



CONTACT INFORMATION

Requester: Marisa Lutz Title of Requester: District Court Administrator
Dept. Phone Number/Extension: 7637 Date Requested: 6/17/2021

POSITION INFORMATION

Position Title: Deputy Court Clerk Supervisor: Lisa Bove

1. Is the purpose of this request to fill a position as a result of a **vacancy**? Yes ☐ No ☒

If so, name of person last holding this position: _____

2. Is the purpose of this request to **reclassify** a current position? Yes ☐ No ☒

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes ☒ No ☐ From: 20 To: 40

If so, name of current incumbent: Cynthia Hage

4. Is the purpose of this request to transfer a current position? Yes ☐ No ☒

If so, Current Department: _____ Proposed Department: _____

Position Type: Regular ☒ Term/Grant ☐ Temp. ☐ Unpaid ☐ Special ☐

Position Status: Full Time (30+) ☒ Part-Time (21-29) ☐ Part-Time (20 or Less) ☐ Number of hours per week: _____

Justification of request / change of position (**REQUIRED**): Combining 2 PTE Deputy Civil Clerk positions to create 1 FTE Deputy Civil Clerk position for improve operational efficiencies.

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FUNDING INFORMATION

Base Annual Salary: 34,031.69 ^{yr./16.3614 hr.} This position is funded in whole or in part by a grant: Yes ☐ No ☒ % Funded: _____

Allocation (**Required**): Current: Org. 10113600 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☒ Enterprise Fund ☐ Special Revenue Fund ☐ Internal Service Fund ☐

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____
Department Head Marisa Lutz Date 06/17/2021

HR OFFICE ONLY

Job Class: 1046 Job Title: Deputy Court Clerk - DC Grade/Step: CT3 / 1

FTE: 1.0 Employee Group: CTS HR Reviewed: Amy Hill Date: 06/17/2021

BUDGET OFFICE ONLY

Position Control # 13600225 Org. 10113600

Funds Available: Yes ☒ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐

Comments: reducing hours as needed to remain budget neutral for 2021

requires BOC approval

Budget Reviewed: tbettate Date: 6/17/21

Resolution #: _____ Board Authorized on Date: _____