



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: HEALTH ADM (340-001)

DATE: 5/20/2015

CURRENT POSITION TITLE: **ELIGIBILITY SPECIALIST I**

CURRENT SLOT# : 001-0032

REQUESTED POSITION TITLE:

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount: 24,929.00 \$ 0.00 \$ (24,929.00)
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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)

A review of the duties related to this position has resulted in determining this position is not needed.



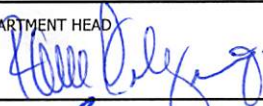

NEW POSITION: Brief job description and attach a copy of the new job description.

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.			<u>10/26/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD		Date			
2.			<u>11/03/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR		Date			
3.			<u>11/5/2015</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: HEALTH CLINICS (340-003)

DATE: 5/20/2015

CURRENT POSITION TITLE: **DIRECTOR OF NURSING**

CURRENT SLOT# : 003-0003

REQUESTED POSITION TITLE: _____

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount:	<u>81,755.00</u>	\$	<u>0.00</u>	\$	<u>0.00</u>
	Current G&S/ Budgeted Salary		Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

_____	_____	_____	_____	_____
Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)

CIVIL SERVICE: FLSA:

Exempt Exempt *ST*

Non-Exempt Non-Exempt *ST*

N/A

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

A review of the duties related to this position has resulted in determining this position does not meet the department's needs.


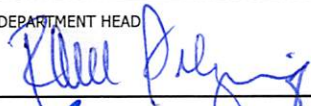

NEW POSITION: Brief job description and attach a copy of the new job description.

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.		<u>10/26/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT HEAD	Date					
2.		<u>11/03/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	HUMAN RESOURCES DIRECTOR	Date					
3.		<u>11/5/2015</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: HEALTH CLINICS (340-003)

DATE: 5/20/2015

CURRENT POSITION TITLE: HR COORDINATOR III

CURRENT SLOT# : 003-0018

005-G021

REQUESTED POSITION TITLE: _____

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

	49,646.00		(49,646.00)
Salary Amount:	<u>10,300.00</u>	\$	<u>0.00</u>
	Current G&S/ Budgeted Salary		Proposed G&S/ Budgeted Salary
		\$	<u>(10,300.00)</u>
			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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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 OT

Non-Exempt Non-Exempt

N/A

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

A review of the duties related to this position has resulted in determining this position does not meet the department's needs.


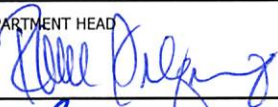

NEW POSITION: Brief job description and attach a copy of the new job description.

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.		<u>10/26/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	Date			
2.		<u>11/03/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	Date			
3.		<u>11/5/2015</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: HEALTH CLINICS (340-003)

DATE: 5/20/2015

CURRENT POSITION TITLE: **CLERK III**

CURRENT SLOT# : 003-0037

REQUESTED POSITION TITLE:

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount:	<u>26,330.00</u>	\$	<u>0.00</u>	\$	<u>0.00</u>
	Current G&S/ Budgeted Salary		Proposed G&S/ Budgeted Salary		Net Change
					(26,330.00)

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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

_____	_____	_____	_____	_____
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)

A review of the duties related to this position has resulted in determining this position does not meet the department's needs.



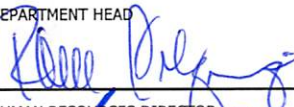

NEW POSITION: Brief job description and attach a copy of the new job description.

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.			<u>10/26/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD		Date			
2.			<u>11/03/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR		Date			
3.			<u>11/5/2015</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: HEALTH CLINICS (340-003)

DATE: 5/20/2015

CURRENT POSITION TITLE: **BILLING SUPERVISOR**

CURRENT SLOT # : 003-G076

REQUESTED POSITION TITLE: _____

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount:	<u>41,280.00</u>	\$	<u>0.00</u>	\$	<u>0.00</u>
	Current G&S/ Budgeted Salary		Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

_____	_____	_____	_____	_____
Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)

CIVIL SERVICE: FLSA:

Exempt Exempt *OT*

Non-Exempt Non-Exempt

N/A

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

A review of the duties related to this position has resulted in determining this position does not meet the department's needs.


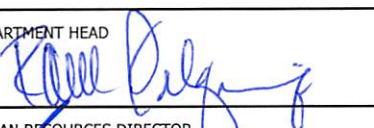

NEW POSITION: Brief job description and attach a copy of the new job description.

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.	 _____ DEPARTMENT HEAD	<u>10/26/15</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 _____ HUMAN RESOURCES DIRECTOR	<u>11/03/2015</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 _____ DEPARTMENT OF BUDGET & MANAGEMENT	<u>11/5/2015</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: HEALTH & HUMAN SERVICES (340-003)

DATE: 5/20/2015

CURRENT POSITION TITLE: _____

CURRENT SLOT# : _____

REQUESTED POSITION TITLE: EMR/DATABASE SYSTEM ANALYST

NEW SLOT # 003-~~000~~ 144 005-~~000~~ 023

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other _____

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

POSITION SALARY REQUEST:

Salary Amount:	<u>0.00</u>	\$	<u>53,665.00</u>	\$	<u>53,665.00</u>
	Current G&S/ Budgeted Salary		Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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)

Due to ongoing and increased need for compiling, storing and reporting medical data, this position will be provide the system(s), tools and infrastructure to meet this demand.

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

Will perform maintenance and support on a variety of database systems primarily related to Electronic Medical Records.




See 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.		<u>10/26/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD	Date			
2.		<u>11/05/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR	Date			
3.		<u>11/5/2015</u>	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT OF BUDGET & MANAGEMENT	Date			
4.	_____	_____	_____	_____	_____
	COMMISSIONERS' COURT APPROVAL	Date			

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





See 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.			<u>10/26/15</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT HEAD		Date			
2.			<u>11/08/2015</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HUMAN RESOURCES DIRECTOR		Date			
3.			<u>11/5/2015</u>	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	DEPARTMENT OF BUDGET & MANAGEMENT		Date			
4.						
	COMMISSIONERS' COURT APPROVAL		Date			

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




See 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.	 DEPARTMENT HEAD	<u>10/26/15</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>11/03/2015</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>11/5/2015</u> Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS' COURT APPROVAL	_____	_____	_____	_____



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: HEALTH & HUMAN SERVICES (340-003)

DATE: 5/20/2015

CURRENT POSITION TITLE: _____

CURRENT SLOT# : _____

REQUESTED POSITION TITLE: Health Services (DM)
BILLING SUPERVISOR II

NEW SLOT # 003-000 147

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other _____

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

POSITION SALARY REQUEST:

Salary Amount: 0.00 \$ 50,000.00 \$ 50,000.00
Current G&S/ Budgeted Salary Proposed G&S/ 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 Employee Object 121 Part Time Temporary Object 122 \$ _____
Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

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)

This position is needed to oversee the daily operational management of the billing department and related functions.

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


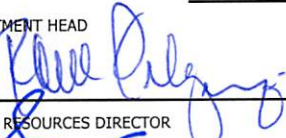

See Job Description.

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.	 DEPARTMENT HEAD	<u>10/26/15</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>11/03/2015</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>11/8/2015</u> Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS' COURT APPROVAL	Date			