



## **Peralta Federation of Teachers Part Time Faculty Members' Emergency Relief Fund (MERF)**

Peralta part-time faculty members who are experiencing hardship as a result of assignment reductions can apply for up to \$500 in emergency assistance, which will be given on a first-come, first-served basis in accordance with the following criteria:

- current PFT membership
- worked within the Peralta District for at least four of the previous ten semesters
- loss of 40% or higher of the faculty member's semester's baseload assignment
- no full-time employment elsewhere
- no retirement benefits, or retirement benefits limited to \$450 per week.

The PFT is making available \$5,000 for the 2015-2016. Applications will be accepted from **September 8 – April 11, 2016.**

PFT staff and part-time representative will review all applications and verify membership. Once the applications have been reviewed and membership verified, a recommendation will be made to the PFT Executive Council and the PFT President will give final approval on funds to be awarded to members.

To apply for PTMERF, please return the PTMERF application form via email to [union@pft1603.org](mailto:union@pft1603.org), by postal mail, or in person to:

Peralta Federation of Teachers, Attn: PTMERF  
500 East Eighth St, Suite B,  
Oakland CA 94606-2825

For more information, contact Kayla Lewis at 510-763-8820 or [union@pft1603.org](mailto:union@pft1603.org)

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## **Peralta Federation of Teachers**

# Part-Time Faculty Members' Emergency Relief (MERF) Fund Application Form

Applicant's name: \_\_\_\_\_ College: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Personal email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list your loads for each of the following 10 semesters:

Fall 2015 \_\_\_\_\_ equated hours      Spring 2015 \_\_\_\_\_ equated hours

Fall 2014 \_\_\_\_\_ equated hours      Spring 2014 \_\_\_\_\_ equated hours

Fall 2013 \_\_\_\_\_ equated hours      Spring 2013 \_\_\_\_\_ equated hours

Fall 2012 \_\_\_\_\_ equated hours      Spring 2012 \_\_\_\_\_ equated hours

Fall 2011 \_\_\_\_\_ equated hours      Spring 2011 \_\_\_\_\_ equated hours

[For auditing purposes, attach copies of your term workload printouts for the above.]

Are you receiving unemployment compensation? Yes \_\_\_\_ No \_\_\_\_

Do you have full-time work elsewhere? Yes \_\_\_\_ No \_\_\_\_

Are you receiving retirement benefits?

\$450 or under per week? Yes \_\_\_\_ No \_\_\_\_

Over \$450 per week? Yes \_\_\_\_ No \_\_\_\_

Did you lose District health benefits as a result of this cutback? Yes \_\_\_\_ No \_\_\_\_

How long have you worked in the Peralta District? \_\_\_\_\_ years

Have you sought counseling regarding your medical expenses? Yes \_\_\_\_ No \_\_\_\_

Do you anticipate medical or other expenses? Yes \_\_\_\_ No \_\_\_\_

Please briefly explain your emergency relief need:

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Signature

Date

**OFFICE USE ONLY: RESPONSE TO APPLICATION:**

- \$ \_\_\_\_\_ granted to \_\_\_\_\_ on \_\_\_\_\_

- No relief granted \_\_\_\_\_. Reason: Note criteria not met: \_\_\_\_\_

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Signature of PFT President