



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Pct. 4 R&B (124-007)

DATE: 05/19/10

CURRENT POSITION TITLE: Accounts Payable Clerk

CURRENT SLOT. #: 0055

REQUESTED POSITION TITLE: Accounts Payable Specialist 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:    \$ 28,000.00    Current Budgeted Salary   
 \$ 28,000.00    Proposed Budgeted Salary   
 \$ 0.00    Net Change

Position to be funded from one of the following:

Current Department Budget   
  Annual Budget Cycle   
  Will Require Additional Funds

Other lapsed funding

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

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

Proper/accurate classification of slot/position.

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**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.	<u>O. L. Kanya, Jr.</u> DEPARTMENT HEAD	<u>5/21/10</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<u>[Signature]</u> HUMAN RESOURCES DIRECTOR	<u>5/26/10</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	<u>[Signature]</u> DEPARTMENT OF BUDGET & MANAGEMENT	DATE	BUDGET PROCEDURES COMPLETED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Pct. 4 R&B (124-007)

DATE: 05/19/10

CURRENT POSITION TITLE: Accounts Payable Clerk

CURRENT SLOT #: 0056

REQUESTED POSITION TITLE: Accounts Payable Specialist I

**REQUEST FOR:**

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

**POSITION SALARY REQUEST:**

ONE (1)	22,345.00	27,276.00 (G6 S1)	\$	4,931.00
NO. OF POSITIONS	CURRENT BUDGETED SALARY	PROPOSED SALARY (GRADE & STEP)		NET CHANGE

Position to be funded from one of the following:

Current Department Budget   
  Annual Budget Cycle   
  Will Require Additional Funds

Other lapsed funding

**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.)
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)

Properly classify and set salary accordingly with requirements and responsibilities of position.

**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.	<u>Benito J. Beltran</u> DEPARTMENT HEAD	<u>5/21/10</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<u>[Signature]</u> HUMAN RESOURCES DIRECTOR	<u>5/26/10</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	<u>[Signature]</u> DEPARTMENT OF BUDGET & MANAGEMENT	DATE	BUDGET PROCEDURES COMPLETED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Pct. 4 R&B (124-007)

DATE: 05/19/10

CURRENT POSITION TITLE: Accounts Payable Clerk

CURRENT SLOT. #: 0004

REQUESTED POSITION TITLE: Accounts Payable Specialist III

**REQUEST FOR:**

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

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount:	\$	<u>42,428.00</u>	\$	<u>42,428.00</u>	\$	<u>0.00</u>
		Current Budgeted Salary		Proposed Budgeted Salary		Net Change
	\$	<u>3,259.00</u>	\$	<u>3,259.00</u>	\$	<u>0.00</u>
		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 lapsed funding.

**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"/>			

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

PROPER/ ACCURATE CLASSIFICATION OF SLOT/ POSITION.



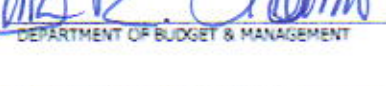
**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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

		5/21/10		
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 type="checkbox"/> YES <input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE		