



CONTACT INFORMATION

Requester: Nikki Grover Title of Requester: Operation Manager
Dept. Phone Number/Extension: 7848 Date Requested: 4/18/2024

POSITION INFORMATION

Position Title: Full-time Dispatcher Supervisor: Nikki Grover

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 would like to change two 29 hr Positions into one Full-time 40 hour position

Eliminate PC# 53800178 and reclass PC# 53800177 from 0.73 FTE to 1.00 FTE

FUNDING INFORMATION

Base Annual Salary: 19.95hr./41,496.00/yr. This position is funded in whole or in part by a grant: Yes ☒ No ☐ % Funded: 100

Allocation **(Required)**: Current: Org. 58859600 % 100 Proposed (If changing): Org. _____ % _____

Position will be funded by: General Fund ☐ Enterprise Fund ☒ Special Revenue Fund ☐ Internal Service Fund ☐

REQUIRED APPROVALS

Nikki Grover 4/18/2024 Breg Kellogg 04/18/2024
Supervisor (if applicable) Date Department Head Date

HR OFFICE ONLY

Job Class: 2014 Job Title: Dispatcher/Driver Grade/Step: NU3 / 1

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 04.18.2024

BUDGET OFFICE ONLY

Position Control # 53800177 Org. 58859600

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

Comments: Requires BOC approval

538OPS-OPERATIONS-SALARIES-REGULAR

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____