## Livingston County, Michigan POSITION REQUEST/CHANGE FORM **CONTACT INFORMATION** Requester: DAVID FELDPAUSCH Title of Requester: DIRECTOR Date Requested: JUNE 15, 2023 Dept. Phone Number/Extension: 7865 **POSITION INFORMATION** Supervisor: AMY CHAPMAN Position Title: PARAMEDIC X 4 1. Is the purpose of this request to fill a position as a result of a vacancy? If so, name of person last holding this position: 2. Is the purpose of this request to reclassify a current position? 3. Is the purpose of this request to change the scheduled hours of an existing position? Yes From: To: If so, name of current incumbent: 4. Is the purpose of this request to transfer a current position? Proposed Department: If so, Current 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): PENDING RESOLUTION APPROVING ADDITIONAL 4 FTEs. RESOLUTION # **FUNDING INFORMATION** Base Annual Salary: \_\_\_\_\_ This position is funded in whole or in part by a grant: Yes \_\_\_\_ % Funded: Allocation (Required): Current: Org. 21065100 Proposed (If changing): Org. Position will be funded by: General Fund Special Revenue Fund Internal Service Fund **Enterprise Fund REQUIRED APPROVALS** 06/15/2023 Department Head Date Supervisor (if applicable) Date HR OFFICE ONLY \_\_\_ Grade/Step: Job Class: Job Title: FTE: \_\_\_\_ HR Reviewed:\_\_\_ Date: **BUDGET OFFICE ONLY** Position Control # 65100309 - 65100310 - 65100311 - 65100312 Org. 21065100

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