



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 <b>Department #</b>	Parks & Leisure <b>Department Name</b>
Director of Parks and Community Services <b>Requested Position Title</b>	<b>Priority #</b>

ADDITIONAL PERSONNEL COST CALCULATION		
<i>New Position</i>		<b>Account</b>
\$98,000.00	Salary Requested (use midpoint of paygrade)	4104
\$5,199.96	Car Allowance	4433
7,894.80	Taxes	4110
16,511.99	Retirement	4131
28,299.97	Health	4121
1,566.12	Dental & Vision	4123
254.02	Life	4122
70.56	AD&D	4122
378.58	Short Term Disability	4121
<b>\$158,176.00</b>	<b>Total Additional Personnel Costs</b>	

Per Pay Period	FY 2023	FY 2024
\$3,769.23	\$37,692.31	60,307.69
\$200.00	\$1,999.98	3,199.98
\$303.65	\$3,036.46	4,858.34
\$635.08	\$6,350.77	10,161.23
\$1,088.46	\$10,884.60	\$11,030.21 17,415.37 17,648.34
\$60.24	\$602.35	963.77
\$9.77	\$97.70	156.32
\$2.71	\$27.14	43.42
\$14.56	\$145.61	232.97
	<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)	
<b>**Do not add these estimated costs to your department's operating budget. It is calculated separately by OMB.</b>	
EQUIPMENT DESCRIPTION (uniform, gun, fire safety suit, vehicle, computer, cell phone etc.)	ESTIMATED COST
Cell Phone Reimbursement	\$ 50.00
	\$ -

\$ 4.17 \$ 33.33