



CONTACT INFORMATION

Requester: Matt Bolang Title of Requester: Director
Dept. Phone Number/Extension: 6870 Date Requested: 6/19/25

POSITION INFORMATION

Position Title: Administrative Specialist Supervisor: Barb Murphy

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)**:
Elimination of position due to reduction in funding in accordance with the Workforce Reduction Policy

FUNDING INFORMATION

28.3473 hr./ 43,042.54 yr.
Base Annual Salary: _____ This position is funded in whole or in part by a grant: Yes ☐ No ☐ % Funded: _____

Allocation **(Required)**: Current: Org. 22160100 % 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 Matt Bolang Date 6/19/25

HR OFFICE ONLY

Job Class: 1202 Job Title: Administrative Specialist Health Grade/Step: NU5 / 7

FTE: 0.73 Employee Group: NU HR Reviewed: Amy Hill Date: 06.23.2025

BUDGET OFFICE ONLY

Position Control # 60100104 Org. 22160100

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

Comments: elimination requires BOC approval

Budget Reviewed: 1502 Date: 6/25/25

Resolution #: _____ Board Authorized on Date: _____