



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

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**XPOSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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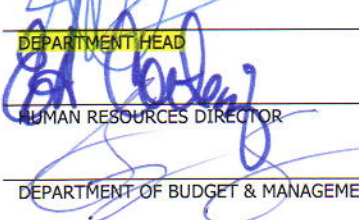
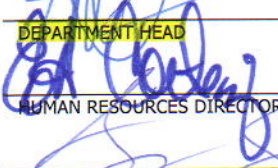
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	08/23/11 DATE	<b>FUNDING AVAILABLE IN DEPT. BUDGET</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	09/24/2011 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 ADM (340-001)

DATE: 8/22/2011

CURRENT POSITION TITLE: SEPTIC TANK INSPECTOR

CURRENT SLOT. #: 0015

REQUESTED POSITION TITLE: N/A

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other DELETE POSITION

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount:	\$	29,458.00 (Grade 7/ Step 1)	\$	0.00	\$	(29,458.00)
		Current Budgeted Salary		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	<input checked="" type="checkbox"/>	Part Time Employee Object 114	<input type="checkbox"/>	_____
				Enter hourly rate for temp. positions
Full Time Temporary Object 121	<input type="checkbox"/>	Part Time Temporary Object 122	<input type="checkbox"/>	\$ _____
				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.)
<b>CIVIL SERVICE:</b>				
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)

Although this position is still needed, as a result of budget constraints, it is being deleted to allow the funding associated with this position to be transferred into another position that has been deemed more essential at this time.

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

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**XPOSITION RECLASIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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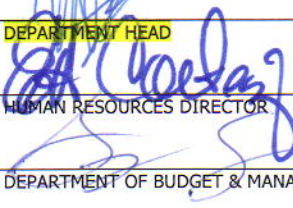
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 ADM (340-001)

DATE: 8/22/2011

CURRENT POSITION TITLE: CLERK II

CURRENT SLOT. #: 0041

REQUESTED POSITION TITLE: N/A

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other DELETE POSITION

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount:	\$	24,685.00 (Grade 3/ Step 5)	\$	0.00	\$	(24,685.00)
		Current Budgeted Salary		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	<input checked="" type="checkbox"/>	Part Time Employee Object 114	<input type="checkbox"/>	_____
				Enter hourly rate for temp. positions
Full Time Temporary Object 121	<input type="checkbox"/>	Part Time Temporary Object 122	<input type="checkbox"/>	\$ _____
				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.)
<b>CIVIL SERVICE:</b>				
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)

Although this position is still needed, as a result of budget constraints, it is being deleted to allow the funding associated with this position to be transferred into another position that has been deemed more essential at this time.

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

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**POSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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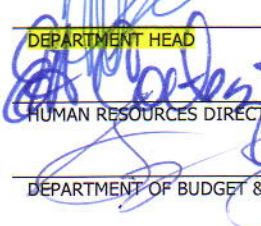
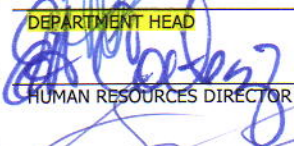

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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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- |    |  |                    |                                   |   |                             |
|----|--|--------------------|-----------------------------------|---|-----------------------------|
| 1. | <br>DEPARTMENT HEAD                   | 08/23/11<br>DATE   | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <br>HUMAN RESOURCES DIRECTOR          | 8/25/2011<br>DATE  | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <br>DEPARTMENT OF BUDGET & MANAGEMENT | 08/24/2011<br>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 CLINICS (340-003)  
SDI (340-018)

DATE: 08/22/2011

CURRENT POSITION TITLE: SOCIAL WORKER

CURRENT SLOT. #: G067 (340-003)  
G009 (340-018)

REQUESTED POSITION TITLE: SOCIAL WORKER

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other REDISTRIBUTE COST ALLOCATION

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount:	\$	<u>9,281.00 (Grade 11/ Step 4)</u>	\$	<u>44,678.00 (Grade 11/ Step 4)</u>	\$	<u>35,397.00</u>
<b>HEATH CLINICS</b> <b>(1100)</b>		Current Budgeted Salary		Proposed Budgeted Salary		Net Change
	\$	<u>35,397.00 (Grade 11/ Step 4)</u>	\$	<u>0.00</u>	\$	<u>(35,397.00)</u>
<b>SDI GRANT</b> <b>(1293)</b>		Current Budgeted Salary		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 ADDITIONAL FUNDING FROM HEALTH ADM. (1100) FUNDS

**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	<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)

This position is essential as it is needed to provide clinic client services under the Title V prenatal and child health billable services according to

DSHS & Medicaid guidelines. In addition, this position also provide billable immunization and TB services.


