



CONTACT INFORMATION

Requester: David Feldpausch
Dept. Phone Number/Extension: 517/540-7865

Title of Requester: Director
Date Requested: 3-25-25

POSITION INFORMATION

Position Title: EMT x4

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): EMS has experienced a 10% increase in calls for 2025 over 2024 which was a record year.

FUNDING INFORMATION

42,694.08 yr./18.66 hr. Base Annual Salary: ~~42,620/257~~ 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 [x] Special Revenue Fund [] Internal Service Fund []

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____ Department Head David Feldpausch Date 3-25-25

HR OFFICE ONLY

Job Class: 5011 Job Title: EMT Grade/Step: 6021 / 0

FTE: 1.0 Employee Group: EMS HR Reviewed: Amy Hill Date: 03.25.2025

BUDGET OFFICE ONLY

Position Control # _____ Org. 21065100

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

Comments: Requires BOC approval. Will require a budget amendment.

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____