



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

Department #	Animal Services
	Department Name
Medical Director	
Requested Position Title	Priority #

ADDITIONAL PERSONNEL COST CALCULATION		
<i>New Position</i>		Account
\$120,000.00	Salary Requested (use midpoint of paygrade)	4104
\$5,200.00	Car Allowance	4433
9,578.00	Taxes	4110
19,200.00	Retirement	4131
39,824.00	Health	4121
48.00	Dental	4123
311.00	Life	4122
86.00	AD&D	4122
464.00	Short Term Disability	4121
\$194,711.00	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	\$ 600.00
	\$ -
	\$ -