



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

101	Administration
Department #	Department Name
Communications and Strategic Engagement Manager	
Requested Position Title	Priority #

ADDITIONAL PERSONNEL COST CALCULATION		
<i>New Position</i>		Account
\$114,000.00	Salary Requested (use midpoint of paygrade)	4104
\$5,400.00	Car Allowance	4433
9,134.00	Taxes	4110
19,104.00	Retirement	4131
32,940.00	Health	4121
1,566.00	Dental & Vision	4123
295.00	Life	4122
82.00	AD&D	4122
440.00	Short Term Disability	4121
\$182,961.00	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)

**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	
	\$ -