

**LOCAL BORDER SECURITY PROGRAM FY 2014 (LBSP-14)  
APPLICATION**

<b>1. APPLICANT NAME (Jurisdiction):</b>	Hidalgo County Pct 3 Constable Department		
<b>2. COUNTY:</b>	Hidalgo		
<b>3. TYPE:</b>	<input checked="" type="checkbox"/> City Government	<input type="checkbox"/> County Government	
<b>3. PAYMENT TYPE:</b>	<input checked="" type="checkbox"/> Reimbursement	<input type="checkbox"/> One-Time Advance Payment	
<b>4. REQUESTED PERIOD OF PERFORMANCE (NOT TO EXCEED AUGUST 31, 2014)</b>			
<b>6. CHECKLIST OF APPLICATION ATTACHMENTS:</b>	(See the Local Border Security Program 2014 (LBSP- 14) Guide for information about these forms.)		
	<input checked="" type="checkbox"/> Designation of Grant Officials (Form A-2). <input checked="" type="checkbox"/> Application for State Assistance (Form A-3). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Financial Cost Estimate (Form A-4). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Assurances and Certifications (Form A-5). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Statement of Work (Form A-6) <input checked="" type="checkbox"/> Direct Deposit Authorization Form (Form 74-176). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Copy of local overtime policy. <input checked="" type="checkbox"/> Copy of pay schedule during the grant period.		
<b>7.</b>	<b>CERTIFICATION</b>		
	<p>I certify, by signing this document that the information provided within is accurate, and that I have the legal authority to apply for State assistance. I also understand that this serves as a request for consideration for grant funding and that applying does not guarantee an award will be received. This Application, together with the Local Border Security Program FY2014 (LBSP-14) Guide, constitutes the work plan for the Applicant listed above. If funded the undersigned will be required to agree to and comply with all terms, conditions, and statements of work for the Local Border Security Program FY 2014 (LBSP-14).</p> <p><b>Ramon Garcia, County Judge</b> <span style="float:right"><b>Lazaro Gallardo Jr.</b></span></p>		
_____	_____	<i>Lazaro Gallardo Jr.</i>	<i>11/25/13</i>
Authorized Official (Original Signature)	Date	Grant Performance Officer (Original Signature)	Date

Form A-1  
(10/13)

Page 1 of 1

Email\* or Mail completed forms and application materials to:

Texas Homeland Security  
State Administrative Agency  
ATTN: LBSP  
1033 La Posada, Ste. 160  
Austin, TX 78752

SAA-LBSP@dps.texas.gov

\*Note: Email submission is preferred. Applications must be received by the THSSAA by 5PM CDT on December 13, 2013

**LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP-14)  
DESIGNATION OF GRANT OFFICIALS**

<b>GRANT:</b>	LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP-14)
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<b>GRANT PERIOD:</b>	January 17, 2014 – August 31, 2014
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<b>AGENCY NAME:</b>	Hidalgo County Pct 3 Constable Department
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<b>Grant Performance Officer</b>	<b>(This is typically your Chief or Sheriff)</b>
Name	Lazaro Gallardo Jr.
Title	Constable - Hidalgo County Pct 3
Official Mailing Address	730 North Breyfogle Ste B Mission, Texas 78572
Daytime Phone Number	956-581-6800
Fax Number	956-519-4245
E-mail Address	Dan.broyles@co.hidalgo.tx.us

<b>Grant Financial Officer</b>	<b>(This is typically your CFO or County Auditor)</b>
Name	Raymundo Eufracio CPA
Title	Auditor - Hidalgo County
Official Mailing Address	2808 South Business Hwy 281 Edinburg, Texas 78539
Daytime Phone Number	956-318-2511
Fax Number	956-318-2577
E-mail Address	Ray.eufracio@auditor.co.hidalgo.tx

<b>Authorized Official</b>	<b>(This must be the County Judge, Mayor, or City Manager*)</b> *Note: If someone else is authorized to apply for and accept grant funds for the Jurisdiction, a letter from the governing body indicating such Signature Delegation should be attached with the Application.
Name	Ramon Garcia
Title	County Judge – Hidalgo County
Official Mailing Address	PO Box 1356 Edinburg, Texas 78540
Daytime Phone Number	956-318-2600
Fax Number	956-318-2699
E-mail Address	Ramon.garcia@co.hidalgo.tx.us

If at any point during the grant period these POC's change, make necessary changes and resubmit this form immediately to [SAA-LBSP@dps.texas.gov](mailto:SAA-LBSP@dps.texas.gov).

