



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: 01/04/2018 Current Slot No.: 0430 (Proposed)
 Department Name: Sheriff Current Position Title: _____
 Department No.: 280-001 Requested Position Title: Deputy Sheriff

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

SALARY REQUEST:	<u>\$ 44,577.00</u>	<u>\$ 44,577.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 44,577.00</u>	

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 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>
Annual Salary _____		Step 1 Salary / 2,080 Hours Per Year = Hourly Rate _____		
Hourly Rate _____				
$\text{No. of Weeks} \times \text{Hours per Week} = \text{Total Hours} \times \text{Hourly Rate} = \text{Budgeted Salary}$				

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

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

Date 1-9-18
 Date 1/05/2018
 Date 1/5/18