



HIDALGO COUNTY

Personnel Adjustment Request Form

RECEIVED

NOV - 9 2012

Human Resources

DEPARTMENT NAME/NUMBER: HEALTH - ADM DIVISION (340-001)

DATE: 10/31/2012

CURRENT POSITION TITLE: ELIGIBILITY SPECIALIST I

CURRENT SLOT #: 0029

REQUESTED POSITION TITLE:

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount: (GRADE 4 / STEP 2)
\$ 24,203.00 \$ 0.00 \$ (24,203.00)
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)

A review of the Health Dept. Clinic staffing needs has resulted in determining that this position is not needed 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.		<u>10-31-12</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	<i>Esther A. Cortez / sfa</i> HUMAN RESOURCES DIRECTOR	<u>11-09-12</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.		<u>11/09/2012</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

RECEIVED
NOV - 9 2012
Human Resources

DEPARTMENT NAME/NUMBER: HEALTH - ADM DIVISION (340-001) DATE: 10/31/2012

CURRENT POSITION TITLE: ELIGIBILITY SPECIALIST I CURRENT SLOT #: 0043

REQUESTED POSITION TITLE:

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount: (GRADE 4 / STEP 1)
\$ 23,385.00 Current G&S/ Budgeted Salary \$ 0.00 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)

A review of the Health Dept. Clinic staffing needs has resulted in determining that this position is not needed 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	<u>10-31-12</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<u>Esther A. Cortez/jfn</u> HUMAN RESOURCES DIRECTOR	<u>11-09-12</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>11/09/2012</u> Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS' COURT APPROVAL	_____	_____	_____	_____



HIDALGO COUNTY

Personnel Adjustment Request Form

RECEIVED

NOV - 9 2012

Human Resources

DEPARTMENT NAME/NUMBER: HEALTH - ADM DIVISION (340-001)

DATE: 10/31/2012

CURRENT POSITION TITLE:

CURRENT SLOT #: 048

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:	(GRADE 3 / STEP 1)			
\$	0.00	\$	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:
 Exempt **FLSA:** Exempt
 Non-Exempt Non-Exempt
 N/A

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

A review of the Health Dept. Clinic staffing needs has resulted in determining that this position is needed. Health Dept. Clinic position of Eligibility Specialist will be deleted to allow this position to be created. This position will be involved in producing and proofing correspondence, reports, summaries, manuals, vouchers, records and other related forms. This position will also serve as client service as it also involves answering inquiries regarding policies and procedures, assisting the public and staff in filling out forms and providing information to public.

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


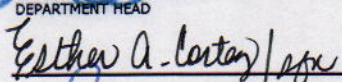
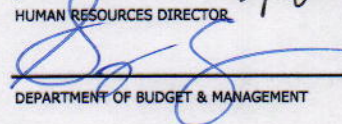
see attached job description.

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>10-31-12</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT HEAD	Date					
2.		<u>11-09-12</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	HUMAN RESOURCES DIRECTOR	Date					
3.		<u>11/09/2012</u>	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT OF BUDGET & MANAGEMENT	Date					
4.	_____	_____	_____	_____	_____	_____	_____
	COMMISSIONERS' COURT APPROVAL	Date					



HIDALGO COUNTY Personnel Adjustment Request Form

RECEIVED
NOV - 9 2012
Human Resources

DEPARTMENT NAME/NUMBER: HEALTH - ADM DIVISION (340-001)

DATE: 10/31/2012

CURRENT POSITION TITLE:

CURRENT SLOT #: 049

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: (GRADE 3 / STEP 1)
\$ 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)

A review of the Health Dept. Clinic staffing needs has resulted in determining that this position is needed. Health Dept. Clinic position of Eligibility Specialist will be deleted to allow this position to be created. This position will be involved in producing and proofing correspondence, reports, summaries, manuals, vouchers, records and other related forms. This position will also serve as client service as it also involves answering inquiries regarding policies and procedures, assisting the public and staff in filling out forms and providing information to public.

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


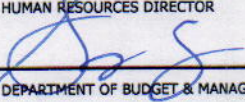
see attached job description.

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>10-31-12</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | DEPARTMENT HEAD | Date | | | |
| 2. | <u>Esther A. Cortez /afn</u> | <u>11-09-12</u> | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | HUMAN RESOURCES DIRECTOR | Date | | | |
| 3. |  | <u>11/09/12</u> | BUDGET PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | DEPARTMENT OF BUDGET & MANAGEMENT | Date | | | |
| 4. | _____ | _____ | _____ | _____ | _____ |
| | COMMISSIONERS' COURT APPROVAL | Date | | | |