## APPLICATION FOR STATE ASSISTANCE

<b>1. NAME OF PROGRAM/ ASSISTANCE:</b> LOCAL BORDER SECURITY PROGRAM FY2014 (LBSP- 14)	<b>2. APPLICANT STATUS:</b> <input type="checkbox"/> City <span style="float: right;"><input checked="" type="checkbox"/> Reimbursement</span> <input checked="" type="checkbox"/> County <span style="float: right;"><input type="checkbox"/> One time Advance</span>
<b>3. START DATE:</b>  JANUARY 17, 2014	<b>4. END DATE:</b>  AUGUST 31, 2014
<b>5. APPLICANT INFORMATION</b>	
<b>a. Legal Name of Applicant Organization (as it appears on the LBSP- 14 Application/Form A-1):</b> Hidalgo County Pct 3 Constable Department	<b>b. Name &amp; Telephone Number of Grant Performance Officer:</b> Lazaro Gallardo Jr. 956-581-6800
<b>c. Mailing Address:</b> 730 North Breyfogle Ste B Mission, Texas 78572	<b>d. Physical Address (if different from Mailing Address):</b> same
<b>6. EMPLOYER IDENTIFICATION NUMBER / TAX ID #</b>  <u>746000717</u>	
<b>7. ESTIMATED EXPENSES:</b>	
a. Salary & Benefits (from line ___ Form A-4)	\$ 87,056.99
b. Travel Expenses (from line ___ Form A-4)	\$ 0
c. Operating Expenses (from line ___ Form A-4)	\$ 23,088.00
d. Total Expenses (A + B + C)	\$110,144.99
<b>8. CERTIFICATION:</b> I certify that to the best of my knowledge and belief this application and its attachments are true and correct.	
a. Typed Name of Authorized Official:	<b>Ramon Garcia</b>
b. Title of Authorized Official:	<b>County Judge – Hidalgo County</b>
c. Original Signature of Authorized Official:	
d. Date Signed:	

### INSTRUCTIONS FOR THIS FORM

Item 2: Indicate whether the applicant is a City or a County and whether the Jurisdiction will request a one-time advance if funded.

Item 5a: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the LBSP-14 Program Application (Form A-1).

Item 6: This 9-digit number should match the number on your Form 74-176. If you do not supply this number we CANNOT award you any grant funds.

Item 7: The data in this section should match the information included on the Financial Cost Estimate (Form A-4).

Item 8: This form must be signed by the Authorized Official who is a person authorized by the governing body of the jurisdiction to apply for and accept grants.

**FINANCIAL COST ESTIMATE**

1. NAME OF PROGRAM / ASSISTANCE: Local Border Security Program FY 2014  
 2. APPLICANT NAME: Hidalgo County Pct 3 Constable Department

3. ESTIMATED MONTHLY EXPENSES:  
 a. Personnel Estimate

Position	Number of Personnel	Hourly Rate	Overtime Rate (Time and 1/2)	Number of O/T Hours per Person per Day	Number of Days	Salary	FICA 7.65%	Total Salary & Fringe
Chief	1	\$27.42	\$41.13	6	4	\$987.12	\$75.51	\$1,062.63
Sgt II	1	\$23.57	\$35.36	6	4	\$848.52	\$64.91	\$913.43
Sr Deputy	3	\$22.95	\$34.43	6	4	\$2,478.60	\$189.61	\$2,668.21
Sr Deputy	2	\$21.43	\$32.15	6	4	\$1,542.96	\$118.04	\$1,661.00
Sr Deputy	1	\$20.70	\$31.05	6	4	\$745.20	\$57.01	\$802.21
Deputy II	5	\$19.48	\$29.22	6	4	\$3,506.40	\$268.24	\$3,774.64
<b>Total Personnel Estimates</b>								<b>\$10,882.12</b>

b. Travel & Per Diem Estimate

Position	Number of Personnel	Commercial Travel Costs	Mileage from / to County	Estimated Ave. Daily Miles	Number of Days	Total Mileage Cost	Hotel Rate \$85 Maximum	Hotel Tax Rate	Meals \$36 Maximum	Travel Totals
						\$0.00		\$0.00		\$0.00
<b>Total Travel &amp; Per Diem Estimate</b>										<b>\$0.00</b>

c. Operational Cost Estimate

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
13	100	4	\$0.555	\$2,886.00
<b>Total Operational Cost Estimate</b>				<b>\$2,886.00</b>

NOTE: Estimate either for fuel or mileage, not both.

