



CONTACT INFORMATION

Requester: Matt BolangTitle of Requester: Health OfficerDept. Phone Number/Extension: 517-522-6870Date Requested: 04/10/2024

POSITION INFORMATION

Position Title: Office ManagerSupervisor: Lindsay Kalberer

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: 29 To: 40If so, name of current incumbent: Michelle Steele previously held H/V Coord. position

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): This is to reclassify the part time Hearing and Vision position to a full time Office Manager position.

FUNDING INFORMATION

Base Annual Salary: \$27.26/hr 56,687.90/yr.This position is funded in whole or in part by a grant: Yes ☒ No ☐ % Funded: 100Allocation (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

Supervisor (if applicable) _____

Date _____

Department Head [Signature]Date 4/15/24

HR OFFICE ONLY

Job Class: 1204Job Title: Office Manager - HealthGrade/Step: NU7 H / 1FTE: 1.0Employee Group: NUHR Reviewed: Amy HillDate: 04.16.2024

BUDGET OFFICE ONLY

Position Control # 60100115 ☒ Org. 22160100Funds Available: Yes ☐ No ☐ Object Code: 704000 ☒ 706000 ☐ 706001 ☐Comments: Requires BOC approval

Budget Reviewed: _____

Date: _____

Resolution #: _____

Board Authorized on Date: _____