



Please complete the tab that correlates with the type of position change you are requesting.  
 Only include ONE request per worksheet. If requesting multiple personnel changes, please prioritize each worksheet in order of importance. For each personnel request, submit this form, along with the "New Position Request."

#### REQUEST TYPE: NEW FULL-TIME POSITION

1117 Department #	Parks & Leisure Department Name
Director of Parks and Community Services Requested Position Title	Priority #

ADDITIONAL PERSONNEL COST CALCULATION					
New Position		Account	Per Pay Period	FY 2023	FY 2024
\$98,000.00	Salary Requested (use midpoint of paygrade)	4104	\$3,769.23	\$37,692.31	60,307.69
\$5,199.96	Car Allowance	4433	\$200.00	\$1,999.98	3,199.98
7,894.80	Taxes	4110	\$303.65	\$3,036.46	4,858.34
16,511.99	Retirement	4131	\$635.08	\$6,350.77	10,161.23
28,299.97	Health	4121	\$1,088.46	\$10,884.60	\$11,030.21
1,566.12	Dental & Vision	4123	\$60.24	\$602.35	963.77
254.02	Life	4122	\$9.77	\$97.70	156.32
70.56	AD&D	4122	\$2.71	\$27.14	43.42
378.58	Short Term Disability	4121	\$14.56	\$145.61	232.97
<b>\$158,176.00</b>	<b>Total Additional Personnel Costs</b>			<b>\$60,836.92</b>	<b>97,339.08</b>

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

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 Reimbursement	\$ 50.00	\$ 4.17 \$ 33.33
	\$ -	
	\$ -	
	\$ -	