



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: Pct. 3 BCAP/123-019
Pct. 3 Rd. Maintenance/123-005

DATE:

CURRENT POSITION TITLE: Executive Assistant III

CURRENT SLOT #: 0002/0003

REQUESTED POSITION TITLE: Executive Assistant III

123-005-0003

REQUEST FOR:

New Position
 Temporary Position
 Position Reclassification*
 Other
 Change In Funding Source

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

POSITION SALARY REQUEST:

Account No.	No. of Positions	Current Salary/Allowance	Current Salary/Allowance	Net Change
123-019	1	\$5,129.00/\$69.79	\$0.00/\$0.00	(\$5,129.00)/(\$69.79)
123-005	1	\$69,838.00/\$950.21	\$74,967.00/\$1,020.00	\$5,129.00/\$69.79

Position to be funded from one of the following:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Other
Interdepartmental Transfer

POSITION Type:

Full Time Employee Object 113
 Part Time Employee Object 114

 Enter hourly rate for temp. positions

Full Time Employee Temporary Object 121
 Part Time Temporary Object 122
 \$ _____
 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.)

CIVIL SERVICE:

Exempt FLSA: Exempt
 Non-Exempt Non-Exempt

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

Change in funding source; BCAP program to be deleted.

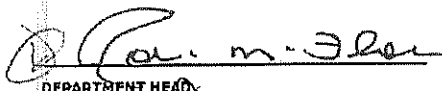
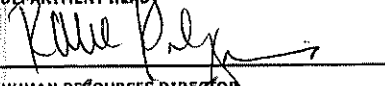
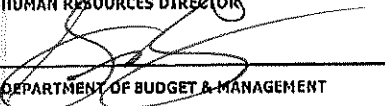
NEW POSITION: Brief job description and attach a copy of the new job description.

POSITION RECLASSIFICATION: Explain change and/or increase in duties and responsibility. (Attach new Job description)

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.			FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT HEAD	Date					
2.		2/24/17	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	HUMAN RESOURCES DIRECTOR	Date					
3.		2/24/17	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT OF BUDGET & MANAGEMENT	Date					
4.							
	COMMISSIONERS' COURT APPROVAL	Date					



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: Pct. 3 BCAP/123-019
Pct. 3 Rd. Maintenance/123-005

DATE:

CURRENT POSITION TITLE: Invoice Clerk

CURRENT SLOT #: 0005/0031

REQUESTED POSITION TITLE: Invoice Clerk

123-005-0031

REQUEST FOR:

New Position
 Temporary Position
 Position Reclassification*
 Other
 Change In Funding Source

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

POSITION SALARY REQUEST:

123-019 Account No.	1 No. of Positions	\$2,645.00/\$57.95 Current Salary/Allowance	\$0.00/\$0.00 Current Salary/Allowance	(\$2,645.00)/(\$57.95) Net Change
123-005 Account No.	1 No. of Positions	\$30,219.00/\$662.05 Current Salary/Allowance	\$32,864.00/\$720.00 Current Salary/Allowance	\$2,645.00/\$57.95 Net Change

Position to be funded from one of the following:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Other
Interdepartmental Transfer

POSITION Type:

Full Time Employee Object 113
 Part Time Employee Object 114

 Enter hourly rate for temp. positions
 Full Time Employee Temporary Object 121
 Part Time Temporary Object 122
 \$ _____
 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:
 Exempt FLSA: Exempt
 Non-Exempt Non-Exempt

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

Change in funding source; BCAP program to be deleted.

NEW POSITION: Brief job description and attach a copy of the new job description.

POSITION RECLASSIFICATION: Explain change and/or increase in duties and responsibility. (Attach new job description)

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1. [Signature] _____
Date _____

FUNDING AVAILABLE IN DEPT. BUDGET

YES

NO

2. [Signature] _____
Date 2/24/17

PERSONNEL PROCEDURES COMPLETED

YES

NO

3. [Signature] _____
Date 2/24/17

BUDGET PROCEDURES COMPLETED

YES

NO

4. _____
Date _____

COMMISSIONERS' COURT APPROVAL

Date



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: Pct. 3 BCAP/123-019
Pct. 3 Rd. Maintenance/123-005

DATE:

CURRENT POSITION TITLE: Assistant Field Operations Director

CURRENT SLOT #: A006/0079

REQUESTED POSITION TITLE: Assistant Field Operations Director

123-005-0079

REQUEST FOR:

New Position
 Temporary Position
 Position Reclassification*
 Other
 Change In Funding Source

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

POSITION SALARY REQUEST:

123-019	1	\$3,167.00	\$0.00	\$3,167.00
Account No.	No. of Positions	Current Salary/Allowance	Current Salary/Allowance	Net Change
123-005	1	\$0.00	\$3,167.00	\$3,167.00
Account No.	No. of Positions	Current Salary/Allowance	Current Salary/Allowance	Net Change

Position to be funded from one of the following:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Other
Interdepartmental Transfer

POSITION Type:

Full Time Employee Object 113
 Part Time Employee Object 114

 Enter hourly rate for temp. positions
 Full Time Employee Temporary Object 121
 Part Time Temporary Object 122
 \$ _____
 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:
 Exempt FLSA: Exempt
 Non-Exempt Non-Exempt

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

Change in funding source; BCAP program to be deleted.



