



Miami-Dade County Public Schools

Office of Human Resources, Recruiting, Performance Management and Labor Relations
employeeservices@dadeschools.net

ACKNOWLEDGEMENT AND RECEIPT OF GRANT-FUNDED POSITION AGREEMENT

By signing this form, you are attesting that you fully understand and accept that the position listed below, is a grant-funded position with a delineated start and end date. Since this position is grant-funded there is no warranty of an extension of employment beyond the expiration date of the grant or any expectation of future employment with Miami-Dade County Public Schools (M-DCPS). It should also be noted, that employment with M-DCPS may be *terminated for cause*, at any time, even if the funding grant is still in place.

Employee Information

Employee Name: _____ Employee Number: _____
Email Address: _____ Phone Number: _____

Position Information

Position Title: _____ Job Code: _____
Work Location Name: _____ Work Location Number: _____

Grant Information

Name of Grant: _____ Granting Agency: _____
Start Date: _____ **Expiration Date:** _____
Name of District Grant Liaison: _____ Contact Number: _____

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Employee Signature: _____ Date: _____
Administrator Signature: _____ Date: _____

For Office Use Only: Pay Grade: _____ Functional Area: _____ Position #: _____ Commitment Item: _____