

New York State/United University Professions Joint Labor-Management Committees

2007-2011 Application

This application must be completed for consideration for all labor-management funded programs. Prior to completing this application, review the guidelines for specific requirements for the program to which you are applying. A separate application must be submitted for each funding request. Be advised that an incomplete Application or an Application with an incomplete or missing Budget Summary will not be considered.

Check the program to which you are applying:

A. Employment Committee

- _____ Enrollment Enhancement Program
- _____ Retraining Fellowship Program
- _____ Employment Counseling and Placement Program

C. Safety and Health Committee

- _____ Dr. Herbert N. Wright Memorial Safety and Health Training Award Program

E. Technology Committee

- _____ Technology Program

B. Professional Development Committee

- _____ Individual Development Awards Program
- _____ Special Projects Fund Program

D. Affirmative Action/Diversity Committee

- _____ Grants for Employees with Disabilities Program
- _____ Dr. Nuala McGann Drescher Leave Program

F. Campus Grants Committee

- _____ Campus Grants Program

1. Applicant's Name _____
2. Work Address _____
3. Email _____ Phone: Work (_____) _____ Home (_____) _____
4. Campus(es) _____
5. Division/Program/Department _____
6. Title/Rank _____
7. For the proposed project/activity, indicate the number participating from each category and from each campus. (Use additional sheets if necessary.)

Campus _____	Campus _____
(a.) ___ Academic	(a.) ___ Academic
1. ___ Full-time	1. ___ Full-time
2. ___ Part-time	2. ___ Part-time
(b.) ___ Professional	(b.) ___ Professional
1. ___ Full-time	1. ___ Full-time
2. ___ Part-time	2. ___ Part-time
8. Check all that apply for **Dr. Nuala McGann Drescher Leave Program ONLY**:
 - (a.) Review Date for Continuing or Permanent Appointment _____
 - (b.) Current Term Status _____
 - (c.) _____ Male _____ Female
 - (d.) Disabled _____ Yes _____ No
 - (e.) Minority Group Member _____ Yes _____ No
 - (f.) Vietnam-Era Veteran _____ Yes _____ No
9. Proposed project/activity title. (List name of seminar, conference, workshop, etc. if applicable.)

10. Date of proposed project/activity: from _____ to _____
mo. / yr. mo. / yr.

11. Briefly describe the proposed project/activity and its job relatedness. (Use additional sheets if necessary)

Budget Summary (Refer to the committee/program guidelines for specific requirements.)

List amount from each:

Campus _____ + Other Sources _____ + JLMC Funds _____ = **TOTAL** _____

I have read the program guidelines and agree to conduct the project or activity described in this Application in accordance with those guidelines.

Applicant's Signature _____ **Date** _____

*The following signatures are required for all Applications **except the Individual Development Awards.***

_____ Date _____	_____ Date _____
Campus President/Designee Signature	UUP Chapter President Signature
_____ Title _____	

Please list all attachments being submitted, as required by the program guidelines to which you are applying. (Use additional sheets if necessary.)

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Send application with attachments, pursuant to the date specified in the program guidelines as follows:

- **Individual Development Awards application** to your Campus Professional Development Committee.
- **All other applications** to:

NYS/UUP Joint Labor-Management Committees
 55 Elk Street Suite 301-C
 Albany, New York 12210-2317
 Phone: (518) 486-4666, FAX: (518) 486-4667, Email: nysuuplmc@goer.state.ny.us

The New York State/United University Professions Joint Labor-Management Committees do not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its program activities. Reasonable accommodation will be provided on request.