

# General Fund Budget Position Form

## New Stipends and/or New Positions

Requestor Name

Campus/Department

Requested Position Title

Number of Positions  
**.5 for PT & 1 for FT**

Number of Stipends



Auxiliary

Paraprofessional

Professional

### Rationale/Justification

If this a brand new position, please include a job description with your request

**Other Costs (i.e. Furniture cost estimate, equipment...etc): Please itemize your list**

Other Costs Total

### Estimated Budgetary Impact in Cells Below

Totals Will Auto-Calculate (Do not Use Commas)

**Position Budgetary Impact**  
Complete if Your Request is for Additional Position(s)

Salary (Based on <b>Full Time</b> MidPoint)	
Group Health & Life	
FICA-Medicare (.0145 x Salary)	
Worker's Comp (.0338 x Salary)	
TRS	
Teacher Incentive Allotment Cost	
Retiree Surcharge Cost	
Computer (\$1,000)	
Number of Employees (carries from top of form)	
Total Estimated Budget Impact per Position	
<b>Total Salary Impact</b>	
<b>Total, Including Other Costs</b>	

Pay Grade

Position Days/Year

[Click Here to Access BISD Hiring Schedules](#)

**Stipend Budgetary Impact**  
Complete if Your Request is to Adjust Stipend(s)

Stipend (Annual Amount)	
FICA-Medicare (.0145 x Salary)	
Worker's Comp (.0338 x Salary)	
Number of Employees (carries from top of form)	
Total Estimated Budget Impact per Person	
<b>Total Impact</b>	

**Overall Cost for Position(s)/Stipend(s)**