



CONTACT INFORMATION

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

POSITION INFORMATION

Position Title: Application Developer 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)**: Application Developer proposed reclassification to ECM 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: 5034 Job Title: ECM 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 # 22800116 ☒ Org. 63622800

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

Comments: Requires BOC approval

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____