



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

**Employment Coaching and Placement Program Application**

This application must be completed for consideration for the Employment Coaching and Placement 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
<b>1. Travel and Related Expenses. Include a separate entry for each trip.</b>			
<b>A.</b> Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____  Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____  Transportation Mode _____ Amount _____ Location: From: _____ To: _____ <hr/> <b>B.</b> Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____  Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____  Transportation Mode _____ Amount _____ Location: From: _____ To: _____ <hr/> <b>C.</b> Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____  Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____  Transportation Mode _____ Amount _____ Location: From: _____ To: _____			

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
2. Registration fees for conferences, seminars, or workshops. Specify. Name of event: _____ Fee Amount: _____			
3. Other Expenses: Describe and Specify ** Description: _____ Amount: _____			
<b>TOTAL REQUESTED</b>			

\*Identify Other Sources:

\*\*Justification for Other Expenses:

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS THERE IS A MINIMUM 40% CAMPUS CONTRIBUTION**

**PART D: REQUIRED ATTACHMENTS**

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

\_\_\_ A full career coaching and employment plan described under Eligibility, documenting professional services, placement agencies, credentials of counselors or other evidence of professional competence. Either an official letter or a copy of the brochure from the coaching and placement agency or generally recognized professional entity with credentials from each person(s) providing the counseling and placement services should be provided.

\_\_\_ Provide proposed expenditures to be incurred, including but not limited to the following:

- Standard employment counseling and placement agency fees in the employee's geographic area.
- Transportation expenses between home and the counseling office or job interview.
- Evaluation and testing instruments commonly used for career counseling.
- Employment related books, expendable supplies, and software.
- Professional resume preparation and reasonable mailing expenses associated with job a search.

\_\_\_ A copy of retrenchment notice, or statement of reasons provided by the campus for perceived high risk of retrenchment.

\_\_\_ 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. NYS/UUP Joint Labor-Management Committees' funds that have been awarded to the campuses should not be included as a part of the campus's contribution.

I

**ACKNOWLEDGEMENT AND SIGNATURES**

\_\_\_ 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.

\_\_\_\_\_  
Applicants Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Campus President/Designee Signature Date: \_\_\_\_\_  
Title

\_\_\_\_\_  
Campus President/Designee (PLEASE PRINT)

\_\_\_\_\_  
UUP Chapter President Signature Date: \_\_\_\_\_

\_\_\_\_\_  
UUP Chapter President (PLEASE PRINT)

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

NYS/UUP Joint Labor-Management Committees  
Agency Building 2, 8th Floor  
Empire State Plaza  
Albany, NY 12223  
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.*