Student Timecard Request

Use this form to request a paper timecard for a student whose WTE timecard was not processed. This can also be used to request a supplemental timecard for hours left off a WTE timecard.

Please fax the completed form to 8600

Department Name: ______________________________________________________________
Department Account Number: _______________________________ Que #: _______________
Supervisor Name: ______________________________________________________________
Supervisor Phone Number: _______________________________________________________
Pay Period: Begin Date: ________________ End Date: ____________________________
Student Name: _______________________________ Baylor ID #: ___________________

☐ Work Study  ☐ Graduate Biweekly

Reason for request: _____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Student or Supervisor can pick up the timecard in 24 hours

Student Signature: ________________________ Supervisor Signature: ___________________