



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: District Attorney's Office (080-002)

DATE: 09/17/2012

CURRENT POSITION TITLE: N/A

CURRENT SLOT. #: 099 & 100

REQUESTED POSITION TITLE: Criminal Investigator II

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Authorize Auto Allowance

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

POSITION SALARY REQUEST:

Salary Amount: \$ 0.00 Current Budgeted Salary \$ 50487.00 X 2 Proposed Budgeted Salary \$ 100,974.00 Net Change

Allowance Amount: \$ 0.00 Current Budgeted Salary \$ 3,600.00 X 2 Proposed Budgeted Salary \$ 7,200.00 Net Change

Position to be funded from one of the following:

Current Department Budget Annual Budget Cycle Will Require Additional Funds

Other County Wide Adm-Contingency

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)

These positions first priority will be concentration of investigations on all allegations of election fraud reported to the elections department. The second priority, time permitting, will be to work on J.P. traffic violation cases where individuals owe over \$750.00 in fines.

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


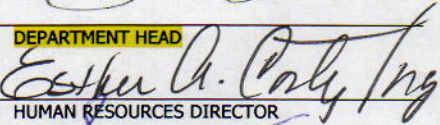
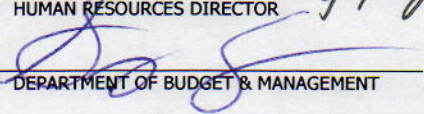
Attached

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.		09/17/2012		
	<u>DEPARTMENT HEAD</u>	<u>DATE</u>	<u>FUNDING AVAILABLE IN DEPT. BUDGET</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.		9.17.12		
	<u>HUMAN RESOURCES DIRECTOR</u>	<u>DATE</u>	<u>PERSONNEL PROCEDURES COMPLETED</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.		9/17/2012		
	<u>DEPARTMENT OF BUDGET & MANAGEMENT</u>	<u>DATE</u>	<u>BUDGET PROCEDURES COMPLETED</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4.	<u>COMMISSIONERS COURT APPROVAL</u>	<u>DATE</u>		



HIDALGO COUNTY, TEXAS

Auto Allowance Authorization Form

Department Name/Number: DISTRICT ATTORNEY Date: 9/17/2012

Position Title: CRIMINAL INVESTIGATOR II Position Slot No. : 0099 & 0100

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: \$3,600.00

Estimated Miles Traveled: 150 miles per week

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.

Criminal Investigators will be traveling to different locations to investigate election fraud and will also be working on JP cases where individuals owe over \$750.00 in traffic violation fines.

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.

9/17/2012

Department Head/Elected Official

Date

Funding Available in Dept. Budget YES NO