# Student Employment FOAPAL Change Form

**THIS FORM MUST BE ROUTED TO STUDENT EMPLOYMENT FACE 16 FOR PROCESSING.**

FOAPAL Change forms will be processed at the **end of each month**.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>BC@ID</th>
<th>FWS Verified</th>
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The above named Students need to be switched from:

- Department Funds **TO** Federal Work Study *(FWS Verified by Student Employment Office)*

  FOAPAL being terminated: ______________________ ORG: __________

- Federal Work Study **TO** Department Funds

  NEW FOAPAL: ______________________ ORG: __________

- Department **TO** Department Funds

  Please list the students name and their BC @ID who will be terminated under Federal Work Study and moved to

  FOAPAL terminated: ______________________ ORG: __________
  NEW FOAPAL: ______________________ ORG: __________

Department: ______________________ Date: ______________________

Supervisor Name (Print) ______________________ Supervisor Signature ______________________

REVISED 3.28.2018