

# New Position Analysis



- New position
- Increased hours to current position
- Additional existing position

<b>Date:</b>	<b>Department:</b>
<b>Department Head Name:</b>	

Explain the necessity of this position (be specific as to the reasons why this position is needed and explain reasons why present staff cannot accomplish tasks):

<b>Suggested Title:</b>		
<b>Personnel Director's Recommended Classification:</b>	<b>Grade:</b>	<b>FLSA Class:</b>
<b>Full-time:</b>	<b>Part-time:</b> /hours	<b>Projected Start Date:</b>

\*Current or newly created Job Description in current County format must be attached.\*

\*A completed and approved Resolution must also accompany this Position Analysis.\*

## Funding - Annual Costs to include family insurance coverage:

Hourly Rate	Annual Salary	Retirement	Social Security	Medicare	Work Comp	Health Ins.	Dental Ins.	Life Ins.

1. Where will the funds for this position come from?  
\_\_\_\_\_
2. What equipment will need to be purchased for this position (desk, etc.)?  
\_\_\_\_\_
  - a. Is office space presently available? \_\_\_\_\_ Where? \_\_\_\_\_
  - b. Estimated cost of needed equipment? \_\_\_\_\_
  - c. Is the cost of needed equipment in the department budget? \_\_\_\_\_
3. What is the grand total cost of all items this fiscal year? \_\_\_\_\_
4. What is the annual cost of salary and fringes, thereafter? \_\_\_\_\_

**Supervisory Responsibility** (if applicable):

1. In brief detail, explain the supervisory authority this position will have:

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2. Number of employees Directly supervised: \_\_\_\_\_ Indirectly: \_\_\_\_\_

List the position titles that will report to this position:


3. What position title will this position report to? \_\_\_\_\_

**County Administrator – Action:**

Date:	Position Approved:	Position Denied:
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**Committee of Jurisdiction:** \_\_\_\_\_ – Action:

Date:	Position Approved:	Position Denied:	by a vote of:
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**Administration & Personnel Committee – Action:**

Date:	Position Approved:	Position Denied:	by a vote of:
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**Finance Committee – Action on Fiscal Note:**

Date:	Funds Approved:	Funds Denied:	by a vote of:
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**County Board – Action:**

Date:	Position Approved:	Position Denied:	
By a vote of:	aye	nay	absent/abstention