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PROFESSIONAL DEVELOPMENT FUND (PDF) APPLICATION

The CUPE 3906 Unit 3 Professional Development Fund (PDF) is dispensed from funds provided to the Union by the University as outlined in the current Collective Agreement.

All members of CUPE Local 3906 Unit 3 (Postdoctoral Fellows) are eligible.

In the interest of awarding monies to as many members as possible, we award the fund in amounts of:

\$100.00 for each Postdoctoral Fellow.

***The award is subject to the availability of funds.**

Applications require **original receipts** where applicable.

Application Deadline:

Members can apply any time during the year. In order to be eligible members need to be currently employed by McMaster as Postdoctoral Fellow.

Applications are assessed under **ONLY** one category: **Conference/workshop/seminar participation which includes only registration and professional membership fees.**

If approved, the award is either sent via mail to the address provided on the form, or is available for pick up at the union office. (Personal Identification is required in the latter option).

If you have questions regarding the application process, please contact our Benefits Officer at benefits@cupe3906.org.



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Please type or print clearly.

Date: _____

Name:	Department:
Telephone:	E-mail:
Mailing Address:	
Please select <u>one</u>:	
<input type="checkbox"/> I would like my cheque mailed to the address above.	
<input type="checkbox"/> I would like to pick up my cheque at the union office (KTH B111). (Please note that if you select this option, a notice will be sent to you at the e-mail address you provide above when the cheque is ready.)	

Department:
Date of Beginning of contract:
Date of End of contract:

Please Indicate the type of Professional Development undertaken (check one):

<input type="checkbox"/> Conference/workshop/seminar registration & membership fees

Total Claim: \$

Please provide a description of the expense claimed, and an explanation for requested award:
(extra pages can be attached)

I submit this claim as a member in good standing with CUPE Local 3906. I am aware that any false information given will result in my immediate disqualification from this benefit, and could result in further legal action.

Signature of Applicant: _____ Date: