



Professional Development Fund Application Form

Personal Details

Last Name: _____ First Name: _____
Department: _____ Building & Room #: _____
Job Title: _____ Employee No.: _____
Home Address: _____
City: _____ Postal Code: _____ - _____
Telephone Day: (____) _____ Work ext: _____ Evening: (____) _____
Email: _____

Background

Have you ever been awarded CUPEU Professional Development Funds? - YES - NO

If "YES", please list the date(s) when it was awarded and the amounts (at least approximately)

If you received funds, did you submit a report to CUPEU on time? - YES - NO

Are you on leave, or have you requested a leave for this academic year? - YES - NO

Your request is for the following activities

- Association Memberships
- Conference Attendance
- Books / Learning Material
- Magazine / Journal Subscriptions
- Other: _____
- Workshop / Training / Course(s)
- Conference Presentation
- Software Purchase
- University studies leading to a degree or diploma

Title of activity: _____

Amount requested in Canadian Funds (Fill in forms D to H as required. Sum will appear here automatically): \$ _____

Start date: ____ - ____ - ____ End date: ____ - ____ - ____

If you have alternate funding or have applied for funding from another source, please specify the source and amount of funds requested: _____

Absence of work Required: - YES - NO

If "YES", name of Supervisor (please print): _____



Title of Activity _____

Applicant: _____ Employee No. : _____
 Email: _____ Phone: (____) _____
 Faculty: _____ Department: _____
 Date: ____ - ____ - ____

Name of Conference, Workshop, Training, etc: _____
 Location (if applicable): _____
 Start date: ____ - ____ - ____ End date: ____ - ____ - ____
 (If necessary, please complete travel form as well)

Conferences

| Description (please be specific) | Amount | OFFICE USE |
|----------------------------------|--------|------------|
| | | Awarded |
| | | |
| | | |
| | | |

Workshop

| Description (please be specific) | Amount | OFFICE USE |
|----------------------------------|--------|------------|
| | | Awarded |
| | | |
| | | |
| | | |

Training

| Description (please be specific) | Amount | OFFICE USE |
|----------------------------------|--------|------------|
| | | Awarded |
| | | |
| | | |
| | | |

| TOTAL Requested | TOTAL Awarded |
|-----------------|---------------|
| | |
| | |



Professional Development Fund Application Form

Title of Activity

| | |
|--------------------------|-----------------------|
| Applicant: _____ | Employee No. : _____ |
| Email: _____ | Phone: (____) _____ |
| Faculty: _____ | Department: _____ |
| Date: ____ - ____ - ____ | |

| |
|--|
| Name of Conference, Workshop, Training, etc: _____ |
| Location (if applicable): _____ |
| Start date: ____ - ____ - ____ End date: ____ - ____ - ____ |

Transportation (Please consult university travel policy re: use of agent and rates, etc.)

| Date(s) | Location | | Description (e.g. airfare, mileage, taxi) | Amount | OFFICE USE |
|-----------|----------|----|--|--------|------------|
| | From | To | | | Awarded |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Sub-Total | | | | | |

Accommodations (Please consult university travel policy re: use of agent and rates, etc.)

| Date(s) | Location(s) | Hotel Name (# Days x \$/day) | Amount | Awarded |
|-----------|-------------|------------------------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sub-Total | | | | |

Meals (Please consult university travel policy re: use of agent and rates, etc.)

| Date(s) | Days x amt./day – see guidelines | Amount | Awarded |
|-----------|----------------------------------|--------|---------|
| | | | |
| | | | |
| | | | |
| Sub-Total | | | |

| TOTAL Requested | TOTAL Awarded |
|-----------------|---------------|
| | |



Title of Activity _____

| | |
|--------------------------|-----------------------|
| Applicant: _____ | Employee No. : _____ |
| Email: _____ | Phone: (____) _____ |
| Faculty: _____ | Department: _____ |
| Date: ____ - ____ - ____ | |

Subscriptions and memberships

| Description (please be specific) | Amount | OFFICE USE |
|----------------------------------|--------|------------|
| | | Awarded |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Sub-Total | | |

Books and software

| Description (please be specific) | Amount | OFFICE USE |
|----------------------------------|--------|------------|
| | | Awarded |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Sub-Total | | |

CUPEU



I- SUPERVISOR'S APPROVAL OF ABSENCE

Professional Development Fund Application Form

Title of Activity _____

| | |
|--------------------------|-----------------------|
| Applicant: _____ | Employee No. : _____ |
| Email: _____ | Phone: (____) _____ |
| Faculty: _____ | Department: _____ |
| Date: ____ - ____ - ____ | |

| | |
|---------------------------------|------------------------------|
| Title of activity: _____ | |
| Location (if applicable): _____ | |
| Start date: ____ - ____ - ____ | End date: ____ - ____ - ____ |

The CUPEU Professional Development Fund is administered by a parity committee made up of three (3) members appointed by the University and three (3) members appointed by CUPEU. This committee is responsible for the allocation of funds to CUPEU members in support of their professional and academic development (CUPEU Collective Agreement, Article 10.10). If a professional development activity requires an absence, the supervisor's approval is required. Such approval will not be unreasonably refused. An approval absence is considered as time worked (Article 10.11 c).

STATEMENT OF APPROVAL

Supervisor name: _____

Signature: _____

Date: ____ - ____ - ____