



# 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: 09/06/2018 Current Slot No.: 0075  
 Department Name: WIC Program Current Position Title: CLERK IV  
 Department No.: 350 -001 Requested Position Title: \_\_\_\_\_

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

**SALARY REQUEST:** \$ 31,255.00 -\$ 31,255.00  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

**SALARY REQUEST:** \_\_\_\_\_ \$ 0.00  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

**TOTAL BUDGETARY IMPACT:** -\$ 31,255.00

**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

**\* 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 will no longer be funded under this grant

*Claudia S*  
 Department Head  
*Michelle P...*  
 Department of Human Resources  
*[Signature]*  
 Department of Budget & Management

09/06/2018  
 Date  
9/07/2018  
 Date  
9/7/18  
 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: 09/06/2018 Current Slot No.: 0097  
 Department Name: WIC Program Current Position Title: CLERK I  
 Department No.: 350 -001 Requested Position Title: \_\_\_\_\_

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

**SALARY REQUEST:** \$ 25,056.00 -\$ 25,056.00  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

**SALARY REQUEST:** \_\_\_\_\_  
 Current Budgeted Amount Proposed Budgeted Amount Net Change \$ 0.00

**TOTAL BUDGETARY IMPACT:** -\$ 25,056.00

**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

**\* 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 will no longer be funded under this grant  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Clayton J  
 Department Head  
Kelli Dreyer  
 Department of Human Resources  
[Signature]  
 Department of Budget & Management

09/06/2018  
 Date 9/07/2018  
 Date 9/7/18  
 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: 09/06/2018 Current Slot No.: 0179  
 Department Name: WIC Program Current Position Title: CLINIC AIDE I  
 Department No.: 350 -001 Requested Position Title: \_\_\_\_\_

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

**SALARY REQUEST:** \$ 25,056.00 -\$ 25,056.00  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

**SALARY REQUEST:** \_\_\_\_\_  
 Current Budgeted Amount Proposed Budgeted Amount Net Change \$ 0.00

**TOTAL BUDGETARY IMPACT:** -\$ 25,056.00

**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

**\* 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 will no longer be funded under this grant

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Charon J  
 Department Head  
Kille P  
 Department of Human Resources  
S S  
 Department of Budget & Management

09/06/2018  
 Date  
9/07/2018  
 Date  
9/7/18  
 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: 09/06/2018 Current Slot No.: 0181  
 Department Name: WIC Program Current Position Title: CLINIC AIDE I  
 Department No.: 350 - 001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 25,056.00</u>	_____	<u>-\$ 25,056.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 25,056.00</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 position will no longer be funded under this grant  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

09/06/2018  
 Date  
9/07/2018  
 Date  
9/7/18  
 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: 09/06/2018 Current Slot No.: 0260  
 Department Name: WIC Program Current Position Title: CLERK I  
 Department No.: 350 - 001 Requested Position Title: \_\_\_\_\_

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

**SALARY REQUEST:** \$ 24,960.00 \$ 24,960.00 -\$ 24,960.00  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

**SALARY REQUEST:** \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

**TOTAL BUDGETARY IMPACT:** -\$ 24,960.00

**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

**\* TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary	Step 1 Salary / 2,080 Hours Per Year = Hourly Rate		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 will no longer be funded under this grant  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Date 09/06/2018  
 Date 9/07/2018  
 Date 9/7/18

