



FUND CONFIRMATION FOR NEW HIRES AND RE-APPOINTMENTS

Please complete the fields below to confirm your approval for the following New Hire or Re-appointment:

Employee Name	_____	McGill ID (if applicable)	_____
Email (if applicable)	_____	Position Title	_____
Hourly rate/Annual Salary	_____	Estimated Weekly Hours	_____
Position Start Date	_____	Position End Date	_____

FOAPAL Distribution

Percentage	Fund	Org	Account	Program	Activity	Location

I approve of the above-mentioned information

Professor Name	_____
Title	_____
Date	_____
Signature	_____