



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: HEALTH & HUMAN SERVICES 340-001-0035

DATE: 6/17/2016

CURRENT POSITION TITLE: Outreach Specialist I

CURRENT SLOT# : 001-0035

REQUESTED POSITION TITLE: Clerk II

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Title Change ONLY

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

POSITION SALARY REQUEST:

Salary Amount: 25,677.00 \$ 25,677.00 \$ 0.00
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 has evolved into a Clerk II position. The duties are the same as a Clerk II position. The title of Clerk II is more appropriate for this slot.

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

N/A

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



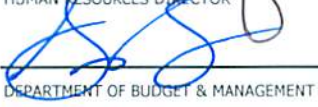
N/A

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

Title Change ONLY.

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.	 DEPARTMENT HEAD	<u>06/17/2016</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	<u>6/28/2016</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	<u>6/30/2016</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 340-001-0037

DATE: 6/17/2016

CURRENT POSITION TITLE: Outreach Specialist I

CURRENT SLOT# : 001-0037

REQUESTED POSITION TITLE: Clerk II

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Title Change ONLY

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

POSITION SALARY REQUEST:

Salary Amount: 25,677.00 \$ 25,677.00 \$ 0.00
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 has evolved into a Clerk II position. The duties are the same as a Clerk II position. The title of Clerk II is more appropriate for this slot.

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

N/A

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

N/A

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

Title Change ONLY.

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.  6-20-16

06/17/2016

FUNDING AVAILABLE IN DEPT. BUDGET

YES

NO

DEPARTMENT HEAD

Date

2. 

6/28/2016

PERSONNEL PROCEDURES COMPLETED

YES

NO

HUMAN RESOURCES DIRECTOR

Date

3. 

6/30/2016

BUDGET PROCEDURES COMPLETED

YES

NO

DEPARTMENT OF BUDGET & MANAGEMENT

Date

4. _____

COMMISSIONERS' COURT APPROVAL

Date



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: HEALTH & HUMAN SERVICES 340-001-0038

DATE: 6/17/2016

CURRENT POSITION TITLE: Outreach Specialist I

CURRENT SLOT# : 001-0038

REQUESTED POSITION TITLE: Clerk II

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Title Change ONLY

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

POSITION SALARY REQUEST:

Salary Amount: 25,677.00 \$ 25,677.00 \$ 0.00
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 has evolved into a Clerk II position. The duties are the same as a Clerk II position. The title of Clerk II is more appropriate for this slot.

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

N/A

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

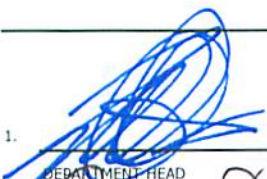
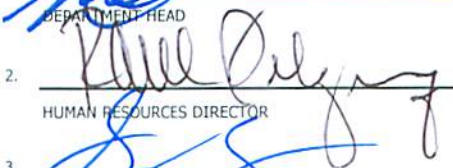

N/A

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

Title Change ONLY.

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.  DEPARTMENT HEAD	06/17/2016 Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.  HUMAN RESOURCES DIRECTOR	6/28/2016 Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.  DEPARTMENT OF BUDGET & MANAGEMENT	6/30/2016 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.

N/A

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


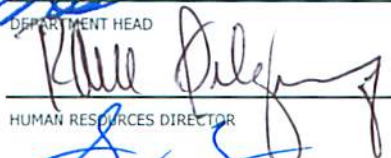

N/A

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

Title Change ONLY.

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

<p>1.  DEPARTMENT HEAD</p>	<p><u>06/17/2016</u> Date</p>	<p>FUNDING AVAILABLE IN DEPT. BUDGET</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2.  HUMAN RESOURCES DIRECTOR</p>	<p><u>6/20/2016</u> Date</p>	<p>PERSONNEL PROCEDURES COMPLETED</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>3.  DEPARTMENT OF BUDGET & MANAGEMENT</p>	<p><u>6/30/2016</u> Date</p>	<p>BUDGET PROCEDURES COMPLETED</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. _____ COMMISSIONERS' COURT APPROVAL</p>	<p>_____ Date</p>		



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: HEALTH & HUMAN SERVICES 340-012-G002
HEALTH & HUMAN SERVICES 340-005-G002

DATE: 6/17/2016

CURRENT POSITION TITLE: Texas Vaccines for Children ^{Manager} Educator ^{or}

CURRENT SLOT# : 012-G002
005-G002

Longevity Slot 003-A123

REQUESTED POSITION TITLE: TVFC Assistant Program Manager

NEW SLOT # _____

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Title Change ONLY

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

POSITION SALARY REQUEST:

Salary Amount:	<u>39,540.00</u>	\$	<u>39,540.00</u>		<u>0.00</u>
Salary Amount:	<u>2,979.00</u>	\$	<u>2,979.00</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

Non-Exempt Non-Exempt

N/A

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

This position provides assistance to the TVFC program. The title of TVFC Assistant Program Manager is more appropriate than the Texas Vaccines for Children Educator title.

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

N/A

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

N/A

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

Title Change ONLY.

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.  _____

DEPARTMENT HEAD

06/17/2016

FUNDING AVAILABLE IN DEPT. BUDGET

YES

NO

Date

2.  _____

HUMAN RESOURCES DIRECTOR

6/28/2016

PERSONNEL PROCEDURES COMPLETED

YES

NO

Date

3.  _____

DEPARTMENT OF BUDGET & MANAGEMENT

6/30/2016

BUDGET PROCEDURES COMPLETED

YES

NO

Date

4. _____

COMMISSIONERS' COURT APPROVAL

Date