



# 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: 10/09/18 *reauth* Current Slot No.: A001  
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney III  
 Department No.: 080-019 Requested Position Title: Assistant District Attorney III

**ALLOWANCE REQUEST: Type of Allowance**

Position    
  Interpreter    
  Clothing    
 Supplemental    
 Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 11,690.00</u>	<u>\$ 19,580.00</u>	<u>\$ 7,890.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

**TOTAL BUDGETARY IMPACT:** \$ 7,890.00

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget    
 Annual Budget Cycle    
 Will Require Additional Funds  
 Salary Adjustment    
 Other Texas Tropical BH

**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)*

Increase in supplemental pay as per Interlocal agreement

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

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

10/05/18  
 Date  
10/05/2018  
 Date  
10/5/18  
 Date

