congress/CUNY will administer the funds.

Eligibility: All adjunct faculty who are teaching six or more classroom contact hours in the semester and have taught one or more courses for the two most recent consecutive semesters (not including summer session) are eligible to apply for a grant from the Adjunct Professional Development Fund. To be eligible for a grant that would be used during an intersession or summer session period when not otherwise employed at the college, an adjunct must meet the above stated eligibility requirements and in addition must have been notified of reappointment for the next consecutive semester. Continuing Education Teachers who are appointed to a position that will continue for a period of more than six months, requires them to teach a minimum of 20 hours per week and who have taught in such an appointment for the two most recent consecutive semesters (not including summer session) are also be eligible to apply for a grant from the Adjunct Professional Development Fund. **CUNY retirees and CUNY full-time employees holding multiple positions as an adjunct are not eligible for these grants.**

Instructions:

- Applications may be made at any time, but the grant may not conflict with the employee's teaching responsibilities.
- Applications must have the approval of one chairperson of a department employing the adjunct before it is submitted to the Adjunct Professional Development Committee. The chair will keep a copy of the application for his/her records and send a copy to the college's labor designee. If the chairperson does not approve the application, he/she must provide an explanation for the disapproval.
- The original application will then be submitted by the applicant to the Adjunct Professional Development Committee which determine the award. All applications must be received at least 10 working days prior to the date of the monthly adjunct professional development committee meeting to ensure its consideration. **YOU MUST HAVE APPROVAL OF THE ADJUNCT PROFESSIONAL DEVELOPMENT COMMITTEE PRIOR TO THE ONSET OF THE ACTIVITY.** The Adjunct Professional Development Committee, which considers applications, meets the second Friday of each month.
- Each applicant is responsible for submitting his or her own application form, reports and original receipts to be eligible for reimbursement.
- If you have additional questions, please do not hesitate to call either Clarissa Gilbert Weiss or Linda Slifkin who provide staff support for this project. They can be reached at (212)354-1252 or email cweiss@pscmail.org or lslifkin@pscmail.org.

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Request for (Fill in one) Fall 20____ Spring 20____ Summer 20____ Intersession 20____

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

I. Personal Data

Name: _____ College: _____

Department/Unit: _____

(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 _____

Title: Adjunct _____ Continuing Ed _____ I have been teaching at least 6 hours in the previous 2 semesters or 20 hours per week in the previous two semesters Yes _____ No _____

Home address: _____ Home telephone: _____
Number, Street

_____ Office telephone: _____
City, State, Zip

E-mail address: _____

II. Professional Development Activity Information

A. Briefly 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, be sure to include all relevant information (including the details of the activity, the location, dates, and times). You may submit up to one additional page of description, if needed. A grant for a professional development activity that conflicts with the employee's teaching responsibilities will not be awarded.

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. Please specify the amount of funding you are requesting: _____. Please submit a detailed budget describing how you would use the funds. NYS Spending Guidelines will be provided if the project is approved.

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:
from _____ to _____	_____
from _____ to _____	_____
from _____ to _____	_____

III. Acknowledgement of Applicant

I acknowledge the following:

1. 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.
2. 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 Professional Development Committee as soon as possible, but no later than the date on which the proposed professional development activity was to begin.
3. 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 Professional Development Committee of the change and give them an opportunity to review the status of my application. Should my chair or the Adjunct Professional Development 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 conflict with the employee's teaching responsibilities, the grant will not be awarded.
4. Within thirty (30) days following the professional development activity, I shall submit to my chair or program director and

the Adjunct Professional Development Committee a summary, in writing, of the professional development activity.

5. I will be reimbursed for the professional development activity by the Adjunct Professional Development Committee only upon submission of original receipts documenting the expenses and activity summary described in #4 above acceptable to the Committee.

Signature of applicant

Date _____

IV. To be completed by the chair

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 one 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 _____

Chairs/Program Directors

Signature: _____ Date _____

Name of Chair _____ Department _____ College _____

V. Professional Development Committee Action

Approved _____ Not approved _____ Amount Approved: _____ Date: _____

Name of Chair of Committee

Signature

Name _____ College _____

**ADJUNCT PROFESSIONAL DEVELOPMENT FUND
ESTIMATE OF EXPENSES**

Name SS# School Phone #

Payroll Title Department

Purpose of Trip: _____ Tuition/Training _____ Conference _____ Research
_____ Books _____ Dues _____ Other

ESTIMATE OF TRAVEL EXPENSES:

Transportation \$ _____
 Air \$ _____
 Train \$ _____
 Car \$ _____
 Other \$ _____
Meals \$ _____
Lodging \$ _____
Registration Fee \$ _____
Local Travel \$ _____
TOTAL \$ _____

Signature of Applicant