



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: 09/11/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-179/001-371
 DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- Longevity Interpreter Clothing
 Supplemental Auto

Allowance Amount:	\$ 0.00	\$ 500.00	\$ 500.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	\$ 0.00	\$ 500.00	\$ 500.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	\$ 1,000.00		

POSITION/ALLOWANCE 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*
 Adding clothing allowances to Deputy Sheriff positions for new assignments to criminal investigations division and narcotics

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: *[Signature]*

Date: 9-11-17
 Date: 9/13/2017
 Date: 9/18/17



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: 09/11/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP I
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-403/001-171
 DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>\$ 500.00</u>	Allowance Amount: <u>\$ 500.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>\$ 500.00</u>	Allowance Amount: <u>\$ 500.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 1,000.00

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Other _____ | |

POSITION TYPE: Full Time Regular Object Code 113 ^{TS} Part Time Regular Object Code 114
 Full Time Temporary Object Code 121 Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt Non-Exempt ^{TS} FLSA: Exempt Non-Exempt ^{TS}

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)
Adding clothing allowances to Deputy Sheriff positions for new assignments to criminal investigations division and narcotics

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

Department Head

Department of Human Resources

Department of Budget & Management

9-11-17
Date

9/13/2017
Date

9/18/17
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: 09/11/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP 1
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-374
 DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- Longevity Interpreter Clothing
 Supplemental Auto

Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 500.00</u>		

POSITION/ALLOWANCE 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 **FLSA:** Exempt
 Non-Exempt Non-Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*
 Adding clothing allowances to Deputy Sheriff positions for new assignments to criminal investigations division and narcotics

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

Department Head

Department of Human Resources

Department of Budget & Management

Date 9-11-17

Date 9/13/2017

Date 9/18/13



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: 09/14/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP II / Deputy Sheriff ⁰⁰⁶² ⁰¹³³ ^{PR}

DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-062/001-133

DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 1,000.00</u>		

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 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 **FLSA:** Exempt

Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*

Deleting clothing allowances

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

Department Head

Department of Human Resources

Department of Budget & Management

9-15-17

Date

9/15/2017

Date

9/18/17

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: 09/14/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP II
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-228/001-074
 DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 1,000.00</u>		

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 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*
Deleting clothing allowances

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

Department Head

Department of Human Resources

Department of Budget & Management

9-15-17
Date

9/15/2017
Date

9/18/17
Date



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Human Resources Department



PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 09/14/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP II
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-145
 DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- Longevity Interpreter Clothing
 Supplemental Auto

Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 500.00</u>		

POSITION/ALLOWANCE 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)

Deleting clothing allowances

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

Department Head

[Signature]

Date

9-15-17

Department of Human Resources

Date

9/15/2017

Department of Budget & Management

Date

9/18/17



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: 09/14/2017 CURRENT POSITION TITLE: SR DEPUTY SHERIFF STEP III PR

DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-158

DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 500.00</u>		

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 type="checkbox"/> Other _____ | |

- POSITION TYPE:**
- | | |
|--|--|
| <input type="checkbox"/> Full Time Regular Object Code 113 | <input type="checkbox"/> Part Time Regular Object Code 114 |
| <input type="checkbox"/> Full Time Temporary Object Code 121 | <input type="checkbox"/> Part Time Temporary Object Code 122 |

- CIVIL SERVICE:** Exempt Non-Exempt
- FLSA:** Exempt Non-Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*

Deleting clothing allowances

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

[Signature]
Department Head

[Signature]
Department of Human Resources

[Signature]
Department of Budget & Management

9/15/17
Date

9/15/2017
Date

9/18/17
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: 09/14/2017 CURRENT POSITION TITLE: SERGEANT STEP II
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 001-029
 DEPARTMENT NO.: 280-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

- Longevity Interpreter Clothing
 Supplemental Auto

Allowance Amount:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 500.00</u>		

POSITION/ALLOWANCE 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*

Deleting clothing allowances

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

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