



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:	<u>01/04/2017</u>	CURRENT POSITION TITLE:	<u>Bailiff</u>
DEPARTMENT NAME:	<u>449th District Court</u>	CURRENT SLOT NO.:	<u>0004</u>
DEPARTMENT NO.:	<u>011-001</u>	REQUESTED POSITION TITLE:	<u>N/A</u>

ALLOWANCE REQUEST: *Type of Allowance*

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

Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 2,500.00</u>	<u>\$ 2,500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 2,500.00

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 FLSA: Exempt
 Non-Exempt Non- Exempt

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

Add Allowance (Interpreter Pay)

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

Department Head

Department of Human Resources

Department of Budget & Management

Date

Date

Date

1/4/17

01/05/2017

01/09/2017

