



# HIDALGO COUNTY Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: SHERIFF'S OFFICE / 280

DATE: 9-22-2015

CURRENT POSITION TITLE: SERGEANT II <sup>STEP</sup>

CURRENT SLOT. #: 001-028

REQUESTED POSITION TITLE: NIA DT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position     Temporary Position     Position Reclassification\*     Other Adding Clothing Allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00    \$ 500.00    \$ 500.00  
    Current Budgeted Salary    Proposed Budgeted Salary    Net Change  
    Allowance    Allowance

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

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

Requesting clothing allowance.

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

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**POSITION RECLASIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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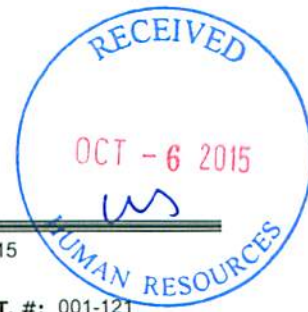
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1.	 DEPARTMENT HEAD	DATE <u>9/22/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	DATE <u>9/29/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	DATE <u>10/06/2015</u>	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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-121

REQUESTED POSITION TITLE: N/A DT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 Current Budgeted Salary      \$ 500.00 Proposed Budgeted Salary      \$ 500.00 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:      FLSA:

Exempt       Exempt

Non-Exempt       Non-Exempt

N/A

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

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.		<u>10/2/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	DATE			
2.		<u>10/7/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	DATE			
3.		<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-122

REQUESTED POSITION TITLE: N/A OT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position    
 Temporary Position    
 Position Reclassification\*    
 Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount:    \$ 0.00                      \$ 500.00                      \$ 500.00  
    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 \_\_\_\_\_

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

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

Requesting clothing allowance.

**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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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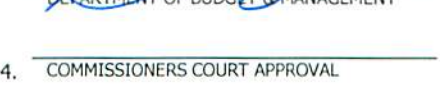
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.		<u>10/21/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.		<u>10/9/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.		<u>10/9/2015</u>	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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-132

REQUESTED POSITION TITLE: M/A DT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 Current Budgeted Salary    \$ 500.00 Proposed Budgeted Salary    \$ 500.00 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:    FLSA:

Exempt     Exempt

Non-Exempt     Non-Exempt

N/A

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

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.	 DEPARTMENT HEAD	<u>10/2/15</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>10/7/2015</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-133

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

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 Current Budgeted Salary    \$ 500.00 Proposed Budgeted Salary    \$ 500.00 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:    FLSA:

Exempt     Exempt

Non-Exempt     Non-Exempt

N/A

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

Requesting clothing allowance.

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

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**POSITION RECLASIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.	 DEPARTMENT HEAD	<u>10/2/15</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>10/9/2015</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-153

REQUESTED POSITION TITLE: N/A DT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 ~~Current Budgeted Salary~~ \$ 500.00 ~~Proposed Budgeted Salary~~ \$ 500.00 ~~Net Change~~

*Allowance DT*

*Allowance DT*

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:      FLSA:

Exempt       Exempt

Non-Exempt       Non-Exempt

N/A

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

Requesting clothing allowance.

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

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**POSITION RECLASIFICATION:** Explain change and /or increase in duties and responsibility. (Attach new job description)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.		10/2/15	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.		10/7/2015	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.		10/9/2015	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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-165

REQUESTED POSITION TITLE: N/A DT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00      \$ 500.00      \$ 500.00  
Current Budgeted Salary      Proposed Budgeted Salary      Net Change

*Allowance DT*      *Allowance DT*

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:**

<u>Start Date</u>	<u>End Date</u>	<u>Working Days &amp; Hours</u>	<u>Hours Per Week</u>	<u>Duration (2 weeks, 3 months, etc.)</u>
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CIVIL SERVICE:      FLSA:

Exempt       Exempt

Non-Exempt       Non-Exempt

N/A

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

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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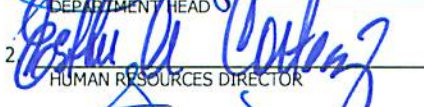
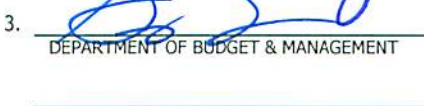
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	<u>10/2/15</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>10/7/2015</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP II

CURRENT SLOT. #: 001-192

REQUESTED POSITION TITLE: MA OT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 Current Budgeted Salary      \$ 500.00 Proposed Budgeted Salary      \$ 500.00 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)

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.		<u>10/2/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	DATE			
2.		<u>10/7/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	DATE			
3.		<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT #: 001-333

REQUESTED POSITION TITLE: N/A OT  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 ~~Current Budgeted Salary~~ \$ 500.00 ~~Proposed Budgeted Salary~~ \$ 500.00 ~~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)

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.	 DEPARTMENT HEAD	<u>10/2/15</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>10/9/2015</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-344

REQUESTED POSITION TITLE: N/A *DT*  
(For new positions or reclassifications)

**REQUEST FOR:**

- New Position
- Temporary Position
- Position Reclassification\*
- Other Adding clothing allowance

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

**POSITION SALARY REQUEST:**

Salary Amount: \$ 0.00 *Allowance DT*      \$ 500.00 *Allowance DT*      \$ 500.00  
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 \_\_\_\_\_

**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:**

<u>Start Date</u>	<u>End Date</u>	<u>Working Days &amp; Hours</u>	<u>Hours Per Week</u>	<u>Duration (2 weeks, 3 months, etc.)</u>
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CIVIL SERVICE:      FLSA:

Exempt       Exempt

Non-Exempt       Non-Exempt

N/A

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

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.		<u>10/2/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	DATE			
2.		<u>10/7/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	DATE			
3.		<u>10/9/2015</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: SHERIFF'S OFFICE / 280

DATE: 10-2-2015

CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I

CURRENT SLOT. #: 001-345

REQUESTED POSITION TITLE: N/A OT  
(For new positions or reclassifications)

### REQUEST FOR:

- New Position     
  Temporary Position     
  Position Reclassification\*     
  Other Adding clothing allowance

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

### POSITION SALARY REQUEST:

Salary Amount: \$ 0.00 Current Budgeted Salary      \$ 500.00 Proposed Budgeted Salary      \$ 500.00 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.)
CIVIL SERVICE:				
Exempt	<input type="checkbox"/>	FLSA: Exempt	<input type="checkbox"/>	
Non-Exempt	<input checked="" type="checkbox"/>	Non-Exempt	<input checked="" type="checkbox"/>	
N/A	<input type="checkbox"/>			

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

Requesting clothing allowance.

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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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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

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1.	 DEPARTMENT HEAD	<u>10/21/15</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>10/17/2015</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>10/9/2015</u> DATE	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			