

The City University of New York/Professional Staff Congress
**Professional Development Fund for the
Higher Education Officer and College Laboratory Technician Series**
PSC/CUNY, HEO-CLT PDF, 61 Broadway, 15th Floor, New York, NY 10006, Tel: (212) 354-1252, Fax: (212) 302-7815
HEO-CLT PDF Committee Liaison: Patricia Young pyoung@pscmail.org

APPLICATION
Revised September 2013

A. PERSONAL DATA AND CONTACT INFORMATION

First Name: _____	Last Name: _____
Campus: _____	Department: _____
Functional Title: _____	
Check one: <input type="checkbox"/> HEO <input type="checkbox"/> CLT <input type="checkbox"/> ADJ CLT	Date of initial appointment to CUNY: ___/___/___ Date of appointment to current title: ___/___/___ [You must be a full-time CUNY employee for at least 6 months]
Street Address: _____	
City/State/Zip: _____	
Personal Phone: _____	Work Phone: _____
Email Address: _____	

B. APPLICATION SUMMARY

Semester of Activity: Fall 20___ Spring 20___ Summer 20___
Name of Activity: _____
Type of Activity: _____ Location: _____
During Working Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Activity: ___/___/___ to ___/___/___
Amount Requested: \$ _____ [Details on Estimate of Expenses form]

C. COMMITTEE ACTION – FOR HEO-CLT PDF COMMITTEE USE ONLY

<input type="checkbox"/> Approved for the amount of \$ _____		
<input type="checkbox"/> Not approved <ul style="list-style-type: none"><input type="radio"/> Activity not appropriate to purposes of the grant<input type="radio"/> Award year limit of \$3,000 has been reached<input type="radio"/> Award limit of four (4) grants has been reached Renewed eligibility will begin _____<input type="radio"/> Multiple attendees to same activity<input type="radio"/> Retroactive<input type="radio"/> Other _____		
_____ Name of Committee Chair	_____ Signature	_____ Date

D. PROFESSIONAL DEVELOPMENT ACTIVITY DETAILS

1. Provide details about the purpose for which you propose to use HEO-CLT Professional Development funds. What is the official name of the event or project? What type of activity or project is it? What organization is hosting event? Describe the specific workshops, classes, discussions, programs, reading materials, etc. that you plan to use and attend.

I have included the required documentation from the hosting organization (website, brochure, catalog, etc.) describing the activity in which I plan to participate, including event name, dates, location, fees and specific workshops I plan to attend. If research related, I have included a separate page with details about my research project and goals for publication.

2. Explain how the proposed activity is related to your job at CUNY. What are some of your job duties and skill requirements? What elements of the proposed activity will address those specific duties and skill development?

3. Explain how you will apply what you learn at the proposed activity to your job duties at CUNY. What changes might you anticipate after participating in the proposed development activity. Who will be affected by your enhanced knowledge and skills? Will you train or share information from the activity with colleagues ? If so, with whom and how?

E. HISTORY OF ADDITIONAL AND PREVIOUS FUNDING

1. Have you received funding for this professional development activity from any other source?

- No additional funding received
- Yes, details below including source and amount:

2. Have you previously received awards from the PSC/CUNY HEO-CLT Professional Development Fund?

- No previous HEO-CLT PDF awards
- Yes, details below including date and purpose for which award was granted:

Date: _____ Purpose: _____

Date: _____ Purpose: _____

Date: _____ Purpose: _____

Date: _____ Purpose: _____

F. SUPERVISOR REVIEW AND SIGNATURE

1. Is the employee's participation in the professional development activity approved?

- Yes, approved
- No, not approved. Explanation below:

2. Is the applicant an Adjunct CLT, Adjunct Senior CLT or Adjunct Chief CLT?

- Yes
- No

3. If you answered yes to number 2 above: Is the applicant working 10 hours per week and has the applicant been working 10 hours per week for the most recent four semesters (excluding summer sessions)?

- Yes
- No

Name of Supervisor _____ Title _____

Supervisor Signature _____ Date _____

G. APPLICATION CHECK LIST AND ACKNOWLEDGEMENT SIGNATURE

In preparation for submitting my application to the PSC/CUNY HEO-CLT Professional Development Fund Committee, I have included the following:

- Personal data and contact information
- Professional development activity details
- Documentation of professional development activity from the event organizer
- Estimate of Expenses form
- Documents supporting expense estimate
- Supervisor signature of approval
- My signature of acknowledgement

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 ten (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 after the conclusion of the approved professional development activity, I shall submit to my supervisor and to the HEO-CLT Professional Development Committee a report (at least one page long) describing my experience at the approved activity and how it benefited my professional development; a completed Reimbursement Expense Report form; and acceptable documentation for proof of payment.
6. I will be reimbursed for the professional development activity by the HEO-CLT Professional Development Committee only upon submission of the reimbursement request and materials as outlined in item 5, above. My reimbursable award year total will not exceed \$3,000.
7. **My application is due by the first of the month, at least one month prior to the proposed professional development activity. The Committee does not meet or consider applications in July or August so applications for activities during July, August and September are due by June 1st.**

Applicant Signature

Date

ESTIMATE OF EXPENSES
 Revised January 2014

First: _____ **Last:** _____ **SSN:** _____

Campus: _____ **Department:** _____ **Title:** _____

Proposed Use of Funds

- CUNY tuition AND fees for Winter/Summer classes or above the Fall/Spring Tuition Waiver amount
 - I have included my Tuition Waiver (if applicable)
- CUNY fees without tuition
- Non-CUNY college tuition
 - I have included proof of accreditation
- Local or online (non-tuition) course/training/workshop fees
- Conference/seminar or other event requiring Travel outside of NYC Metro area
- Research project/field studies
- Books required for related professional development activities
- Professional organization dues

Name and Location of Activity:

Activity Dates (not including day before/after for Travel activities):

___/___/___ through ___/___/___

Expense Guidelines – Please Read

1. The Travel line is for only the main source of travel to/from event locations outside NYC Metro area at economy rate--plane, bus, Amtrak, or gas (56¢ per mile if using personal car). TAXIS/SHUTTLES/TRAMS/COMMUTER RAIL/OTHER TRANSPORT WILL NOT BE REIMBURSED.
2. Gas requests must document the distance between start/end points with a print-out from an online map service.
3. Rental car requests must be in writing and are rarely approved. If approved, applicant will receive a letter specifying the conditions.
4. Per Diem and Lodging are for events requiring Travel outside NYC Metro area and must correlate to the documented dates of the event. Either one day before or one day after the event (not both) may be included in the total days, which is capped at 5 days/nights (fewer if the event is shorter than 5 days/nights).
5. The \$60 Per Diem is to be used for incidental expenses such as, but not limited to ground transport; parking; tolls; insurance; baggage, leg-room, ticket change, upgrade fees; meals; gratuities; conference social events. Receipts are not required.
6. Lodging costs are capped at \$225 for each individual night.
7. Documentation such as print outs from websites or copies of brochures/catalogs must accompany estimates listed below.
8. No reimbursements for time or expenses/salary related to hiring a research assistant.
9. No reimbursements for equipment.
10. Grantees are encouraged to patronize only Union establishments.
11. No applicant's award year total will exceed \$3,000.

Estimate of Expenses Requested

College Tuition: \$ _____

Matriculation Fees: \$ _____

Books for Related Activity: \$ _____

Event Registration Fees: \$ _____

Organization Dues: \$ _____

Travel (circle 1) **Plane/Bus/Amtk/Gas:** \$ _____

\$60 Per Diem for ___ **Days** (see #4): \$ _____

Lodging for ___ **Nights** (see #4, #6): \$ _____

Other (explain) _____ : \$ _____

TOTAL Requested: \$ _____