



## CONTACT INFORMATION

Requester: Kris Tobbe Title of Requester: CIO  
Dept. Phone Number/Extension: x8811 Date Requested: 7/16/2024

## POSITION INFORMATION

Position Title: GIS Analyst Supervisor: Kris Tobbe

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)**: GIS Analyst proposed reclassification to  
GIS Administrator per MGT Consulting recommendation - subject to Personnel Committee approval  
proposed change from NU grade 9 to NU grade 11

## FUNDING INFORMATION

Base Annual Salary: 43.90 hr./91,312.00 yr.  
~~41,770.8~~ This position is funded in whole or in part by a grant: Yes ☐ No ☒ % Funded: \_\_\_\_\_

Allocation **(Required)**: Current: Org. 63622800 % 100 Proposed (If changing): Org. \_\_\_\_\_ % \_\_\_\_\_

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

## REQUIRED APPROVALS

Kristoffer Tobbe 07-16-2024 Kristoffer Tobbe 07-16-2024  
Supervisor (if applicable) Date Department Head Date

## HR OFFICE ONLY

Job Class: 5033 Job Title: GIS Administrator Grade/Step: N11 H / 5

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 07.17.2024

## BUDGET OFFICE ONLY

Position Control # 22800111 ☒ Org. 63622800

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

Comments: Requires BOC approval

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

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