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: Pct. 4 BCAP/124-019
Pct. 4 Rd. Maintenance/124-007

DATE:

CURRENT POSITION TITLE: Accounts Payable Specialist III

CURRENT SLOT #: 0002/0004

REQUESTED POSITION TITLE: Accounts Payable Specialist III

124-007-0004

REQUEST FOR:

New Position
 Temporary Position
 Position Reclassification*
 Other
 Change In Funding Source

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

POSITION SALARY REQUEST:

Account No.	No. of Positions	Current Salary/Allowance	Proposed Salary/Allowance	Net Change
124-019	1	\$ 3,919.00	\$ 0.00	(\$3,919.00)
124-007	1	\$45,012.00	\$48,931.00	\$3,919.00

Position to be funded from one of the following:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Other
Interdepartmental Transfer

POSITION Type:

Full Time Employee Object 113
 Part Time Employee Object 114

 Enter hourly rate for temp. positions
 Full Time Employee Temporary Object 121
 Part Time Temporary Object 122
 \$ _____
 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.)

CIVIL SERVICE:
 Exempt Non-Exempt

FLSA:
 Exempt Non-Exempt

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

Change in funding source; BCAP program to be deleted.

NEW POSITION: Brief job description and attach a copy of the new job description.

POSITION RECLASSIFICATION: Explain change and/or increase in duties and responsibility. (Attach new job description)

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

HUMAN RESOURCES: Classification and Salary Recommendation

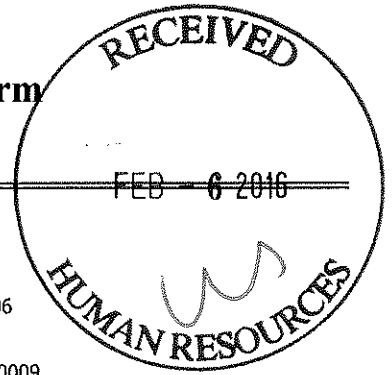
BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.	<u>Joseph Cal</u> DEPARTMENT HEAD	<u>2/3/17</u> Date	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2.	<u>Rupino Pang</u> HUMAN RESOURCES DIRECTOR	<u>02/14/2017</u> Date	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
3.	<u>[Signature]</u> DEPARTMENT OF BUDGET & MANAGEMENT	<u>2/29/2017</u> Date	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
4.	_____	_____	_____	_____	_____	_____	_____



HIDALGO COUNTY

Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: Pct. 1 Administration 121-004
BCAP/125-028

DATE: FEB 6 2016

CURRENT POSITION TITLE: Clerk IV

CURRENT SLOT #: 0009/A006

REQUESTED POSITION TITLE: Clerk IV

121-004-0009

REQUEST FOR:

New Position Temporary Position Position Reclassification* Other Change In Funding Source

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

POSITION SALARY REQUEST:

121-004	1	\$0.00	\$3,500.00	(\$3,500.00)
Account No.	No. of Positions	Current Allowance	Proposed Allowance	Net Change
125-028	1	\$3,500.00	\$0.00	\$3,500.00
Account No.	No. of Positions	Current Allowance	Proposed Allowance	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 _____
Enter hourly rate for temp. positions
Full Time Employee Temporary Object 121 Part Time Temporary Object 122 \$ _____
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: Exempt Non-Exempt
FLSA: Exempt Non-Exempt

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

Change in funding source; BCAP program to be deleted.

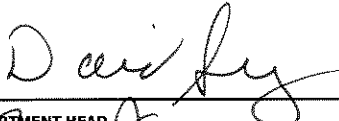


NEW POSITION: Brief job description and attach a copy of the new job description.

POSITION RECLASSIFICATION: Explain change and/or increase in duties and responsibility. (Attach new job description)

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

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1.		2-3-17	FUNDING AVAILABLE IN DEPT. BUDGET	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT HEAD	Date					
2.		2/6/17	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	HUMAN RESOURCES DIRECTOR	Date					
3.		2/24/17	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
	DEPARTMENT OF BUDGET & MANAGEMENT	Date					
4.							
	COMMISSIONERS' COURT APPROVAL	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: 02/03/2017 CURRENT POSITION TITLE: Program Manager
 DEPARTMENT NAME: R&B Co Wide Adm CURRENT SLOT NO.: 0001
 DEPARTMENT NO.: 125-030 REQUESTED POSITION TITLE: _____

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 <u>Interdepartmental Transfer (from 125-028)</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)
Requesting supplemental pay due to added duties.

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

 Department Head
[Signature]

 Department of Human Resources
[Signature]

 Department of Budget & Management

2/14/17
 Date
2/14/2017
 Date
2/24/17
 Date