

## Chemistry

# **Student Request to Hire/Change Appointment/Terminate**

#### **Student Information**

Student Number	Student	Name					
	First	First			Last		
Appointment Type		Semester		Year			
			2023, 2024, e			etc.	
LOA or Terminate  □ Leave of Absence □ T  If the student needs to be funding or internship or te graduating	put on lea		Work Begin Da	te	Work	End Date	
Monthly Appoin To be filled out for monthly appointment only							
Appointment:			Monthly Appo	intment T	ype	Monthly Rate	
MoCode for Stipend:		MoCod	e for Tuition:		MoCode :	for Other Fees:	
This section is for a MoCo student will be paid from.	ode that the		ction is for a MoC lent tuition/fee wil		that the si be paid fr	on is for a MoCode tudents other fee will om (SpecifyHealth e, Activity fee, IT fee,	

ect).

## **Hourly appointment**

Appointment:	Monthly Appointment Type

Hourly Rate	Number hours to work	MoCode for hourly wage	
Comments			
Faculty Signature:		Date:	

### **Staff Only**

Hours Enrolled GTA/GA Course Date Entered

eForm Number: Date ePAF Approved