



# 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: 11/01/2018 Current Slot No.: 0198  
 Department Name: Tax Office Current Position Title: Administrative Assistant II  
 Department No.: 140-001 Requested Position Title: N/A

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

<b>SALARY REQUEST:</b>	\$ 0.00	<del>-\$ 28,940.00</del>
<u>Auto Allowance:</u>	<u>\$ 33,764.00</u>	<u>-\$ 33,764.00</u>
<b>SALARY REQUEST:</b>	\$ 28,940.00	-\$ 28,940.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<u>\$ 750.00</u>	<u>\$ 0.00</u>	<u>-\$ 750.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<u>-\$ 34,514.00</u>		<u>-\$ 0.00</u>
<b>TOTAL BUDGETARY IMPACT:</b>		<u>-\$ 28,940.00</u>

**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  Non-Exempt **FLSA:**  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
			=	Hourly Rate
				=
Budgeted Salary				

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT:** (Explain why position or adjustment request is essential)

Delete Position (Supervisor budgeted in 2018 for \$33,764)

Department needs to create correct slot as Supervisor I

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

11-1-18  
 Date  
11/02/2018  
 Date  
11/2/18  
 Date





# 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: 11/01/2018 Current Slot No.: N/A 0210 (proposed) fsg  
 Department Name: Tax Office Current Position Title: N/A  
 Department No.: 140-001 Requested Position Title: Supervisor I

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

<b>SALARY REQUEST:</b>	\$ 0.00	\$ 36,455.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>Auto Allowance:</b>			
<b>SALARY REQUEST:</b>	\$ 0.00	\$ 750.00	\$ 750.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	\$ 37,205.00	\$ 36,455.00	

**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)

Deleted Slot 0198 Administrative Assistant II (Supervisor budgeted in 2018 for \$33,764)  
Creating correct slot as Supervisor I (net budget impact of \$2,691)

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

11-1-18  
 Date  
11/02/2018  
 Date  
11/2/18  
 Date

