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Faculty Development Fund

To: **Full-Time Faculty**
From: WCCFT
Re: Faculty Development Fund Application Form

Eligibility:

You must be employed as a faculty member at WCC at the time of application.

Application for WCCFT Faculty Development Funds Due September 30, 2018

For activities between September 1, 2017 and August 31, 2018
Late applications **WILL NOT** be accepted

Please use pages 2 and 3 to apply for Faculty Development Funds for all activities you completed between September 1, 2017 and August 31, 2018. The number of activities are limited to four (4).

You may apply for reimbursement for expenses incurred for a conference, workshop, class, professional research or similar professional activity. Please include documentation in the form of receipts, certificates or other confirmation of the activity that includes the sponsoring organization, the location and the dates. For professional activity, the union will reimburse for expenses integral and necessary to complete the project, for example, travel (with justification of the need), lab use, archival access, photocopying. All reimbursements are only for expense pertaining to the activity itself. We do not reimburse for membership fees for professional organizations or subscriptions to journals.

Your award will depend on the amount of funds available and the total number of applications received from full-time faculty for this period. The total fund will be divided amongst all the applicants with a maximum of \$1,500 to be paid to any one member. You may receive no more than 100 percent of the cost of the activity from all sources of funding.

All receipts for each activity must be submitted with this application. These must be returned to WCCFT, Tech Building, Room 32, by October 31, 2018. If you have any questions, please call (914) 606-8584.

WCCFT Full-time Faculty Development Application

Please complete and return to **WCCFT**
Tech Bldg. ROOM 32, by
September 30, 2018.

Name _____

WCC Office Location _____ Office Tel Ext. _____

Department _____

Refer to page 3 to itemize your expenses and attach your receipts

*Meals: note current maximum per day is \$60

**Mileage: Must include supporting documentation (e.g., Google maps). Claim must be based on the current reimbursement of 54.5 cents per mile.

Did you receive funds for these activities from any other sources? If so, please specify amount and source.

\$ _____ source _____

+\$ _____ source _____

+\$ _____ source _____

= _____ Total received

Subtract from total expenses (from page 3) _____

| | |
|---------------|-------------------------|
| Total Request | \$ (maximum \$1,500) |
|---------------|-------------------------|

Applicant Signature & Date _____

Please attach documentation for each activity

Receipts must be identified by activity # and stapled

| | Activity 1 | Activity 2 | Activity 3 | Activity 4 |
|---|-------------------|-------------------|-------------------|-------------------|
| Description | | | | |
| Location | | | | |
| Date(s) | | | | |
| Expenses | | | | |
| Air/Rail | | | | |
| Car Rental | | | | |
| Lodging | | | | |
| Registration | | | | |
| Mileage(.535) ** | | | | |
| Other (specify) | | | | |
| Meals* (max \$60 per day) | | | | |
| Subtotal | \$ | \$ | \$ | \$ |
| Please itemize meals by activity and enter in Meals line above | | | | |
| Meals (\$60 Max Per Diem) | | | | |
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |
| Subtotal | \$ | \$ | \$ | \$ |
| TOTAL EXPENSES | \$ | \$ | \$ | \$ |