



REQUEST TYPE: FULL-TIME POSITION

1510

Department #

Financial Services

Department Name

Assistant Director of Finance

Position Title

Priority #

ADDITIONAL PERSONNEL COST CALCULATION

<i>New Position</i>		Account
\$120,531.64	Salary	511100
9,221.00	Taxes	512200
16,874.43	Retirement	512400
30,451.00	Health	512100
1,567.00	Dental & Vision	512103
313.00	Life	512102
87.00	AD&D	512102
466.00	Short Term Disability	512100
\$179,511.07	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
Cell phone allowance - 523201	\$ 600.00
	\$ -
	\$ -