Description: In accordance with the PSC-CUNY collective bargaining agreement, a University-wide total of $500,000 is available to support professional development activities for eligible employees in titles in the Adjunct series and Continuing Education Teacher series. The maximum award for professional development activities in any academic year (September 1 through August 31) is $3,000, and preference will be given to employees who have not previously received professional development funds from this program. The Adjunct Professional Development Committee as established by the Professional Staff Congress/CUNY will administer the funds. Applications for reimbursements for less than $250 will not be considered. **Applications must be at the PSC by the 1st of the month prior to the beginning of the activity and must have approval prior to onset of activity.**

Eligibility: All adjunct faculty who are teaching six or more classroom contact hours in the semester and have taught one or more courses for the two most recent consecutive semesters (not including summer session) are eligible to apply for a grant from the Adjunct Professional Development Fund. To be eligible for a grant that would be used during an intersession or summer session period when not otherwise employed at the college, an adjunct must meet the above stated eligibility requirements and in addition must have been notified of reappointment for the next consecutive semester. Continuing Education Teachers who are appointed to a position that will continue for a period of more than six months, requires them to teach a minimum of 20 hours per week and who have taught in such an appointment for the two most recent consecutive semesters (not including summer session) are also be eligible to apply for a grant from the Adjunct Professional Development Fund. **CUNY retirees and CUNY full-time employees holding multiple positions as an adjunct are not eligible for these grants.**

Instructions:
- Applications may be made at any time, but the grant may not conflict with the employee’s teaching responsibilities.
- Applications must have the approval of one chairperson of a department employing the adjunct before it is submitted to the Adjunct Professional Development Committee. The chair will keep a copy of the application for his/her records and send a copy to the college’s labor designee. If the chairperson does not approve the application, he/she must provide an explanation for the disapproval.
- The original application will then be submitted by the applicant to the Adjunct Professional Development Committee which determines the award. **Applications must be at the PSC by the 1st of the month prior to the beginning of the activity.**
- **YOU MUST HAVE APPROVAL OF THE ADJUNCT PROFESSIONAL DEVELOPMENT COMMITTEE PRIOR TO THE ONSET OF THE ACTIVITY.**
- Each applicant is responsible for submitting his or her own application form, reports and original receipts to be eligible for reimbursement.
- If you have additional questions, please do not hesitate to call either Clarissa Gilbert Weiss or Linda Slifkin who provide staff support for this project. They can be reached at (212)354-1252 or email cweiss@pscmail.org or lslifkin@pscmail.org.
- **Applications must be at the PSC by the 1st of the month prior to the beginning of the activity and must have approval prior to onset of activity.**

**DECISIONS OF THE COMMITTEE ARE FINAL**

**THE COMMITTEE DOES NOT MEET IN JULY OR AUGUST**
The City University of New York/Professional Staff Congress
Application for Adjunct-CET Professional Development Funds

Please type and return completed application to
PSC, APDC, 61 Broadway, 15th floor, New York, New York 10006

I. Personal Data

Name:____________________________________________ College:___________________________________________
Department/Unit:________________________________________
(Adjunct) I am currently teaching at least 6 contact hours in the semester
Yes ___ No ___
I expect to teach at least 6 contact hours in the following semester
Yes ___ No ___
(Continuing Ed) I am currently teaching a minimum of 20 hours per week
Yes ___ No ___
I expect to teach a minimum of 20 hours per week
Yes ___ No ___
Title: Adjunct _____ Continuing Ed _____ I have been teaching at least 6 hours in the previous 2 semesters or 20 hours
per week in the previous two semesters Yes _____ No _____
Home address:________________________________________ Home telephone: ____________________
Number, Street
____________________________________________________ Office telephone: _____________________
City, State, Zip
E-mail address:________________________________________

II. Professional Development Activity Information

A. Briefly describe the nature and purpose of the proposed professional development activity. If the purpose is
to attend a workshop, conference, seminar, or other structured professional development activity, be sure to
include all relevant information (including the details of the activity, the location, dates, and times and a copy of
the program). You may submit up to one additional page of description, if needed. A grant for a professional
development activity that conflicts with the employee’s teaching responsibilities will not be awarded. If the
purpose is for academic research in your field please provide documentation as to exactly what your research
project is about and if you are working on this research for an academic publication.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

