



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: 03/11/2019 Current Slot No.: Please see attached
 Department Name: Sheriff's Office Current Position Title: Please see attached.
 Department No.: 280 - 001 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input checked="" type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
ALLOWANCE AMOUNT:	<u>\$ 2,000.00</u> \$ 2,500.00	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	<u>- 2,000.00</u> + 2,500.00
ALLOWANCE AMOUNT:	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	\$ 0.00
	<u>- 2,000.00</u> + 2,500.00	<u>EBT</u>		
TOTAL BUDGETARY IMPACT:	<u>\$ 0.00</u>			

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Delete Adding clothing allowances

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

JUSTIFICATION / PRIORITY: (Explain why this allowance request is essential)
Please see attachment A for additional clothing allowances.

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

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

Date 3/11/19
 Date 3/14/2019
 Date 3/10/19





COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: Sheriff's Office

Department No.: 280-001



Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
001-396	Sergeant Step I		\$500.00	-\$500.00
001-037	Sergeant Step I		\$500.00	-\$500.00
001-064	Deputy Sheriff Step II		\$500.00	-\$500.00
001-108	Deputy Sheriff Step II		\$500.00	-\$500.00
001-210	Sr. Deputy Sheriff II		\$500.00	-\$500.00
	Slot does not have clothing allowance			
				-2,000.00
				-\$2,500.00

EBT

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DEPARTMENT OF HUMAN RESOURCES

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NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 03/11/2019 Current Slot No.: Please see attache
 Department Name: Sheriff's Office Current Position Title: Please see attached.
 Department No.: 280 -001 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

Position
 Interpreter
 Clothing
 Supplemental
 Auto

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 1,500.00</u>	<u>\$ 1,500.00</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:		<u>\$ 1,500.00</u>	<u>\$ 0.00</u>

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Salary Adjustment
 Other Adding clothing allowances

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)

Please see attachment A for clothing allowances Additions.

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

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

Date: 3-11-19
 Date: 3/14/2019
 Date: 3/15/19





COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: Sheriff's Office

Department No.: 280-001



Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
001-235	Deputy Sheriff Step II		\$0.00	\$500.00
001-118	Deputy Sheriff Step I		\$0.00	\$500.00
001-223	Deputy Sheriff Step II		\$0.00	\$500.00
001-190	Deputy Sheriff Step I		\$0.00	\$500.00
	3/14/19 - As per Virginia, do not include Slot no. 0023, this slot already has clothing allowance.			
		kg		
			Total	\$1,500.00
				-\$2,000.00