



HIDALGO COUNTY Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Emergency Services - Emergency Management DATE: 12/31/08
 CURRENT POSITION TITLE: Assistant Emerg. Coordinator CURRENT SLOT. #: 0002
 REQUESTED POSITION TITLE: Assistant Emerg. Coordinator II
 (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: \$ 49,140.00 Current Budgeted Salary \$ same Proposed Budgeted Salary \$ -0- 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:	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)

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

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

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.	<i>Karl P. [Signature]</i> DEPARTMENT OF BUDGET & MANAGEMENT	1/05/2009 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			