

THIS FORM IS FOR ALL OTHER TEACHERS, PLEASE DO NOT INCLUDE SLO LEAD TEACHER(S)



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
CERTIFIED PERSONNEL
SUPPLEMENTAL DUTY RECOMMENDATION FORM
2024-2025**

Please TYPE:
Name of Campus

REPLACE XXX with **LOCATION #**
(Include Leading Zeros)

Please TYPE:
LOCATION #

Program Name: TIA SLO Professional Development (Teachers)
 Campus Name: _____
 Funding Account: 167-13-6117-00-XXX-Y-99-000-4

Location: _____

THIS FORM MUST BE TYPED

Employee ID	Employee Name	Employee Signature	Supplemental Duty	Supplemental Pay	# of Extra Days	Effective Date

Please TYPE:
Employee ID#

Please TYPE and list ALPHABETICALLY:
LAST NAME, FIRST NAME

Requires:
Employee's Signature

Please TYPE:
TEACHER

Please TYPE:
\$150.00

Please TYPE:
N/A

Please TYPE:
8/10/2024

Requires:
Principal's Signature

Principal: _____ Date: _____
 Funding Administrator: _____ Date: _____
 Special Programs Administrator: _____ Date: _____
 Assistant Superintendent: _____ Date: _____
 Director for HR: _____ Date: _____
 Compensation Manager: _____ Date: _____

Please date as:
8/1/2024