



Function/Supplemental Authorization Request

I, _____, am requesting to provide services to Tornillo Independent School District as stated below. **I understand that services provided prior to the assignment of a Function Code will need to be entered and approved by supervisor.** Furthermore, I will adhere to provide services for the specified number of days and number of hours stated in the agreement.

☐ **Function** – A function code is assigned when an employee works extra duty & time will be entered through Clock Punch in Frontline.

☐ **Supplemental** – A supplemental pay sheet is provided to record extra duty time that will be entered through Supplemental Pay in Frontline.

☐ **New Request**

☐ **Request for extension**

Please allow 5 business days for approval

Start Date	End Date	Description/Purpose of Extra Duty	Days Per Week	Hours Per Day	Daily/Hourly Rate

Function T/C Approver *(Only if using Function)*
(Name of Person Assigned to Approve Function Time Card)

Date

Campus/Dept.

Supervisor Signature

Date

Budget Authority Signature

Date

Account Number

For Finance Office Use Only	
Date Received:	
Payroll Specialist :	
Function/Supplemental Code:	