



*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:	