



REQUEST TYPE: FULL-TIME POSITION

101	Administration
Department #	Department Name
Assistant County Administrator	
Position Title	Priority #

ADDITIONAL PERSONNEL COST CALCULATION		
New Position	Account	
\$190,550.00	4104	
\$9,600.00	4433	
\$11,250.00	4131	
15,312.00	4110	
33,824.00	4131	
28,300.00	4121	
1,567.00	4123	
494.00	4122	
138.00	4122	
737.00	4121	
\$291,772.00	Total Additional Personnel Costs	

JUSTIFICATION (please provide a short explanation of your request on the lines below):

Please note taxes, retirement, and benefits are all estimates based on the maximum potential cost.

PERSONNEL EQUIPMENT REQUEST (list all equipment required and estimated cost)		
**Do not add these estimated costs to your department's operating budget. It is calculated separately by OMB.		
EQUIPMENT DESCRIPTION (uniform, gun, fire safety suit, vehicle, computer, cell phone etc.)	ESTIMATED COST	
Cell phone allowance - 4421A	\$ 1,500.00	750.00
	\$ -	750.00
	\$ -	