Livingston County, Michigan — POSITION REQUEST/CHANGE FORM

CONTACT INFORMATION

Requester: Nikki Grover Title of Requester: Operation Manager

Dept. Phone Number/Extension: 7848 Date Requested: 03/27/2023

POSITION INFORMATION

Position Title: 4 IR PT Grade 3 Driver Supervisor: Nikki Grover

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: _____ To: _____

   If so, name of current incumbent: _____

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)**:

Recommended by Hr to change 19 temps to Irregular Part time Positons

FUNDING INFORMATION

Base Annual Salary: 19.37 hr./19,339.00 yr. This position is funded in whole or in part by a grant: Yes ☑ No ☐ % Funded: 100

Allocation (**Required**): Current: Org. 58859600 % 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	Date
Nikki Grover	3/27/23	Adam Baranski	

HR OFFICE ONLY

Job Class: 2115 Job Title: Irregular Driver Grade/Step: NU3 / 1

FTE: 0.48 Employee Group: NU HR Reviewed: Amy Hill Date: 03/27/2023

BUDGET OFFICE ONLY

Position Control # 53800138, 53800172, 53800174, 53800175 Org. 58859600

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

Comments: Requires Board Approval. May need budget amendment / transfer

539OPS-OPERATIONS-SALARIES-PTUNDER20

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____