



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 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 2025-2026 academic year. Applications will be accepted in one cycle in the fall, and a cycle in the spring. Faculty who had a loss of 40% or higher of baseload assignment or at least 3 units in Fall semester are encouraged to submit an application in the Spring semester cycle.

PFT staff and a 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. **Applications for the spring semester are due by April 1, 2026.**

To apply for PT MERF, please return the PT MERF application form via email to union@pft1603.org, by postal mail, or in person to:

Peralta Federation of Teachers,

Attn: PT MERF

500 East Eighth Street, Suite B,
Oakland, CA 94606-2825

For more information, contact Anna Roy at 510-763-8820 or union@pft1603.org.

Peralta Federation of Teachers Part-Time Faculty Members' Emergency Relief Fund (MERF) Application Form

Applicant's name: _____ **College:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Personal email: _____ **Phone:** _____

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

Fall 2025 _____ equated hours **Spring 2026** _____ equated hours

Fall 2024 _____ equated hours **Spring 2025** _____ equated hours

Fall 2023 _____ equated hours **Spring 2024** _____ equated hours

Fall 2022 _____ equated hours **Spring 2023** _____ equated hours

Fall 2021 _____ equated hours **Spring 2022** _____ 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:

Signature _____ **Date** _____

OFFICE USE ONLY: RESPONSE TO APPLICATION

- \$_____ granted to _____ on _____
- _____ No relief granted.

Reason: Criteria not met:

Signature of PFT President