



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: FACILITIES MANAGEMENT (220-001)

DATE: 11/23/10

CURRENT POSITION TITLE: ELECTRICIAN HELPER

CURRENT SLOT. #: 0016

REQUESTED POSITION TITLE: N/A

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETION OF POSITION

POSITION SALARY REQUEST:

ONE (1) GRADE 4 & STEP 2 N/A \$ (-24,203.00)
NO. OF POSITIONS CURRENT GRADE & STEP PROPOSED GRADE & STEP GRADE & STEP SALARY

Position to be funded from one of the following:

Current Department Budget Annual Budget Cycle Will Require Additional Funds

Other LAPSED FUNDING AVAILABLE FROM DELETION OF POSITION.

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 Exempt
Non-Exempt Non-Exempt
N/A

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

CURRENT & FUTURE PROJECT EXCEED CAPABILITIES OF POSITION OF ELECTRICIAN HELPER.


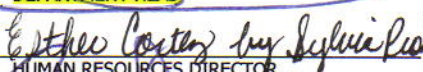
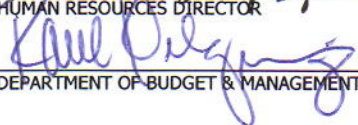
NEW POSITION: Brief job description and attach a copy of the new job description.

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	11/24/10 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	11-29-10 DATE	PERSONNEL PROCEDURES COMPLETED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	11/24/10 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			

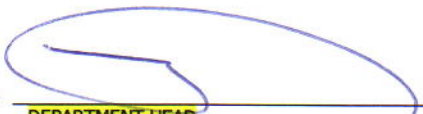
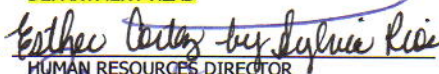
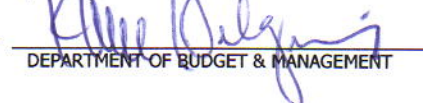
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