
Professional Development Funds Application

I. Personal Data

Name: _____

Department/Unit: _____

Title: HEO _____ CLASSIFIED MANAGERIAL _____ CLASSIFIED _____

Date of initial appointment to CSI ___/___/___

College Functional Title: _____

Date of appointment to current title: ___/___/___

You must be a full-time CUNY employee for at least 6 months.

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 program with details of the activity, the location, dates, and times). You may submit up to one additional page of description, if needed.

B. Please describe how the professional development activity is related to your job and will enhance your ability to perform current job requirements. Approved publications 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 CSI.

D. Will the professional development activity occur during your regular working hours? Yes _____ No _____
Please specify dates and times:

E. Please specify the amount of funding you are requesting \$ _____. Please submit a detailed breakdown describing how you would use the funds requested.

F. Have you received funding for this professional development activity from any other source? If so, please describe the source and amount of the funding. None _____

III. Acknowledgement of Applicant

I acknowledge the following:

1. Funds provided under this program are to be used solely for the purposes intended.
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 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 Professional Development Committee of the change and give them an opportunity to review the status of my application. Should my supervisor or the 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 10 business days of my communication of the changes to the supervisor and 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 CSI.
5. Within fifteen (15) days following the professional development activity, I shall submit to my supervisor and the Professional Development Committee a summary, in writing, of the professional development activity.
6. In cases of a denial at the supervisor / department head level, appeals can be made to the Provost or Division Vice President.

Signature of applicant

_____ Date _____

IV. To be completed by the Supervisor/ Department Head

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.

Supervisor/ Department Head/Chairperson

Signature: _____

Print Name _____ Title _____

Date _____

Administrator of Division

Signature: _____

Print Name _____ Title _____

Date _____

V. Professional Development Committee Action

Approved _____ Not approved _____ Amount Approved: _____

Name of Committee Chair

Signature

Date

PROFESSIONAL DEVELOPMENT FUND EXPENSES

Name: _____

Department/Unit: _____

Title: HEO _____ CLASSIFIED MANAGERIAL _____ CLASSIFIED _____

Date of initial appointment to CSI ___/___/___

College Functional Title: _____

Date of appointment to current title: ___/___/___

E-mail address: _____

Purpose of Trip:

_____ Training _____ Conference _____ Other (please explain) _____

Registration Fee: \$

Transportation Fee: \$

Lodging: \$

Meal Allowance: \$

(includes food and drink up to \$25 per day for out-of-town travel only)

Total \$

Signature of Applicant