



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: 09/20/2018 Current Slot No.: 0019 -A001 DT
 Department Name: Pubic Defender's/TTBH Current Position Title: Public Defenfer III II DT
 Department No.: 085 Requested Position Title: Public Defenfer III II DT

ALLOWANCE REQUEST: Type of Allowance

<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Clothing	<input checked="" type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
<i>11,600 DT</i>	<i>\$0.00</i>		<i>\$11,550.00</i>	<i>\$50.00 DT</i>
ALLOWANCE AMOUNT:	Current Budgeted Amount		Proposed Budgeted Amount	Net Change
				\$ 0.00
ALLOWANCE AMOUNT:	Current Budgeted Amount		Proposed Budgeted Amount	Net Change
	<i>\$ -50.00 DT</i>		<i>\$11,550.00</i>	
TOTAL BUDGETARY IMPACT:				

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Appropriation of Funds: Interlocal Agreement

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)

Supplement pay for services provided under InterLocal Agreement with Tropical Texas Behavioral Health.

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

Supplement pay will be assigned to employee #160954 (AI #66684)

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

Date 9/20/18
 Date 9/20/2018
 Date 9/21/18
 Date

