

REQUEST TYPE: NEW FULL-TIME POSITION

Department # Department Name

Central Services Director

Requested Position Title Priority #

ADDITIONAL PERSONNEL COST CALCULATION			
New Position		Account	
\$135,386.00	Salary Requested (use midpoint of paygrade)	511100	
10,358.00	Taxes	512200	
18,954.00	Retirement	512400	
32,508.00	Health	512100	
48.00	Dental	512103	
351.00	Life	512102	
98.00	AD&D	512102	
524.00	Short Term Disability	512100	
\$198,227.00	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 purposese, 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.)	ESTIM/	ATED COST
	\$	1
	\$	-
	\$	
	•	