



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: 04/19/2018 Current Slot No.: 001-054 ¹⁰ *fy*
 Department Name: SHERIFF'S OFFICE Current Position Title: Senior SR- DEPUTY SHERIFF STEP IV
 Department No.: 280-001 *fy* Requested Position Title: Senior Deputy Sheriff Step IV *fy*

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

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

ALLOWANCE AMOUNT:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</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 *fy* **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: 4-19-18
 Date: 4/20/2018
 Date: 4/20/18





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: 04/19/2018 Current Slot No.: 001-209
 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>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	_____	_____	<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.

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

Department Head _____
Kane Dely
 Department of Human Resources _____
[Signature]
 Department of Budget & Management _____

4-19-18
 Date _____
4/20/2018
 Date _____
4/20/18
 Date _____

