

Last name	
First name	

Form 1: Application Summary
Form 2: Description of request form
Form 3.1: Conferences / Workshops / Training
Form 3.2: <u>Travel for Conferences / Workshops / Training</u>
Form 3.3: <u>Subscriptions / Membership / Books / Software</u>
Form 3.4: <u>University degree courses / Other</u>
Form 4: Total budget request form (automatically tallies subtotals in previous fields)
Form 5: <u>Supervisor's approval</u> – Print this page for your manager fill and sign. Scan, save and include it in your combined supporting documents file.

Checklist / Reminders

\circ	Completed application form saved as Year(XXXX)-PD-YourName-application.pdf Incomplete applications and recourse for corrections will not be considered after the deadline. Scroll through the Application Process online for deadline updates (#3). Please do not scan this digital form. Your application must be filled digitally (click on the fields to enter information and save it as you go). The only handwritten form we accept scanned is Form 5 (Supervisor's Approval of Absence), if required. • Description of request (form 2) Applications have been rejected for not explaining how the PD request relates to applicant's career aspirations/development at Concordia University. The funds are disbursed for professional development and not personal development (Article 10.12), you need to fill this part out. THIS IS MANDATORY.
0	Combined supporting documents file which may contain (depending on your request): • Supervisor's Approval of absence • Conference/training program • Conference/workshop meals. Verify with event organisers if meals are provided. Include confirmation in the supporting documents file. • Quotes for travel fares, books, registration fees, hotels, etc. • Note that links to websites are not considered supporting documents. Supporting documents should have information that supports your budget request. Save the combined PDF as Year(XXXX)-PD-YourName-supporting-documents.pdf THIS IS MANDATORY
\bigcirc	Submit two weeks before the designated round's deadline at the earliest. Applications submitted out of the application period will not be considered. Scroll through the <u>Application Process</u> online for updated dates (#3). Send your application form and supporting documents file to pd@cupeu.org. Subject: PD Round X (Year) Application - Your Name







Personal Details						
Last name:		First name:				
Department:		Building + room #:				
Job title:		Employee #	t:			
Home address:						
City:		Postal code	:			
Tel. (Day): () -		Office Ext.:				
Tel. (Night): () -		Email:				
Background						
Have you ever been awarded CUPEU Pr	ofessional Deve	elopment Fun	ds?	O Yes	O No	
If "Yes," list date(s) and amount(s) awar	ded (MM/YY, \$)	XX.XX). Omis	sion will lead to	an INCOMPLETE	form	
and is grounds for disqualification.						
If you received funds, did you submit yo	our summary rep	oort on time?		O Yes	O No	
Are you on leave or have you requested	a leave for this	academic ye	ar?	O Yes	O No	
				-	-	
Your request is for the following	activity typ	es:				
O Association membership O Maga	zine / Journal S	Subscriptions	O Software pu	urchase		
O Conference attendance O Work	shop / Training	/ Course(s)	O University st	udies leading to a	degree	
O Books / learning material O Confe	O Conference Presentation O Other:					
Title of activity:						
Amount requested (CAD): This is an automatic calculation based on the	amounts	Start date:		End date:		
entered in the next pages, so don't fill this pa						
Absence of work required? O Yes O No						
If "Yes," provide your supervisor's name:						
Employment status: O Permanent O	Contract O Te	mporary				



Activity information	
Activity type and name:	
Location (if applicable):	
Start date (MM/DD/YY):	End date (MM/DD/YY):

D	escrii	otion of	requested	activity

Concisely describe the purpose of your request explaining its relevance to your current job or a prospective future job at Concordia University. YOU MUST FILL THIS FIELD. YOUR APPLICATION WILL BE UNEQUIVOCALLY REJECTED IF YOU LEAVE THIS BLANK.

Need more space? Include your own addendum as part of your supporting documents (though it is advisable that the length is kept within the allocated space above)..



Conferences / Workshops / Training Info				
Name of event:				
Location (if applicable):				
Start date (MM/DD/YY):	End date (MM/DD/YY):			
If you need to travel for your activity, fill out the <u>Travel Form</u> (3.2).				

