Livingston County, Michigan POSITION REQUEST/CHANGE FORM **CONTACT INFORMATION** Requester: Dave Feldpausch Title of Requester: EMS Director Dept. Phone Number/Extension: 517-546-6220 Date Requested: 3-5-24 **POSITION INFORMATION** Position Title: Administrative Specialist Supervisor: Amy Chapman 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? If so, Current Department: Proposed Department: Position Type: Regular Term/Grant Temp. Unpaid 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): Beth Whiteson it TEM **FUNDING INFORMATION** 23.05 hr./47,944.00 yr. This position is funded in whole or in part by a grant: Yes No 6 % Funded:_ Base Annual Salary: Proposed (If changing): Org. Position will be funded by: General Fund Enterprise Fund Special Revenue Fund Internal Service Fund **REQUIRED APPROVALS** Supervisor (if applicable) Department Head Date Date HR OFFICE ONLY Administrative Specialist NU 5 1 Job Class: 1074 Job Title: Grade/Step: 03.08.2024 FTE: 1.0 __ Employee Group: HR Reviewed:____ **BUDGET OFFICE ONLY** Org. 21065100 Position Control # 65100125 Object Code: 704000 706000 Funds Available: Yes Comments: Requires BOC approval Budget Reviewed: Date:

Board Authorized on Date:

Resolution #:_____