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

**Request for Additional Responsibility Dollars–Full Time Support**

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

**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.

**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. *Not to exceed 6 months.*

**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:**

**ELT Member/Dean’s Signature: Date:**

**For HR Use Only**

**HR’s recommendations to Executive Director of Human Resources:** Click or tap here to enter text.

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

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

**Approved  Not Approved  Annual Amount $3,000.00**

**Rationale** *(Prorated upon duration of responsibilities)***:** Click or tap here to enter text.