ATTACHMENT A

PERSONNEL JUSTIFICATION FORM FOR SPECIAL PROJECT BUDGET									
(A) Employee Name	(B) Position on project/job title	(C) % FTE charged to budget	(D) Hourly wage charged to budget	(E) Hourly fringe charged to budget	(F) % fringe of hourly wage	(G) Total hourly wage (D + E)	(H) Number of hours per day employee will work at project	(I) Total number of workdays charged to budget	(J) Total salary cost (G x H x I)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Total salaries to be charged to project budget									
Total FTE									