4. NUMBER OF MONTHS IN THE GRANT PERIOD:

5. ARE YOU PAID MONTHLY OR BI-MONTHLY:

6. INDICATE THE NUMBER OF HOURS IN YOUR PAY PERIOD:

Signature of Grant Official \_\_\_\_\_

7. TOTAL AMOUNT OF APPLICATION

a. Personnel Estimate	\$87,056.99	Total Grant
b. Travel & Per Diem Estimate	\$0.00	
c. Operational Cost Estimate	\$23,088.00	
<b>Total Expenses</b>	<b>\$110,144.99</b>	

8. TYPE OF PAYMENT YOU PREFER: (check one)

Reimbursement  ONE TIME Advance Payment Request

**State of Texas Assurances and Certifications  
State Uniform Administrative Requirement for Grants and Cooperative Agreements,  
Subpart B, §\_14**

Note: Certain of these assurances may not be applicable to your program. If you have any questions, please contact the awarding agency.

NAME OF APPLICANT	GRANT PROGRAM
Hidalgo County Pct 3 Constable Dept.	Local Border Security Program FY 2014 (LBSP-14)

**This form includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for State Assistance.**

As the duly authorized representative of the applicant, I hereby certify that the applicant (subgrantee) will comply with the assurances and certifications below.

Ramon Garcia	County Judge - Hidalgo County
Typed Name of Authorized Official	Title
Signature of Authorized Official	Date Signed

**ASSURANCES**

**(1) RELATIVES.** A subgrantee must comply with Texas Government Code, Chapter 573, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person, who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree.

**(2) PUBLIC INFORMATION.** A subgrantee must insure that all information collected, assembled, or maintained by the applicant relative to a project will be available to the public during normal business hours in compliance with Texas Government Code, Chapter 552, unless otherwise expressly prohibited by law.

**(3) OPEN MEETINGS.** A subgrantee must comply with Texas Government Code, Chapter 551, which requires all regular, special, or called meetings of governmental bodies to be open to the public, except as otherwise provided by law or specifically permitted in the Texas Constitution.

**(4) CHILD SUPPORT PAYMENTS.** A subgrantee must comply with Section 231.006, Texas Family Code, which prohibits payments to a person who is in arrears on child support payments.

**(5) HEALTH, HUMAN SERVICES, PUBLIC SAFETY OR LAW ENFORCEMENT AGENCY.** If the subgrantee is a health, human services, public safety, or law enforcement agency, it will not contract with or issue a license, certificate, or permit to the owner, operator, or administrator of a facility if the license, permit, or certificate has been revoked by another health and human services agency or public safety or law enforcement agency.

**(6) LAW ENFORCEMENT AGENCY.** If the subgrantee is a law enforcement agency regulated by Texas Occupations Code, Chapter 1701, it must be in compliance with all rules adopted by the Texas Commission on Law Enforcement Officer Standards and Education pursuant to Chapter 1701, Texas Occupations Code or must provide the grantor agency with a certification from the Texas Commission on Law Enforcement Officer Standards and Education that the agency is in the process of achieving compliance with such rules.

**(7) ADMINISTRATION.** When incorporated into a grant award or contract, standard assurances contained in the application package become terms or conditions for receipt of grant funds. Administering state agencies and local subrecipients shall maintain an appropriate contract administration system to insure that all terms, conditions, and specifications are met.

**(8) SUSPECTED CHILD ABUSE.** A subgrantee must comply with the Texas Family Code, Section 261.101, which requires reporting of all suspected cases of child abuse to local law enforcement authorities and to the Texas Department of Child Protective and Regulatory Services. Subgrantees shall also ensure that all program personnel are properly trained and aware of this requirement.

**(9) TAXES.** Subgrantees will comply with all federal tax laws and are solely responsible for filing all required state and federal tax forms.

**(10) COMPLIANCE WITH REQUIREMENTS.** Subgrantees will comply with all applicable requirements of all other federal and state laws, executive orders, regulations, and policies governing this program.

**(11) INELIGIBLE APPLICANTS.** The applicant certifies that it and its principals are eligible to participate and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity and it is not listed on a state or federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <http://www.epls.gov>.

