



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" or "Position Reclass Request" form.

REQUEST TYPE: FULL-TIME POSITION RECLASS

160
Department #

Court Administration
Department Name

Deputy Court Administrator
Requested Position Title

Priority #

ADDITIONAL PERSONNEL COST CALCULATION					
Current Position		New Position		Change	Account
\$95,376.58	Salary Requested	\$100,145.34	Salary Requested	\$4,768.76	4104
7,296.31	Taxes	7,661.12	Taxes	\$364.81	4110
7,630.13	Retirement	14,020.35	Retirement	\$6,390.22	4131
23,028.90	Health	28,299.97	Health	\$5,271.07	4121
47.88	Dental	1,566.12	Dental & Vision	\$1,518.24	4123
247.22	Life	259.58	Life	\$12.36	4122
68.67	AD&D	72.10	AD&D	\$3.43	4122
368.45	Short-Term Disability	386.87	Short-Term Disability	\$18.42	4121
\$134,064.13	Total Current FT Personnel Costs	\$152,411.45	Total New FT Personnel Costs	\$18,347.32	
		\$18,347.32	Total Additional Personnel Costs		

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

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
Vehicle Allowance	\$ 8,480.00
Phone Allowance	\$ 600.00
	\$ -