



**FAIRMONT STATE  
UNIVERSITY™**  
Office of Sponsored Programs

## Temporary Appointment Verification Form

The purpose of this form is to verify temporary appointments for grant-funded employees **not** required to submit effort reporting or an hourly timesheet. The form is to be completed and dated **after** the service end date. Submit this form to your Budget Manager for processing.

**Grant Name:**

**T#:**

**Fund/Org:**

**Faculty/Staff Name:**

**Service Begin Date:**

**Service End Date:**

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**Description of Job Duties and Responsibilities Completed** (explain in detail):

**Payment Amount** (without fringes\*):

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**“I certify that the above job duties and responsibilities have been met, and the individual may now be paid as approved within the grant documents.”**

**PI Name:**

**PI Signature:** \_\_\_\_\_

**Date:**

\*If you or your budget manager are unsure of the amount of the wage without fringes, contact the Office of Sponsored Programs.

Submit this form to [Christy.Burner@fairmontstate.edu](mailto:Christy.Burner@fairmontstate.edu) for record keeping.