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.

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.