

The City University of New York/Professional Staff Congress  
**Professional Development Fund for the  
Higher Education Officer and College Laboratory Technician Series**  
PSC/CUNY, HEO-CLT PDF, 61 Broadway, 15<sup>th</sup> Floor, New York, NY 10006, Tel: (212) 354-1252, Fax: (212) 302-7815  
HEO-CLT PDF Committee Liaison: Patricia Young [pyoung@pscmail.org](mailto:pyoung@pscmail.org)

**APPLICATION**  
Revised January 2012

**A. PERSONAL DATA AND CONTACT INFORMATION**

<b>First Name:</b> _____	<b>Last Name:</b> _____
<b>Campus:</b> _____	<b>Department:</b> _____
<b>Functional Title:</b> _____	
<b>Check one:</b> <input type="checkbox"/> HEO <input type="checkbox"/> CLT <input type="checkbox"/> ADJ CLT	<b>Date of initial appointment to CUNY:</b> ___/___/___ <b>Date of appointment to current title:</b> ___/___/___ [You must be a full-time CUNY employee for at least 6 months]
<b>Street Address:</b> _____	
<b>City/State/Zip:</b> _____	
<b>Personal Phone:</b> _____	<b>Work Phone:</b> _____
<b>Email Address:</b> _____	

**B. APPLICATION SUMMARY**

<b>Semester of Activity:</b> Fall 20___ Spring 20___ Summer 20___
<b>Name of Activity:</b> _____
<b>Type of Activity:</b> _____ <b>Location:</b> _____
<b>During Working Hours?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dates of Activity:</b> ___/___/___ to ___/___/___
<b>Amount Requested:</b> \$ _____ [Details on Estimate of Expenses form]

**C. COMMITTEE ACTION – FOR HEO-CLT PDF COMMITTEE USE ONLY**

<input type="checkbox"/> Approved for the amount of \$ _____		
<input type="checkbox"/> Not approved <ul style="list-style-type: none"><li><input type="radio"/> Activity not appropriate to purposes of the grant</li><li><input type="radio"/> Award year limit of \$3,000 has been reached</li><li><input type="radio"/> Award limit of four (4) grants has been reached Renewed eligibility will begin _____</li><li><input type="radio"/> Multiple attendees to same activity</li><li><input type="radio"/> Retroactive</li><li><input type="radio"/> Other _____</li></ul>		
_____ Name of Committee Chair	_____ Signature	_____ Date

**D. PROFESSIONAL DEVELOPMENT ACTIVITY DETAILS**

**1. Provide details about the purpose for which you propose to use HEO-CLT Professional Development funds.** What is the official name of the event or project? What type of activity or project is it? What organization is hosting event? Describe the specific workshops, classes, discussions, programs, reading materials, etc. that you plan to use and attend.

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I have included the required documentation from the hosting organization (website, brochure, catalog, etc.) describing the activity in which I plan to participate, including event name, dates, location, fees and specific workshops I plan to attend. If research related, I have included a separate page with details about my research project and goals for publication.

**2. Explain how the proposed activity is related to your job at CUNY.** What are some of your job duties and skill requirements? What elements of the proposed activity will address those specific duties and skill development?

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**3. Explain how you will apply what you learn at the proposed activity to your job duties at CUNY.** What changes might you anticipate after participating in the proposed development activity. Who will be affected by your enhanced knowledge and skills? Will you train or share information from the activity with colleagues ? If so, with whom and how?

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**E. HISTORY OF ADDITIONAL AND PREVIOUS FUNDING**

1. Have you received funding for this professional development activity from any other source?

- No additional funding received
- Yes, details below including source and amount:

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2. Have you previously received awards from the PSC/CUNY HEO-CLT Professional Development Fund?

- No previous HEO-CLT PDF awards
- Yes, details below including date and purpose for which award was granted:

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

**F. SUPERVISOR REVIEW AND SIGNATURE**

1. Is the employee's participation in the professional development activity approved?

- Yes, approved
- No, not approved. Explanation below:

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2. Is the applicant an Adjunct CLT, Adjunct Senior CLT or Adjunct Chief CLT?

- Yes
- No

3. If you answered yes to number 2 above: Is the applicant working 10 hours per week and has the applicant been working 10 hours per week for the most recent four semesters (excluding summer sessions)?

