



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 \$10,000 for the 2016-2017. Applications will be accepted from **September 16 – March 31, 2017.**

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, 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

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 2016 _____equated hours Spring 2016 _____equated hours

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

[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:

Signature

Date

OFFICE USE ONLY: RESPONSE TO APPLICATION:

• \$ _____ granted to _____ on _____

• No relief granted _____. Reason: Note criteria not met: _____

Signature of PFT President