



# 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>01/18/2017</u>	CURRENT POSITION TITLE:	<u>Clerk IV</u>
DEPARTMENT NAME:	<u>Border Colonia Access Program</u>	CURRENT SLOT NO.:	<u>A006</u>
DEPARTMENT NO.:	<u>125-028</u>	REQUESTED POSITION TITLE:	<u>Clerk IV</u>

**ALLOWANCE REQUEST: Type of Allowance**

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

Allowance Amount:	<u>\$ 3,500.00</u>	<u>\$ 1,104.00</u>	<u>-\$ 2,396.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: -\$ 2,396.00

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

- |  |  |  |
|--|--|--|
| <input 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)**

Reduce supplement pay in accordance to reassignment of duties.

---



---

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

---



---

*M. Padilla*  
 Department Head

*Paula Delgado*  
 Department of Human Resources

*[Signature]*  
 Department of Budget & Management

1/20/17  
 Date

1/20/2017  
 Date

01/20/2017  
 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: 01/18/2017 **PR** CURRENT POSITION TITLE: Program Manager  
 DEPARTMENT NAME: R&B Co Wide Administration CURRENT SLOT NO.: 0001 / **A004**  
 DEPARTMENT NO.: 125-030 / **125-028** REQUESTED POSITION TITLE: Program Manager

**ALLOWANCE REQUEST: Type of Allowance**

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

Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 1,104.00</u>	<u>\$ 1,104.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 1,104.00

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle    | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment         | <input checked="" 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 **PR** FLSA:  Exempt  Non-Exempt

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

Adding supplement pay due to assignment of BCAP duties.

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

\_\_\_\_\_

*[Signature]*  
Department Head  
*[Signature]*  
Department of Human Resources  
*[Signature]*  
Department of Budget & Management

1/20/17  
Date  
1/20/2017  
Date  
01/20/2017  
Date