



# COUNTY OF HIDALGO

## Human Resources Department



### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE:** COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE:	<u>02/06/2018</u>	CURRENT POSITION TITLE:	<u>Deputy Clerk II</u>
DEPARTMENT NAME:	<u>Tax Office</u>	CURRENT SLOT NO.:	<u>0032</u>
DEPARTMENT NO.:	<u>140-001</u>	REQUESTED POSITION TITLE:	<u>Deputy Clerk II</u>

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto |                                   |

Allowance Amount:	<u>\$ 750.00</u>	<u>\$ 0.00</u>	<u>-\$ 750.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

Allowance Amount:	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:**                     -\$ 750.00

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment                    | <input type="checkbox"/> 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)**  
Deleting Auto Allowance Slot 0032  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**  
Slot 0032 no longer requires Auto Allowance, no travel.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

2-6-18  
 Date

2/07/18  
 Date

2-7-18  
 Date



# COUNTY OF HIDALGO

## Human Resources Department



### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE:	<u>02/06/2018</u>	CURRENT POSITION TITLE:	<u>Administrative Assistant II</u>
DEPARTMENT NAME:	<u>Tax Office</u>	CURRENT SLOT NO.:	<u>0198</u>
DEPARTMENT NO.:	<u>140-001</u>	REQUESTED POSITION TITLE:	<u>Administrative Assistant II</u>

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto |                                   |

<b>Allowance Amount:</b> <u>                  \$ 0.00</u> <small>Current Budgeted Amount</small>	<u>                  \$ 750.00</u> <small>Proposed Budgeted Amount</small>	<u>                  \$ 750.00</u> <small>Net Change</small>
<b>Allowance Amount:</b> <u>                  </u> <small>Current Budgeted Amount</small>	<u>                  </u> <small>Proposed Budgeted Amount</small>	<u>                  \$ 0.00</u> <small>Net Change</small>
<b>TOTAL BUDGETARY IMPACT:</b> <u>                  \$ 750.00</u>		

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment                    | <input type="checkbox"/> 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)**  
Add Auto Allowance  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**  
Slot 0198 requires travel, needs Auto Allowance. (Deleted from Slot 0032)  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

2-6-18  
 Date

2/07/2018  
 Date

2-7-18  
 Date