



# HIDALGO COUNTY

## Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: FACILITIES MANAGEMENT (220-001)

DATE: 4/17/2012

CURRENT POSITION TITLE: ADMINISTRATIVE ASSISTANT IV

CURRENT SLOT #: 0091

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: Grade 10/ Step 4  
\$ 41,006.00    \$ 0.00    \$ (41,006.00)  
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)

*Upon review of the needs of department, position is no longer needed.*

**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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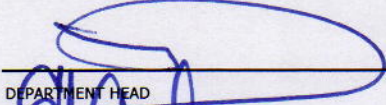


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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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|    |   |                   |                                   |   |                             |
|----|---|-------------------|-----------------------------------|---|-----------------------------|
| 1. |  | 4/18/12<br>Date   | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. |  | 4/19/2012<br>Date | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. |  | 4/18/2012<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: FACILITIES MANAGEMENT (220-001)

DATE: 4/17/2012

CURRENT POSITION TITLE: N/A

CURRENT SLOT #: 0112

REQUESTED POSITION TITLE: ADMINISTRATIVE ASSISTANT I

**REQUEST FOR:**

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

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

**POSITION SALARY REQUEST:**

Salary Amount:

|    |                              |                 |                               |            |
|----|------------------------------|-----------------|-------------------------------|------------|
|    |                              | Grade 4/ Step 1 |                               |            |
| \$ | 0.00                         | \$              | 23,385.00                     | \$         |
|    | Current G&S/ Budgeted Salary |                 | Proposed G&S/ Budgeted Salary | 23,385.00  |
|    |                              |                 |                               | 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 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)

*Upon review of the needs of department; position is needed.*


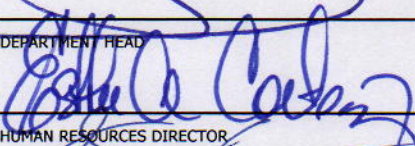
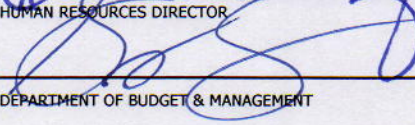
**NEW POSITION:** Brief job description and attach a copy of the new job description.

**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. | <br>_____<br>DEPARTMENT HEAD                   | 4/18/12<br>_____<br>Date   | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <br>_____<br>HUMAN RESOURCES DIRECTOR          | 4/19/2012<br>_____<br>Date | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <br>_____<br>DEPARTMENT OF BUDGET & MANAGEMENT | 4/18/2012<br>_____<br>Date | BUDGET PROCEDURES COMPLETED       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | _____<br>COMMISSIONERS' COURT APPROVAL  | _____<br>Date              | _____                             | _____                                   | _____                       |