



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: WIC B/F PRG (350-002)

DATE: July 12, 2011

CURRENT POSITION TITLE: N/A

CURRENT SLOT. #: 0033

REQUESTED POSITION TITLE: COMMUNITY PEER COUNSELOR  
(For new positions or reclassifications)

### 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>0.00</u>             | \$ | <u>25,256.00</u>                             | \$ | <u>25,256.00</u> |
|                |    | Current Budgeted Salary |    | (Grade 5 Step 1)<br>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 \_\_\_\_\_

### 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)

Position needed to promote breastfeeding at Mcallen Medical Center L&D and Women's Hospital at Renaissance.

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

**See Attached**

**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. | <i>Harold L. Long</i>                 | 6/30/11    | FUNDING AVAILABLE IN DEPT. BUDGET | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
|    | DEPARTMENT HEAD                       | DATE       |                                   |   |                             |
| 2. | <i>Ethel A. Cortez by Sylvia Ross</i> | 07.08.11   | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|    | HUMAN RESOURCES DIRECTOR              | DATE       |                                   |   |                             |
| 3. | <i>[Signature]</i>                    | 07/08/2011 | BUDGET PROCEDURES COMPLETED       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|    | DEPARTMENT OF BUDGET & MANAGEMENT     | DATE       |                                   |   |                             |
| 4. | COMMISSIONERS COURT APPROVAL          | DATE       |                                   |   |                             |