B. Please describe how the professional development activity is related to your job and will enhance your
teaching responsibilities. Publications, performances or exhibitions appropriate to an academic setting will be
considered.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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Yes ___ No ___
I expect to teach at least 6 contact hours in the following semester
Yes ___ No ___
(Continuing Ed) I am currently teaching a minimum of 20 hours per week
Yes ___ No ___
I expect to teach a minimum of 20 hours per week
Yes ___ No ___
Title: Adjunct _____ Continuing Ed _____ I have been teaching at least 6 hours in the previous 2 semesters or 20 hours
per week in the previous two semesters Yes _____ No _____
Home address:________________________________________ Home telephone: ____________________
Number, Street
____________________________________________________ Office telephone: _____________________
City, State, Zip
E-mail address:________________________________________

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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

B. Please describe how the professional development activity is related to your job and will enhance your
teaching responsibilities. Publications, performances or exhibitions appropriate to an academic setting will be
considered.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
C. Please describe how the professional development activity will contribute to your own intellectual/professional development and your ability to serve the University.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

D. Please specify the amount of funding you are requesting: __________. Please submit a detailed budget describing how you would use the funds.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

E. Have you received funding for this professional development activity from any other source? If so, please describe the source and amount of the funding.  No _____  Yes _____

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

F. Please indicate the dates and purpose of any professional development activity for which you previously received funds from this program:

Dates: 
Purpose:
from____________________to____________________ __________________________________________
from____________________to____________________ __________________________________________
from____________________to____________________ __________________________________________

III. Acknowledgement of Applicant

I acknowledge the following:

1. Funds provided under this program are to be used 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 chair and the Adjunct 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 chair and the Adjunct Professional Development Committee of the change and give them an opportunity to review the status of my application.  Should my chair or the Adjunct 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 date and/or time conflict with the employee’s teaching responsibilities, the grant will not be awarded.

4. Within thirty (30) days following the professional development activity, I shall submit to my chair or program director and the Adjunct Professional Development Committee a summary, in writing, of the professional development activity.

5. I will be reimbursed for the professional development activity by the Adjunct Professional Development Committee only upon submission of original receipts documenting the expenses and activity summary described in #4 above which is acceptable to the Committee. I understand that if the product of such activity is sold, related expenses will not be reimbursed.

_________________________________________________  Date_____________________________
Signature of applicant

IV. To be completed by the chair

A. For ALL applications:

Is the employee’s participation in the professional development activity approved?       Yes _____ No _____

If the employee’s participation is not approved, please provide an explanation of the reasons for the disapproval.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

B. FOR ADJUNCTS:

The adjunct is teaching six or more classroom contact hours in the semester and has taught one or more courses for the most recent two semesters (not including summer session).       Yes _____ No _____

The adjunct has been notified that s/he will be reappointed for the next consecutive semester.       Yes_____ No_____

C. FOR CETS:

The Continuing Education Teacher is appointed to a position that will continue for a period of more than six months and will continue to teach a minimum of 20 hours per week and has taught in such an appointment for the most recent two semesters (not including summer session).       Yes_____ No_____
ADJ-CET PROFESSIONAL DEVELOPMENT FUND

ESTIMATE OF EXPENSES

Name ___________________________________________  SS# ______________________  School Phone # ______________________

Payroll Title _________________________________________  Department ______________________________

Purpose of Trip: _____Tuition/Training  _____Conference  _____Research  _____Books  _____Dues  _____Other

ESTIMATE OF TRAVEL, RESEARCH AND CONFERENCE EXPENSES:  ESTIMATE OF TUITION, BOOKS, DUES OR OTHER EXPENSES:

Transportation $__________  Tuition $_________

   Lodging $__________  Books $_________

   Registration Fee $__________  Dues $_________

   *Per Diem $__________  Other $_________

TOTAL $__________  TOTAL $__________

*Per Diem of $60 per day includes all food, incidental miscellaneous expenses and local travel for a maximum of 5 days.

Signature of Applicant ___________________________________________

THE COMMITTEE DOES NOT MEET DURING JULY OR AUGUST.