Department of Chemical and Biomedical Engineering FAMU-FSU College of Engineering

Department Appointment Request Form

Nam	ne of En	nployee:	_ ID:	
Star	t Date o	of Work:	End Date of Work:	
Wor	king Ti	itle for this Employee:		
Bud	get Nur	mber or Name to Charge:		
PI: _				
Emp	oloyee e	mail address:		
Emp	oloyee t	elephone number:	-	
Pers	onnel (Category (please check \$)		
¢	Graduate Student:			
	É	MS student		
	¢	PhD student before prospec	ctus	
	¢	PhD student after prospect	us	
	¢	Laboratory TA		
¢	Post	Postdoctoral Fellow:		
É	Undergraduate student			
	Hours of Work per Week:			
	Hourly Rate/Biweekly Rate:/			
É	Other personnel			
	Please specify:			