



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Enter department Name

District Clerk / 090

DATE: Enter Date

5/22/08

CURRENT POSITION TITLE: Enter position Title

Asst. Deputy Clerk

CURRENT SLOT #: Enter current

0004
0005
0006 pc

REQUESTED POSITION TITLE: Enter New Position Title
(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: \$ ~~22,240.00~~ ⁻⁰⁻ \$ 23,500.00 ^{x(3) 70,500.00} \$ ~~1210.00~~ _{Net Change} pc

Current Budgeted Salary Proposed Budgeted Salary

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 _____
 Enter hourly rate for temp. positions
 Full Time Temporary Object 121
 Part Time Temporary Object 122 \$ _____
 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

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

Our office is in desperate need of full-time employees as we are currently utilizing temporary positions to satisfy office workload. Upon approval these new positions will replace current temporary slots.

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

see job description

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

see job description

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

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|----|---------------------------------------|------------------------|-----------------------------------|------------------------------|--|
| 1. | <i>[Signature]</i>
DEPARTMENT HEAD | <i>5/22/08</i>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. | HUMAN RESOURCES DIRECTOR | DATE | PERSONNEL PROCEDURES COMPLETED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | DEPARTMENT OF BUDGET & MANAGEMENT | DATE | BUDGET PROCEDURES COMPLETED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL | DATE | | | |