



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

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**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](mailto: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.*