Livingston County, Michigan POSITION REQUEST/CHANGE FORM **CONTACT INFORMATION** Requester: Dave Feldpausch Title of Requester: EMS Director Date Requested: 2/20/2025 Dept. Phone Number/Extension: 517-546-6220 POSITION INFORMATION Position Title: IRR PT Paramedic/EMT Supervisor: Amy Chapman 1. Is the purpose of this request to fill a position as a result of a vacancy? If so, name of person last holding this position: 2. Is the purpose of this request to reclassify a current position? 3. Is the purpose of this request to change the scheduled hours of an existing position? Yes \lfloor From: To: If so, name of current incumbent: 4. Is the purpose of this request to transfer a current position? Proposed Department:_ If so, Current Department:____ Position Type: Regular Term/Grant Temp. Unpaid | Part-Time (21-29) Part-Time (20 or Less) Number of hours per week: Position Status: Full Time (30+) Justification of request / change of position (REQUIRED): Requesting an additional 5 IRR PT employees to back fill for vacation & sick time. Reduction in overtime costs. **FUNDING INFORMATION** 18.1202 hr./ 4,975.08 yr, ____ This position is funded in whole or in part by a grant: Yes ____ Base Annual Salary: % Funded: Allocation (**Required**): Current: Org. 21065100 % 100 Proposed (If changing): Org. Special Revenue Fund Position will be funded by: General Fund **Enterprise Fund** Internal Service Fund **REQUIRED APPROVALS** Supervisor (if applicable) Department Head Date HR OFFICE ONLY Job Class: 6008/ 5013 _{Job Title:} Paramedic /EMT Irregular PT 5021 - 6006 FTE: 0.083/0.12 Employee Group: NU 02.24.2025 HR Reviewed: **BUDGET OFFICE ONLY** Position Control # 65100302/65100303 org. 21065100 Funds Available: Yes V No Object Code: 704000 | 706000 | Comments: requires BOC approval reduction in overtime cost Budget Reviewed:

Board Authorized on Date:

Resolution #:_____