

Macon County

FY Budget Preparation

Request for Additional Staff

Department:

Additional Staff Requested:

Position:

Detailed Justification of Request:

Effect on Budget (Amounts)

Percent: ** Grade:

Salary	<input type="text"/>		
Annual Gross Salary Amount	<input type="text"/>	Account#	<input type="text"/>
Retirement	<input type="text"/>	Account#	<input type="text"/>
FICA	<input type="text"/>	Account#	<input type="text"/>
Life Insurance	<input type="text"/>	Account#	<input type="text"/>
Health Insurance	<input type="text"/>	Account#	<input type="text"/>
Uniforms	<input type="text"/>	Account#	<input type="text"/>
Vehicle	<input type="text"/>	Account#	<input type="text"/>
Non Capitalized Equipment	<input type="text"/>	Account#	<input type="text"/>
Capital (over \$5,000)	<input type="text"/>	Account#	<input type="text"/>
Other	<input type="text"/>	Account#	<input type="text"/>

** **Full-time: 40 hours = 100%**
Part time: 20 hours = 50%, 30 hours = 75%, etc.

(Please make copies for your own needs)