



# HIDALGO COUNTY Personnel Adjustment Request Form



DEPARTMENT NAME/NUMBER: SHERIFF'S OFFICE / 280-015 *Jail Commissary*

DATE: 5-2-2017

CURRENT POSITION TITLE: CLERK III

CURRENT SLOT. #: 045-007

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: \$ 26,958.00 Current Budgeted Salary    \$ 0 Proposed Budgeted Salary    \$ (26,958.00) Net Change

Position to be funded from one of the following:

- Current Department Budget
- Annual Budget Cycle
- Will Require Additional Funds
- Other Fundings to create new position

**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)

To delete position.

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**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)

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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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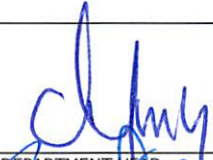

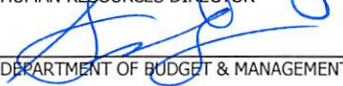
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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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1.	 DEPARTMENT HEAD	DATE <u>5/2/17</u>	FUNDING AVAILABLE IN DEPT. BUDGET	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2.	 HUMAN RESOURCES DIRECTOR	DATE <u>5/12/17</u>	PERSONNEL PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3.	 DEPARTMENT OF BUDGET & MANAGEMENT	DATE <u>5/12/17</u>	BUDGET PROCEDURES COMPLETED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4.	COMMISSIONERS COURT APPROVAL	DATE _____	_____	_____



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

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**HUMAN RESOURCES:** Classification and Salary Recommendation

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**BUDGET & MANAGEMENT:** Classification and Salary Recommendation

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