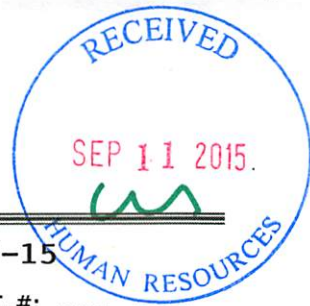




HIDALGO COUNTY Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: WIC/350-001

DATE: 9-9-15

CURRENT POSITION TITLE: Executive Assistant II

CURRENT SLOT. #: 001-005

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: \$ 48,149.00 \$ 0 \$ 0 (^{DT} (\$48,149.00))
 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 1292-441-00-350-001

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)

Position vacant and not needed.

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

sdfsdfsdf

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

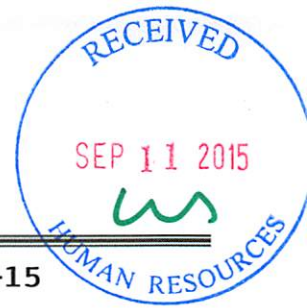
BUDGET & MANAGEMENT: Classification and Salary Recommendation

- | | | | | | |
|----|-----------------------------------|------------------|-----------------------------------|---|-----------------------------|
| 1. | <u>Norma L. Long</u> | <u>9/9/15</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | DEPARTMENT HEAD | DATE | | | |
| 2. | <u>[Signature]</u> | <u>9/17/2015</u> | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | HUMAN RESOURCES DIRECTOR | DATE | | | |
| 3. | <u>[Signature]</u> | <u>9/25/2015</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



DEPARTMENT NAME/NUMBER: WIC/350-001

DATE: 9-9-15

CURRENT POSITION TITLE: Maintenance III

CURRENT SLOT #: 001-086

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: \$ 28,840.00 Current Budgeted Salary \$ 0 Proposed Budgeted Salary \$ 0 (\$28,840.00) Net Change ^{DT}

Position to be funded from one of the following:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Other 1292-441-00-350-001

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)

Position vacant and not needed

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

sdfsdfsdf

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

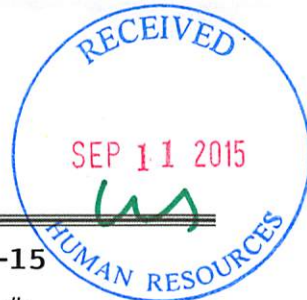
BUDGET & MANAGEMENT: Classification and Salary Recommendation

- | | | | | |
|----|--|--------------------------|-----------------------------------|---|
| 1. | <u><i>[Signature]</i></u>
DEPARTMENT HEAD | <u>9/19/15</u>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | <u><i>[Signature]</i></u>
HUMAN RESOURCES DIRECTOR | <u>9/17/2015</u>
DATE | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | <u><i>[Signature]</i></u>
DEPARTMENT OF BUDGET & MANAGEMENT | <u>9/25/2015</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



DEPARTMENT NAME/NUMBER: WIC/350-001

DATE: 9-9-15

CURRENT POSITION TITLE: Nutritionist I

CURRENT SLOT. #: 001-221

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 \$ 0 Net Change (\$41,280.00)

Position to be funded from one of the following:

Current Department Budget Annual Budget Cycle Will Require Additional Funds

Other 1292-441-00-350-001

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)

Position vacant not needed.

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

sdfsdf

POSITION RECLASIFICATION: 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

- | | | | | | |
|----|---|--------------------------|-----------------------------------|---|-----------------------------|
| 1. | <u>Norman R. [Signature]</u>
DEPARTMENT HEAD | <u>9-9-15</u>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>[Signature]</u>
HUMAN RESOURCES DIRECTOR | <u>9/17/2015</u>
DATE | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <u>[Signature]</u>
DEPARTMENT OF BUDGET & MANAGEMENT | <u>9/25/2015</u>
DATE | BUDGET PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL | DATE | | | |

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

sdfsdfsdf **See job description.**

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)

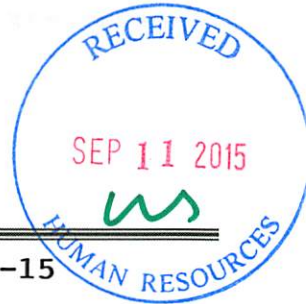
HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

- | | | | | | |
|----|---|--------------------------|-----------------------------------|---|-----------------------------|
| 1. | <u>Norman R Long</u>
DEPARTMENT HEAD | <u>9-9-15</u>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>[Signature]</u>
HUMAN RESOURCES DIRECTOR | <u>9/17/2015</u>
DATE | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <u>[Signature]</u>
DEPARTMENT OF BUDGET & MANAGEMENT | <u>9/25/2015</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



DEPARTMENT NAME/NUMBER: WIC/350 -013

DATE: 9-9-15

CURRENT POSITION TITLE:

CURRENT SLOT. #: 0001

REQUESTED POSITION TITLE: International Board Certified Lactation Consultant (IBCLC)

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 \$ 46,000.00 Proposed Budgeted Salary \$ 46,000.00 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
 - 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.)
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- CIVIL SERVICE: Exempt Non-Exempt N/A
- FLSA: Exempt Non-Exempt

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

Need another IBCLC due to the increase of Moms coming in for services at the Lactation Care Center.

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

sdfsdf

See Attached.

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

- | | | | | | |
|----|---|--------------------------|-----------------------------------|---|-----------------------------|
| 1. | <u>Norman L. Remy</u>
DEPARTMENT HEAD | <u>9/9/15</u>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>Ed Chisney</u>
HUMAN RESOURCES DIRECTOR | <u>9/17/2015</u>
DATE | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <u>[Signature]</u>
DEPARTMENT OF BUDGET & MANAGEMENT | <u>9/25/2015</u>
DATE | BUDGET PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL | DATE | | | |

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

sdfsd sdf **See job description.**

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

- | | | | | | |
|----|---|--------------------------|-----------------------------------|---|-----------------------------|
| 1. | <u>Norman Longo</u>
DEPARTMENT HEAD | <u>9-9-15</u>
DATE | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <u>[Signature]</u>
HUMAN RESOURCES DIRECTOR | <u>9/17/2015</u>
DATE | PERSONNEL PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <u>[Signature]</u>
DEPARTMENT OF BUDGET & MANAGEMENT | <u>9/25/2015</u>
DATE | BUDGET PROCEDURES COMPLETED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | COMMISSIONERS COURT APPROVAL | DATE | | | |