



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: 3/1/17 CURRENT POSITION TITLE: UAC Evaluator
 DEPARTMENT NAME: Community Service Agency CURRENT SLOT NO.: 0034
 DEPARTMENT NO.: (901-033) PR REQUESTED POSITION TITLE: _____

REQUEST FOR: New Position Temporary Position Position Reclassification* Other delete

SALARY REQUEST:	<u>25,301.74</u> <u>25,302.00</u>	<u>0</u>	<u>-25,301.74 (25,302.00)</u>
	Current Grade & Step Budgeted Salary	Proposed Grade & Step Budgeted Salary	Net Change
SALARY REQUEST:			\$ 0.00
	Current Grade & Step Budgeted Salary	Proposed Grade & Step Budgeted Salary	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 0.00</u>		

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 _____	Annual Salary / 2080 hrs per year = Hourly Rate _____		Hourly Rate _____	

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

Position no longer needed

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

[Signature]
 Department Head

3/1/17
 Date

[Signature]
 Department of Human Resources

3/02/17
 Date

[Signature]
 Department of Budget & Management

3/3/17
 Date



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: 3/1/17 CURRENT POSITION TITLE: _____
 DEPARTMENT NAME: Community Service Agency CURRENT SLOT NO.: (proposed 0039)
 DEPARTMENT NO.: (901-033) REQUESTED POSITION TITLE: Administrative Assistant I

REQUEST FOR: New Position Temporary Position Position Reclassification* Other _____

SALARY REQUEST:	<u>0</u>	<u>24,960.00</u>	<u>24,960.00</u>
	<small>Current Grade & Step Budgeted Salary</small>	<small>Proposed Grade & Step Budgeted Salary</small>	<small>Net Change</small>
SALARY REQUEST:			<u>\$ 0.00</u>
	<small>Current Grade & Step Budgeted Salary</small>	<small>Proposed Grade & Step Budgeted Salary</small>	<small>Net Change</small>
TOTAL BUDGETARY IMPACT:	<u>\$ 0.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Funds from deleted position

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

TEMPORARY POSITIONS:

Start Date	End Date	Work Schedule	Hours Per Week	Duration of Position
Annual Salary _____	Annual Salary / 2080 hrs per year = Hourly Rate _____	Hourly Rate _____		

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

Position needed for Agency administrative support

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

[Signature]
 Department Head

3/02/17
 Date

[Signature]
 Department of Human Resources

3/02/2017
 Date

[Signature]
 Department of Budget & Management

3/3/17
 Date