

## Documentation of External Salary and Support

---

Name: \_\_\_\_\_

BWH Job Title: \_\_\_\_\_

BWH Department: \_\_\_\_\_

BWH Sponsor (PI name): \_\_\_\_\_

Duration of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Documentation of Income

Please list all external sources of salary support that will be directly paid to you as compensation for work you perform at Brigham and Women’s Hospital. For each funding source please provide official notification from the granting entity which identifies the recipient of the award, the total amount of the award and funding period for which the award has been made. If the documentation from the funding entity is in a language other than English, please provide an English translation of the document; in addition please convert all foreign currency values to US dollars.

<b>Sponsoring Agency<sup>1</sup></b> <i>University, government agency, foundation, corporation</i>	<b>Total Award- in US dollars</b>	<b>Award Start Date</b>	<b>Award End Date</b>	<b>Payment Interval</b> <i>Weekly, monthly, yearly, etc.</i>	<b>Amount Paid per Interval in US dollars</b>	<b>Award Notification Attached –with English translation if necessary</b>

<sup>1</sup> Please include the entity name and address.

### Attestation

My signature below serves as confirmation that:

- 1.) I have been offered the position of \_\_\_\_\_ at BWH with an initial annual salary of \_\_\_\_\_. Part or all of this salary will be paid directly to me from sources outside of BWH and have been listed in the table above.
- 2.) The sources of external support listed above, the monetary value of the support in US dollars and all supporting documentation are true and accurate records of financial support that will be paid to me for work performed at Brigham and Women’s Hospital in Boston, Massachusetts.
- 3.) I understand that the external support described above constitute wages for work I will perform at Brigham and Women’s Hospital from \_\_\_\_\_ to \_\_\_\_\_.

Furthermore I agree to immediately alert my supervisor as well as the Office of Sponsored Staff and Volunteer Services if there are any changes made to the terms, conditions or amount of support described above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date