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PROFESSIONAL DEVELOPMENT FUND (PDF) APPLICATION

The CUPE 3906 Unit 2 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 2 (Sessional Faculty and Sessional Music Faculty) are eligible.

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

\$200.00 per three (3) unit course

Subsequent sections of individual course will be eligible for an award of \$100 for the first additional section and \$50 for each subsequent section (up to the maximum yearly entitlement).

Hourly Rated Sessional Music Faculty (HRSMF) eligibility will be calculated according to the unit calculations in Article 20.02 of the Unit 2 Collective Agreement (i.e., 1 student = 1 unit, or 1 Special Studies in Chamber Music = 1 unit). (For every 3 units taught, HRSMF will receive \$200; subsequent units will be prorated.)

The maximum entitlement is \$1,000.00 per twelve (12) month period. Eligibility runs by academic year (September to August). All claims must be submitted during the academic year in which you are employed. You cannot claim expenses incurred outside of the current academic year.

***NEW SEPTEMBER 2023:** Starting September 1st, 2023, Unit 2 Members can claim up to \$200 in technology-related expenses. In order to be eligible for reimbursement, these expenses must be relevant to your teaching or research. This may include (but is not limited to) tablets, laptops, data storage, software subscriptions, HDMI cables, etc. Please include an explanation as to how this item is used for teaching or research.

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

Applications require **original receipts** where applicable.

Application Deadline:

Each term, applications are due on the last day of classes as per the University Calendar.

Applications are assessed under four categories: **Conference Presentations/Participation; Research; Training; and Teaching Materials/Resources.**

Any direct or indirect expenses related to these categories will be given consideration by the committee. Applicants will be notified of the Committee's decision by email before the beginning of the next term.

If approved, the award 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: | |
| <p>Please select <u>one</u>:</p> <p><input type="checkbox"/> I would like my cheque mailed to the address above.</p> <p><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.)</p> | |

| |
|---|
| Courses Taught: |
| Fall term: |
| Winter term: |
| Spring/Summer term: |
| Total number of units/courses taught this academic year*: |
| <i>*Hourly Rated Sessional Music Faculty: Please indicate the units taught according to the units of seniority calculation in article 20.02 of the Unit 2 Collective Agreement (page 36) (i.e., 1 unit per student or 1 unit per Special Studies in Chamber Music.)</i> |

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

| |
|--|
| <input type="checkbox"/> Conference Presentation/Participation |
| <input type="checkbox"/> Research |
| <input type="checkbox"/> Training |
| <input type="checkbox"/> Technological Item or Teaching Resource (e.g., books, journal subscription, etc.) |

Total Claim: \$

List other sources from which you have received funding:

| Sponsoring Agency (If Applicable): | Amount of Sponsorship: |
|------------------------------------|------------------------|
| | |

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. Further, I understand that if such PDF distribution amounts are taxable, it is my responsibility to report such amounts as income on my personal tax returns.

Signature of Applicant: _____ Date: _____