



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: WIC(350-D13) Lactation Services

DATE: 1-24-17

CURRENT POSITION TITLE: INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTAN

CURRENT SLOT #: 013-001

REQUESTED POSITION TITLE:
(For new positions or reclassifications)

REQUEST FOR:

- New Position
- Temporary Position
- Position Reclassification*
- Other DELETE

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

POSITION SALARY REQUEST:

Salary Amount: \$ 47,380.00 Current Budgeted Salary \$ 0 Proposed Budgeted Salary \$ -47,380.00 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.)
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CIVIL SERVICE: FLSA:

Exempt Exempt

Non-Exempt Non-Exempt

N/A

JUSTIFICATION/PRIORITY: (Explain why this position or adjustment request is essential)

POSITION HAS BEEN VACANT FOR THREE MONTHS

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)

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

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.	<u>Clara S</u> DEPARTMENT HEAD	<u>1-3-17</u> DATE	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<u>[Signature]</u> HUMAN RESOURCES DIRECTOR	<u>1/27/2017</u> DATE	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3.	DEPARTMENT OF BUDGET & MANAGEMENT	DATE	BUDGET PROCEDURES COMPLETED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE			