



CUPE 1870 - Professional Development Fund Application

PLEASE REVIEW CUPE 1870 PD FUND – TERMS OF REFERENCE & GUIDELINES BEFORE APPLYING

Name:	Position:
Faculty / Department:	Date Submitted:
E-mail:	Phone:

Purpose of Application: Provide a brief description of and justification for the professional development opportunity for which funding is requested. Please attach all documents that would assist the Committee in understanding your proposal. When attaching a conference program, please highlight your areas of interest.

Budget: (Travel expenses for the first three line items below are per the current UPEI Travel Policy)

Transportation	_____	_____	Cdn/US Funds
Accommodations	_____	_____	Cdn/US Funds
Meals	_____	_____	Cdn/US Funds
Registration	_____	_____	Cdn/US Funds
Other	_____	_____	Cdn/US Funds
Total Expenses	_____	_____	Cdn/US Funds
Less: Funding from Other Sources	_____	_____	Cdn/US Funds
Net Funding Requested	_____	_____	Cdn/US Funds

Efforts to Obtain Funding From Other Sources: (including outcomes)

Previous Funding Received from CUPE PDF _____ **YES** _____ **NO**

Employee's Signature: _____ **Date:** _____

I understand that any expenses above the approved award will be my responsibility to cover.

Name of Department Chair/Supervisor (Please PRINT) _____ **Email:** _____

Signature of Department Chair / Unit Director / Manager: _____ **Date:** _____

The applicant has reviewed their request for Professional Development Funding with me and any requirement for time off. I endorse this proposal as benefitting the applicant and UPEI.

Human Resources Date:

Please forward completed application to:
“Chair, CUPE PD Committee”
c/o Human Resources Department, Kelley Memorial Building.