



# 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: 08/22/2018 Current Slot No.: TBD 0151/0187/0026  
 Department Name: District Attorney's Office Current Position Title: \_\_\_\_\_  
 Department No.: 080-002/080-009/030-015 Requested Position Title: Assistant District Attorney IV

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other \_\_\_\_\_

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 78,704.00</u>	<u>\$ 78,704.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<i>Auto Allowance</i> <b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 900.00</u>	<u>\$ 900.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 79,604.00</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  Non-Exempt **FLSA:**  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 personnel action is needed to commensurate with experience of selected candidate and the need for a higher level prosecutor.

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

08/22/18  
Date  
8/24/2018  
Date  
8/24/18  
Date





# 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: 08/22/2018 Current Slot No.: 002-007 / 0117 / 0005  
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney II  
 Department No.: 080-002 / 080-007 / 080-015 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 57,850.00</u>	<u>\$ 0.00</u>	<u>-\$ 57,850.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<i>Auto Allowance</i>			
<b>SALARY REQUEST:</b>	<u>\$ 900.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 57,850.00</u>	<u>\$ 58,750.00</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  Non-Exempt **FLSA:**  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)*  
Position no longer needed  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

08/22/18  
 Date  
8/24/2018  
 Date  
8/24/18  
 Date

