



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: 07/17/2018 Current Slot No.: 001-108/001-333
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP I/STEP II
 Department No.: 280 -001 Requested Position Title: Deputy sheriff

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

| | | | |
|--------------------------|-------------------------|--------------------------|-------------------|
| ALLOWANCE AMOUNT: | <u>\$ 500.00</u> | <u>\$ 0.00</u> | <u>-\$ 500.00</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: -\$ 1,000.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other To delete Clothing Allowances

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)

To delete Clothing Allowances. 2 Slots - 0108 & 0333

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

Department Head _____
 Department of Human Resources _____
 Department of Budget & Management _____

Date 7-17-18
 Date 7/24/2018
 Date 7/30/18





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: 07/17/2018 Current Slot No.: 001-067/195
 Department Name: SHERIFF'S OFFICE Current Position Title: Sr. Deputy Sheriff ~~Step I/Step III~~
 Department No.: 280 -001 Requested Position Title: Senior Deputy Sheriff

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> | <u>\$ 500.00</u> | <u>\$ 500.00</u> |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

TOTAL BUDGETARY IMPACT: \$ 1,000.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Adding Clothing Allowances.

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. Slots 0067 & 0195

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

Department Head _____
 Department of Human Resources _____
 Department of Budget & Management _____

Date 7-17-18
 Date 7/24/2018
 Date 7/30/18





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: 07/17/2018 Current Slot No.: 001-332/001-196
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP 1
 Department No.: 280-001 Requested Position Title: Deputy Sheriff

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> | <u>\$ 500.00</u> | <u>\$ 500.00</u> |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

TOTAL BUDGETARY IMPACT: \$ 1,000.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Adding Clothing Allowances.

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. Slots 0332 & 0196

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

Department Head _____
 Department of Human Resources _____
 Department of Budget & Management _____

Date 7-17-18
 Date 7/24/18
 Date 7/30/18





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: 07/27/2018 Current Slot No.: 0176/0229
 Department Name: Sheriff's Office Current Position Title: Sr Deputy III/Deputy II
 Department No.: 280-001 Requested Position Title: _____

EAS

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

| | | | |
|--------------------------|-------------------------|--------------------------|-------------------|
| ALLOWANCE AMOUNT: | <u>\$ 500.00</u> | <u>\$ 0.00</u> | <u>-\$ 500.00</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: -\$ 1,000.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other To delete clothing allowances

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

EBS

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

To delete cloting allowances from slot #001-176 and 001-229

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

Department Head _____

Department of Human Resources _____

Department of Budget & Management _____

Date 7/27/18

Date 7/31/2018

Date 7/31/18

