



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

Retraining Fellowship Program Application

This application must be completed for consideration for the Retraining Fellowship Program. Prior to completing this application, review the guidelines for the Program and read the Application [Instructions](#). Prior to filling out this application, save it to your files. After filling out this application form, print it, obtain the required signatures and submit it, with all attachments, as directed at the bottom of the form. Be advised that an incomplete application will not be considered.

PART A: APPLICANT INFORMATION

Name _____ Title/Rank _____

Email _____ Work Phone _____

Division/Program/Department _____

Work Address _____

Campus _____

Professional Academic

PART B: PROPOSAL INFORMATION

1. Dates of proposed project/activity: From: _____ To: _____

2. A. Project/Activity Title: _____

2. B. Briefly describe the proposed project/activity and it job relatedness in 250 words or fewer.

PART C: BUDGET SUMMARY

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. All expenditures must be itemized and justified.

A separate Budget Summary must be completed for each semester for which funding is being requested.

Semester Date: From: _____ To: _____

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
1. Travel and Related Expenses. Include a separate entry for each trip.			
<p>A. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Transportation Mode _____ Amount _____ Location: From: _____ To: _____</p> <hr/> <p>B. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Transportation Mode _____ Amount _____ Location: From: _____ To: _____</p> <hr/> <p>C. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____</p> <p>Transportation Mode _____ Amount _____ Location: From: _____ To: _____</p>			

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
2. Tuition (at SUNY rate). Specify Institution: _____ No. of Credits: _____ Amount: _____			
3. Registration fees for conferences, seminars, or workshops. Specify. Name of event: _____ Fee Amount: _____			
4. Other Expenses: Describe and Specify ** Description: _____ Amount: _____			
TOTAL REQUESTED			

Campus Contribution:

*Identify Other Sources:

**Justification for Other Expenses:

PART D: REQUIRED ATTACHMENTS

All required attachments listed below must be submitted with the application.

- ___ A copy of a retrenchment notice, or statement of reasons provided by the campus for the perceived high risk of retrenchment, or other documents supporting the application.
- ___ A description of an organized course of study by semester, including the division, department, or program; a list of courses and credits; type of degree, certification, or specialized training to be completed; and the name of an accredited institution and address. A justification must be provided for selecting an accredited institution other than SUNY.
- ___ An official letter of acceptance or pending acceptance into an organized course of study at an accredited institution. If applying to other than a degree program, documentation of enrollment and a copy of the brochure describing the program and the provider.
- ___ A letter of endorsement by the campus president or designee and the UUP chapter president.

- ___ A detailed timeline with dates for completing each phase of the proposed course of study.
- ___ For employees who are under notification of retrenchment, or are perceived to be at high risk of retrenchment, a proposed plan that includes a description of the desired position after retraining, including linkage with recognizable job opportunities.
- ___ For employees whose retraining would accommodate shifting program needs:
 - A letter from the campus president or designee describing the programmatic changes, when they occurred, and how this training will accommodate shifting program needs.
 - If requesting a leave to complete course work, a letter from the campus president or designee endorsing the leave.
 - A letter from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the total project or activity expenses including salary for a replacement for the duration of the leave. Joint Labor-Management Committees' funds that have been awarded to the campus for other programs should not be considered as part of the campus's contribution.
- ___ A brief curriculum vitae.

ACKNOWLEDGEMENT AND SIGNATURE(S)

___ I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Employment Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the New York State Comptroller's Rules and Regulations. I understand that any changes to this project or activity must be approved by the Employment Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

_____ Date: _____
 Applicants Signature

The following signatures are required for employees who are currently employed at a campus.

_____ Date: _____
 Campus President/Designee Signature Title

 Campus President/Designee (PLEASE PRINT)

_____ Date: _____
 UUP Chapter President Signature

 UUP Chapter President (PLEASE PRINT)

Submit completed application and all required attachments pursuant to the deadline date specified in the program guidelines to:

NYS/UUP Joint Labor-Management Committees
Agency Building 2, 8th Floor
Empire State Plaza
Albany, New York 12223
Phone: 518.486.4666 FAX: 518.486.9220
Email: nysuuplmc@oer.ny.gov

It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.