



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: **WIC/350** DATE: **04-01-08**

CURRENT POSITION TITLE: \_\_\_\_\_ CURRENT SLOT #: \_\_\_\_\_  
slot

REQUESTED POSITION TITLE: **Nutritionist**  
(For new positions or reclassifications)

**350-001-0221**

**REQUEST FOR:**

New Position       Temporary Position       Position Reclassification\*       Other \_\_\_\_\_

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0 Current Budgeted Salary      \$ 38,000 Proposed Budgeted Salary      \$ 38,000.00 Net Change *pc*

Position to be funded from one of the following:

Current Department Budget       Annual Budget Cycle       Will Require Additional Funds

Other \_\_\_\_\_

**POSITION Type:**

Full Time Employee Object 113       Part Time Employee Object 114  \_\_\_\_\_

Full Time Temporary Object 121       Part Time Temporary Object 122  \$ \_\_\_\_\_

Enter hourly rate for temp. positions  
Hourly Rate \* 2,080 hrs. per year = Annual Salary

**TEMPORARY POSITIONS:**

Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc)

CIVIL SERVICE:	FLSA:	
Exempt <input checked="" type="checkbox"/>	Exempt <input type="checkbox"/>	
Non-Exempt <input type="checkbox"/>	Non-Exempt <input checked="" type="checkbox"/>	<i>pc</i>
N/A <input type="checkbox"/>		

**JUSTIFICATION/PRIORITY:** (Explain why this position or adjustment request is essential)

**Positions needed to staff new Alamo clinic.**

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COPY

NEW POSITION: Brief job description and attach a copy of the new job description.

See Attached.

POSITION RECLASSIFICATION: Explain change and /or increase in duties and responsibility. (Attach new job description)

n/a

ADDITIONAL DUTIES: Explain reason for additional duties and attach list of additional duties.

n/a

COMMENTS: (Any comments you wish to make regarding this request)

n/a

HUMAN RESOURCES: Classification and Salary Recommendation

n/a

BUDGET & MANAGEMENT: Classification and Salary Recommendation

n/a

- |    |                                   |               |                                   |  |
|----|-----------------------------------|---------------|-----------------------------------|--|
| 1. | <u>Nancy Brown</u>                | <u>7/1/08</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YE |
|    | DEPARTMENT HEAD                   | DATE          |                                   |  |
| 2. |                                   |               | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YI            |
|    | HUMAN RESOURCES DIRECTOR          | DATE          |                                   |  |
| 3. |                                   |               | BUDGET PROCEDURES COMPLETED       | <input type="checkbox"/> YI            |
|    | DEPARTMENT OF BUDGET & MANAGEMENT | DATE          |                                   |  |
| 4. |                                   |               |                                   |  |
|    | COMMISSIONERS COURT APPROVAL      | DATE          |                                   |  |

COPY



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: **WIC/350**

DATE: **04-01-08**

CURRENT POSITION TITLE:

CURRENT SLOT #:   
 slot

REQUESTED POSITION TITLE: **Full time cleaning aide**  
(For new positions or reclassifications)

**350-0010222**

**REQUEST FOR:**

- New Position     
  Temporary Position     
  Position Reclassification\*     
  Other \_\_\_\_\_

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0 Current Budgeted Salary     
 \$ 16,640.00 Proposed Budgeted Salary     
 \$ 16,640.00 Net Change *pc*

Position to be funded from one of the following:

- Current Department Budget     
  Annual Budget Cycle     
  Will Require Additional Funds  
 Other \_\_\_\_\_

**POSITION Type:**

- Full Time Employee Object 113      
 Part Time Employee Object 114  \_\_\_\_\_  
 Full Time Temporary Object 121      
 Part Time Temporary Object 122  \$ \_\_\_\_\_  
Enter hourly rate for temp. positions  
Hourly Rate \* 2,080 hrs. per year = Annual Salary

**TEMPORARY POSITIONS:**

Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)
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- CIVIL SERVICE:**  
 Exempt       FLSA: Exempt   
 Non-Exempt       Non-Exempt  *pc*  
 N/A

**JUSTIFICATION/PRIORITY:** (Explain why this position or adjustment request is essential)

**Positions needed to staff new Alamo clinic.**

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COPY

NEW POSITION: Brief job description and attach a copy of the new job description.

n/a See Attached.

POSITION RECLASSIFICATION: Explain change and /or increase in duties and responsibility. (Attach new job description)

n/a

ADDITIONAL DUTIES: Explain reason for additional duties and attach list of additional duties.

n/a

COMMENTS: (Any comments you wish to make regarding this request)

n/a

HUMAN RESOURCES: Classification and Salary Recommendation

n/a

BUDGET & MANAGEMENT: Classification and Salary Recommendation

n/a

- |    |                                   |               |                                   |  |
|----|-----------------------------------|---------------|-----------------------------------|--|
| 1. | <u>Nancy Langow</u>               | <u>7/1/08</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YE |
|    | DEPARTMENT HEAD                   | DATE          |                                   |  |
| 2. |                                   |               | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YI            |
|    | HUMAN RESOURCES DIRECTOR          | DATE          |                                   |  |
| 3. |                                   |               | BUDGET PROCEDURES COMPLETED       | <input type="checkbox"/> YI            |
|    | DEPARTMENT OF BUDGET & MANAGEMENT | DATE          |                                   |  |
| 4. |                                   |               |                                   |  |
|    | COMMISSIONERS COURT APPROVAL      | DATE          |                                   |  |

