



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: Sanitation Pct 3 123-601

DATE: 12-4-14

CURRENT POSITION TITLE: Supervisor

CURRENT SLOT. #:
001-006

REQUESTED POSITION TITLE: Supervisor
(For new positions or reclassifications)

REQUEST FOR:

- New Position
 Temporary Position
 Position Reclassification*
 Other Salary Increase

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

POSITION SALARY REQUEST: ^{As per Norma Ceballos Pct 3.}

Salary Amount: \$ 30,900.00 \$ 31,220.00 \$ 320.00 @
 Current Budgeted Salary Proposed Budgeted Salary Net Change

Position to be funded from one of the following:

- Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Other Funding from the deletion of Co Wide Adm positions.

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.)
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CIVIL SERVICE:

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

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

He is assigned supervising duties when supervisor is out. He oversees employees and landfill operations. He is also licensed to operate landfill.

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><i>A. M. J. Lou</i></u>
DEPARTMENT HEAD | _____ DATE _____ | FUNDING AVAILABLE IN DEPT. BUDGET | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>sdfgsdfg</u>
HUMAN RESOURCES DIRECTOR | _____ DATE _____ | PERSONNEL PROCEDURES COMPLETED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | _____ DEPARTMENT OF BUDGET & MANAGEMENT | _____ DATE _____ | BUDGET PROCEDURES COMPLETED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | _____ COMMISSIONERS COURT APPROVAL | _____ DATE _____ | _____ | | |