



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 #	Sheriff
Major	Department Name
Requested Position Title	Priority #

ADDITIONAL PERSONNEL COST CALCULATION		FY 2024	FY 2025
<i>New Position</i>			
\$109,000.00	Salary Requested (use midpoint of paygrade)	\$58,692.31	\$50,307.69
8,338.50	Taxes	\$4,489.96	\$3,848.54
11,990.00	Retirement	\$6,456.15	\$5,533.85
32,940.00	Health	\$17,736.92	\$15,203.08
47.88	Dental	\$25.78	\$22.10
282.53	Life	\$152.13	\$130.40
78.48	AD&D	\$42.26	\$36.22
421.08	Short Term Disability	\$226.73	\$194.34
\$163,098.46	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
Phone Allowance	\$ 600.00
	\$ -
	\$ -