



**REQUEST TYPE: NEW FULL-TIME POSITION**

<b>Department #</b>	<b>Planning</b>
<b>Department Name</b>	
<b>Requested Position Title</b>	<b>Priority #</b>
Planning and Zoning Director	

**ADDITIONAL PERSONNEL COST CALCULATION**

<i><b>New Position</b></i>		<b>Account</b>
\$150,000.00	Salary Requested (use midpoint of paygrade)	511100
\$5,200.00	Car Allowance	512902
11,873.00	Taxes	512200
21,728.00	Retirement	512400
32,940.00	Health	512100
1,567.00	Dental	512103
389.00	Life	512102
108.00	AD&D	512102
580.00	Short Term Disability	512100
<b>\$224,385.00</b>	<b>Total Additional Personnel Costs</b>	

**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
	\$ -
	\$ -
	\$ -