

## Adjuncts United Professional Development Fund Request Form

In accordance with the Labor Agreement between Syracuse University and Adjuncts United, a professional development fund has been established for part-time and adjunct instructors.

**Bargaining unit members are eligible to apply for funds after 2 semesters of teaching.**<sup>1</sup>

The sole purpose of the fund is to provide resources for the individual professional development needs of part-time instructors that are directly related to the bargaining unit's academic responsibilities at Syracuse University but not funded by those academic units.

(See agreement between Syracuse University and Adjuncts United, Article XII and Appendix D for detailed guidelines).

**Covered expenses** include one-time expenses directly related to the development activity, service and/or event for the part-time or adjunct faculty member such as, but not limited to; conference registration, travel expenses, hotel accommodations, workshop/course fees and tuition, as well as special materials (including, but not limited to books and literature).

Specifically **excluded expenses** include all mandatory training as required by the school/college; materials needed for everyday work; time spent for faculty initiated trainings and professional development activities; and/or personal expenses not directly and exclusively related to covered expenses named above.

Please complete your Professional Development Fund Request for expenses you incurred or plan to incur during an academic year between July 1<sup>st</sup> and June 30<sup>th</sup>. Reimbursement of expenses are available up to an award limit of \$1250. Reimbursement for activities that occur while on an authorized leave of absence are not allowed.

Funding requests must be signed by an appropriate administrator to verify that the activity or expenses are relevant to professional development in their academic area of specialty. The Union's Executive Committee will make final approvals based on objective criteria and date of last award when fund availability become limited. All requests may not be approved.

Please retain a copy of this form and all receipts for your records so to have pertinent information for reimbursement forms. Disbursement forms will be forwarded to you along with approval notification from HR. Please complete ALL required information to avoid processing or notification delays, this process is an entirely online one in the 20/21 academic year.

Submit signed requests via email to Carmel Nicoletti @ [cmnicole@syr.edu](mailto:cmnicole@syr.edu)

Or campus mail to: **Adjuncts United**  
**Attn: Carmel Nicoletti**  
**School of Design**  
**The Warehouse, Suite 135**

<sup>1</sup> Part-time instructors teaching >24 credit hours during the academic year (excl. summer).

<sup>2</sup> Award limits may vary due to annual budgeted amount, number of applicants, and actual expenses.

<sup>3</sup> Receipts required for travel already completed, estimates for proposed travel. Scanned original receipts and/or confirmation of registration required to receive any award disbursement.

## Adjuncts United Professional Development Fund Request Form

Name: \_\_\_\_\_ SUID: \_\_\_\_\_

SU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Department: \_\_\_\_\_ School/College: \_\_\_\_\_

Semester/year of last PDF award, if any: \_\_\_\_\_

**Please indicate the current or anticipated courses that this professional development will support:**

**Fall** \_\_\_\_ (academic year)

Course Name \_\_\_\_\_ Credit hours \_\_\_\_\_

Course Name \_\_\_\_\_ Credit hours \_\_\_\_\_

**Spring** \_\_\_\_ (academic year)

Course Name \_\_\_\_\_ Credit hours \_\_\_\_\_

Course Name \_\_\_\_\_ Credit hours \_\_\_\_\_

**I request funds at this time for (be specific about what you propose to do-the location, dates, etc.):**

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**Rationale – how will this activity enhance your professional development relative to your academic responsibilities at Syracuse University?** \_\_\_\_\_

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**Estimated /actual total cost of activity:** \_\_\_\_\_ (fund limits may apply)

By signing below, I acknowledge that I will use these professional development funds toward the activities as detailed above.

**AU Member Name (Print):** \_\_\_\_\_

**AU Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Recommendation of Appropriate Administrator \*:**

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**\*Appropriate Administrator (Print):** \_\_\_\_\_

**\* Appropriate Administrator Signature** \_\_\_\_\_

**\* Appropriate Administrator's title** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments (Optional):** \_\_\_\_\_

*\*Appropriate Administrator is an administrator designated by the school/college as knowledgeable in the part-time instructor's field of study and is usually from within the school/college and the requestor's immediate academic supervisor.*