



Kenneth Taylor Hall B111, McMaster University
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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:

NEW \$1,000.00 for each Postdoctoral Fellow per academic year

***The award is subject to the availability of funds. Eligible expenses must be incurred during your employment as a CUPE 3906 Unit 3 member to be paid out.**

Applications require **original receipts** where applicable.

Application Deadline:

Members can apply any time during the academic year. In order to be eligible members need to be currently employed by McMaster as Postdoctoral Fellow. Please submit expenses incurred during the current academic year (i.e., Sept 1-Aug 31) during the current academic year (Sept 1-Aug 31) where possible.

Applications are assessed under the following criteria and are subject to approval by the benefits committee and the availability of funds:

- conference participation
- professional association fees
- academic books
- research journal subscriptions
- leadership development courses
- McMaster courses not covered by the tuition waiver policy
- Research Journal Subscriptions
- Leadership Development courses, and
- Language courses as eligible expenses
- Limited technological items and software

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>	

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

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

- Conference/Workshop/Seminar travel Costs (airplane, bus, train tickets)
- Conference/Workshop/Seminar Membership Fees
- Professional Association Fees
- Academic Books and/or Journal Subscriptions
- Professional Development Course (e.g., skills, leadership, language) or Tuition
- Technological Item or Software

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: