



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: COUNTY JUDGE (110-006)

DATE: 1/27/2012

CURRENT POSITION TITLE: ECONOMIC DEVELOPMENT PLANNER II

CURRENT SLOT #: 0030

REQUESTED POSITION TITLE: N/A

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETION OF POSITION

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

POSITION SALARY REQUEST:

Salary Amount:

\$ 63,000.00 \$ 0.00 \$ (63,000.00)
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate *2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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)

POSITION NOT NEEDED.

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.	<u><i>Ramon Garcia</i></u> DEPARTMENT HEAD	<u>1-30-12</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<u><i>JA Cortez</i></u> HUMAN RESOURCES DIRECTOR	<u>1/30/2012</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>1/30/2012</u> Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	_____	_____	_____	_____	_____



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: COUNTY JUDGE (110-006)

DATE: 1/27/2012

CURRENT POSITION TITLE: N/A

CURRENT SLOT #: 0035

REQUESTED POSITION TITLE: DIRECTOR, ECONOMIC DEVELOPMENT

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other _____

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

POSITION SALARY REQUEST:

Salary Amount:

\$ 0.00 \$ 68,000.00 \$ 68,000.00
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate *2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

_____ 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 IS A COUNTYWIDE POSITION WHIS IS BEING CREATED TO EXPAND AND BETTER SERVE THE CITIES WITHIN THE COUNTY. THIS
POSITION WILL REQUIRE TO A ESTABLISH A COUNTY-WIDE COMMITTEE REPRESENTATIVE OF ELECTED OFFICIALS AND DEVELOP AND
MAINTAIN A PLAN FOR ECONOMIC DEVELOPMENT.

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.	<i>Brian Garcia</i>	1-30-12	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	Date			
2.	<i>SA Lopez</i>	1/30/2012	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	Date			
3.	<i>[Signature]</i>	1/30/2012	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT OF BUDGET & MANAGEMENT	Date			
4.			COMMISSIONERS' COURT APPROVAL		
	COMMISSIONERS' COURT APPROVAL	Date			



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: COUNTY JUDGE (110-006)

DATE: 1/27/2012

CURRENT POSITION TITLE: N/A

CURRENT SLOT #: 0032

REQUESTED POSITION TITLE: ECONOMIC DEVELOPMENT PLANNER I

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other ADD AUTO ALLOWANCE

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

POSITION SALARY REQUEST:

Salary Amount:

\$ 0.00 \$ 4,000.00 \$ 4,000.00
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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)

Allowance needed for employee to attend various meetings within the county with cities, edc's, chamber of commerces,
and potential investors.

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.	<u><i>Rebecca Green</i></u> DEPARTMENT HEAD	<u>1-30-12</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<u><i>Stacy Coeling</i></u> HUMAN RESOURCES DIRECTOR	<u>1/30/2012</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>1/30/2012</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: COUNTY JUDGE (110-006)

DATE: 1/27/2012

CURRENT POSITION TITLE: ADMINISTRATIVE AIDE II

CURRENT SLOT #: 0034

REQUESTED POSITION TITLE: N/A

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETION OF POSITION

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

POSITION SALARY REQUEST:

Salary Amount:

\$ 63,000.00 \$ 0.00 \$ (63,000.00)
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)
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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)

POSITION NOT NEEDED.


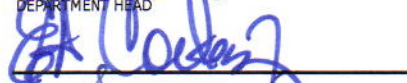

NEW POSITION: Brief job description and attach a copy of the new job description.

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.		1-30-12	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	Date			
2.		1/30/2012	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	Date			
3.		1/30/2012	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT OF BUDGET & MANAGEMENT	Date			
4.			COMMISSIONERS' COURT APPROVAL		
	COMMISSIONERS' COURT APPROVAL	Date			



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: COUNTY JUDGE (110-006)

DATE: 1/27/2012

CURRENT POSITION TITLE: N/A

CURRENT SLOT #: 0036

REQUESTED POSITION TITLE: CLERK II

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other _____

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

POSITION SALARY REQUEST:

Salary Amount:

\$ 0.00 \$ 21,653.00 \$ 21,653.00
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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)

CLERICAL POSITION IS STILL NEEDED IN THE OFFICE AT AN ENTRY FULL-TIME LEVEL.


