

APPLICATION for UNIT 18 PROFESSIONAL DEVELOPMENT FUNDS

Please fill out form completely. No substitutions.

Circle the Award Cycle You are Applying For: Fall OR Spring

SECTION A: FACULTY INFORMATION		
Name:		College:
Department/Program:		Appointment %:
Campus Email:		
SECTION B: PROFESSIONAL DEVELOPMENT ACTIVITY		
1. RESEARCH/STUDENT DEVELOPMENT	2. PRESENTER	3. EDUCATIONAL
<input type="checkbox"/> Faculty Research <input type="checkbox"/> Faculty-Student Research <input type="checkbox"/> Faculty-Student Public Service	<input type="checkbox"/> Conference Presenter <input type="checkbox"/> Workshop Presenter <input type="checkbox"/> Proposal accepted; documentation attached <input type="checkbox"/> Submitted proposal; expect reply by _____	<input type="checkbox"/> Conference Attendee <input type="checkbox"/> Workshop Attendee <input type="checkbox"/> Face-to-face class or course <input type="checkbox"/> Online class or course/webinar
<input type="checkbox"/> 4. OTHER (specify):		
<input type="checkbox"/> IS THIS YOUR FIRST TIME APPLYING FOR THIS FUND AWARD? Yes No If no; have you received an award before? Yes No If yes, please specify date(s) and amount(s):		
<input type="checkbox"/> Are you receiving or do you expect to receive any additional funding, compensation, and /or remuneration for this activity? Yes No If Yes, please describe amount and source.		
SECTION C: PROFESSIONAL DEVELOPMENT INFORMATION		
Title of project/conference/workshop/course or Activity:		
Activity Location:		Activity Dates:
Please provide a brief description of the project/presentation/course		

SECTION D: ITEMIZED BUDGET INFORMATION

Itemization of expenses or a proposed, detailed budget is REQUIRED. Please fill in the form below as indicated. If additional space is required add a separate sheet and check here.

Expense Type	Description /Specifics	Actual Cost or Amt. Requested	Council Use Only Amt. Awarded
Registration/Conference Fees		\$	
* Travel/Airfare		\$	
* Travel/Other Transport		\$	
* Travel Mileage		\$	
* Travel Lodging		\$	
* Travel Meals		\$	
Consumable Supplies		\$	
**Durable Goods		\$	
Incidentals/Misc.		\$	
Other (be specific):		\$	
	Total Amount Requested:	\$	

** Travel expenses must comply with campus and University policy per diems to be eligible for reimbursement.
 * All non-consumable equipment and supplies remain the property of UC Riverside (See checklist).

SECTION E: OUTCOMES

Please indicate how you plan to use your knowledge to enrich the UCR community (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Publication | <input type="checkbox"/> Host a workshop or seminar |
| <input type="checkbox"/> Give a presentation | <input type="checkbox"/> Put on a performance/showcase/exhibit |
| <input type="checkbox"/> Prepare a written report | <input type="checkbox"/> Participate in a Professional Development Symposium |

SECTION F: ADDITIONAL CONTACTS

Include name of Dept. Academic Personnel Director:

Include name of Dept. Financial Administrative Officer or Transactor:

SECTION G: APPLICANTS ACKNOWLEDGEMENT

I certify that I have read and agree to the terms and conditions set forth in the *Professional Development Fund Application Guidelines*. I certify that I meet the eligibility requirements and all necessary documentation has been provided to support my request.

Applicants Signature:

Date:

SECTION H: APPROVALS

Applicants Signature:

Date:

Chair/Director Signature:

Date:

All items are required for application to be considered complete. Please double check you have included all components before submitting.

Please submit documents in PDF in the following order:

APPLICATION (page 1 & 2)

With the appropriate fields filled in and all necessary signatures.

PROJECT DESCRIPTION

Short justification (up to 500 words) describing the project or activity, its expected results, and its significance for your professional development and teaching. Please include here an explanation of any expenses that may raise questions.

UCR EMPLOYMENT STATUS/CURRENT APPOINTMENT LETTER

Evidence of UCR employment at the time of the activity. Print one out from your account accessed at <http://atyourservice.ucop.edu> or refer to the guidelines for examples of other acceptable evidence.

CURRICULUM VITAE (CV)

Current curriculum vitae including your home or campus mailing address, email address, and phone number

ADDITIONAL PROJECT SUPPORT DOCUMENTS

Additional project support information, for example information about the conference, program, workshop, or classes attended, including any applicable program/conference announcements, calls for papers, or letters of acceptance, or certificates of completion.

FUNDS JUSTIFICATION & COPIES OF RECEIPTS

Justification for all requested funds, and copies of receipts (with sensitive account details redacted) for all expenses incurred to date. (Retain originals, including airline boarding passes: these will be required for reimbursement if you are approved for an award.) Please provide a general translation of any receipts in a foreign language.

** Note that expenditures above campus policy per diems for lodging, travel and meals will not be reimbursed.*

DURABLE GOODS ALLOCATION

Durable Goods Allocation Form. Part A is required for all requests of this type. Part B is required for reimbursement of funds; and so is required up-front for applicants seeking retroactive reimbursement.

LETTERS OF SUPPORT

Optional (but recommended) for all applications.

Letters of support from the Department Chair, Program Director, or persons qualified to evaluate the project, either University colleagues or relevant authorities outside UCR, will strengthen applications.

PLUS required with applications for course release or other paid leave.

_____ Two letters of support, including one from the Department Chair or Program Director, are required for applicants requesting a course release or other paid leave.

_____ Current annual salary \$ _____.