

Kenneth Taylor Hall B111, McMaster University 1280 Main Street W., Hamilton, ON L8S 4M4

Phone: (905) 525-9140 ext. 24003 Email: cupe3906@mcmaster.ca

Fax: (905) 525-3837

Website: www.cupe3906.org

## PROFESSIONAL DEVELOPMENT FUND (PDF) APPLICATION

The CUPE 3906 Unit 2 Professional Development Fund (PDF) is dispensed from funds provided to the Union by the University as outlined in the current Collective Agreement.

All members of CUPE Local 3906 Unit 2 (Sessional Faculty and Sessional Music Faculty) are eligible.

In the interest of awarding monies to as many members as possible, we award the fund in amounts of:

\$200.00 per three (3) unit course (not per section)

\$75 per course code for hourly rated music instruction

The maximum entitlement is \$1,200.00 per twelve (12) month period. Eligibility runs by academic year (September to August). All claims <u>must</u> be submitted during the academic year in which you are employed. You cannot claim expenses incurred outside of the current academic year.

\*\*The award is subject to the availability of funds.

Applications require **original receipts** where applicable.

## **Application Deadline:**

Each term, applications are due on the last day of classes as per the University Calendar.

Applications are assessed under four categories: **Conference Presentations/Participation**; **Research**; **Training**; and **Teaching Materials/Resources**.

Any direct or indirect expenses related to these categories will be given consideration by the committee. Applicants will be notified of the Committee's decision by email before the beginning of the next term.

If approved, the award either sent via mail to the address provided on the form, or is available for pick up at the union office. (Personal Identification is required in the latter option).

If you have questions regarding the application process, please contact our Benefits Officer at benefits@cupe3906.org.



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Please type or print clearly. Date: \_\_\_\_\_ Department: Name: Telephone: E-mail: Mailing Address: Please select one:  $\square$  I would like my cheque mailed to the address above. ☐ I would like to pick up my cheque at the union office (KTH B111). (Please note that if you select this option, a notice will be sent to you at the e-mail address you provide above when the cheque is ready.) Courses Taught: Fall term: Winter term: Spring/Summer term: Total number of units/courses taught this academic year:

| Please Indicate the type of Professional Development undertaken (check one):   |                        |
|--|------------------------|
| ☐ Conference Presentation/Participation  |                        |
| Research   |                        |
| ☐ Training   |                        |
| ☐ Teaching Materials/Resources   |                        |
|  |                        |
| Total Claim: \$  |                        |
| List other sources from which you have received funding:   |                        |
| Sponsoring Agency (If Applicable):   | Amount of Sponsorship: |
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| Please provide a description of the expense claimed, and an explanation for requested award:   |                        |
| (extra pages can be attached)  |                        |
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| I submit this claim as a member in good standing false information given will result in my immed could result in further legal action. |                        |
| Signature of Applicant:  | Date:                  |
| o.oacare or Applicant.   | Ducc.                  |