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 No 🖊 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? From: 20 To: 40 3. Is the purpose of this request to change the scheduled hours of an existing position? Yes | No | If so, name of current incumbent: Diane Szerlag 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 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): Request to move part time admin specialist to full time admin specialist. **FUNDING INFORMATION** 24.4522 hr./50,860.57 yr. This position is funded in whole or in part by a grant: Yes No 9 % Funded: Base Annual Salary:_____ Allocation (Required): Current: Org. 21065100 % 100 Proposed (If changing): Org. Special Revenue Fund Position will be funded by: General Fund **Enterprise Fund** Internal Service Fund **REQUIRED APPROVALS** Supervisor (if applicable) Date Department Head **HR OFFICE ONLY** Job Title: Administrative Specialist Job Class: 1074 3 NU 5 Grade/Step: FTE: 1.0 Date: 03.08.2024 NU Employee Group: HR Reviewed: **BUDGET OFFICE ONLY** 65100117 Org. 21065100 Position Control # Object Code: 704000 706000 Funds Available: Yes Comments: Requires BOC approval Budget Reviewed:

Board Authorized on Date:____

Resolution #:____