



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: 09/14/2017 Current Slot No.: 0001
 Department Name: Public Defender Current Position Title: Public Defender IV
 Department No.: 085 -003 Requested Position Title: N/A

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Authorize Suppl. Pay

SALARY REQUEST:	<u>\$ 11,750.00</u>	<u>\$ 11,670.00</u>	<u>-\$ 80.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u> </u>	<u> </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 80.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Adult Probation - Domestic Violence Court Grant

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:**

<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u> </u>			Hourly Rate <u> </u>	
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)*

The Domestic Violence Court Grant allocates funding for Personnel Costs associated with one defense attorney position or representative from the Public Defender's Office who provides legal services to offenders who are participating in the program.

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

9/14/17
 Date
9/21/2017
 Date
9/22/17
 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: 09/14/2017 Current Slot No.: 0047 *ty*
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney II
 Department No.: 080-002 Requested Position Title: Assistant District Attorney II

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Decreasing supplement

SALARY REQUEST:	<u>\$ 11,720.00</u>	<u>\$ 11,590.00</u>	<u>-\$ 130.00</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>-\$ 130.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Domestic Violence Court Grant

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:

<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>	
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)*

The decrease in supplemental pay is required to comply with the 2018 budget.

Priscilla Cantu
 Department Head
Mike Pelfrey
 Department of Human Resources
SSS
 Department of Budget & Management

09/18/17
 Date
9/21/2017
 Date
9/22/17
 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: 9/14/17 CURRENT POSITION TITLE: Asst. Court Coordinator
 DEPARTMENT NAME: County Court No 1 CURRENT SLOT NO.: 0005
 DEPARTMENT NO.: 021-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount: <u>\$9,250.00</u> ^{fg}	Proposed Budgeted Amount: <u>9,180.00</u>	Net Change: <u>9180²⁰ - \$0.00 = (\$70.00)</u> ^{fg}
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

Allowance Amount: <u>9180²⁰</u>	Proposed Budgeted Amount: _____	Net Change: <u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$0.00 (\$70.00) ^{fg}

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 checked="" type="checkbox"/> Other <u>Domestic Violence Court Grant</u> | |

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

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

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

9/14/17
Date

9/15/2017
Date

9/22/17
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: 9/14/17 CURRENT POSITION TITLE: COURT COORDINATOR
 DEPARTMENT NAME: COUNTY COURT No. 1 CURRENT SLOT NO.: 0003
 DEPARTMENT NO.: 021-001 REQUESTED POSITION TITLE: _____

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount: <u>\$ 2,320.00</u> ^{ty}	Proposed Budgeted Amount: <u>2300⁰⁰</u>	Net Change: <u>2300⁰⁰ \$0.00 (\$20.00)</u> ^{ty}
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: <u>2300⁰⁰</u>	Proposed Budgeted Amount: _____	Net Change: \$ 0.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT: <u>\$ 0.00 (\$20.00)</u> ^{ty}		

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 checked="" type="checkbox"/> Other: <u>DOMESTIC VIOLENCE COURT GRANT</u> | |

- 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

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

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

9/14/17
Date

9/15/2017
Date

9/22/17
Date