

Budget Request Form for Personnel

(Use additional sheets, if necessary)

Title:					
Percent of Full Time:					
Budget Line Number:					
Item	Proposed Amount (if not applicable, enter 0)				
Salary					
Housing (for minister)					
UUA Retirement (10% of salary)					
Health Insurance					
Other Insurance (specify):					
Professional Development/Expenses					
Payroll Taxes					
Workers' Compensation					
NYS Disability & Family Leave					
Other remuneration (specify):					
Total request					

Notes:					
---------------	--	--	--	--	--

Submitted by: Name: _____

Phone: _____

Email: _____