

New Position Request Form

*This form must accompany all BOCC requests for new positions.
Please use a separate sheet for each classification requested.*

Date of Board Meeting 2/21/17

Department LUESA Org 3070

Proposed Classification: Plans Examiner – Code Official

Number of Positions 10 Position Hours 40

Number of Pay Periods Requested 13

Funding Source:

% County _____ % State _____

% Federal _____ % Grant _____

Funding Period: From _____ To _____

% Other (Specify): 100% - LUESA Building Permit Revenue

Funding Period: From March 1, 2017 – June 30, 2017

Associated Costs this FY:

Salary \$378,243

Fringe Benefits \$31,333 (FICA only)

Furniture \$70,000

Equipment \$21,490

Vehicles \$225,000

Other \$198,265