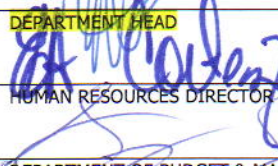
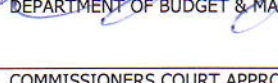
**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/25/11 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 CLINICS (340-003)**  
**SDI (340-018)**

DATE: 08/22/2011

CURRENT POSITION TITLE: REGISTERED NURSE III

CURRENT SLOT. #: G072 (340-003)  
 G005 (340-018)

REQUESTED POSITION TITLE: REGISTERED NURSE III

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other REDISTRIBUTE COST ALLOCATION

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount: <b>HEATH CLINICS</b> <b>(1100)</b>	\$ <u>7,576.00 (Grade 14/Step 4)</u> Current Budgeted Salary	\$ <u>55,790.00 (Grade 14/Step 4)</u> Proposed Budgeted Salary	\$ <u>48,214.00</u> Net Change
<b>SDI GRANT</b> <b>(1293)</b>	\$ <u>48,214.00 (Grade 14/ Step 4)</u> Current Budgeted Salary	\$ <u>0.00</u> Proposed Budgeted Salary	\$ <u>(48,214.00)</u> Net Change

Position to be funded from one of the following:

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds

Other ADDITIONAL FUNDING FROM HEALTH ADM. (1100) FUNDS

**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 checked="" type="checkbox"/>
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt		<input type="checkbox"/>
N/A	<input type="checkbox"/>			

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

This position is essential as it is needed to provide clinic client services under the Title V prenatal and child health billable services according to

DSHS & Medicaid guidelines. In addition, this position also provides billable immunization and TB services.

**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	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 CLINICS (340-003)  
SDI (340-018)

DATE: 08/22/2011

CURRENT POSITION TITLE: REGISTERED NURSE III

CURRENT SLOT. #: G073 (340-003)  
G003 (340-018)

REQUESTED POSITION TITLE: REGISTERED NURSE III

### REQUEST FOR:

New Position     Temporary Position     Position Reclassification\*     Other REDISTRIBUTE COST ALLOCATION

\*Civil Service Positions are submitted to the Civil Service Commission.

### POSITION SALARY REQUEST:

Salary Amount:	\$	<u>6,856.00 (Grade 14/Step 1)</u>	\$	<u>50,487.00 (Grade 14/Step 1)</u>	\$	<u>43,631.00</u>
<b>HEATH CLINICS</b> <b>(1100)</b>		Current Budgeted Salary		Proposed Budgeted Salary		Net Change
<b>SDI GRANT</b> <b>(1293)</b>	\$	<u>43,631.00 (Grade 14/ Step1)</u>	\$	<u>0.00</u>	\$	<u>(43,631.00)</u>
		Current Budgeted Salary		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 ADDITIONAL FUNDING FROM HEALTH ADM. (1100) FUNDS

### 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 <input type="checkbox"/>	Exempt <input checked="" type="checkbox"/>			
Non-Exempt <input checked="" type="checkbox"/>	Non-Exempt <input type="checkbox"/>			
N/A <input type="checkbox"/>				

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

This position is essential as it is needed to provide clinic client services under the Title V prenatal and child health billable services according to DSHS & Medicaid guidelines. In addition, this position also provides billable immunization and TB services.

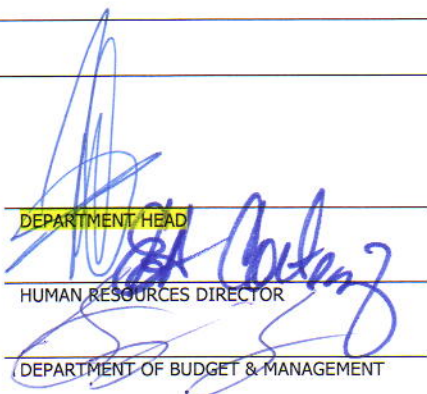
**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 CLINICS (340-003)  
SDI (340-018)

DATE: 08/22/2011

CURRENT POSITION TITLE: BILLING SUPERVISOR

CURRENT SLOT. #: G076 (340-003)  
G007 (340-018)

