



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: 05/01/2019 Current Slot No.: N/A T112 (proposed)
 Department Name: Precinct 3 Current Position Title: N/A
 Department No.: 005-123 -005 Requested Position Title: Clerk I

REQUEST FOR: New Position Temporary Position* Position Reclassification Other

SALARY REQUEST: \$ 0.00 \$ 12,480.00 \$ 12,480.00
 Current Budgeted Amount Proposed Budgeted Amount Net Change

SALARY REQUEST: \$ 0.00 \$ 0.00 \$ 0.00
 Current Budgeted Amount Proposed Budgeted Amount Net Change

TOTAL BUDGETARY IMPACT: \$ 12,480.00

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 Non-Exempt FLSA: Exempt Non-Exempt

*** TEMPORARY POSITIONS:**

<u>05/27/2019</u>	<u>11/26/2019</u>	<u>M-F</u>	<u>40</u>	<u>27</u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u>\$24,960.00</u>		Hourly Rate <u>\$ 12.00</u>		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
<u>27</u>	<u>26</u>	<u>40</u>	<u>1,080</u>	<u>\$ 12.00</u>
No. of Weeks	x	Hours per Week	=	Total Hours
			=	Budgeted Salary
				<u>\$ 12,480.00</u>

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

Will help in the office with filing, answering telephones, taking messages, etc

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

Date 05/01/2019
5/03/2019
 Date 5/3/19
 Date





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:	<u>04/25/2019</u>	CURRENT POSITION TITLE:	<u>Truck Driver III</u>
DEPARTMENT NAME:	<u>Precinct 3</u>	CURRENT SLOT NO.:	<u>005-0084</u>
DEPARTMENT NO.:	<u>123-006</u>	REQUESTED POSITION TITLE:	<u>Truck Driver III</u>

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ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount:	<u>\$ 3,000.00</u>	<u>\$ 3,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount
		Net Change

TOTAL BUDGETARY IMPACT: \$ 3,000.00

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

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

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

Employee will be assigned to all projects as needed

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

[Signature]
 Department Head

[Signature]
 Department of Human Resources

[Signature]
 Department of Budget & Management

04/25/2019
 Date

5/8/19.
 Date

5/3/19
 Date

