



# 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: 02/14/2018 CURRENT POSITION TITLE: Assistant District Attorney III  
 DEPARTMENT NAME: District Attorney's Office CURRENT SLOT NO.: 019-A001  
 DEPARTMENT NO.: 080 REQUESTED POSITION TITLE: Assistant District Attorney III

**ALLOWANCE REQUEST: Type of Allowance**

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

|                   |                         |                          |                                    |
|-------------------|-------------------------|--------------------------|------------------------------------|
| Allowance Amount: | <u>\$ 11,800.00</u>     | <u>\$ 11,730.00</u>      | <u>\$ 70.00</u><br><u>\$ 40.00</u> |
|                   | Current Budgeted Amount | Proposed Budgeted Amount | Net Change                         |

TOTAL BUDGETARY IMPACT: \$ 0.00

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle  | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment         | <input checked="" type="checkbox"/> Other <u>Appropriation of funds: Interlocal Agreement</u> |  |

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

**JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)**  
Extension of Interlocal Agreement. Supplemental pay for services provided under inter local agreement with TTBH.

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

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|  |                          |
|--|--------------------------|
| <u><i>[Signature]</i></u><br>Department Head                   | <u>02/14/18</u><br>Date  |
| <u><i>[Signature]</i></u><br>Department of Human Resources     | <u>2/15/2018</u><br>Date |
| <u><i>[Signature]</i></u><br>Department of Budget & Management | <u>2-16-18</u><br>Date   |