



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

2180
Department #

Clerk of Courts
Department Name

Chief Deputy Clerk of Courts
Requested Position Title

Priority #

ADDITIONAL PERSONNEL COST CALCULATION

<i>New Position</i>		Account	FY 2025	FY2026
\$115,000.00	Salary Requested (use midpoint of paygrade)	511100	\$57,500.00	\$57,500.00
\$0.00	Car Allowance	512902	\$0.00	\$0.00
8,798.00	Taxes	512200	\$4,399.00	\$4,399.00
16,100.00	Retirement	512400	\$8,050.00	\$8,050.00
32,508.48	Health	512100	\$16,254.24	\$16,254.24
48.00	Dental	512103	\$24.00	\$24.00
299.00	Life	512102	\$149.50	\$149.50
83.00	AD&D	512102	\$41.50	\$41.50
445.00	Short Term Disability	512100	\$222.50	\$222.50
\$173,281.48	Total Additional Personnel Costs		\$86,640.74	\$86,640.74

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
	\$ -
	\$ -
	\$ -