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 instructors. Post probation bargaining unit members are eligible to apply for funds.\(^1\) 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 their academic responsibilities at the University (See agreement between Syracuse University and Adjuncts United, Appendix D for Guidelines).

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

Specifically **excluded expenses** include mandatory training as required by the school/college; materials needed for everyday work; time spent for development activities; and/or personal expenses.

Please complete your Professional Development Fund Request for expenses you incurred or plan to incur between July 1\(^{st}\) and June 30\(^{th}\) for reimbursement of expenses up to an award limit of $1000.\(^2\)

**Fall Requests** – Submit requests for professional development activities between **July 1\(^{st}\)** and **December 15\(^{th}\)** no later than **January 3\(^{rd}\)**.

**Spring Requests** - -- Submit requests for professional development activities between **December 16\(^{th}\)** and **June 30\(^{th}\)** no later than **June 1\(^{st}\)**.

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. Funds are limited, and all requests may not be approved.

Please retain a copy of this form and all receipts for your records. Please fill in all required information in order to avoid processing or notification delays.\(^3\)

**Submit signed requests via campus mail to:**
Adjuncts United – Carmel Nicoletti
School of Design
The Warehouse, Suite 135
Name: ________________________________________
SUID: _________________________________________
SU Email: _____________________________________
Phone Number: _________________________________
Campus Address: _______________________________________
Department: ______________________________________ 
School/College: _______________________________________

Semester/year of last PDF award: _______________________________________
I request funds at this time for (be specific about what you propose to do, the location, dates, etc.):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Rationale – how will this activity enhance your professional development relative to your academic responsibilities at Syracuse University?
__________________________________________________________________________
__________________________________________________________________________
Estimated/actual total cost of activity: ____________________________

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

AU Member Name (Print): ___________________________________________
AU Member Signature: ____________________________________________
Date: __________________________

Recommendations:
*Appropriate Administrator (Print): _______________________________________
* Appropriate Administrator Signature _____________________________________
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 his/her immediate academic supervisor.

1 See definition in the labor agreement under Faculty Appointments. Excluded are part-time instructors teaching more than 24 credit hours during the academic year (excluding summer).
2 Award limits may vary due to the annual budgeted amount, number of applicants, and actual incurred expenses.
3 Receipts required for travel already completed, estimates for proposed travel. Also include relevant form of documentation of attendance and/or role, as applicable. Original receipts and/or confirmation of registration are required to receive any award disbursement.