**(12) HIV/AIDS.** Subgrantees must adopt and implement applicable provisions of the model HIV/AIDS work place guidelines of the Texas Department of Health as required by the Texas Health and Safety Code, Ann., Sec. 85.001, *et seq.*

**(13) LEGAL AUTHORITY.** The applicant has the legal authority to apply for State assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-state share of project costs) to ensure proper planning, management and completion of the project described in this application.

**(14) RECORDS.** The applicant will give the awarding agency, the State Comptroller, and if applicable, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

**(15) PERSONAL GAIN.** The applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.

**(16) COMPLETION.** The applicant will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

### **CERTIFICATIONS**

1. **DRUG-FREE WORKPLACE** - The applicant certifies that it will provide a drug-free workplace by:
  - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
  - B. Establish a drug-free awareness program to inform employees about:
    - i. the dangers of drug abuse in the workplace;
    - ii. the applicant's policy of maintaining a drug-free workplace;
    - iii. any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. the penalties that may be imposed upon employees for drug abuse violations.
  - C. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
  - D. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
    - i. abide by the terms of the statement, and
    - ii. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five days after such conviction.
  - E. Notifying the agency within ten days after receiving notice under subparagraph (d) (ii) from an employee or otherwise receiving actual notice of such conviction.
  - F. Taking one of the following actions with respect to any employee who is so convicted:
    - i. taking appropriate personnel action against such an employee, up to and including termination; or
    - ii. requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
  - G. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. **LOBBYING – The applicant certifies that:**
  - A. It will not use grant funds, either directly or indirectly, in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government.
  - B. If any non-grant funds have been or will be used in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government, it will notify the THSSAA to obtain the appropriate disclosure form.
  - C. It will include the language of paragraphs A and B of this section in the award documents for all sub-awards at all tiers and will require all sub-recipients to certify accordingly.

## Statement of Work (SOW) for LBSP Grant Funds 2014

### State Objective of LBSP 2014 Funds

The State of Texas will assist in the execution of coordinated border security operations and facilitate the conduct of sustained interagency law enforcement activities in conjunction with Federal, Local and Tribal agencies to disrupt, deter, interdict, and thereby dominate criminal activity associated with the movement—northbound and southbound—of illicit traffic through the Texas border region and throughout Texas in order to reduce border-related crime, contribute to the reduction of potential acts of terror within Texas and the United States, and increase the security and quality of life of Texans in order to:

- Increase the effectiveness and impact of Steady State and Surge Operations.
- Increase the amount and quality field intelligence (BIAR, INT-7, or similar field reporting of gang, cartel, drug activity, and border violence, terrorism, and other criminal activity information to the JOIC's and BSOC for overall unified command partner awareness.
- Reduce border-related criminal activity in Texas.
- Implement and increase the effectiveness of operational methods, measures, and techniques for outbound/southbound operations.
- Decrease the supply of drugs smuggled into and through Texas from Mexico.
- Disrupt and deter operations of gang and cartel criminal organizations.
- Target and decrease the use of specifically targeted tactics (such as conveyance methods) for drugs in the Texas border region.
- Decrease use of specific areas for crime as targeted in directed action missions.
- Increase the effectiveness of air operations mission planning and prioritization.
- Continue to exercise and integrate air-ground team operations to include TMF aviation, CBP Air and Marine, DPS Aircraft Section, and USCG aviation support.
- Based upon intelligence and analysis, increase the effectiveness of directed action missions to ensure they target specific organizations and areas as identified through intelligence and apprehensions in known geographical areas and on organizations operating in these areas.
- Increase the number and quality of analytical intelligence products developed at Unified Command and State levels based on quality information available.
- Increase intelligence based operations at Unified Command level through integration of TxMap, sector specific information, and employment of intelligence analysts.

#### 1). How do you locally plan to ensure that the State Objectives are executed in your area?

- \* Enhance uniformed patrol activities within Hidalgo County Pct 3.
- \* Increase patrol activities in rural areas / routes commonly used by border criminal elements and not normally addressed by other Law Enforcement agencies.
- \* Continuation in multi law enforcement operations.

