



# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 02/01/2019 CURRENT POSITION TITLE: Auto Theft Fraud Unit Investigator I  
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0178  
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: \_\_\_\_\_

EBS

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto        |  |

|                                  |                                    |                                    |
|----------------------------------|------------------------------------|------------------------------------|
| Allowance Amount: <u>\$ 0.00</u> | Allowance Amount: <u>\$ 500.00</u> | Allowance Amount: <u>\$ 500.00</u> |
| Current Budgeted Amount          | Proposed Budgeted Amount           | Net Change                         |

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

**TOTAL BUDGETARY IMPACT:** \$ 500.00

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input checked="" type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment         | <input type="checkbox"/> 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

EBS

RCV'D DEPT BDGT & MGMT  
FEB 6 '19 PM 1:23

**JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)**  
 Add Clothing Allowance  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**  
 Add Clothing Allowance, Uniforms  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Date: 2-1-19  
 Date: 2/06/2019  
 Date: 2/2/19

RECEIVED

FEB 01 2019

DEPARTMENT OF  
HUMAN RESOURCES



# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 02/01/2019 CURRENT POSITION TITLE: Auto Theft Fraud Unit Investigator II  
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0207  
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: \_\_\_\_\_ EBJ

**ALLOWANCE REQUEST: Type of Allowance**

|                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter | <input checked="" type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Auto        |  |

  

|                                  |                                    |                                    |
|----------------------------------|------------------------------------|------------------------------------|
| Allowance Amount: <u>\$ 0.00</u> | Allowance Amount: <u>\$ 500.00</u> | Allowance Amount: <u>\$ 500.00</u> |
| Current Budgeted Amount          | Proposed Budgeted Amount           | Net Change                         |
| Allowance Amount: _____          | Allowance Amount: _____            | Allowance Amount: <u>\$ 0.00</u>   |
| Current Budgeted Amount          | Proposed Budgeted Amount           | Net Change                         |

**TOTAL BUDGETARY IMPACT:** \$ 500.00

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

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input checked="" type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment         | <input type="checkbox"/> 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 EBJ **FLSA:**  Exempt  Non-Exempt EBJ

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

Add Clothing Allowance

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

Add Clothing Allowance, Uniforms

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\_\_\_\_\_  
Department Head

Kane Pajon  
Department of Human Resources

\_\_\_\_\_  
Department of Budget & Management

2-1-19  
Date

2/06/2019  
Date

2/2/19  
Date

RCV'D DEPT BDGT & MGMT

RECEIVED

FEB 01 2019

DEPARTMENT OF HUMAN RESOURCES