



New Function Code Request Form

Date Requested: _____

Date Needed By: _____

- Purpose of the new function code? _____

- Will the new function/activity be one time or recurring event?
 - ☐ One Time
 - ☐ Recurring: If so how often? _____
- What types of employees (temp, para, professional) will use the function pay? _____
- What is the type of pay rate (hourly, flat rate, per base pay) for this function code? _____
- If Hourly or Flat Rate, what is the rate of pay? _____
- What budget code should be charged? _____

Department Head Signature

Date

Program/Grant Administrator Signature

Date

Budget Department Signature

Date

***A New Function Code Request may not be granted if not warranted.**