

UCI School of Social Sciences

Funding Verification Form

Initial Appointment Reappointment/Renewal

PI / Supervisor: _____

Employee Name: _____

Job Title: _____

Begin and End Date: _____

Annual Salary (include multi-year appointments, as needed):

Year 1 Salary	Year 2 Salary (if applicable)	Year 3 Salary (if applicable)

Total Appointment %: _____

KFS Account	Appointment %	Project Code (if applicable)	KFS Sub Account (if applicable)	To Be Updated by Fiscal Officer Sub Code
				02
				02
				02

Visa Information (if applicable):

Visa Type: _____

Duration of Visa: _____

Cost of Visa: _____

Funding Source for Visa: _____

Approvals & Confirmation:

PI or Account Manager Date

Fiscal Officer Date

PI Approval attached in lieu of signed form.

UCPath Transaction By: _____ Position Funding Entry Hire Transaction

If PERM Funded, Position #: _____