



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 *Protection protective of* Current Slot No.: 001
 Department Name: Child Protection Court Current Position Title: Bailiff
 Department No.: 055-001 Requested Position Title: Bailiff *to*

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 3,000.00</u>	<u>\$ 3,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 3,000.00

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)

Our Baliff has been covering interpretation duties during our daily hearings. Like most other Bailiffs, he is not a certified interpreter but will take on the task without objection when necessary.

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

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

09/20/18
 Date 9/20/2018
 Date 9/21/18
 Date _____

