# Timekeeper/Supervisor Access

**Check all that apply:**

New Department Form          Timekeeper          Supervisor

ORG ID: _____          Department Name: _____

## New Timekeeper

Name: _____          Phone: _____

Email: _____          BroncoNet ID: _____
                                                            (Enter Upper/Lower case)

Please provide the previous Timekeeper's name:

_____

## New Supervisor

Name: _____          Phone: _____

Email: _____          BroncoNet ID: _____
                                                            Enter Upper/Lower case

Please provide the previous Supervisor's name:

_____

Effective Date of Change: _____

Authorized Signature: _____          Date: _____

Email completed for to payroll-dept@wmich.edu.