

Adjuncts United Professional Development Fund (PDF) 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.

Eligibility: all bargaining unit members¹ who have completed 2 semesters of teaching.

Note: The fund does not cover activities that occur while on an authorized leave of absence

Fund Purpose: to provide resources for the self-directed professional development activities of part-time and adjuncts instructors that are directly related to their academic responsibilities at Syracuse University. Those that are not required by, or funded by, the instructor's academic unit. (See [agreement](#) between Syracuse University and Adjuncts United, Article XII for guidelines).

Covered expenses: 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).

Excluded expenses: 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.

Dates & Deadlines: PDF Requests for a current fiscal year are submitted for expenses incurred between July 1st and June 30th by May 31st. Anticipation of June development activity is a must to be included in that fiscal year. Note that pre-approval for following fund year activities is encouraged. Receipts should be submitted for reimbursement within 30 days of expenditure to ensure equal access for all unit members. There is no guarantee of fund access or reimbursement for missed deadlines or late reimbursement requests. Supplemental fund requests are expected in most academic years.

Fund Limits: Initial academic year awards are limited to \$1500, but supplemental funds may be available.² Thus, you should submit all your receipts, even if the total amount is more than \$1500.

Administrator Support Requirements: Requests for funding must be signed by an appropriate administrator to verify relevance to academic area of specialty. Adjunct United's makes approvals based on objective criteria and probationary status, as well as the date of your last award, should fund availability become limited. All requests may not be approved.

Submission of Requests:³ Email completed request forms to adjunctsunitedSU@gmail.com and copy ptfaculty@syr.edu. Paper request forms should be scanned and emailed.

Expected Timeline: AU will make every effort to respond to your request within 10 days. Official approval emails may take two weeks. Reimbursement processes no longer involve SU's disbursement department thus automatic deposit is no longer available, paper checks will be mailed.

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

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

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

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Name: _____ SUID: _____ DATE: _____

SU Email: _____ Phone Number: _____

Campus Address: _____

Department: _____ School/College: _____

Semester/year of last PDF award, if any: _____

You MUST indicate the *current or anticipated course(s)* that this professional development supports:

Fall _____ (academic year)

Course Name _____ Credit hours _____

Course Name _____ Credit hours _____

Spring _____ (academic year)

Course Name _____ Credit hours _____

Course Name _____ Credit hours _____

What will the requested funds be used for? Choose one (or both): Purchase _____ Activity _____ Both _____

Describe in **specific** detail what you propose:

Activity Location: _____ **Activity Date:** _____

Rationale – how will this request enhance professional development that is relative to your academic responsibilities at SU? _____

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): _____ Date: _____

AU Member Signature: _____

REQUIRED: Recommendation of Appropriate Administrator *:

*Appropriate Administrator (Print): _____ Date: _____

* Appropriate Administrator Signature _____

* Appropriate Administrator's title _____

**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.*

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