# Perkins Activity Position Description

INSTITUTION: Click here to enter text.

|  |  |
| --- | --- |
| Position Information |  |
| Job Title | Click here to enter text. |
| Employee Name | Click here to enter text. |
| Job Description | Click here to enter text. |
| Employment | Full Time:  Part Time: |
| Rate of Pay | Click here to enter text. |
| Hours per Week | Click here to enter text. |
| % Paid by Perkins | Click here to enter text. |
|  |  |
| Works on single cost objective |  |

**Instructions**

Salary reimbursements will be reviewed based on the positon description.

Prepare a positon description for each employee to be paid with Perkins.

|  |  |
| --- | --- |
| Job Title | Enter official positon job title |
| Employee Name | Enter name of employee if known. This will be used to match positon description to reimbursements. If name is not known, enter “TBD” |
| Job Description | Enter a list of primary duties for which Perkins will pay. This is not a list of duties described in a job announcement. This defines what the position will actually spend time on. Restrict to job duties without explanation. Should be clear and concise. |
| Employment | Check whether positon is full or part time |
| Rate of Pay | Enter amount of pay and note whether is per hour or fixed salary |
| Hours per Week | Enter the expected number of hours per week to be worked on Perkins |
| % Paid by Perkins | Estimated amount to be paid by Perkins. |
| Single Cost Objective | Check if the positon will work on a single cost objective. If so, a semi-annual time and effort will be required. If not checked, monthly time and effort documentation will be required. |