



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" or "Position Reclass Request" form.

REQUEST TYPE: NEW PART-TIME POSITION

120
Department #

Legal Services
Department Name

Special Assistant County Attorney
Requested Position Title

Priority #

| ADDITIONAL PERSONNEL COST CALCULATION | |
|---------------------------------------|---|
| <i>New Position</i> | |
| \$150.00 | Hourly Rate |
| 20 | Hrs/Week (not to exceed 28) |
| \$57,000.00 | |
| 4,360.50 | Taxes |
| \$61,360.50 | Total Additional Personnel Costs |

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

| PERSONNEL EQUIPMENT REQUEST (list all equipment required and estimated cost) | |
|--|----------------|
| <i>**Do not add these estimated costs to your department's operating budget. It is calculated separately by OMB.</i> | |
| EQUIPMENT DESCRIPTION (uniform, gun, fire safety suit, vehicle, computer, cell phone etc.) | ESTIMATED COST |
| Phone Allowance | \$ 600.00 |
| | \$ - |
| | \$ - |