



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 #	Department Name	
Assistant Director of Public Works	Public Works	
Requested Position Title		
	Priority #	
ADDITIONAL PERSONNEL COST CALCULATION		
<i>New Position</i>	<i>Account</i>	
\$139,050.00	Salary Requested (use midpoint of paygrade)	511100
\$5,199.96	Car Allowance	512902
11,036.00	Taxes	512200
20,194.99	Retirement	512400
32,508.48	Health	512100
48.00	Dental	512103
361.00	Life	512102
101.00	AD&D	512102
538.00	Short Term Disability	512100
\$209,037.43	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. 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
	\$ -
	\$ -
	\$ -