



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: HEALTH BENEFITS ADM (115-009)

DATE: 05/12/11

CURRENT POSITION TITLE:

CURRENT SLOT. #: 012

REQUESTED POSITION TITLE: ACCOUNTANT IV

### REQUEST FOR:

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

### POSITION SALARY REQUEST:

<u>1</u>	<u>-0-</u>	<u>G14,S1</u> <u>50,487.00</u>	\$	<u>50,487.00</u>
NO. OF POSITIONS	CURRENT GRADE & STEP/ SALARY/ ALLOWANCE	PROPOSED GRADE & STEP/ SALARY/ ALLOWANCE		NET CHANGE

Position to be funded from one of the following:

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds

Other FUND BALANCE 2201

### 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.)
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### CIVIL SERVICE:

Exempt     **FLSA:** Exempt   
 Non-Exempt     Non-Exempt

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

Due to the growing number of County employees, the program is in need of an accountant to manage the various accounts required to administer the health benefits program.

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

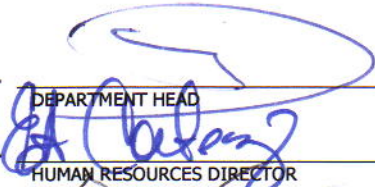
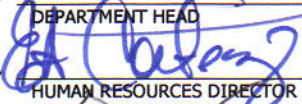
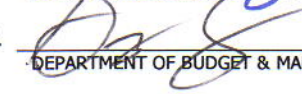
Accountant will insure that all insurances which include medical and voluntary products are reconciled monthly for proper coverages. Accountant will invoice employees who are on approved leave, retirees, etc, to continue benefits when applicable. Other tasks include running reports, and other duties as assigned.

**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>05/12/2011</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>5/13/2011</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>05/12/2011</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: DBM - W/C DIVISION (115-065)

DATE: 05/12/11

CURRENT POSITION TITLE:

CURRENT SLOT. #: 012

REQUESTED POSITION TITLE: CLAIMS INVESTIGATOR I

**REQUEST FOR:**

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

**POSITION SALARY REQUEST:**

<u>1</u>	<u>-0-</u>	<u>G11,S1</u> <u>40,078.00</u>	\$	<u>40,078.00</u>
NO. OF POSITIONS	CURRENT GRADE & STEP/ SALARY/ ALLOWANCE	PROPOSED GRADE & STEP/ SALARY/ ALLOWANCE		NET CHANGE

Position to be funded from one of the following:

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds

Other FUND BALANCE 2202

**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.)
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**CIVIL SERVICE:**

Exempt	<input type="checkbox"/>	<b>FLSA:</b>	Exempt	<input type="checkbox"/>
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt	Non-Exempt	<input checked="" type="checkbox"/>

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

The workers comp section investigates an average of 60 employee injury reports per month. Currently there is only 1 Claims Investigator performing these duties and is in much need of assistance.

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


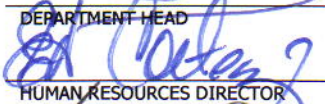

Assists in investigating employee injury claims and makes recommendations to eliminate and deter future claims.

**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	5/12/2011 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	5/13/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	05/12/2011 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			