

JUSTIFICATION AND AUTHORIZATION FOR EXTERNALLY FUNDED POSITIONS

Grant/Contact Title and Number:	Originating Department:
Beginning Date:	Ending Date:

Brief Description:

Positions Requested		Position Type					Benefits														Office Use Only		
							Standard							Additional									
Grant/Contract Position Title	Grant Funded Salary	Full-time	Part-Time	DMC Employee pledged to Grant	Temporary Full-Time	Temporary Half-Time	Health insurance	Life Insurance	Long-term disability insurance	TRS/ORP contributions	Worker's compensation	Unemployment Compensation	Jury duty Leave	FICA matching	Holidays	College Breaks	Personal Leave	Sick leave accrual	Vacation accrual	Other	Specifications	Position Number Assignment	

APPROVAL AND ACTION

(1) _____ Date _____ Dept. Chairperson or Director	(5) _____ Date _____ CFO/Vice President of Operations
(2) _____ Date _____ Divisional Dean	(6) _____ Date _____ Human Resources
(3) _____ Date _____ Associate Vice President (If applicable)	(7) _____ Date _____ President
(4) _____ Date _____ Provost/Vice President of Instruction and Student Services	

Payroll Personnel:	Date Received:	Date Recorded:
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