



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**

3420	Correctional Institute
<b>Department #</b>	<b>Department Name</b>
Warden	Priority #
<b>Requested Position Title</b>	

ADDITIONAL PERSONNEL COST CALCULATION				
<i>New Position</i>		Account	FY 2025	FY 2026
\$138,093.72	Salary Requested (use midpoint of paygrade)	511100	80,554.67	57,539.05
10,564.17	Taxes	512200	6,162.43	4,401.74
11,047.50	Retirement	512400	6,444.37	4,603.12
32,508.48	Health	512100	18,963.28	13,545.20
47.88	Dental	512103	27.93	19.95
357.94	Life	512102	208.80	149.14
99.43	AD&D	512102	58.00	41.43
533.47	Short Term Disability	512100	311.19	222.28
<b>\$193,252.58</b>	<b>Total Additional Personnel Costs</b>		<b>112,730.67</b>	<b>80,521.91</b>

**JUSTIFICATION** (please provide a short explanation of your request on the lines below):  
 Total yearly salary will be \$138,093.72, \$80,554.67 is the prorated amount estimated to be expended for the remainder of FY 2025. Please note taxes, retirement, and benefits are all estimates based on maximum potential cost. Should the employee desire to use their personal cell phone for county business purposes, there will be a \$50 reimbursement per month.

PERSONNEL EQUIPMENT REQUEST (list all equipment required and estimated cost)	
<b>**Do not add these estimated costs to your department's operating budget. It is calculated separately by OMB.</b>	
EQUIPMENT DESCRIPTION (uniform, gun, fire safety suit, vehicle, computer, cell phone etc.)	ESTIMATED COST
	\$ -
	\$ -
	\$ -