

UCI School of Social Ecology

Funding Verification Form

☐ Initial Appointment ☐ Reappointment/Renewal ☐ Other: _____

PI / Supervisor: _____

Employee Name: _____

Job Title: _____

Begin and End Date: _____

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

To Be Updated by Department Manager	Year 1 Salary (-)	Year 2 Salary (if applicable) (-)	Year 3 Salary (if applicable) (-)	Year 4 Salary (if applicable) (-)	Year 5 Salary (if applicable) (-)
Salary					
Appointment %					
Total Salary					

KFS Account	Appointment %	Project Code (if applicable)	KFS Sub Account (if applicable)	Sub Code (update as needed)

Notes:

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 #: _____