



# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 08/03/2018 CURRENT POSITION TITLE: Clerk 1  
DEPARTMENT NAME: County Court #8 CURRENT SLOT NO.: 0008  
DEPARTMENT NO.: 028 - 001 *fy* REQUESTED POSITION TITLE: \_\_\_\_\_

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

SALARY REQUEST: \$ 25,056.00 -\$ 25,056.00  
Current Grade & Step Budgeted Salary Proposed Grade & Step Budgeted Salary Net Change

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 *fy* FLSA:  Exempt  Non-Exempt

TEMPORARY POSITIONS:

| Start Date                                      | End Date | Work Schedule | Hours Per Week | Duration of Position |
|---|----------|---------------|----------------|----------------------|
| Annual Salary                                   |          |               | Hourly Rate    |                      |
| Annual Salary / 2080 hrs per year = Hourly Rate |          |               |                |                      |

**JUSTIFICATION FOR NEW POSITION/SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)**  
\_\_\_\_\_  
\_\_\_\_\_

**\* POSITION RECLASSIFICATION COMMENTS: (Attach completed Reclassification Analysis Form and additional pages if needed)**  
\_\_\_\_\_  
\_\_\_\_\_

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

Date 08/03/2018  
Date 8/06/2018  
Date \_\_\_\_\_



