



# 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 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:	FLSA:
Exempt <input type="checkbox"/>	Exempt <input type="checkbox"/>
Non-Exempt <input type="checkbox"/>	Non-Exempt <input type="checkbox"/>
N/A <input type="checkbox"/>	

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

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

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

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

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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|----|-----------------------------------|-------|-----------------------------------|------------------------------|-----------------------------|
| 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  |                                   |                              |                             |