



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: WIC/350

DATE: 7-26-11

CURRENT POSITION TITLE:

CURRENT SLOT #: 0034

REQUESTED POSITION TITLE: Lactation Consultant
 (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: (Grade 14/ Step 1)

Salary Amount: \$ 0.00 Current Budgeted Salary
 \$ 50,487 Proposed Budgeted Salary
 \$ 50,487.00 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
 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 checked="" type="checkbox"/>	FLSA: Exempt	<input checked="" type="checkbox"/>	
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt	<input type="checkbox"/>	
N/A	<input type="checkbox"/>			

CIVIL SERVICE: Exempt Non-Exempt N/A
 FLSA: Exempt Non-Exempt

* Per Norma Langonia, Director 07.29.11 pjt

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

Need additional help with new grant for Baby Cafe and BF problems/counseling.

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

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|----|--|----------------------------------|-----------------------------------|---|-----------------------------|
| 1. | <u><i>Norma L Longue</i></u>
DEPARTMENT HEAD | <u><i>7/26/11</i></u>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u><i>E. A. Costley</i></u>
HUMAN RESOURCES DIRECTOR | <u><i>07.29.11</i></u>
DATE | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <u><i>[Signature]</i></u>
DEPARTMENT OF BUDGET & MANAGEMENT | <u><i>07/29/2011</i></u>
DATE | BUDGET PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL | DATE | | | |