



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: 10/15/2018 Current Slot No.: A001 #
 Department Name: Public Defender's Current Position Title: Public Defender III #
 Department No.: 085-019 Requested Position Title: Public Defender III #

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT: <u>\$ 11,600.00</u>	<u>\$ 19,380.00</u>	<u>\$ 7,780.00</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: \$ 7,780.00

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)*
Additional Supplement pay for services provided under Interlocal Agreement with Tropical Texas Behavioral Health for Employee #160954.

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

 Department Head

 Department of Human Resources

 Department of Budget & Management

10/15/18
 Date
10/18/2018
 Date
10/19/18
 Date

