



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

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FEB - 9 2018
 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: 02/08/2018 Current Slot No.: 001-108
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP II
 Department No.: 280 -001 Requested Position Title: Deputy Sheriff step II

ALLOWANCE REQUEST: Type of Allowance

Position
 Interpreter
 Clothing
 Supplemental
 Auto

ALLOWANCE AMOUNT:	\$ 0.00	\$ 500.00	\$ 500.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	_____	_____	\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 500.00

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 2-8-18
 Date 2/8/18
 Date 2/15/18



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PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

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

Date: 02/08/2018 Current Slot No.: 001-142
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP I
 Department No.: 280-001 Requested Position Title: Deputy Sheriff Step I

ALLOWANCE REQUEST: Type of Allowance

Position
 Interpreter
 Clothing
 Supplemental
 Auto

ALLOWANCE AMOUNT:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</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: -\$ 500.00

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)

Deleting Clothing Allowances.

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

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

Date: 2-8-18
 Date: 2/8/18
 Date: 2/15/18