

Postdoctoral Union Surplus Funding (PUSF) Application

PSAC LOCAL 77000

As per article 5.02 of the CU-PSAC Local 77000 Collective Agreement, every union member of Local 77000 pays an equivalent due to the Union. Given that there are limited surplus funds available in the union account, we would like to give back to our members for presenting their data in conferences and/or emergency medical expenses to a maximum of CAD 400 per application per fiscal year. This is a temporary fund, and the applications are evaluated on a first come first serve basis.

Instructions

1. Complete this form providing details of the expense.
2. Email the completed form and the additional documents (submitted abstract in the conference in question, medical receipt) to jcaa.psa77000@gmail.com.

Section A. Applicant Information

Name: _____ PSAC Member ID*: _____

Department: _____ Carleton Banner ID: _____

Supervisor: _____

Mailing Address

Number and Street: _____

Apartment/Suite: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Phone Number: _____

Carleton Employee Email Address: _____

Contract Start Date: _____

Contract End Date: _____

* Your PSAC Member ID is the number on your union registration card. If you don't already have this number, please complete the registration at: <http://psacunion.ca/rand>. After you fill this out, you will receive a signing page – please sign to complete your membership. The membership number will be given to you after successful registration. If you have any questions, contact contact.psa77000@gmail.com for further information.

Section B. Expense Information

Expense purpose:

- Conference registration
- Emergency medical expense

Expense Date: _____

For conference registration, please fill out the short questionnaire below

(indicate if you will be making an oral or poster presentation and the reason for the requested funds):

You are presenting

- Poster
- Oral presentation

Please include the submitted abstract and the copy of conference registration

Asking amount for conference registration: _____/(CA\$ 400)

For emergency medical expenses, please fill out the short questionnaire below

(indicate if you have filed a claim with Canada life and/or OHIP for this expense, whether your expenses have been accepted or rejected by Canada Life/OHIP or the difference between what Canada Life/OHIP has already paid and the amount you are asking. Please, attach a copy of the estimate you received from your insurance):

Claimed the expense (with)

- OHIP
- Canada Life
- None

If claimed, what is the status of your application

- Accepted
- Rejected
- Pending

If the claim is pending, please attach a copy of the pre-estimation claim to the insurance company with this application.

Asking amount for medical expense: _____/(CA\$ 400)

Section C. Consent of the applicant

I hereby apply for the Postdoctoral Union Extra Fund (PUEF) - PSAC LOCAL 77000, and I certify that the information provided is true in all material respects.

I hereby certify that I have not been and will not be otherwise reimbursed for the expenditure on this claim and that the expenditures were or will be made by me personally and with due regard for reasonable economy and are directly related to the stated purpose in this application.

Applications must be submitted before April 15th to be considered within the same fiscal year.

Members can be awarded a maximum of \$400 per individual per fiscal year (May 1-April 30). Applications will be processed on a first come first served basis until funds are exhausted.

Signature of the applicant: _____

Date: (yy/mm/dd): _____

Section D. For official use ONLY

Total Amount Approved: _____ /CA\$ 400

Approved by:

_____ (for JCAA)

_____ (for PSAC Local 77000)