

Required Attachment: Grant position budget documentation

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)	Dept. Chairperson or Supervisor	Date	(2)	Divisional Dean	Date
(3)	Human Resources Personnel	Date	(4)	Provost/Vice President of Instruction and Student Services	Date
(5)	CFO and Vice President of Operations	Date	(6)	President	Date

Payroll Personnel:	Date Received:	Date Recorded:
--------------------	----------------	----------------