



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

1530 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)
\$156,000.00	
11,934.00	Taxes
\$167,934.00	Total Additional Personnel Costs

Half - Year Impact

\$ 78,000.00
5,967.00
\$ 83,967.00

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
Cell Phone Reimbursement	\$ 600.00
	\$ -
	\$ -

\$ 300.00