



# 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: 08/21/2018 Current Slot No.: 005-003  
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF STEP 1  
 Department No.: 280-005 Requested Position Title: Deputy Sheriff

**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 Allowance to new created position.

**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 8/21/18  
 Date 8/23/2018  
 Date 8/24/18