Conferences							
Description (Be specific)	Cost	XR*	Amt (CAD)	Awarded (Office use)			
	1	Subtotal					

Workshops				
Description (Be specific)	Cost	XR*	Amt (CAD)	Awarded (Office use)
	Subtotal			

Training				
Description (Be specific)	Cost	XR*	Amt (CAD)	Awarded (Office use)

Total	Total
requested	awarded (Office use)



Travel for Conferences / Workshops / Training

3.2

Conferences	: / Works	shops / T	raining Info					
Name of event		лю р о, г						
Location (if ap								
Start date (MM				End d	ate (MM/D	D/YY):		
Transportati	ON (Consu	ult universit	y travel policy re: a	gents,	, rates, etc.)		
Dates		ation	Description (i.e.: airfare, mileag		Cost	XR*	Amt (CAD)	Awarded
(MM/DD/YY)	То	From	taxi)	ge,	Cost	AR	AIIII (CAD)	(Office use)
					Su	ıbtotal		
Accomodati	ons (Cons	sult univers	ity travel policy re:	agent	s, rates, etc	:.)		
Dates (MM/DD/YY)	Accomo	odation nam	e (# of nights x \$/nigh	nt)	Cost	XR*	Amount (CAD)	Awarded (Office use)
					C ₁	ıbtotal		
					30	ibtotai		
			re: agents, rates, etc. e your per diem eligib					
Dates (MM/DD/YY)	Mea	al types (bre	akfast, lunch, dinner)		Cost	XR*	Amount (CAD)	Awarded (Office use)
					Sı	ıbtotal		
			requested				awarded (Office I	



Subscriptions		
Name + Description	Amount (CAD)	Awarded (Office use)
Subtotal		
Memberships		
Name + Description	Amount (CAD)	Awarded (Office use)
Subtotal		
Books		
Name + Description	Amount (CAD)	Awarded (Office use)
Subtotal		
Saffrage		
Software		
Name + Description	Amount (CAD)	Awarded (Office use)
Subtotal		
Subtotal		

Total	Total
requested	awarded (Office use)



Degree Courses		
Names:		
Location (if applicable)		
Date (MM/DD/YY):		
Registration, materials, etc.		
Description (Be specific)	Amount (CAD)	Awarded (Office use)
Subtotal		
Other		
Description of request:		
Beschption of request.		
Location (if applicable)		
Date (MM/DD/YY):		
Proposed costs		
Description (Be specific)	Amount (CAD)	Awarded (Office use)
Subtotal		

Total	Total
requested	awarded (Office use)



This is an automatic calculation of your proposed budget. Click on the form name to quickly refer to the form's details if you need to adjust / correct your budget. Check the latest collective agreement for the maximum amount you're entitled to.

Projected budget	Cost
Form 3.1: Conference / Workshop / Training	
Form 3.2: Transportation	
Form 3.2: Accomodation	
Form 3.2: Meals	
Form 3.3: Subscriptions / Membership	
Form 3.3: Books / Software	
Form 3.4: Courses	
Form 3.4: Other	
Total	

Don't forget:

Provide all supporting budget quotes (e.g.: airfare, conference fees, meals, description of request addendum) combined as a pdf file supplementing this application form (YourName-PD-supporting-documents.pdf). This cannot be stressed enough: LINKS TO WEBSITES ARE NOT CONSIDERED SUPPORTING DOCUMENTS.

The PD fund does not cover meals if the conference/workshop or training you're attending includes meals so you need to provide supporting emails/details on whether your PD activity does. If you're not sure whether the conference/workshop or training you're attending include meals, you need to verify this with the organisers.

If you're considering the per diem mileage, know that the cost should not be greater than if you were to travel by air/train/bus. In your application, you need to provide quotes of all possible travel options that prove driving is the most cost-efficient method of travel.

PLEASE DO NOT SCAN THIS DIGITAL FORM. Your application must be filled digitally (click on the fields to enter information and save it as you go. The only handwritten form we accept scanned is Form 5 (Supervisor's Approval of Absence), if required.



This is the ONLY form that requires printing.

Have your supervisor fill and sign it if your time away pursuing your PD may be considered work. Scan and include the approved form as part of your supporting documents.

Activity information		
Activity name:		
Location (if applicable):		
Start date (MM/DD/YY):	End date (MM/DD/YY):	
Statement of Approval - Important!		
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, <u>Article 10</u>). 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 (<u>Article 10.11c</u>).		
If you're taking personal days or vacation days to purs	sue your proposed PD, you don't need this form.	
Supervisor's statement:		
Supervisor's signature:		
Supervisor's name:	Date (MM/DD/YY):	