



CONTACT INFORMATION

Requester: Jason Pless Title of Requester: Undersheriff
Dept. Phone Number/Extension: 7911 Date Requested: 6.10.2025

POSITION INFORMATION

Position Title: Investigative Services Administrative Specilaist Supervisor: Detective Bureau Lieutenant

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)**: to reclassify Investigative Services Administrative Specialist position to Grade 5 as recommended by MGT Currently Lori Baird is in this position.

FUNDING INFORMATION

Base Annual Salary: 30.08 hr./62,566.40 yr.
\$23.74/hr This position is funded in whole or in part by a grant: Yes ☐ No ☒ % Funded: _____

Allocation **(Required)**: Current: Org. 10130100 % 100 Proposed (If changing): Org. _____ % _____

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

REQUIRED APPROVALS

Supervisor (if applicable) _____ Date _____
Department Head  Date _____

HR OFFICE ONLY

Job Class: 1099 Job Title: Investigative Services Admin. Specialist Grade/Step: NU5

FTE: 1.0 Employee Group: NU HR Reviewed: Amy Hill Date: 06.12.2025

BUDGET OFFICE ONLY

Position Control # 30100105 Org. 10130100

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

Comments: requires personnel committee approval

Budget Reviewed:  Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____