



# HIDALGO COUNTY Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: DBM W/C Division

DATE: 05/14/10

CURRENT POSITION TITLE: N/A

CURRENT SLOT. #: 0012

REQUESTED POSITION TITLE: Claims Investigator II

**REQUEST FOR:**

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

**POSITION SALARY REQUEST:**

ONE (1)                      N/A                      G13 S7                      \$ 57,876.00  
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 2202 FUND BALANCE

**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 checked="" type="checkbox"/> | Non-Exempt <input checked="" type="checkbox"/> |                      |                |                                    |
| N/A <input type="checkbox"/>                   |  |                      |                |                                    |

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

Volume of w/c Claims AND Replace position Recently Deleted.

**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. | <u><i>Rene Delgado</i></u><br>DEPARTMENT HEAD                   | <u>5/14/2010</u><br>DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u><i>Esther A. Cortez</i></u><br>HUMAN RESOURCES DIRECTOR      | <u>05-18-10</u><br>DATE  | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| 3. | <u><i>Rene Delgado</i></u><br>DEPARTMENT OF BUDGET & MANAGEMENT | <u>5/14/2010</u><br>DATE | BUDGET PROCEDURES COMPLETED       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL                                    | DATE                     |                                   |   |                             |



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: DBM Health Benefits Division (115-009)

DATE: 05/14/10

CURRENT POSITION TITLE: Employee Benefits Specialist I

CURRENT SLOT. #: 0006

REQUESTED POSITION TITLE: N/A

### REQUEST FOR:

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

### POSITION SALARY REQUEST:

ONE (1)                      G10 S1                      N/A                      \$ (37,109.00)  
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              Part Time Employee  Object 114

Enter hourly rate for temp. positions

Full Time Temporary  Object 121              Part Time Temporary  Object 122              \$

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"/>            |                      |                |                                     |

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

To create Employee Benefits Specialist II

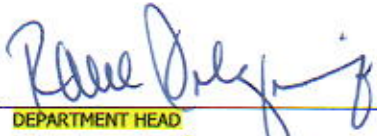

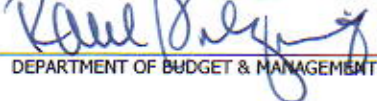
**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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. | <br>DEPARTMENT HEAD                   | <u>5/14/2010</u><br>DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | <br>HUMAN RESOURCES DIRECTOR          | <u>05-18-10</u><br>DATE  | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 3. | <br>DEPARTMENT OF BUDGET & MANAGEMENT | DATE                     | BUDGET PROCEDURES COMPLETED       | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL   | DATE                     |                                   |   |



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: DBM Health Benefits Division (115-009)

DATE: 05/14/10

CURRENT POSITION TITLE: N/A

CURRENT SLOT. #: 0011

REQUESTED POSITION TITLE: Employee Benefits Specialist II

**REQUEST FOR:**

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

**POSITION SALARY REQUEST:**

|                  |                      |                       |    |                  |
|------------------|----------------------|-----------------------|----|------------------|
| <u>ONE (1)</u>   | <u>N/A</u>           | <u>G11 S3</u>         | \$ | <u>42,884.00</u> |
| 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 ADDITIONAL FUNDING FROM DELETION OF POSITION

**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"/> | \$ _____<br>Enter hourly rate for temp. positions |
|   |   | Hourly Rate * 2,080 hrs. per year = Annual Salary |

**TEMPORARY POSITIONS:**

|                   |                 |                                 |                       |   |
|-------------------|-----------------|---------------------------------|-----------------------|---|
| <u>Start Date</u> | <u>End Date</u> | <u>Working Days &amp; Hours</u> | <u>Hours Per Week</u> | <u>Duration (2 weeks, 3 months, etc.)</u> |
|-------------------|-----------------|---------------------------------|-----------------------|---|

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

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

To OVERSEE Health BENEFITS SECTION - (Health Program)  
will result in SPECIALIST II's in EA PROGRAM.

**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. | <u>Rodriguez</u><br>DEPARTMENT HEAD                   | <u>5/14/2010</u><br>DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>Esther A. Cortez</u><br>HUMAN RESOURCES DIRECTOR   | <u>05-18-10</u><br>DATE  | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| 3. | <u>Rodriguez</u><br>DEPARTMENT OF BUDGET & MANAGEMENT | <u>5/14/2010</u><br>DATE | BUDGET PROCEDURES COMPLETED       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL                          | DATE                     |                                   |   |                             |