



# 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: 09/28/2017 CURRENT POSITION TITLE: DEPUTY SHERIFF STEP II  
 DEPARTMENT NAME: SHERIFF'S OFFICE CURRENT SLOT NO.: 065 *ky*  
 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        |  |

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

**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:**

- |   |  |
|---|--|
| <input checked="" 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Exempt                | <b>FLSA:</b> <input type="checkbox"/> Exempt   |
| <input checked="" type="checkbox"/> Non-Exempt | <input checked="" type="checkbox"/> Non-Exempt |

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

Adding 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

9-27-17  
Date  
9/29/2017  
Date  
9/29/2017  
Date