



# HIDALGO COUNTY

## Personnel Adjustment Request Form

**DEPARTMENT NAME/NUMBER:** HUMAN SERVICES

**DATE:** 9-2-16

**CURRENT POSITION TITLE:** ELIGIBILITY SPECIALIST I

**CURRENT SLOT. #:** 0034

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

**REQUEST FOR:**

- New Position       Temporary Position       Position Reclassification\*       Other REMOVE LONGEVITY

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

**POSITION SALARY REQUEST:**

Salary Amount:    \$ 480.00                      \$ 0                      \$ -480.00  
   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.)
CIVIL SERVICE:		FLSA:		
Exempt	<input type="checkbox"/>	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)

LONGEVITY NOT NEEDED FOR THIS POSITION

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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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**ADDITIONAL DUTIES:** Explain reason for additional duties and attach list of additional duties.

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

REMOVE LONGEVITY

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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>Daren Jarament</u>             | <u>9/2/14</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
|    | DEPARTMENT HEAD                   | DATE          |                                   |   |                             |
| 2. | _____                             | _____         | PERSONNEL PROCEDURES COMPLETED    | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
|    | HUMAN RESOURCES DIRECTOR          | DATE          |                                   |   |                             |
| 3. | _____                             | _____         | BUDGET PROCEDURES COMPLETED       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
|    | DEPARTMENT OF BUDGET & MANAGEMENT | DATE          |                                   |   |                             |
| 4. | _____                             | _____         | _____                             | _____                                   | _____                       |
|    | COMMISSIONERS COURT APPROVAL      | DATE          |                                   |   |                             |