



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE:** Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 01/26/2018 Current Slot No.: 001-192/001-120  
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP II *ky*  
 Department No.: 280-001 Requested Position Title: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

Position     Interpreter     Clothing     Supplemental     Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** -\$ 1,000.00

**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    **FLSA:**  Exempt  
 Non-Exempt     Non-Exempt

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

Detelting Clothing Allowance.

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**COMMENTS:** (Any comments you wish to make regarding this request, attach additional pages if needed)

\_\_\_\_\_  
 Department Head  
 \_\_\_\_\_  
 Department of Human Resources  
 \_\_\_\_\_  
 Department of Budget & Management

1-29-18  
 Date  
2/02/2018  
 Date  
2/2/2018  
 Date





# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE:** Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 01/26/2018 Current Slot No.: 001-087/001-061 <sup>0201 1<sup>st</sup></sup> <sub>to</sub>

Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP I

Department No.: 280-001 Requested Position Title: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

Position     Interpreter     Clothing     Supplemental     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>\$ 500.00</u>	<u>\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** \$ 1,000.00

**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    **FLSA:**  Exempt

Non-Exempt     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)

\_\_\_\_\_

\_\_\_\_\_

Department Head \_\_\_\_\_

Department of Human Resources \_\_\_\_\_

Department of Budget & Management \_\_\_\_\_

Date 1-29-18

Date 2/02/2018

Date 2/2/2018



