APPLICATION for UNIT 18 Faculty PROFESSIONAL DEVELOPMENT FUNDS

Instructions: Use this application form only. No substitutions. Indicate award cycle you are applying for: FALL _____ or SPRING_____ and send completed application to: academicpersonnel@ucr.edu

SECTION A: FACULTY INFORMATION

Name:	College:
Department/Program:	Appointment %:
Campus Email:	

SECTION B: PROFESSIONAL DEVELOPMENT ACTIVITY, Select all that apply.

1. RESEARCH/STUDENT DEVELOPMENT	2. PRESENTER	3. EDUCATIONAL
☐ Faculty Research ☐ Faculty-Student Research ☐ Faculty-Student Public Service	☐ Conference Presenter ☐ Workshop Presenter ☐ Proposal accepted; documentation attached ☐ Submitted proposal; expect reply by _____	☐ Conference Attendee ☐ Workshop Attendee ☐ Face-to-face class or course ☐ Online class or course/webinar

☐ **4. OTHER** (specify):

☐ **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):**

☐ **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:
	Travel Dates, where applicable:

Provide a brief description of the project/presentation/course.

SECTION D: ITEMIZED BUDGET INFORMATION

Itemization of expenses or a proposed, detailed budget is REQUIRED. Fill in form below as indicated. If additional space is required add a separate sheet and check here. ☐ Review M&IE Lodging limits before filling out form: **Appendix B – Page 52**

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 (Guidelines Page 3).

SECTION E: OUTCOMES

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

☐ Publication   ☐ Host a workshop or seminar
☐ Give a presentation   ☐ Put on a performance/showcase/exhibit
☐ Curriculum/pedagogy enhancement ☐ 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

Applicant Signature: Date:

Chair/Director Signature: Date:

Send completed application to: academicpersonnel@ucr.edu

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

Please combine documents and submit packet in a single 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 form from UCPath Center 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 <u>all</u> 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 $_____ .