



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 regular semester's baseload assignment OR at least 3 units, whichever is lower
- no full-time employment elsewhere
- no retirement benefits, or retirement benefits limited to \$450 per week.

The PFT is making available \$5,000 total for the 2021-2022 academic year. Applications will be accepted in one cycle.

PFT staff and the Part-time Representatives will review all applications and verify membership. Be sure to include term workload printouts with your application. 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. All applications are due by the second Friday in April.

To apply for PTMERF, please return the PTMERF application form via email to union@pft1603.org.

For more information, contact Kayla Lewis at union@pft1603.org

UPDATED 2/9/22

**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: _____

Applying for load reduction that occurred in: Fall _____ Spring _____

Have you worked for PCCD within 4 of the last 10 semesters (excluding summer and intercession)? Yes ___ No ___

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

Fall 2021 _____ equated hours Spring 2022 _____ equated hours

Fall 2020 _____ equated hours Spring 2021 _____ equated hours

Fall 2019 _____ equated hours Spring 2020 _____ equated hours

Fall 2018 _____ equated hours Spring 2019 _____ equated hours

Fall 2017 _____ equated hours Spring 2018 _____ 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

Please briefly explain your emergency relief need. If more space is needed please attach an additional page :

Signature

Date

OFFICE USE ONLY: RESPONSE TO APPLICATION:

• \$ _____ granted to _____ on _____

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

Signature of PFT President