

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 3061

Proposed Classification: Adm Support Coordinator

Number of Positions 1 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 \$26,755

Fringe Benefits \$2,216 (FICA only)

Furniture \$7,000

Equipment \$2,149

Vehicles \$0

Other \$ 10,756