## Livingston County, Michigan

## POSITION REQUEST/CHANGE FORM

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Requester: Matt Bolang	Health Officer
	Title of Requester: Health Officer
Dept. Phone Number/Extension: 517-522-6870	Date Requested: 04/10/2024
POSITION INFORMATION	
Position Title: WIC Coordinator	Supervisor: Lindsay Kalberer
1. Is the purpose of this request to fill a position as a result of	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 positi	ion? Yes 🗸 No 🗌
3. Is the purpose of this request to change the scheduled ho	ours 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	n? 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):	
position from a grade 10 to a grade 11. Pending I	
FUNDING INFORMATION	
39.00/hr - 81,120.00/yr.	
	l in whole or in part by a grant: Yes 🚺 No % Funded: 100
Allocation (Required): Current: Org. 22160100 % 100	Proposed (If changing): Org
Position will be funded by: General Fund Enterprise	Fund Special Revenue Fund Internal Service Fund
REQUIRED APPROVALS	
	MT 9 4/15/20
Supervisor (if applicable) Date	Department Head Date
HR OFFICE ONLY	
	C Program Coordinator Grade/Step: N11H / 1
FTE: Employee Group: NU HR Rev	riewed: Amy Hill Date: 04.16.2
BUDGET OFFICE ONLY	
Position Control #_ 60100124	org. 22160100
Funds Available: Yes No Object Code: 7	704000 706000 706001
Comments: Requires BOC approval	
Budget Reviewed:	Date:
Resolution #:	Board Authorized on Date: