Livingston County, Michigan

POSITION REQUEST/CHANGE FORM

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CONTACT INFORMATION			
Requester: Matt Bolang	Title of Requester: Director		
Dept. Phone Number/Extension: 6870	Date Requested: 6/19/25		
POSITION INFORMATION			
Position Title: Health Promotion Specialist	Supervisor: Courtney Rynkiewicz		
1. Is the purpose of this request to fill a position as a result of a	vacancy? Yes No V		
If so, name of person last holding this position:			
2. Is the purpose of this request to reclassify a current position?	Yes No V		
3. Is the purpose of this request to change the scheduled hours of an existing position? Yes No 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):			
ELINDING INEOPMATION			
· 	whole or in part by a grant: Yes No % Funded: Proposed (If changing): Org %		
37.1209 hr./77,211.47 yr. Base Annual Salary: This position is funded in Market Conference of the Conference of t	Proposed (If changing): Org %		
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