



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

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DEPARTMENT OF
HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

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

Date: 03/06/2018 Current Slot No.: 0005
 Department Name: Tax Office Current Position Title: Chief Fraud Investigator
 Department No.: 140-001 Requested Position Title: Senior Auto Theft Fraud Unit Investigator

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Position Title Change *ts*

SALARY REQUEST:	<u>\$ 55,829.00</u>	<u>\$ 55,829.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<i>OT Allowance</i> SALARY REQUEST:	<u>500.00^{OT}</u>	<u>500.00^{OT}</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 0.00</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 **FLSA:** Exempt
 Non-Exempt Non-Exempt

*** TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = 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)

Reclassification / Reorganization of Personnel

Pablo (Paul) Villalobos
 Department Head
[Signature]
 Department of Human Resources
[Signature]
 Department of Budget & Management

3/6/18
 Date
3/8/2018
 Date
3/9/18
 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: 03/06/2018 CURRENT POSITION TITLE: Chief Fraud Investigator
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: A009
 DEPARTMENT NO.: 140-003 REQUESTED POSITION TITLE: N/A

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>\$ 3,000.00</u>	Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>-\$ 3,000.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

TOTAL BUDGETARY IMPACT: -\$ 3,000.00

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

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)
 Delete Position / Reorganization of Personnel
Slot
or

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)
 Delete Position / Reorganization of Personnel
Slot
or

Pablo (Paul) Villalga
 Department Head

[Signature]
 Department of Human Resources

[Signature]
 Department of Budget & Management

3/6/18
 Date

3/7/2018
 Date

3/9/18
 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: 03/06/2018 CURRENT POSITION TITLE: N/A
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: N/A A012 (Proposed) ST
 DEPARTMENT NO.: 140-003 REQUESTED POSITION TITLE: Property Tax Manager

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>\$ 0.00</u>	Allowance Amount: <u>\$ 3,000.00</u>	Allowance Amount: <u>\$ 3,000.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

TOTAL BUDGETARY IMPACT: \$ 3,000.00

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

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

Add Supplemental Allowance _____

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

New Position in Fund 1246 / Reorganization of Personnel / Funded from deleted position / No Budget Impact
Slot ST Slot ST

Pablo (Paul) Villalby
 Department Head

3/6/18
 Date

Edna Pelayo
 Department of Human Resources

3/7/2018
 Date

[Signature]
 Department of Budget & Management

3/9/18
 Date