Livingston County, Michigan — POSITION REQUEST/CHANGE FORM

CONTACT INFORMATION

Requester: Karen Groenhout

Title of Requester: Public Defender

Dept. Phone Number/Extension: 517-540-8929

Date Requested: 06/01/23

POSITION INFORMATION

Position Title: Assistant Public Defender 3

Supervisor: Chief Public Defender

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)**: To expand the Public Defender's Office to cover an anticipated additional 450 felony cases in-house.   Grant funded position.

FUNDING INFORMATION

Base Annual Salary: $99,654.73 yr. 47.91/hr. This position is funded in whole or in part by a grant: Yes ☑ No ☐ % Funded: 100

Allocation (Required): Current: Org. 26028000 % 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

Karen E. Groenhout 6/1/23
Department Head   Date

HR OFFICE ONLY

Job Class: 6096   Job Title: Assistant Public Defender III   Grade/Step: N14S / 1

FTE: 1.0   Employee Group: NU   HR Reviewed: Amy Hill   Date: 06.01.2023

BUDGET OFFICE ONLY

Position Control # _____   Org. 26028000

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

Comments: Requires BOC approval _____

Budget Reviewed: _____   Date: _____

Resolution #: _____   Board Authorized on Date: _____