



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER:

DATE:

CURRENT POSITION TITLE:

CURRENT SLOT. #:

REQUESTED 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: \$ _____ \$ _____ \$ _____
 Current Budgeted Salary Proposed Budgeted Salary Net Change

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 Part Time Employee _____
Object 113 Object 114
Full Time Temporary Part Time Temporary \$ _____
Object 121 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 Exempt
Non-Exempt Non-Exempt
N/A

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

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

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

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

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

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