

Request for (Fill in one): Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Summer 20\_\_\_\_\_

## **The City University of New York/Professional Staff Congress Application for Professional Development Funds in the Higher Education Officer Series and the College Laboratory Technician Series**

Description: In accordance with the PSC/CUNY collective bargaining agreement, approximately \$500,000 per annum is available University- wide to support professional development activities for eligible employees in titles in the Higher Education Officer series and the College Laboratory Technician 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 minimum amount for a grant is \$250. Applications for reimbursements for less than \$250 will not be considered. The amount of money available to support professional development of employees at the colleges will be proportionate to the number of full-time employees in these titles on the respective campuses. The funds will be administered by the HEO/CLT Professional Development Committee established by the Professional Staff Congress/CUNY. Applications must be at the PSC at least 5 working days prior to the monthly meeting.

Eligibility: All full-time members of the instructional staff currently in titles in the Higher Education Officer series and the College Laboratory Technician series are eligible to apply for professional development funds. Employees in the Adjunct College Laboratory Technician, Adjunct Senior College Laboratory Technician, and Adjunct Chief College Laboratory Technician titles are eligible to apply, provided that they are working at least 10 hours per week and have worked 10 or more hours per week for four consecutive semesters (not including summer sessions) immediately preceding the semester in which application is made.

Instructions: Application may be made at any time. The HEO-CLT Committee, which considers applications, meets once a month. Applications are to be submitted to the employee's supervisor. The supervisor will, within 10 days, return it to the employee. If the supervisor approves the application, the employee will then submit it to the HEO/CLT Professional Development Committee, which will make the determinations regarding the awards. The supervisor will keep a copy of the application for his/her records and send a copy to the college's labor designee. All applications must be received at least ten business days before the activity begins. Applications must be at the PSC at least 10 working days prior to the monthly meeting.

**Please type and return completed application to :  
PSC, HEO-CLT PDF, 61 Broadway, New York, NY 10006**

### **I. Personal Data**

Name: \_\_\_\_\_ College: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Title: HEO \_\_\_\_\_ CLT \_\_\_\_\_ ADJ CLT \_\_\_\_\_ Date of initial appointment to the University \_\_\_\_/\_\_\_\_/\_\_\_\_

College Functional Title: \_\_\_\_\_ Date of appointment to current title: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address:

\_\_\_\_\_ Home telephone: (    ) \_\_\_\_\_  
number/street

\_\_\_\_\_ Office telephone: (    ) \_\_\_\_\_  
city,town/state/zip code

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 program with details of the activity, the location, dates, and times). You may submit up to one additional page of description, if needed.**

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**B. Please describe how the professional development activity is related to your job and will enhance your ability to perform current job requirements.**

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

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**D. Will the professional development activity occur during your regular working hours?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please specify dates and times:**

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**E. Please specify the amount of funding you are requesting. \_\_\_\_\_  
Please submit a detailed budget describing how you would use the funds requested.**

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**F. Have you received funding for this professional development activity from any other source? If so, please**

describe the source and amount of the funding. None\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. 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 solely 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 supervisor and the HEO/CLT 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 supervisor and the HEO/CLT Professional Development Committee of the change and give them an opportunity to review the status of my application. Should my supervisor or the HEO/CLT 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 change in date and time conflicts with the needs of the department/unit, the award may be modified or rescheduled. I will be notified of such termination or modification within 10 business days of my communication of the changes to the supervisor and the HEO/CLT Professional Development Committee.
4. If I am released from work to engage in the professional development activity, I will not receive remuneration from any other source for services rendered during the time that I would otherwise have been working at my job at the University.
5. Within thirty (30) days following the professional development activity, I shall submit to my supervisor and the HEO/CLT Professional Development Committee a summary, in writing, of the professional development activity.
6. I will be reimbursed for the professional development activity by the HEO/CLT Professional Development Committee only upon submission of original receipts documenting the expenses and activity summary described in #5 above acceptable to the Committee.

\_\_\_\_\_  
Signature of applicant

Date\_\_\_\_\_

**IV. To be completed by the supervisor**

**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 applications submitted by Adjunct College Laboratory Technicians, Adjunct Senior College Laboratory Technicians and Adjunct Chief College Laboratory Technicians ONLY:**

The employee is working 10 hours per week and has worked ten hours per week for the most recent four semesters (excluding summer sessions):

Yes \_\_\_\_\_ No \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**V. Professional Development Committee Action**

Approved \_\_\_\_\_ Not approved \_\_\_\_\_ Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Name of Chair of Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 12/08

# HEO-CLT PROFESSIONAL DEVELOPMENT FUND ESTIMATE OF EXPENSES

\_\_\_\_\_  
Name SS# School Phone #

\_\_\_\_\_  
Payroll Title Department

Purpose of Trip: \_\_\_\_\_ Tuition/Training \_\_\_\_\_ Conference \_\_\_\_\_ Research  
\_\_\_\_\_ Books \_\_\_\_\_ Prof. Org. Dues \_\_\_\_\_ Other

## ESTIMATE OF TRAVEL EXPENSES:

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

**\*With receipts, the maximum total allowance for meals will be \$50 per day. (No more than \$18 for breakfast, \$25 for lunch and \$40 for dinner.) The maximum that will be reimbursed for meals for the total activity is \$250.**

\_\_\_\_\_  
Signature of Applicant

12-08