



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

Temporary Appointment Verification Form

(To be used for grant-funded employees not required
to submit effort reporting or an hourly timesheet.)

Grant Name:

T#:

Fund/Org:

Faculty/Staff Name:

Service Begin Date:

Service End Date:

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

Payment Amount (without fringes*):

**“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 for processing.