



# 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: 10/03/2018 Current Slot No.: ~~003-G009~~ 0009 10026  
 Department Name: HIDTA Task Force Current Position Title: Accountant III  
 Department No.: 270 -0031 Requested Position Title: \_\_\_\_\_  
270-011

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

<b>SALARY REQUEST:</b>	\$ 55,000.00	\$ 0.00	-\$ 55,000.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	-\$ 55,000.00		

**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

**\* 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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Romelia Centis 10/03/18  
 Department Head Date  
[Signature] 10/03/2018  
 Department of Human Resources Date  
[Signature] 10/4/19  
 Department of Budget & Management Date