#### 2). Explain in detail what strategies/tactics you will use to accomplish these objectives?

- \* Increased number of patrol units with designation of identification, apprehension and disruption of border criminal elements within Hidalgo County Pct 3 and /or border criminal elements who utilize Hidalgo County Pct 3 to facilitate acts of narcotic smuggling, human smuggling and acts of border related violence. Hidalgo County Pct 3 borders Mexico to the south and Starr County, Texas to the west, both designated at source areas.
- \* Maximize continued efforts with multi-agency intelligence while working operations / details with local state and federal law enforcement agencies within Hidalgo County Pct 3.
- \* Increased timely reports to JOIC, by BIARs and / or by teleconference, based on but not limited to independent intelligence, enforcement actions, suspected smuggling routes and citizen contributions.
- \* Participate in south bound operations at US Ports of Entry. Hidalgo County Pct 3 currently had two (2) ports of entry located within jurisdiction.

## Instructions for Vendor Direct Deposit / Advance Payment Notification Authorization

*Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exception in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at (800) 531-5441, ext. 6-6057.*

Section 1: Select the appropriate transaction type(s).

Section 2: Provide the Social Security Number or Employer Identification Number (EIN).

Section 3: Completion by financial institution is recommended.

**Important:** Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

**Note:** A prenote test will be sent to your financial institution for the account information entered into the Comptroller's system. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

Section 4: Must be completed in its entirety, and no alterations to the authorization language will be accepted.

Section 5: If you receive state payments by direct deposit which are forwarded from a United States financial institution to a financial institution outside the United States, please contact the Texas Comptroller of Public Accounts at (512) 936-8138 and FAX your form to (512) 475-5424.

Section 6: Provide the contact name, phone number and email address to which payment notifications are to be sent. Notifications are sent for direct deposit payments only, and emails are sent one business day prior to the deposit.

**Submit the completed form to the state agency with which you are conducting business. If the agency is unknown, please call (512) 936-8138 to obtain contact information.**

### For State Agency Use

Section 7: Provide reason for cancellation request.

Section 8: Must be completed if submitting form to the Comptroller's office for international payment verification, advance payment notification or interagency transfer processing. Indicate requested action using the "For State Agency Use" box located at the top of the form.

If an international payments verification, advance payment notification or interagency transfer is requested by the agency, select the desired action(s) in the box on the upper right corner of the form and submit the form to the Comptroller's office. State agencies should complete the direct deposit setup or change prior to submitting the form to the Comptroller's office.

For Comptroller's Use Only

# Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

## Transaction Type

SECTION 1	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 4 and 5)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 and 5)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 and 5)	<input type="checkbox"/> Cancellation (Sections 2 and 5 - Sections 6 and 7 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4 and 5)	

## Payee Identification

SECTION 2	Payee type	<input checked="" type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	Mail code (if not known, leave blank.) 0 0 0
	<input type="checkbox"/> State employee	<input type="checkbox"/> Employer Identification Number (EIN)		
	<input type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN)*		
	Payee name <b>HIDALGO COUNTY</b>	Phone number <b>956-318-2506</b>	ext. <b>4810</b>	
	Mailing address <b>2810 S. BUSINESS HWY 281</b>	City <b>EDINBURG</b>	State <b>TX</b>	ZIP code <b>78539-6243</b>

## Financial Institution (Completion by financial institution is recommended.)

SECTION 3	Financial institution name <b>LONE STAR NATIONAL BANK</b>	City <b>EDINBURG</b>	State <b>TX</b>
	Routing transit number (9 digits) <b>1 1 4 9 - 1 1 6 8 - 7</b>	Customer account number (maximum 17 characters) <b>7 1 0 1 5 6 4 7</b>	Type of account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)	Title (optional)	
	Financial representative signature (optional) 	Phone number (optional) <b>984-2743</b>	Date (optional) <b>11/19/13</b>

## International Payments Verification (required)

SEC 4	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).
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## Authorization for Setup, Changes or Cancellation (required)

SECTION 5	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	Authorized signature <b>Norma G. Garcia</b>	Printed name <b>NORMA G. GARCIA</b>	Date <b>11/19/13</b>

## Cancellation by Agency (for state agency use)

SEC 6	Reason	Date
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## Authorized Signature (for state agency use)

SECTION 7	Signature <b>Norma G. Garcia</b>	Date
	Phone number ext.	Agency number
	Agency name	
	Comments	

Please return your completed form to:



**HIDALGO COUNTY  
PERSONNEL POLICY MANUAL**

**REVISED DATE: JANUARY 3, 2006**

fourteen (14) day work period to work a minimum of 80 hours during such work period. The seven (7) day work period commences at 12:01 a.m. on Monday of each week and ends at 12:00 p.m. midnight on the following Sunday.

