

Student Time Card Request

Use this form to request a duplicate time card for a student whose WTE was not processed with the correct payroll, or has additional hours to report from a previous payroll.

(Please allow 24 hours to process this request)

Department Name: _____

Department Account Number: _____

Contact Name: _____

Contact Phone: _____

Contact Fax: _____

Contact Box #: _____

Pay Period: Begin Date: _____ End Date: _____

Student Name: _____ Baylor ID #: _____

Work Study

Graduate Biweekly

Reason for request: _____

Time card to be picked up by Department addressed to Contact Name above.

Time card to be mailed to the Contact Box # above.

Division of Finance and Administration
Payroll Office
One Bear Place #97042 710-2217 fax 710-8600