



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: 340-006
340-003

DATE:

CURRENT POSITION TITLE: System Support Specialist I

CURRENT SLOT #: G006

REQUESTED POSITION TITLE: System Support Specialist I

G006
A142

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Redistribution of Longevity Pay

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

POSITION SALARY REQUEST:

340-006	1	\$ 420.00	\$ 0.00	\$ (420.00)
Account No.	No. of Positions	Current Longevity Pay	Proposed Longevity Pay	Net Change
340-003	1	0.00	420.00	420.00
Account No.	No. of Positions	Current Longevity Pay	Proposed Longevity Pay	Net Change

Position to be funded from one of the following:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Other 5-1100-441-00-340-003-0-115

POSITION Type:

Full Time Employee Object 113 Part Time Employee Object 114 _____
Enter hourly rate for temp. positions
Full Time Employee 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: Exempt Non-Exempt
FLSA: Exempt Non-Exempt

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

Longevity pay will be paid out of General Fund; slot A142 must be created.




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

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

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.		Date	10/8/15	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT HEAD							
2.		Date	10-9-15	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	HUMAN RESOURCES DIRECTOR							
3.		Date	10/13/2015	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT OF BUDGET & MANAGEMENT							
4.		Date						
	COMMISSIONERS' COURT APPROVAL							




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1.	 DEPARTMENT HEAD	10/8/15 Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	10.9.15 Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	10/13/2015 Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4.	_____ COMMISSIONERS' COURT APPROVAL	_____ Date	_____	_____