



### 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

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

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): \_\_\_\_\_



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

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

**Description of Request** (Concisely describe the purpose of your request by showing the link With your present job or future job at Concordia University)

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Use extra sheets if necessary.



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Title of Activity \_\_\_\_\_

\_\_\_\_\_

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

ITEM	Cost in \$CAD
<b>Conference / Workshop / Training</b>	
<b>Courses</b>	
<b>Membership / Subscription</b>	
<b>Books / Software</b>	
<b>Transportation</b>	
<b>Accomodation</b>	
<b>Meals</b>	
<b>Other</b>	
<b>TOTAL</b>	



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



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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
<b>Sub-Total</b>		

**Books and software**

Description (please be specific)	Amount	OFFICE USE
		Awarded
<b>Sub-Total</b>		



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

**DEGREE COURSES (Please use tuition waivers for credit course at Concordia)**

Title of course(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location (if applicable): \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Registration, Materials, etc.

Description (please be specific)	Amount	OFFICE USE
		Awarded

TOTAL Requested	TOTAL Awarded



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

**OTHER (Description of request):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Proposed Costs

Description (please be specific)	Amount	OFFICE USE
		Awarded

TOTAL Requested	TOTAL Awarded



# 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: \_\_\_\_ - \_\_\_\_ - \_\_\_\_