





# 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: 10/18/2018 Current Slot No.: A002  
0012  
01  
 Department Name: Public Defender's Current Position Title: Public Defender II  
 Department No.: 085-019 Requested Position Title: Public Defender II

**ALLOWANCE REQUEST: Type of Allowance**

Position     Interpreter     Clothing     Supplemental     Auto

<b>ALLOWANCE AMOUNT:</b>	\$ 19,320.00	\$ 19,320.00
	Current Budgeted Amount	Proposed Budgeted Amount
		Net Change

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

**TOTAL BUDGETARY IMPACT:** \$ 19,320.00

**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)

Temporary assignment of Supplement pay for services provided under Interlocal Agreement with Tropical Texas Behavioral Health.

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

Temporary assigned employee #188239

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

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

