



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

PROFESSIONAL DEVELOPMENT WORKSHOP APPLICATION

Please complete this application and return it to the JLMC office at least three weeks prior to the workshop date.

Workshop Name:	Date(s):	to	
Workshop Location:			
I. APPLICANT INFORMATION			
Name: Title/Rank:			
Division/Department/Program:			
Campus:			
Work Mail Address:			
Work Telephone:	Work Email:		
Applicant Signature:	Date:		_
II. APPROVAL OF DIVISION/DEPARTMENT/PROGRAM			
The applicant is approved for the following to attend this workshop:			
Release time	Reimbursement of travel	expenses	
Name (Print):	Title:		-
Work Phone:	Email:		
Signature:	Date:		

Return application to NYS/UUP JLMC staff or contact for additional information.

(518) 486-4666 Fax: (518) 486-9220 nysuuplmc@goer.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.