



REQUEST TYPE: FULL-TIME POSITION

Department #

Development Services
Department Name

Assistant Director of Public Works and Utilities
Position Title

Priority #

| ADDITIONAL PERSONNEL COST CALCULATION | | |
|--|---|----------------|
| <i>New Position</i> | | Account |
| \$135,000.00 | Salary | 4104 |
| \$5,199.96 | Car Allowance | 4433 |
| 10,726.00 | Taxes | 4110 |
| 19,627.99 | Retirement | 4131 |
| 32,940.00 | Health | 4121 |
| 1,567.00 | Dental & Vision | 4123 |
| 350.00 | Life | 4122 |
| 98.00 | AD&D | 4122 |
| 522.00 | Short Term Disability | 4121 |
| \$206,030.95 | 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 |
|--|----------------|
| | \$ - |
| | \$ - |
| | \$ - |