

***PSU Faculty Association (AFT) and Portland State University***  
***Collective Bargaining Agreement***  
**Benefits Available to Faculty and Researchers**  
**Working Less Than .50 FTE**

### **Faculty Education Fund**

The faculty education fund provides tuition funds for eligible faculty and researchers (working less than .50FTE). Bargaining unit members may apply each term for a grant from this fund to be used for enrollment in career-related PSU courses. Preference will be given to applicants taking courses applicable to the completion of an advanced degree. Requests will be completed by faculty, approved by the PSU Faculty Association as to eligibility and amount, and forwarded to the Office of Academic Affairs for processing. Bargaining unit members shall submit one application for all courses in that academic term for which a grant is sought. The 2007-2009 agreement specifies that faculty will pay \$24 per credit hour and no other fees apply. Faculty should note the target date for submissions of requests.

- See Article 13, Section 1 for reference.
- The current application form (Appendix D-1) is attached. The form is also in the current agreement and on the PSU website at [www.pdx.edu/oaa](http://www.pdx.edu/oaa) under OAA Reference Documents.

### **Professional Development Fund**

The professional development fund provides limited funding for professional development opportunities and scholarly pursuits for eligible faculty and researchers (working less than .50FTE). Requests for support for an individual are limited to \$1,200 per fiscal year. Requests are completed by faculty; approved by the Department Chair or designee and by the PSU Faculty Association; and forwarded to the Office of Academic Affairs for review. Preference will be given to applicants presenting, performing, or conducting primary research in their respective fields. Approximately 25% of the funds will be awarded for activities in the fall term, 50% for activities in the winter and spring terms, and 25% for activities in the summer term.

- See Article 13, Section 2 for reference.
- The current application form (Appendix D-2) is attached. The form also in the current agreement and on the PSU website at [www.pdx.edu/oaa](http://www.pdx.edu/oaa) under OAA Reference Documents.

### **Health Insurance Fund**

The health insurance fund provides funds for health insurance costs. Eligibility to apply for the fund includes: (1) membership in the PSU Faculty Association bargaining unit during the term for which assistance is requested; (2) being currently uninsured or self-insured through an individual policy without health benefits from another source.

- See Article 14 for reference.
- The current application form (Appendix E) is attached. The form also in the current agreement and on the PSU website at [www.pdx.edu/oaa](http://www.pdx.edu/oaa) under OAA Reference Documents.

**APPENDIX D(1): APPLICATION FOR FACULTY EDUCATION FUND  
FOR PART-TIME FACULTY**

**Eligibility to Apply:** Completion of at least four terms employment by PSU; and membership in the part-time faculty bargaining unit during the academic year preceding or during the year in which the course is taken. If you have any questions, call the PSU Faculty Association at (503) 224-3090.

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Department: \_\_\_\_\_

(1) List the two terms you have worked at Portland State University and the courses taught, if applicable:

| Year Taught | Department, Course No. | Course Title |
|-------------|------------------------|--------------|
|             |                        |              |
|             |                        |              |
|             |                        |              |

(2) List the term, course(s), and credit hours you plan to take [complete a separate form for each academic term]:

| Term | Department, Course No., Credit Hours | Course Title |
|------|--------------------------------------|--------------|
|      |                                      |              |
|      |                                      |              |

(3) Please attach an explanation of how the course(s) you plan to take fits into the development of your career.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please observe the following deadlines. Return this form to the Portland State University Faculty Association, P.O. Box 8434, Portland, OR 97207-8434 by:**

September 1 for Fall term courses                      March 1 for Spring term courses  
December 1 for Winter term course                      June 1 for Summer term courses

**\*\* Please note that incomplete forms will be returned. \*\***

**Pursuant to Article 13, Section 1, of the PSU & AFT Agreement:** Faculty member pays \$24.00 per credit hour. The balance of the instructional fee (tuition) will be charged to index OAA030 as a fee remission. All other fees (resource, building, incidental, health service, and any course-specific fees) will be remitted against the specific income account, as appropriate.

|   |  |
|---|--|
| <i>For PSU Faculty Association Use Only</i> | _____  |
|   | Approval for the Association <span style="float: right;">Date</span> |
| <i>For OAA Use Only</i>                     | _____  |
|   | Approval for the University <span style="float: right;">Date</span>  |
| <i>For Cashiers Use Only</i>                | _____  |

**APPENDIX D(2): APPLICATION FOR PROFESSIONAL DEVELOPMENT FUND  
FOR PART-TIME FACULTY**

**Eligibility to Apply:** Membership in the part-time faculty bargaining unit during the current academic year; and completion of at least six terms working at the University. If you have any questions, call the PSU Faculty Association at (503) 224-3090.

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

List the most recent academic years you have taught at Portland State University and the courses taught:

| Year Taught | Course No. and Course Title |
|-------------|-----------------------------|
|             |                             |
|             |                             |
|             |                             |

Briefly describe the activity for which you are applying for funding: \_\_\_\_\_

Dates of Activity: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Attach a one-page explanation of how the activity described above fits into your academic responsibilities at Portland State and to the development of your career. Include a brief budget statement.

\_\_\_\_\_  
Signature Date

|  |                     |                           |
|--|---------------------|---------------------------|
| <b>Notice to Dept. Chair or Designee:</b> Your signature of support is required for this faculty member applying to the Office of Academic Affairs for funds to promote professional development activities. During the appropriate fiscal year, OAA will transfer funds into the index code you indicate below. |                     |                           |
| _____<br>Signature—Dept. Chair/Designee  | _____<br>Title      | _____<br>Date             |
| _____<br>Print Name—Dept. Chair/Designee   | _____<br>Department | _____<br>Dept. Index Code |

**Please observe the following deadlines. Return this form to the Portland State University Faculty Association, P.O. Box 8434, Portland, OR 97207-8434 by:**

- August 1: for Fall term activities (October through December)
- December 1: for Winter and Spring term activities (January through June)
- May 1: for Summer term activities (July through September)

**\*\* Please note that incomplete forms will be returned. \*\***

|   |                                       |               |
|---|---------------------------------------|---------------|
| <i>For PSU Faculty Association Use Only</i> | _____<br>Approval for the Association | _____<br>Date |
| <i>For OAA Use Only</i>                     | _____<br>Approval for the University  | _____<br>Date |

**APPENDIX E: APPLICATION FOR HEALTH INSURANCE FUND**

***FOR PART-TIME FACULTY***

**Eligibility to Apply:** Membership in the part-time faculty bargaining unit during the term for which assistance is requested. Currently uninsured or self-insured through an individual policy without health benefits from another source. If you have any questions, call the PSU Faculty Association at (503) 224-3090.

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Address (w/ city, state, zip): \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Department: \_\_\_\_\_

For which quarter are you seeking benefits: \_\_\_\_\_

What classes or classes are you teaching this quarter: \_\_\_\_\_

Do you currently have health insurance: \_\_\_\_\_ If yes, who is your provider: \_\_\_\_\_

How much are your monthly health insurance costs: \_\_\_\_\_

I hereby certify that I have no other health insurance available to me either through other employment or through the employment of a family member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please observe the following deadlines. Return this form to the Portland State University Faculty Association, P.O. Box 8434, Portland, OR 97207-8434 by:**

December 15 for benefits for Fall quarter.

March 15 for benefits for Winter quarter.

May 15 for benefits for Spring quarter.

July 15 for benefits for Summer quarter.

**\*\* Please note that incomplete forms will be returned. \*\***