



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 08/03/2017 Current Slot No.: 002-363
 Department Name: SHERIFF'S OFFICE Current Position Title: CERTIFIED MEDICAL ASSISTANT
 Department No.: 280-002 Requested Position Title: _____

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

SALARY REQUEST: \$ 31,252.00 -\$ 31,252.00
 Current Budgeted Amount Proposed Budgeted Amount Net Change

SALARY REQUEST: _____ \$ 0.00
 Current Budgeted Amount Proposed Budgeted Amount Net Change

TOTAL BUDGETARY IMPACT: -\$ 31,252.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Funds to create new 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:**

<u>Start Date</u>	<u>End Date</u>	<u>Work Schedule</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>
<u>Annual Salary</u>		<u>Hourly Rate</u>		
<u>Step 1 Salary / 2,080 Hours Per Year = Hourly Rate</u>				
<u>No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary</u>				

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

Delete to fund a new position

Department Head [Signature]
 Department of Human Resources [Signature]
 Department of Budget & Management _____

8/3/17
 Date 8/11/2017
 Date AUG 14 2017
 Date _____





COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 08/03/2017 Current Slot No.: 002-367
 Department Name: SHERIFF'S OFFICE Current Position Title: CERTIFIED MEDICAL ASSISTANT
 Department No.: 280-002 Requested Position Title: _____

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

SALARY REQUEST: \$ 33,440.00 -\$ 33,440.00
 Current Budgeted Amount Proposed Budgeted Amount Net Change

SALARY REQUEST: _____ \$ 0.00
 Current Budgeted Amount Proposed Budgeted Amount Net Change

TOTAL BUDGETARY IMPACT: -\$ 33,440.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Funds to create new 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:**

<u>Start Date</u>	<u>End Date</u>	<u>Work Schedule</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>
<u>Annual Salary</u>	<u>Step 1 Salary / 2,080 Hours Per Year = Hourly Rate</u>		<u>Hourly Rate</u>	
<u>No. of Weeks</u> x <u>Hours per Week</u> = <u>Total Hours</u>		<u>x Hourly Rate</u> = <u>Budgeted Salary</u>		

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

Delete to fund a new position

Department Head [Signature]
 Department of Human Resources [Signature]
 Department of Budget & Management [Signature]

Date 8-3-17
8/11/2017
 Date AUG 14 2017
 Date _____





COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 08/03/2017 Current Slot No.: _____
 Department Name: SHERIFF'S OFFICE Current Position Title: LVN III
 Department No.: 280-002 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 53,562.00</u>	<u>\$ 53,562.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 53,562.00</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 slot #002-367 & 002-363

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	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

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

Re-organization of personnel, funded from deleted positions

Department Head [Signature]
 Department of Human Resources [Signature]
 Department of Budget & Management _____

Date 8-3-17
 Date 8/11/2017
 Date AUG 14 2017

