



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: 11/02/2017 Current Slot No.: 001-259 ^{proposed} _{fy}
 Department Name: WIC PROGRAM Current Position Title: _____
 Department No.: 350-001 _{fy} Requested Position Title: NUTRITIONIST II

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

SALARY REQUEST:	\$ 49,597.00	\$ 49,597.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:		\$ 0.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	\$ 49,597.00	

POSITION 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 _{no} **FLSA:** Exempt _{fy}
 Non-Exempt Non-Exempt

*** TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
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)

Internal position needed for our largest clinic that employs more staff and more responsibilities.

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

11/02/2017
 Date
11/03/2017
 Date
11/3/17
 Date