COPY



# HIDALGO COUNTY

## Personnel Adjustment Request Form

**DEPARTMENT NAME/NUMBER:** WIC/350 **DATE:** 04-01-08

**CURRENT POSITION TITLE:** **CURRENT SLOT. #:**  
slot

**REQUESTED POSITION TITLE:** Clinic Aide **350-001-0223**  
(For new positions or reclassifications)

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other \_\_\_\_\_

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0 Current Budgeted Salary    \$ 16,640.00 Proposed Budgeted Salary    \$ 16,640.00 Net Change *pc*

Position to be funded from one of the following:

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds

Other \_\_\_\_\_

**POSITION Type:**

Full Time Employee Object 113     Part Time Employee Object 114

Full Time Temporary Object 121     Part Time Temporary Object 122

Enter hourly rate for temp. positions  
Hourly Rate \* 2,080 hrs. per year = Annual Salary

**TEMPORARY POSITIONS:**

Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)		
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>CIVIL SERVICE:</b>  Exempt <input type="checkbox"/>  Non-Exempt <input checked="" type="checkbox"/>  N/A <input type="checkbox"/> </td> <td style="width: 50%;"> <b>FLSA:</b>  Exempt <input type="checkbox"/>  Non-Exempt <input checked="" type="checkbox"/> </td> </tr> </table>					<b>CIVIL SERVICE:</b> Exempt <input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>FLSA:</b> Exempt <input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/>
<b>CIVIL SERVICE:</b> Exempt <input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	<b>FLSA:</b> Exempt <input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/>					

**JUSTIFICATION/PRIORITY:** (Explain why this position or adjustment request is essential)

Positions needed to staff new Alamo clinic.

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COPY

NEW POSITION: Brief job description and attach a copy of the new job description.

n/a See Attached.

POSITION RECLASSIFICATION: Explain change and /or increase in duties and responsibility. (Attach new job description)

n/a

ADDITIONAL DUTIES: Explain reason for additional duties and attach list of additional duties.

n/a

COMMENTS: (Any comments you wish to make regarding this request)

n/a

HUMAN RESOURCES: Classification and Salary Recommendation

n/a

BUDGET & MANAGEMENT: Classification and Salary Recommendation

n/a

- |    |                                   |               |                                   |  |
|----|-----------------------------------|---------------|-----------------------------------|--|
| 1. | <u>Michael Longwood</u>           | <u>7/1/08</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YE |
|    | DEPARTMENT HEAD                   | DATE          |                                   |  |
| 2. | _____                             | _____         | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YI            |
|    | HUMAN RESOURCES DIRECTOR          | DATE          |                                   |  |
| 3. | _____                             | _____         | BUDGET PROCEDURES COMPLETED       | <input type="checkbox"/> YI            |
|    | DEPARTMENT OF BUDGET & MANAGEMENT | DATE          |                                   |  |
| 4. | _____                             | _____         |                                   |  |
|    | COMMISSIONERS COURT APPROVAL      | DATE          |                                   |  |

COPY



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: WIC/350

DATE: 04-01-08

CURRENT POSITION TITLE:

CURRENT SLOT. #:   
 slot

REQUESTED POSITION TITLE: Clerk  
(For new positions or reclassifications)

350-001-0224

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other \_\_\_\_\_

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0 Current Budgeted Salary    \$ 16,640.00 Proposed Budgeted Salary    \$ 16,640.00 Net Change pc

Position to be funded from one of the following:

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds  
 Other \_\_\_\_\_

**POSITION Type:**

Full Time Employee Object 113     Part Time Employee Object 114  \_\_\_\_\_  
Full Time Temporary Object 121     Part Time Temporary Object 122  \$ \_\_\_\_\_  
Enter hourly rate for temp. positions  
Hourly Rate \* 2,080 hrs. per year = Annual Salary

**TEMPORARY POSITIONS:**

Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)
CIVIL SERVICE:				
Exempt	<input type="checkbox"/>	FLSA: Exempt	<input type="checkbox"/>	
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt	<input checked="" type="checkbox"/> <u>pc</u>	
N/A	<input type="checkbox"/>			

**JUSTIFICATION/PRIORITY:** (Explain why this position or adjustment request is essential)

Positions needed to staff new Alamo clinic.

COPY

NEW POSITION: Brief job description and attach a copy of the new job description.

*n/a See Attached.*

POSITION RECLASSIFICATION: Explain change and /or increase in duties and responsibility. (Attach new job description)

*n/a*

ADDITIONAL DUTIES: Explain reason for additional duties and attach list of additional duties.

*n/a*

COMMENTS: (Any comments you wish to make regarding this request)

*n/a*

HUMAN RESOURCES: Classification and Salary Recommendation

*n/a*

BUDGET & MANAGEMENT: Classification and Salary Recommendation

*n/a*

- |    |  |                              |                                   |  |
|----|--|------------------------------|-----------------------------------|--|
| 1. | <u><i>Nancy Brown</i></u><br>DEPARTMENT HEAD | <u><i>7/1/08</i></u><br>DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YE |
| 2. | _____<br>HUMAN RESOURCES DIRECTOR            | _____<br>DATE                | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YE            |
| 3. | _____<br>DEPARTMENT OF BUDGET & MANAGEMENT   | _____<br>DATE                | BUDGET PROCEDURES COMPLETED       | <input type="checkbox"/> YE            |
| 4. | _____<br>COMMISSIONERS COURT APPROVAL        | _____<br>DATE                |                                   |  |

**COPY**

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