REQUESTED POSITION TITLE: BILLING SUPERVISOR

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other REDISTRIBUTE COST ALLOCATION

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount:	\$	<u>5,163.00 (Grade 11/ Step 3)</u>	\$	<u>43,243.00 (Grade 11/ Step 3)</u>	\$	<u>38,080.00</u>
<b>HEATH CLINICS</b> <b>(1100)</b>		Current Budgeted Salary		Proposed Budgeted Salary		Net Change
	\$	<u>38,080.00 (Grade 11/ Step 3)</u>	\$	<u>0.00</u>	\$	<u>(38,080.00)</u>
<b>SDI GRANT</b> <b>(1293)</b>		Current Budgeted Salary		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 ADDITIONAL FUNDING FROM HEALTH ADM. (1100) FUNDS

**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 <input type="checkbox"/>	Exempt <input checked="" type="checkbox"/>			
Non-Exempt <input checked="" type="checkbox"/>	Non-Exempt <input type="checkbox"/>			
N/A <input type="checkbox"/>				

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

This position is essential as it is needed to provide clinic client services under the Title V prenatal and child health billable services according to DSHS & Medicaid guidelines. In addition, this position also oversees all staff associated with billing DSHS, Medicaid and other third party providers.


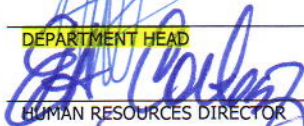

**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 CLINICS (340-003)

DATE: 8/22/2011

CURRENT POSITION TITLE: CLERK I

CURRENT SLOT. #: 0066

REQUESTED POSITION TITLE: N/A

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other DELETE POSITION

\*Civil Service Positions are submitted to the Civil Service Commission.

**POSITION SALARY REQUEST:**

Salary Amount:	\$	18,564.00	\$	0.00	\$	(18,564.00)
		(Grade 1/ Step 1)		Proposed Budgeted Salary		Net Change
		Current Budgeted Salary				

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 type="checkbox"/>	Part Time Employee Object 114	<input checked="" type="checkbox"/>	_____
				Enter hourly rate for temp. positions
Full Time Temporary Object 121	<input type="checkbox"/>	Part Time Temporary Object 122	<input type="checkbox"/>	\$ _____
				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:	<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)

Although this position is still needed in this division, as a result of budget constraints, it is being deleted to allow the funding associated with this position to be transferred into another position that has been deemed more essential at this time.

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

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**POSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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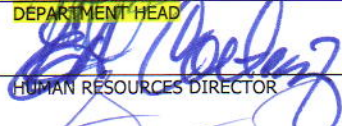

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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/23/11 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 CLINICS (340-003)

DATE: 8/22/2011

CURRENT POSITION TITLE: REGISTERED NURSE III

CURRENT SLOT. #: G074

REQUESTED POSITION TITLE: N/A

### REQUEST FOR:

New Position     Temporary Position     Position Reclassification\*     Other DELETE COST ALLOCATION SLOT

\*Civil Service Positions are submitted to the Civil Service Commission.

### POSITION SALARY REQUEST:

Salary Amount: \$ 7,571.00 (Grade 14/ Step 4) Current Budgeted Salary    \$ 0.00 Proposed Budgeted Salary    \$ (7,571.00) 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  \_\_\_\_\_

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

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

Although this position is still needed in this division, as a result of budget constraints, it is being deleted to allow the funding associated with this Position to be transferred into another position that has been deemed more essential at this time.

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

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**POSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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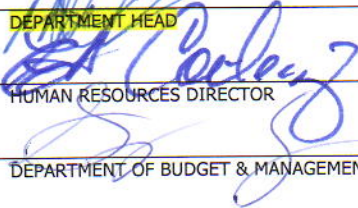
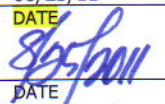
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2007 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 CLINICS (340-003)

DATE: 8/22/2011

CURRENT POSITION TITLE: ELIGIBILITY SPECIALIST I

CURRENT SLOT. #: G078

REQUESTED POSITION TITLE: N/A

### REQUEST FOR:

New Position     Temporary Position     Position Reclassification\*     Other DELETE COST ALLOCATION SLOT

\*Civil Service Positions are submitted to the Civil Service Commission.

### POSITION SALARY REQUEST:

Salary Amount: \$ 4,830.00 (Grade 4/ Step 2)    \$ 0.00 Proposed Budgeted Salary    \$ (4,830.00) Net Change  
Current Budgeted Salary

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:	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)

Although this position is still needed in this division, as a result of budget constraints, it is being deleted to allow the funding associated with this Position to be transferred into another position that has been deemed more essential at this time.

