



COUNTY OF HIDALGO

Human Resources Department

PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 10/26/2016 CURRENT POSITION TITLE: JSO/DETENTION OFFICER
 DEPARTMENT NAME: JUVENILE DET PRE ADJ CURRENT SLOT NO.: 7925
 DEPARTMENT NO.: 330-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount: <u>\$ 480.00</u>	Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>-\$ 480.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: -\$ 480.00

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Other _____ | |

POSITION TYPE: Full Time Regular Object Code 113 Part Time Regular Object Code 114
 Full Time Temporary Object Code 121 Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt Non-Exempt FLSA: Exempt Non- Exempt

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)

Longevity for this slot will no longer be needed.

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)

 Department Head

[Signature]
 Department of Human Resources

 Department of Budget & Management

10-27-16
 Date

10/31/2016
 Date

10/31/2016
 Date



COUNTY OF HIDALGO

Human Resources Department



PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 10/26/2016 CURRENT POSITION TITLE: *PA*
 DEPARTMENT NAME: JUVENILE DIR SUPERVISION CURRENT SLOT NO.: 330-001-~~A~~7124 (PROPOSED)
 DEPARTMENT NO.: 330-001 REQUESTED POSITION TITLE: PROBATION OFFICER

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount: <u>\$ 0.00</u>	\$ 480.00	\$ 480.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 480.00

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input checked="" type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Other <u>6-1100-423-71-330-001-0-115</u> | |

POSITION TYPE: Full Time Regular Object Code 113 Part Time Regular Object Code 114
 Full Time Temporary Object Code 121 Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt Non-Exempt FLSA: Exempt Non- Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*
 Creation of general fund slot is needed to cover longevity pay for employee #153117.

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*

<p>Department Head <u><i>[Signature]</i></u> Date <u>10/26/16</u></p> <p>Department of Human Resources <u><i>[Signature]</i></u> Date <u>10/31/2016</u></p> <p>Department of Budget & Management <u><i>[Signature]</i></u> Date <u>10/31/2016</u></p>	<p>Date <u>10/26/16</u></p> <p>Date <u>10/31/2016</u></p> <p>Date <u>10/31/2016</u></p>
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