



# 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: 03/22/2018 Current Slot No.: 001-122 *ky*  
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP 1 *ky*  
 Department No.: 280 -001 *ky* Requested Position Title: Deputy sheriff *ky*

**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>                    </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:**

*ky*  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  
*ky*  Full Time Temporary Object Code 121     Part Time Temporary Object Code 122

**CIVIL SERVICE:**  Exempt    **FLSA:**  Exempt  
*ky*  Non-Exempt     Non-Exempt

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

Deleting clothing allowances *ky*

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

\_\_\_\_\_  
 Department Head  
*[Signature]*  
 Department of Human Resources  
 \_\_\_\_\_  
 Department of Budget & Management

Date 3/23/18  
 Date 3/27/2018  
 Date 3/29/2018





# 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: 03/22/2018 Current Slot No.: 001-176 <sup>fy</sup>  
 Department Name: SHERIFF'S OFFICE Current Position Title: senior SR DEPUTY SHERIFF STEP III  
 Department No.: 280-001 <sup>fy</sup> Requested Position Title: senior deputy sheriff step III <sup>fy</sup>

**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>                    </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)  
Adding clothing allowances <sup>fy</sup>

**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 3-23-18  
 Date 3/27/2018  
 Date 3/29/18