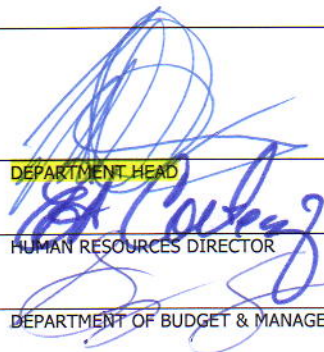
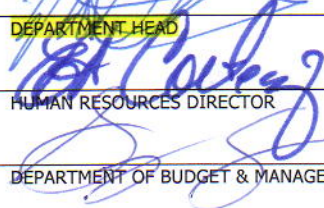
**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 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 CLINICS (340-003)

DATE: 8/22/2011

CURRENT POSITION TITLE: ELIGIBILITY SPECIALIST I

CURRENT SLOT. #: G079

REQUESTED POSITION TITLE: N/A

### REQUEST FOR:

New Position     Temporary Position     Position Reclassification\*     Other DELETE COST ALLOCATION SLOT

\*Civil Service Positions are submitted to the Civil Service Commission.

### POSITION SALARY REQUEST:

Salary Amount: \$ 2,840.00 (Grade 4/ Step 0) Current Budgeted Salary    \$ 0.00 Proposed Budgeted Salary    \$ (2,840.00) 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  \_\_\_\_\_  
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:		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)  
Although this position is still needed in this division, as a result of budget constraints, it is being deleted to allow the funding associated with this Position to be transferred into another position that has been deemed more essential at this time.

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

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**POSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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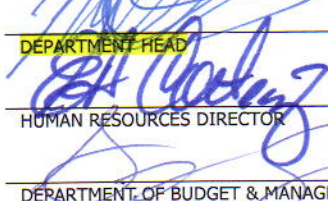
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE		



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

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**POSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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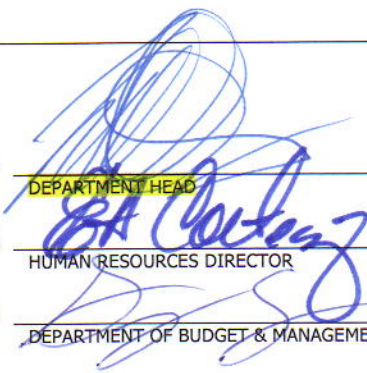

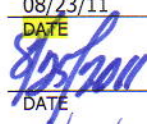
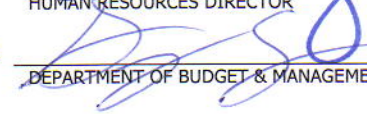
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE		



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

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**POSITION RECLASSIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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**COMMENTS:** (Any comments you wish to make regarding this request)

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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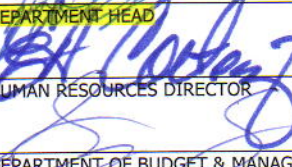
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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|----|---|--------------------|-----------------------------------|---|
| 1. | <br>DEPARTMENT HEAD          | 08/23/11<br>DATE   | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | <br>HUMAN RESOURCES DIRECTOR | 8/25/2011<br>DATE  | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | DEPARTMENT OF BUDGET & MANAGEMENT   | 08/24/2011<br>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 CLINICS (340-003)

DATE: 8/22/2011

CURRENT POSITION TITLE: CLERK III

CURRENT SLOT #: G116

REQUESTED POSITION TITLE: N/A

### REQUEST FOR:

New Position     Temporary Position     Position Reclassification\*     Other DELETE COST ALLOCATION SLOT

\*Civil Service Positions are submitted to the Civil Service Commission.

### POSITION SALARY REQUEST:

Salary Amount: \$ 0.00 (Grade 5/ Step 3) Current Budgeted Salary    \$ 0.00 Proposed Budgeted Salary    \$ (0.00) 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  \_\_\_\_\_

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

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

This position is not needed in this division at this time.


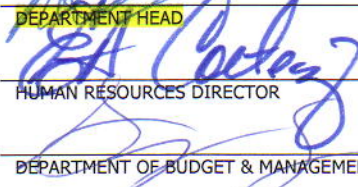

**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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	08/23/11 DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	8/25/2011 DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	08/24/2011 DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE		