



# 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: 10/23/2017 Current Slot No.: 002-365 *fy*  
 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

<b>SALARY REQUEST:</b>	<u>\$ 33,440.00</u>	<u>Proposed Budgeted Amount</u>	<u>-\$ 33,440.00</u>
	Current Budgeted Amount		Net Change
<b>SALARY REQUEST:</b>	_____	<u>Proposed Budgeted Amount</u>	<u>\$ 0.00</u>
	Current Budgeted Amount		Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 33,440.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

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

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

**TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours Per Week	Duration of Position
Annual Salary	Annual Salary / 2080 Hours Per Year = Hourly Rate		Hourly Rate	

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

To create one (1) new LVN position.

**\* POSITION RECLASSIFICATION COMMENTS:** *(Attach completed Reclassification Analysis Form and additional pages if needed)*

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

Date 10.23-17  
 Date 10/24/2017  
 Date 10/26/2017

