

Livingston County, Michigan

POSITION REQUEST/CHANGE FORM



CONTACT INFORMATION

Requester: DAVID FELDPAUSCHTitle of Requester: DIRECTORDept. Phone Number/Extension: 7865Date Requested: JUNE 15, 2023

POSITION INFORMATION

Position Title: PARAMEDIC X 4Supervisor: AMY CHAPMAN1. 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)**: 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 ☐ No ☒ % Funded: _____Allocation **(Required)**: Current: Org. 21065100 % 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 _____

David Feldpausch
Date 06/15/2023

HR OFFICE ONLY

Job Class: _____ Job Title: _____ Grade/Step: _____

FTE: _____ Employee Group: _____ HR Reviewed: _____ Date: _____

BUDGET OFFICE ONLY

Position Control # 65100309 - 65100310 - 65100311 - 65100312 Org. 21065100Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐Comments: Requires BOC approval

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____