- < 7.03 An employee is required to be present at his or her duty station at the beginning of each workday and be punctual in maintaining work hours.
- < 7.04 Every employee is allowed one hour for lunch each workday.
- < 7.05 Each Elected Official/Department Head should try and schedule his or her employees each workday for a fifteen (15) minute rest break in the morning and a fifteen (15) minute rest break in the afternoon.
- < 7.06 An employee's time and attendance record (Non-Law Enforcement Personnel form and Law Enforcement Personnel form) should coincide with an employee's work period. A completed time and attendance record is completed and turned in to the payroll section of the County Treasurer's office no later than 10:30 a.m. on the first employee work day following two seven day work periods or one fourteen day work period.
- < 7.07 All County employees are paid biweekly on the Friday following the end of two seven day work periods or one fourteen day work period. If that Friday is a holiday, employees will generally receive their pay checks on the last work day which precedes the holiday.
- < 7.08 An employee's pay check is based on the hours worked by the employee during the applicable work period(s), plus any eligible hours of paid leave, all as shown on a signed time and attendance record.

Fair Labor Standards Act ("FLSA")

- 7.09 The Fair Labor Standards Act ("FLSA") is the federal law which governs overtime compensation for employees covered by the provisions of that Act. Most County non-management employees are covered by the overtime compensation requirements of the FLSA. An FLSA covered employee receives: (i) time and one-half compensation; or (ii) compensatory leave of one and one-half hours; for each hour physically worked in excess of 40 hours for employees with a seven (7) day work period and 80 hours for those employees with a fourteen (14) day work period. Hours for which an employee receives pay, such as paid leave and holiday hours, but which are not physically worked, are not considered hours worked for purposes of calculating FLSA overtime.
- < 7.10 Each Elected Official/Department Head must require that his or her employees keep daily records of time worked and leave taken. Each Elected Official/Department Head must report all additional time worked for FLSA covered employees.
- < 7.11 Except in unusual circumstances, the Elected Official/Department Head must have requested and approved, in advance, that an employee work extra hours or overtime hours. An example of an unusual circumstance is when an off-duty worker responds to an emergency. In this case, the employee is required to report the emergency and its circumstances to the Elected Official/Department Head at the beginning of the

employee's next workday.

- < 7.12 An employee who works extra hours or overtime hours without supervisory approval shall be compensated for the extra or overtime hours, but such employee is subject to disciplinary action.
- < 7.13 The Elected Official/Department Head tracks and reports hours worked and leave used using the following forms:
  - Time and Attendance Record - Non-Law Enforcement Personnel form;
  - Time and Attendance Record - Law Enforcement Personnel form;
  - Leave Request Form, Form P-1;
  - Summary of Vacation, Sick Leave and Holiday, Form P-2;
  - 12 Month Period Summary of Leave Taken under the Family and Medical Leave Act of 1993 (FMLA), Form P-3;
  - Request to Pay Accumulated Comp-Time, Form P-4;
  - Request for Extended Sick Leave, Form P-5; and
  - Sick Leave Donation, Form P-6.
- < 7.14 To minimize the County's liability under FLSA for overtime or extra work hours, each Elected Official/Department Head is expected to manage work hours efficiently and effectively. An Elected Official/Department Head may need to adjust work hours for an FLSA covered employee to accomplish work assignments.
- < 7.15 When an Elected Official/Department Head allows or requires an FLSA covered employee to work extra hours or overtime hours, the Elected Official/Department Head should make every effort to adjust the work hours during the applicable work period so that the employee does not physically work in excess of 40 hours if the employee is on a seven day work period or in excess of 80 hours if the employee is on a fourteen (14) day work period.

## **8. LEAVE AND BENEFIT PROGRAMS**

- < 8.01 The Governing Authority is solely responsible for authorizing compensated leave and benefit programs for County employees and such leave and benefit programs may be changed at any time by appropriate order of the Governing Authority. The County's existing compensated leave and benefit programs are as set forth in this Chapter.
- < 8.02 Elected Officials/Department Heads administer the County leave and benefit programs according to law and regulations. Elected Officials/Department Heads are responsible for determining eligibility for paid leave for their employees. Each Elected Official/Department Head is also responsible for insuring that a leave account is