



# HIDALGO COUNTY Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: **350/WIC**

DATE: **10/29/14**

CURRENT POSITION TITLE: **LVN II**

CURRENT SLOT. #: **001-036**

REQUESTED POSITION TITLE:  
(For new positions or reclassifications)

**REQUEST FOR:**

New Position     Temporary Position     Position Reclassification\*     Other Deletion

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 41,280.00    Current Budgeted Salary    \$ 0    Proposed Budgeted Salary    \$ -(41,280.00)    Net Change *pc*

Position to be funded from one of the following:

*pc* Current Department Budget     Annual Budget Cycle     Will Require Additional Funds  
 Other FY 2015

**POSITION Type:**

Full Time Employee Object 113     Part Time Employee Object 114  \_\_\_\_\_  
Full Time Temporary Object 121     Part Time Temporary Object 122  \$ \_\_\_\_\_  
Enter hourly rate for temp. positions  
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:    FLSA:  
Exempt     Exempt   
Non-Exempt     Non-Exempt   
N/A

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

Vacant position

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**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)

**ADDITIONAL DUTIES:** Explain reason for additional duties and attach list of additional duties.

**COMMENTS:** (Any comments you wish to make regarding this request)

**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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|----|----------------------------------------------------|--------------------------|-----------------------------------|-----------------------------------------|-----------------------------|
| 1. | <u>Norman L. Lopez</u><br>DEPARTMENT HEAD          | <u>10/29/14</u><br>DATE  | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>Esther Alvarez</u><br>HUMAN RESOURCES DIRECTOR  | <u>10/30/14</u><br>DATE  | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <u>Dr. S.</u><br>DEPARTMENT OF BUDGET & MANAGEMENT | <u>11/5/2014</u><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: **350/WIC**

DATE: **10/29/14**

CURRENT POSITION TITLE:

CURRENT SLOT. #: **001-250**

REQUESTED POSITION TITLE: **CLINIC MANAGER**  
(For new positions or reclassifications)

**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 Current Budgeted Salary      \$ 44,583.00 Proposed Budgeted Salary      \$ 44,583.00 Net Change  
*PC*

Position to be funded from one of the following:

Current Department Budget       Annual Budget Cycle       Will Require Additional Funds  
 Other FY 2015

**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:      FLSA:  
Exempt       Exempt   
Non-Exempt       Non-Exempt   
N/A

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

**Need a supervisor for a clinic**

**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)

**ADDITIONAL DUTIES:** Explain reason for additional duties and attach list of additional duties.

**COMMENTS:** (Any comments you wish to make regarding this request)

**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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|----|-----------------------------------|------------------|-----------------------------------|-----------------------------------------|-----------------------------|
| 1. | <u>Norman L. Long</u>             | <u>10/29/14</u>  | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|    | DEPARTMENT HEAD                   | DATE             |                                   |                                         |                             |
| 2. | <u>Estanislado</u>                | <u>10/30/14</u>  | PERSONNEL PROCEDURES COMPLETED    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|    | HUMAN RESOURCES DIRECTOR          | DATE             |                                   |                                         |                             |
| 3. | <u>AS</u>                         | <u>11/5/2014</u> | BUDGET PROCEDURES COMPLETED       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|    | DEPARTMENT OF BUDGET & MANAGEMENT | DATE             |                                   |                                         |                             |
| 4. | COMMISSIONERS COURT APPROVAL      | DATE             |                                   |                                         |                             |