



CUPEU

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)
Please list all Award years and amounts; can be disqualified as INCOMPLETE if awards are not listed.

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): \$ _____

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): _____



CUPEU

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)

Use extra sheets if necessary.



CUPEU

C- TOTAL BUDGET REQUEST

Title of Activity _____

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

Please provide all supporting budget quotes (e.g. airfare, conferences, meals) in pdf with application form

ITEM	Cost in \$CAD
Rate of Exchange used	
Conference / Workshop / Training	
Courses	
Membership / Subscription	
Books / Software	
Transportation	
Accomodation	
Meals	
Other	
TOTAL	



CUPEU

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



CUPEU

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.)

Some conferences cover some meals; verify with organisers that you are not claiming covered meals

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

TOTAL Requested	TOTAL Awarded



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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		



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I- SUPERVISOR'S APPROVAL OF ABSENCE

Title of Activity _____

Please have this scan a signed copy and submit with the application form.

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 APROVAL

Supervisor name: _____

Signature: _____

Date: ____ - ____ - ____