



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: 06/29/2017 CURRENT POSITION TITLE: n/a
 DEPARTMENT NAME: Public Defender's CURRENT SLOT NO.: n/a T023 (Proposed)
 DEPARTMENT NO.: 085-DD3 REQUESTED POSITION TITLE: Clerk I

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

SALARY REQUEST: <u>\$ 0.00</u>	<u>\$ 6,240.00</u> *6,302.40 fg	<u>\$ 6,240.00</u> *6,302.40 fg
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>\$ 6,240.00</u>	<u>6,302.40 fg</u>	

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

<input type="checkbox"/> Current Department Budget	<input type="checkbox"/> Annual Budget Cycle	<input checked="" 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 Non-Exempt FLSA: Exempt Non-Exempt

TEMPORARY POSITIONS:

Start Date	End Date	Work Schedule	Hours Per Week	Duration of Position
<u>07/24/2017</u>	<u>10/22/2017</u>	<u>8:00 a.m. to 5:00 p.m. Mon. thru Friday</u>	<u>40</u>	<u>13 weeks</u>
Annual Salary	Annual Salary / 2080 hrs per year = Hourly Rate		Hourly Rate	
<u>\$25,209.00 fg</u>	<u>\$6,240.00</u>	<u>*6,302.40 fg</u>	<u>\$12.00</u>	<u>*12.12 fg</u>

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

At this time, two (2) administrative assistant employees are on extended leave.

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

Department Head

Department of Human Resources

Department of Budget & Management

6/29/17
Date

6/30/
Date

7/5/17
Date



COUNTY OF HIDALGO
Health Department



PERMANENT APPOINTMENT RETURN FORM

APPOINTMENT NUMBER: _____

NAME: _____
ADDRESS: _____
CITY: _____

DATE OF APPOINTMENT: _____
APPOINTMENT TYPE: REGULAR SPECIAL
REASON FOR APPOINTMENT: _____

APPOINTMENT MADE BY: _____
APPOINTMENT MADE AT: _____
APPOINTMENT MADE ON: _____

APPOINTMENT MADE FOR: _____
APPOINTMENT MADE BY: _____
APPOINTMENT MADE AT: _____

APPOINTMENT MADE FOR: _____
APPOINTMENT MADE BY: _____
APPOINTMENT MADE AT: _____

1/10/11
1/11/11
1/11/11

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