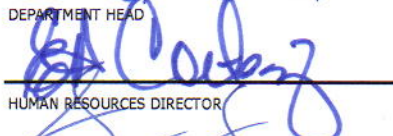

NEW POSITION: Brief job description and attach a copy of the new job description.

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.		1-30-12 Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DEPARTMENT HEAD			
2.		1/30/2012 Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR			
3.		1/30/2012 Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DEPARTMENT OF BUDGET & MANAGEMENT			
4.				
	COMMISSIONERS' COURT APPROVAL	Date		



HIDALGO COUNTY, TEXAS

Auto Allowance Authorization Form

Department Name/Number: COUNTY JUDGES (110-006) Date: 1/27/2012

Position Title: ECONOMIC DEVELOPMENT PLANNER I Position Slot No. : 110-006-0032

Position Status: Vacant Current
If position status is vacant go to Justification for Auto Allowance Section

Employee Name: _____ Employee Number: _____

Employee Driver License No.: _____

Auto Allowance Amount Request \$4,000.00

Auto Allowance to be funded from one of the following:

- Current Department Budget Annual Budget Cycle Will Required Additional Funds Other

VEHICLE INFORMATION

Year, Make, & Model: _____ Ins. Policy Number: _____

VIN Registration No. : _____ Policy Holder's Name: _____

License Plate No. : _____ Ins. Coverage Date: _____

*Vehicle Insurance Provider: _____ Ins. Verified By: _____

*Employee should provide copy of current vehicle liability insurance policy and driver license to their respective department and to the Safety Division.

JUSTIFICATION FOR AUTO ALLOWANCE

In the space provided below, please justify why the auto allowance is needed, in lieu of receiving the IRS current mileage reimbursement rate for In-County business use of personal vehicle.

Allowance needed for employee to attend various meetings within the county with cities, edc's, chamber of commerces, and potential investors.
Estimated miles travel = 125/ 150 miles per week.

Employee Signature

Date

By signing this Auto Allowance Authorization Form, I understand that I will not be eligible to receive mileage reimbursement for using my personal vehicle for In-County business travel. I further understand that the Auto Allowance provided to me is subject to all applicable federal and state income taxes and will be included in my bi-weekly or semi-monthly paycheck (as applicable). The Auto Allowance amount is subject to change, upon Commissioners Court approval.

Renee Green
Department Head/Elected Official

1-30-12
Date

Funding Available in Dept. Budget YES NO



HIDALGO COUNTY, TEXAS

Auto Allowance Authorization Form

Department Name/Number: COUNTY JUDGES (110-006) Date: 1/27/2012

Position Title: DIRECTOR, ECONOMIC DEVELOPMENT Position Slot No. : 110-006-0035

Position Status: Vacant Irrent
If position status is vacant go to Justification for Auto Allowance Section

Employee Name: _____ Employee Number: _____

Employee Driver License No.: _____

Auto Allowance Amount Request \$4,000.00

Auto Allowance to be funded from one of the following:

- Current Department Budget Annual Budget Cycle Will Required Additional Funds Other

VEHICLE INFORMATION

Year, Make, & Model: _____ Ins. Policy Number: _____

VIN Registration No. : _____ Policy Holder's Name: _____

License Plate No. : _____ Ins. Coverage Date: _____

*Vehicle Insurance Provider: _____ Ins. Verified By: _____

*Employee should provide copy of current vehicle liability insurance policy and driver license to their respective department and to the Safety Division.

JUSTIFICATION FOR AUTO ALLOWANCE

In the space provided below, please justify why the auto allowance is needed, in lieu of receiving the IRS current mileage reimbursement rate for In-County business use of personal vehicle.

Allowance needed for employee to attend various meetings within the county with cities, edc's, chamber of commerces, and potential investors.
Estimated miles travel = 125/ 150 miles per week.

Employee Signature **Date**

By signing this Auto Allowance Authorization Form, I understand that I will not be eligible to receive mileage reimbursement for using my personal vehicle for In-County business travel. I further understand that the Auto Allowance provided to me is subject to all applicable federal and state income taxes and will be included in my bi-weekly or semi-monthly paycheck (as applicable). The Auto Allowance amount is subject to change, upon Commissioners Court approval.

Rodriguez Garcia
Department Head/Elected Official

1-30-12
Date

Funding Available in Dept. Budget YES NO