

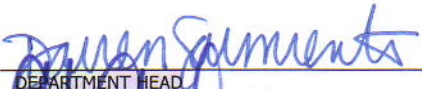
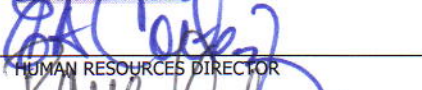
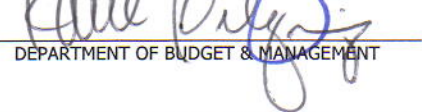
NEW POSITION: Brief job description and attach a copy of the new job description.

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	<u>8/31/10</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>9/10/2010</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>09/09/2010</u> 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: Health & Human Services (240-001)

DATE: 08/30/10

CURRENT POSITION TITLE: N/A

CURRENT SLOT. #: 0034

REQUESTED POSITION TITLE: Eligibility Specialist I

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other _____

POSITION SALARY REQUEST:

ONE (1)	G4 S1	N/A	\$	23,385.00
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.)
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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)

The Pharr Health Clinic will be opening up in late 2010 and I will be sending an Eligibility Specialist II to be located at the facility in order to expand services to the residents of Hidalgo County. However, I currently do not have an Eligibility Specialist I to assist the II and therefore I am requesting to create a Eligibility Specialist I by deleting a Billing Specialist II position.


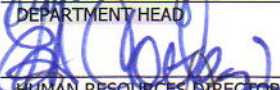
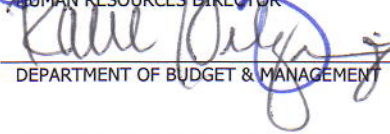
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