



CONTACT INFORMATION

Requester: DAVID FELDPAUSCH
Dept. Phone Number/Extension: 7865

Title of Requester: DIRECTOR
Date Requested: JUNE 4, 2024

POSITION INFORMATION

Position Title: PARAMEDIC X 3

Supervisor: AMY CHAPMAN

1. Is the purpose of this request to fill a position as a result of a vacancy? Yes [ ] No [x]
If so, name of person last holding this position: \_\_\_\_\_

2. Is the purpose of this request to reclassify a current position? Yes [ ] No [x]

3. Is the purpose of this request to change the scheduled hours of an existing position? Yes [ ] No [x] From: \_\_\_ To: \_\_\_
If so, name of current incumbent: \_\_\_\_\_

4. Is the purpose of this request to transfer a current position? Yes [ ] No [x]
If so, Current Department: \_\_\_\_\_ Proposed Department: \_\_\_\_\_

Position Type: Regular [x] Term/Grant [ ] Temp. [ ] Unpaid [ ] Special [ ]

Position Status: Full Time (30+) [x] Part-Time (21-29) [ ] Part-Time (20 or Less) [ ] Number of hours per week: \_\_\_\_\_

Justification of request / change of position (REQUIRED): PENDING RESOLUTION APPROVING ADDITIONAL 3 FTEs, PARAMEDIC, STEP 1. RESOLUTION # \_\_\_\_\_

FUNDING INFORMATION

Base Annual Salary: 21.96 hr./50,245.85 yr. This position is funded in whole or in part by a grant: Yes [ ] No [x] % Funded: \_\_\_\_\_

Allocation (Required): Current: Org. 21065100 % 100 Proposed (If changing): Org. \_\_\_\_\_ % \_\_\_\_\_

Position will be funded by: General Fund [ ] Enterprise Fund [ ] Special Revenue Fund [x] Internal Service Fund [ ]

REQUIRED APPROVALS

Supervisor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Department Head [Signature] Date 6/04/2024

HR OFFICE ONLY

Job Class: 6007 Job Title: Paramedic Grade/Step: 6006 / 0
FTE: 1.0 Employee Group: EMS HR Reviewed: Amy Hill Date: 06.06.2024

BUDGET OFFICE ONLY

Position Control # 65100271 - 65100272 - 65100273 Org. 21065100

Funds Available: Yes [ ] No [ ] Object Code: 704000 [x] 706000 [ ] 706001 [ ]

Comments: Requires BOC approval

Budget Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution #: \_\_\_\_\_ Board Authorized on Date: \_\_\_\_\_