



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

**NYS/UUP JLMC SUNY SYSTEM-WIDE
PROFESSIONAL DEVELOPMENT
WORKSHOP APPLICATION**

Please download and save the application to your computer. Open the saved document to complete the application and return it to NYS/UUP JLMC staff at least one week prior to the workshop date.

Workshop Name: _____ Date: _____
 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/Rank: _____
 Work Phone: _____ Email: _____
 Signature: _____ Date: _____

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

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.