



CONTACT INFORMATION

Requester: Tarneseia Pringle Title of Requester: Lt. Jail Administrator
Dept. Phone Number/Extension: 7626 Date Requested: 12/13/2023

POSITION INFORMATION

Position Title: Corrections Deputy Supervisor: Sgt Belinda Neal

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): we currently have a vacant Jail Intake Specialist position and are requesting to convert it into a corrections deputy position to assist with inmate services. Funding would come partially from the general fund and partially from commissary (595 fund-29%).

FUNDING INFORMATION

Base Annual Salary: ^{23,947 hr/ 49,811.01 yr} This position is funded in whole or in part by a grant: Yes ☐ No ☒ % Funded: _____

Allocation (Required): Current: Org. 10135100 % 71 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 _____

HR OFFICE ONLY

Job Class: 4003 Job Title: Corrections Officer Grade/Step: C2P / 0
FTE: 1.0 Employee Group: DEPS HR Reviewed: Amy Hill Date: 12.14.2023

BUDGET OFFICE ONLY

Position Control # 35100104 Org. 10135100

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

Comments: Requires BOC approval

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____