



CONTACT INFORMATION

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

Title of Requester: EMS Director
Date Requested: 3-29-2024

POSITION INFORMATION

Position Title: Medical Examiner Investigator

Supervisor: Amy Chapman

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): The MEI job description was not evaluated in the most recent review of county jobs. A review was requested and a recommendation was made. This request is to implement that change.

The recommendation is to move them all to grade 9, pay them 1 hour for every 8 Hrs on call, and eliminate the transport charge.

FUNDING INFORMATION

Base Annual Salary: 32.98 hr./17,664.08 yr. This position is funded in whole or in part by a grant: Yes ☐ No ☒ % Funded: _____

Allocation (Required): Current: Org. 10164800 % 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 _____

David Feldpausch 3-29-24
Department Head Date

HR OFFICE ONLY

Job Class: 6006 Job Title: Medical Examiner Investigator Grade/Step: NU9H / 1

FTE: 0.2575 Employee Group: NU HR Reviewed: Amy Hill Date: 03.29.2024

BUDGET OFFICE ONLY

Position Control # 64800110 ☒ Org. 10164800

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

Comments: Requires BOC approval

Budget Reviewed: _____ Date: _____

Resolution #: _____ Board Authorized on Date: _____