UCI School of Social Ecology

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

Visa Information (if applicable):

    Visa Type: _____

    Duration of Visa: _____

    Cost of Visa: _____

    Funding Source for Visa: _____

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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 #: _____