



# HIDALGO COUNTY Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER:

Human Resources #190

DATE:

12/29/08

CURRENT POSITION TITLE:

na

CURRENT SLOT. #:

none

REQUESTED POSITION TITLE:

(For new positions or reclassifications)

Administrative Aide I

**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      \$ 22,000.00 Proposed Budgeted Salary      \$ 22,000.00 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.)

CIVIL SERVICE:

- Exempt
- Non-Exempt
- N/A

FLSA:

- Exempt
- Non-Exempt

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

pending - to be submitted by HR.

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

pending - to be submitted by HR.

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

n/a

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

**HUMAN RESOURCES:** Classification and Salary Recommendation

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

- |    |                                   |      |                                   |                                         |                             |
|----|-----------------------------------|------|-----------------------------------|-----------------------------------------|-----------------------------|
| 1. | DEPARTMENT HEAD                   | DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input type="checkbox"/> YES            | <input 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 checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL      | DATE |                                   |                                         |                             |