



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**

1106	Planning
<b>Department #</b>	<b>Department Name</b>
Assistant Planning and Development Director	
<b>Requested Position Title</b>	<b>Priority #</b>

<b>ADDITIONAL PERSONNEL COST CALCULATION</b>		
<i>New Position</i>		<b>Account</b>
\$115,000.00	Salary Requested (use midpoint of paygrade)	4104
8,797.50	Taxes	4110
16,100.00	Retirement	4131
28,299.97	Health	4121
47.88	Dental	4123
298.08	Life	4122
82.80	AD&D	4122
444.25	Short Term Disability	4121
<b>\$169,070.48</b>	<b>Total Additional Personnel Costs</b>	

**JUSTIFICATION** (please provide a short explanation of your request on the lines below):

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<b>PERSONNEL EQUIPMENT REQUEST</b> (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
Vehicle Allowance	\$ 5,199.96
Cell Phone Reimbursement	\$ 600.00
	\$ -