



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: 12/19/2018 Current Slot No.: 0004
 Department Name: 449th District Court Current Position Title: Bailiff
 Department No.: 011-001 Requested Position Title: N/A

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

| | | | |
|--------------------------|-------------------------|--------------------------|------------------|
| ALLOWANCE AMOUNT: | <u>\$ 2,500.00</u> | <u>\$ 3,000.00</u> | <u>\$ 500.00</u> |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

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

TOTAL BUDGETARY IMPACT: \$ 500.00

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

JUSTIFICATION / PRIORITY: (Explain why this allowance request is essential)

Increase Allowance (Interpreter Pay)

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

To be effective on 1/8/2019 upon approval by Commissioner's Court.

Department Head: [Signature] Date: 12/19/2018
 Department of Human Resources: [Signature] Date: 12/20/2018
 Department of Budget & Management: [Signature] Date: 1/2/19

