



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

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

Date: 07/03/2018 Current Slot No.: See MPA
 Department Name: Health Department Current Position Title: See MPA
 Department No.: 340-005 Requested Position Title: N/A

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Change Fund Source

SALARY REQUEST:	<u>\$ 27,988.00</u>	<u>\$ 0.00</u>	<u>-\$ 27,988.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:			<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 27,988.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Cost Savings

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)*

Minimize number of slots with small distribution percentages.
TB Registered Nurse Supervisor is FLSA exempt.

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

6-19-18

Date 6/25/2018
 Date 7/2/18
 Date _____





COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: Health Department

Department No.: 340-005

Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0002	TVFC Assistant Program Mangager		\$2,979.00	\$0.00
0004	Licensed Vocational Nurse III		\$1,875.00	\$0.00
0005	Licensed Vocational Nurse III		\$1,875.00	\$0.00
0006	Licensed Vocational Nurse III		\$1,874.00	\$0.00
0007	Licensed Vocational Nurse III		\$1,641.00	\$0.00
0008	Licensed Vocational Nurse II		\$1,498.00	\$0.00
0010	Licensed Vocational Nurse II		\$1,498.00	\$0.00
0012	TB Medical Technician		\$1,237.00	\$0.00
0013	TB Medical Technician		\$1,202.00	\$0.00
0014	TB Assistant Records Manager		\$1,180.00	\$0.00
0015	Community Service Aide		\$1,089.00	\$0.00
0016	Community Service Aide		\$1,167.00	\$0.00
0017	Outreach Specialist I		\$38.00	\$0.00
0018	Outreach Specialist II		\$1,023.00	\$0.00
0019	TB Medical Technician		\$900.00	\$0.00



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MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: Health Department

Department No.: 340-005

Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0020	TB Medical Technician		\$16.00	\$0.00
0022	TB Registered Nurse Supervisor		\$1,879.00	\$0.00
0023	Systems Project Manager		\$3,435.00	\$0.00
0024	Clerk II		\$1,582.00	\$0.00