



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

RECEIVED

MAY 14 2018

DEPARTMENT OF  
HUMAN RESOURCES

### PERSONNEL ADJUSTMENT REQUEST FORM

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

Date: 05/14/2018 Current Slot No.: 0019

Department Name: Health & Human Services Current Position Title: Public Health Specialist

Department No.: 340 - Program 013 Requested Position Title: \_\_\_\_\_

**REQUEST FOR:**  New Position  Temporary Position\*  Position Reclassification  Other  Delete Slot

<b>SALARY REQUEST:</b>	<u>\$ 36,453.00</u> Current Budgeted Amount	<u>\$ 0.00</u> Proposed Budgeted Amount	<u>-\$ 36,453.00</u> Net Change
<b>SALARY REQUEST:</b>	<u>                    </u> Current Budgeted Amount	<u>\$ 0.00</u> Proposed Budgeted Amount	<u>\$ 0.00</u> Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 36,453.00</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				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)**

This position is to be deleted effective 07/01/2018 (start of FY 19 program period).

Reason is budget constraints.

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\_\_\_\_\_

Eduardo Olivarez  
Department Head

[Signature]  
Department of Human Resources

[Signature]  
Department of Budget & Management

05/14/2018  
Date

5/18/2018  
Date

5/25/18  
Date



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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: 05/14/2018 Current Slot No.: 0021  
 Department Name: Health & Human Services Current Position Title: Assistant Epidemiologist  
 Department No.: 340 - Program 013 Requested Position Title: \_\_\_\_\_

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other Delete Slot

<b>SALARY REQUEST:</b>	<u>\$ 31,255.00</u>	<u>\$ 0.00</u>	<u>-\$ 31,255.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 31,255.00</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				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)**

This position is to be deleted effective 07/01/2018 (start of FY 19 program period).  
 Reason is budget constraints.  
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 \_\_\_\_\_  
 \_\_\_\_\_

<p><u>Eduardo Olivarez</u> Department Head</p> <p><u>[Signature]</u> Department of Human Resources</p> <p><u>[Signature]</u> Department of Budget &amp; Management</p>	<p><u>05/14/2018</u> Date</p> <p><u>5/18/2018</u> Date</p> <p><u>5/25/18</u> Date</p>
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