



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: 10/04/2017 Current Slot No.: 0441 / 0442 (Proposed) *fg*
 Department Name: SHERIFF'S OFFICE Current Position Title: LVN III
 Department No.: 280-002 Requested Position Title: Licensed Vocational Nurse III *fg*

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

SALARY REQUEST:	\$ 0.00	\$ 53,562.00	\$ 53,562.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	\$ 0.00	\$ 53,562.00	\$ 53,562.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 107,124.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

- Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Partial funds for deleted positions

- POSITION TYPE:** Full Time Regular Object Code 113 *fg* 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 *fg* Non-Exempt *fg*

*** TEMPORARY POSITIONS:**

<u>Start Date</u>	<u>End Date</u>	<u>Work Schedule</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>
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 personne; Partial funds from deleted positions

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

Date 10-04-17
10/06/2017
 Date 10/6/17
 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: 10/04/2017 Current Slot No.: 002-362/002-366
 Department Name: SHERIFF'S OFFICE Current Position Title: CERTIFIED MEDICAL ASSISTANT
 Department No.: 280-002 Requested Position Title: _____

REQUEST FOR:	<input type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Delete
SALARY REQUEST:	\$ 31,694.00	\$ 0.00	\$ 0.00	-	\$ 31,694.00
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change	Net Change
SALARY REQUEST:	\$ 33,440.00	\$ 0.00	\$ 0.00	-	\$ 33,440.00
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change	Net Change
TOTAL BUDGETARY IMPACT:	-\$ 65,134.00				

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

- Current Department Budget
- Salary Adjustment
- Annual Budget Cycle
- Will Require Additional Funds
- Other To fund new LVN positions

POSITION TYPE:

- Full Time Regular Object Code 113
- Full Time Temporary Object Code 121
- Part Time Regular Object Code 114
- Part Time Temporary Object Code 122

CIVIL SERVICE:

- Exempt
- Non-Exempt yo

FLSA:

- Exempt
- Non-Exempt yo

*** TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Step 1 Salary / 2,080 Hours Per Year = Hourly Rate _____		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)

To create (2) two new LVN positions.

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

Date 10-04-17
 Date 10/06/2017
 Date 10/6/17