



# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM

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

DATE: \_\_\_\_\_ CURRENT POSITION TITLE: \_\_\_\_\_  
DEPARTMENT NAME: \_\_\_\_\_ CURRENT SLOT NO.: \_\_\_\_\_  
DEPARTMENT NO.: \_\_\_\_\_ REQUESTED POSITION TITLE: \_\_\_\_\_

REQUEST FOR:  New Position  Temporary Position  Position Reclassification\*  Other \_\_\_\_\_

SALARY REQUEST: \_\_\_\_\_  
Current Grade & Step Budgeted Salary Proposed Grade & Step Budgeted Salary Net Change

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:  
 Current Department Budget  Annual Budget Cycle  Will Require Additional Funds  
 Salary Adjustment  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

TEMPORARY POSITIONS:  
Start Date End Date Work Schedule Hours Per Week Duration of Position  
Annual Salary \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Annual Salary / 2080 hrs per year = Hourly Rate

**JUSTIFICATION FOR NEW POSITION/SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)**  
\_\_\_\_\_  
\_\_\_\_\_

\* **POSITION RECLASSIFICATION COMMENTS: (Attach completed Reclassification Analysis Form and additional pages if needed)**  
\_\_\_\_\_  
\_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Department of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Department of Budget & Management \_\_\_\_\_ Date \_\_\_\_\_