



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Sheriff Dept. (280-001)

DATE: 03/25/10

CURRENT POSITION TITLE: Crime Analyst

CURRENT SLOT. #: 0271

REQUESTED POSITION TITLE: N/A

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other DELETION OF POSITION

**POSITION SALARY REQUEST:**

Salary Amount:    \$ 30,140.00    \$ 0.00    \$ (30,140.00)  
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.)
CIVIL SERVICE:				
Exempt	<input type="checkbox"/>	FLSA:	Exempt	<input type="checkbox"/>
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt	Non-Exempt	<input checked="" type="checkbox"/>
N/A	<input type="checkbox"/>			

**Reduction in duties.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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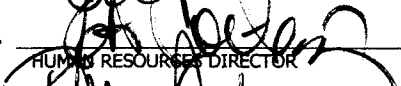
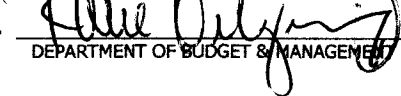
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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- 1.   
HUMAN RESOURCES DIRECTOR
- 2.   
HUMAN RESOURCES DIRECTOR
- 3.   
DEPARTMENT OF BUDGET & MANAGEMENT
- 4. COMMISSIONERS COURT APPROVAL

324-10  
3/29/2010  
DATE  
13/26/2010  
DATE

FUNDING AVAILABLE IN DEPT. BUDGET

YES  NO

PERSONNEL PROCEDURES COMPLETED

YES  NO

BUDGET PROCEDURES COMPLETED

YES  NO



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Sheriff Dept. (280-001)

DATE: 03/25/10

CURRENT POSITION TITLE: N/A

CURRENT SLOT #: 0347

REQUESTED POSITION TITLE: Administrative Assistant II

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other \_\_\_\_\_

**POSITION SALARY REQUEST:**

ONE (1)	G6 S1	\$	27,276.00
NO. OF POSITIONS	CURRENT GRADE & STEP	PROPOSED GRADE & STEP	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	<input checked="" type="checkbox"/>	Part Time Employee Object 114	<input type="checkbox"/>	_____
Full Time Temporary Object 121	<input type="checkbox"/>	Part Time Temporary Object 122	<input type="checkbox"/>	\$ _____

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.)
<b>CIVIL SERVICE:</b>				
Exempt	<input type="checkbox"/>	FLSA:	Exempt	<input type="checkbox"/>
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt	Non-Exempt	<input checked="" type="checkbox"/>
N/A	<input type="checkbox"/>			

To fulfill the needs of the department which require more administrative duties.

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

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

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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.		3-24-10	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	3/29/2010 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	3/26/10 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			