

WCCFT Full-Time Faculty Development Fund Application

2018-2019



ELIGIBILITY:

You must be employed as a full-time faculty member at Westchester Community College at the time of application. **You must be a member of the WCCFT at the time of the activity.** This application form is for activities completed between September 1, 2018 and August 31, 2019.

APPLICATION INSTRUCTIONS:

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 (credit card bills are not sufficient)
- confirmation of the activity, such as certificates, conference announcement, conference brochure that includes the sponsoring organization, the location and the dates.
- supporting documentation for any mileage (e.g., Google maps)

For professional activities, 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 expenses 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 and evidence for each activity must be submitted with this application, otherwise it will not be considered.

SUBMISSION DEADLINE:

Applications for WCCFT Full-Time Faculty Development Funds must be received by:
September 30, 2019. Late applications will not be accepted.

Please return completed applications to: WCCFT Union Office, Tech Building, Room 32

For questions call (914) 606-8584 or email WCCFT Secretary Rowan Lindley, rowanlwccft@gmail.com

Please complete and return to the WCCFT Union Office, Tech Building, Room 32 by September 30, 2019

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Name:	
WCC Office Location:	Office Tel Ext:
Department:	

Please itemize expenses and attach receipts on the next page.

- Meals: Please note the current maximum amount funded per day is \$60
- Mileage: Please include supporting documentation (e.g. Google Maps). Claim must be based on the current reimbursement of 54.5 cents per mile for 2018. The 2019 rate may be different.

Did you receive funding for these activities from any other sources? If so, please specify the amount and source using the following table.

Amount Received:	Source:
\$	
\$	
\$	
Total Received:	

Subtract Total Received from Total Expenses (listed on the following page) to determine Total Request.

Total Request: \$ _____ (maximum \$1,500)

Signature:	Date:
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Expenses – Use multiple forms if necessary and attach copies of receipts and evidence on separate pages.

	Activity 1	Activity 2	Activity 3	Activity 4
Description				
Location				
Date(s)				
Expenses				
Air/Rail				
Car Rental				
Lodging				
Registration				
Mileage				
Other (specify)				
Meals (\$60 per day max)				
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Total Expenses	\$	\$	\$	\$