



Canadian Union of Public Employees, Local 3906
Wentworth House B108, McMaster University
Hamilton, ON, L8S 4K1
Phone: (905) 525-9140 x24003, Fax: (905) 525-3837
cupe3906@mcmaster.ca, www.cupe3906.org

Professional Development Fund (PDF) Application

The CUPE Unit II 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 II are eligible.

In the interest of awarding monies to the largest number of members:

the award is accrued in amounts of \$200.00 per three (3) unit course (not per section) to a maximum \$1200.00 per twelve (12) month period.

* The award is subject to the availability of funds.

Applications require original receipts and receipts are to be used once only.

Application Deadline:

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

For 2009-2010, these dates are: *August 7, 2009*
 December 4, 2009
 April 8, 2010

Applications are assessed under four categories:

- Conference Presentations/Participation
- Research
- Training
- 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 applicant is responsible for picking up the award in person at the CUPE office. Personal Identification is required.



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Unit 2 Professional Development Fund (PDF) Application

Please type or print clearly.

Date: _____

Name:	Department:
Telephone:	Email:
Courses taught:	
Dates of Course(s):	
Total number of units taught this term:	

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"/> Teaching Materials/Resources

Total Claim:

Sponsoring Agency: (if applicable)	Amount of Sponsorship:
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List other sources from which you have received funding:



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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