***LCC logo-Human Resources Department***

# AFT Request for Temporary Responsibility Dollars-Appendix D

Note: This form is to be used for an initial request only. If requesting to continue Responsibility Dollars beyond an initial 26-week period, you must use the Position Review Form and process.

**Employee Name:** Click or tap here to enter text.

**Employee Banner ID or Username:** Click or tap here to enter text.

**Employee Phone Number:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

**Program:** Click or tap here to enter text.

**Division:** Click or tap here to enter text.

**Current Compensation Rate:** Click or tap here to enter text.

**Describe the temporary additional responsibilities that support additional compensation:** Click or tap here to enter text.

**Start Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

**APPROVALS: *I certify that the foregoing is accurate and that no Responsibility Dollars have been paid to the named employee for performance of any of the listed responsibilities within the past 12 months.***

**Employee Signature: Date:**

**Supervisor’s Signature: Date:**

**For Reviewing Manager (Dean or Above):**

**Approved Subject to HR Verification and Approval**

**Not Approved**

**Rationale:** Click or tap here to enter text.

**Signature of Dean or Above: Date:**

**For HR Use Only**

**Approved  Not Approved**

**$230/bi-weekly ($6000 level)  $460/bi-weekly ($12,000 level)**

**Rationale:** Click or tap here to enter text.

Approved amount will begin with the first full payroll period beginning on or after Click or tap here to enter text. and end after Click or tap here to enter text.weeks (not to exceed 26 weeks).

**HR Executive Director Name:** Click or tap here to enter text.

**Executive Director of HR Signature: Date:**