



REQUEST TYPE: NEW FULL-TIME POSITION

Department #

Department Name

Development Services Director

Requested Position Title

Priority #

ADDITIONAL PERSONNEL COST CALCULATION

| <i>New Position</i> | | Account |
|---------------------|---|----------------|
| \$145,000.00 | Salary Requested (use midpoint of paygrade) | 511100 |
| \$5,200.00 | Car Allowance | 512902 |
| 11,491.00 | Taxes | 512200 |
| 21,028.00 | Retirement | 512400 |
| 32,940.00 | Health | 512100 |
| 1,567.00 | Dental | 512103 |
| 376.00 | Life | 512102 |
| 105.00 | AD&D | 512102 |
| 561.00 | Short Term Disability | 512100 |
| \$218,268.00 | 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 maximum potential cost. Should Employee desire to use personal cell phone for business purposes, there will be a \$50 reimbursement per month.

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 |
|--|----------------|
| | \$ - |
| | \$ - |
| | \$ - |