

POSITION REQUEST

DEPARTMENT _____ DATE SUBMITTED _____ POSITION TITLE _____

HOURS (per week) _____ GRADE _____ STEP 13 SALARY _____

| BENEFITS COSTS | TOTAL COST | FEDERAL/ STATE REIMB. | OTHER REVENUE | NEW COUNTY FUNDS REQUESTED |
|--------------------|------------|-----------------------|---------------|----------------------------|
| Salary | _____ | _____ | _____ | _____ |
| 401K (5%) | _____ | _____ | _____ | _____ |
| Retirement | _____ | _____ | _____ | _____ |
| Hospital Insurance | _____ | _____ | _____ | _____ |
| Worker's Comp. | _____ | _____ | _____ | _____ |
| FICA (7.65%) | _____ | _____ | _____ | _____ |

EQUIPMENT COSTS:

| | | | | |
|----------------------|-------|-------|-------|-------|
| Desk | _____ | _____ | _____ | _____ |
| Chair | _____ | _____ | _____ | _____ |
| Side Chairs | _____ | _____ | _____ | _____ |
| Telephone | _____ | _____ | _____ | _____ |
| Computer Terminal | _____ | _____ | _____ | _____ |
| Computer Table | _____ | _____ | _____ | _____ |
| Typewriter | _____ | _____ | _____ | _____ |
| Dictaphone | _____ | _____ | _____ | _____ |
| Office Space | _____ | _____ | _____ | _____ |
| Calculator | _____ | _____ | _____ | _____ |
| Bookcase | _____ | _____ | _____ | _____ |
| Vehicle | _____ | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ | _____ |
| Miscellaneous (List) | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL COST | _____ | _____ | _____ | _____ |

LESS STATE OR FEDERAL GRANT _____ GRANT PERIOD _____

STATE REIMBURSEMENT (____%) _____ GRANT RENEWABLE _____

TOTAL COST TO COUNTY \$ _____

RECOMMENDED () NOT RECOMMENDED () | RECOMMENDED () NOT RECOMMENDED ()

HUMAN RESOURCES DIRECTOR

COUNTY MANAGER

DATE _____ 20____

DATE _____ 20____

BOARD OF COMMISSIONERS

APPROVED () DISAPPROVED () DATE EFFECTIVE _____