- Yes
- No

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Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## **G. APPLICATION CHECK LIST AND ACKNOWLEDGEMENT SIGNATURE**

In preparation for submitting my application to the PSC/CUNY HEO-CLT Professional Development Fund Committee, I have included the following:

- Personal data and contact information
- Professional development activity details
- Documentation of professional development activity from the event organizer
- Estimate of Expenses form
- Documents supporting expense estimate
- Supervisor signature of approval
- My signature of acknowledgement

I acknowledge the following:

1. Funds provided under this program are to be used solely for the purposes intended and in accordance with the Agreement between the Professional Staff Congress/CUNY and The City University of New York and the policies of the Board of Trustees.
2. Should I be awarded professional development funds and then decide not to participate in the professional development activity I will so notify my supervisor and the HEO-CLT Professional Development Committee as soon as possible, but no later than the date on which the proposed professional development activity was to begin.
3. Should the stated purpose of the professional development activity substantially change or should any of the particulars of the professional development activity change (such as the date and time of the activity), I will immediately notify my supervisor and the HEO-CLT Professional Development Committee of the change and give them an opportunity to review the status of my application. Should my supervisor or the HEO-CLT Professional Development Committee determine that the purpose for the professional development award is no longer being served, the award may be modified, terminated, or rescheduled. If the change in date and time conflicts with the needs of the department/unit, the award may be modified or rescheduled. I will be notified of such termination or modification within ten (10) business days of my communication of the changes to the supervisor and the HEO-CLT Professional Development Committee.
4. If I am released from work to engage in the professional development activity, I will not receive remuneration from any other source for services rendered during the time that I would otherwise have been working at my job at the University.
5. Within thirty (30) days after the conclusion of the approved professional development activity, I shall submit to my supervisor and to the HEO-CLT Professional Development Committee a report (at least one page long) describing my experience at the approved activity and how it benefited my professional development; a completed Reimbursement Expense Report form; and acceptable documentation for proof of payment.
6. I will be reimbursed for the professional development activity by the HEO-CLT Professional Development Committee only upon submission of the reimbursement request and materials as outlined in item 5, above. My reimbursable award year total will not exceed \$3,000.
7. **My application is due by the first of the month, at least one month prior to the proposed professional development activity. The Committee does not meet or consider applications in July or August so applications for activities during July, August and September are due by June 1<sup>st</sup>.**

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Applicant Signature

Date

## ESTIMATE OF EXPENSES

Revised January 2012

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Campus:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Title:** \_\_\_\_\_

<p><b>Semester of Activity:</b></p> <p>Fall 20 _____</p> <p>Spring 20 _____</p> <p>Summer 20 _____</p> <p><b>Name of Activity:</b></p> <p>_____</p> <p>_____</p> <p><b>Activity Start:</b> ____/____/____</p> <p><b>Activity End:</b> ____/____/____</p> <p><b>Number of event days:</b> _____</p> <p><b>Proposed use of funds:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conference, convention, seminar or workshop</li> <li><input type="checkbox"/> Course/training fees (separate from tuition)</li> <li><input type="checkbox"/> Tuition for non-CUNY class for credit or non-credit             <ul style="list-style-type: none"> <li><input type="radio"/> <u>I have included proof of accreditation</u></li> </ul> </li> <li><input type="checkbox"/> Tuition for CUNY class beyond coverage of CUNY Tuition Waiver             <ul style="list-style-type: none"> <li><input type="radio"/> <u>I have included my Tuition Waiver</u></li> </ul> </li> <li><input type="checkbox"/> Research project/field studies</li> <li><input type="checkbox"/> Books required for related professional development activities</li> <li><input type="checkbox"/> Professional organization dues</li> </ul>	<p><b>Expense Guidelines:</b></p> <ol style="list-style-type: none"> <li>1. Travel includes economy rate for plane, bus, train or gas (.51¢ per mile if using personal car) to event locations outside NYC Metro area.</li> <li>2. Gas requests must document the distance between start/end points with a print-out from an online map service.</li> <li>3. Committee rarely approves rental car expenses and will not reimburse for rental cars without prior approval.</li> <li>4. Room and per diem expenses for either one day before or one day after the event may be reimbursed (not both).</li> <li>5. Hotel stays for up to \$225 per day to a maximum of \$1,125 may be reimbursed.</li> <li>6. Documentation such print outs from websites, copies of brochures or catalogs must be accompany the expense estimates for registration fees, tuition, professional organization dues or expenses categorized as "other."</li> <li>7. A \$60 per diem for a maximum of five (5) days will be reimbursed for events that require travel. Per diem expenses need no receipts and may include insurance, baggage or leg-room fees, ground transportation, meals, gratuity, and other incidentals.</li> <li>8. No reimbursements for time or expenses/salary related to hiring a research assistant.</li> <li>9. No reimbursements for equipment.</li> <li>10. The Committee encourages individuals to patronize only Union establishments.</li> <li>11. No applicant's award year total will exceed \$3,000.</li> </ol> <p><b>Estimate of Expenses Requested:</b></p> <p><b>Travel</b> (plane/bus/train/gas): \$ _____</p> <p><b>Lodging for</b> _____ <b>nights:</b> \$ _____</p> <p><b>\$60 Per Diem for</b> _____ <b>days:</b> \$ _____</p> <p><b>Registration Fees:</b> \$ _____</p> <p><b>Tuition:</b> \$ _____</p> <p><b>Books:</b> \$ _____</p> <p><b>Organization Dues:</b> \$ _____</p> <p><b>Other:</b> \$ _____</p> <p><b>TOTAL Requested:</b> \$ _____</p>
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