



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: 05/06/2019 CURRENT POSITION TITLE: Deputy Clerk II
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 030
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: N/A

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount: <u>\$ 750.00</u>	Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>-\$ 750.00</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: -\$ 750.00

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)*
Deleting Auto Allowance Slot 030

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*
Slot 030 no longer requires Auto Allowance, no travel.

[Signature]
 Department Head

[Signature]
 Department of Human Resources

[Signature]
 Department of Budget & Management

5/6/19
 Date

5/6/19.
 Date

5/6/19
 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: 05/06/2019 CURRENT POSITION TITLE: Administrative Assistant III
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 041
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: N/A

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount: <u>\$ 1,500.00</u>	Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>-\$ 1,500.00</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: -\$ 1,500.00

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)*
Deleting Auto Allowance Slot 041

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*
Slot 041 no longer requires Auto Allowance, no travel.

[Signature]
Department Head

[Signature]
Department of Human Resources

[Signature]
Department of Budget & Management

5/10/19
Date

5/6/2019
Date

5/10/19
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>05/06/2019</u>	CURRENT POSITION TITLE:	<u>Accountant I</u>
DEPARTMENT NAME:	<u>Tax Office</u>	CURRENT SLOT NO.:	<u>0162</u>
DEPARTMENT NO.:	<u>140-001</u>	REQUESTED POSITION TITLE:	<u>N/A</u>

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount:	<u>\$ 1,500.00</u>	<u>\$ 0.00</u>	<u>-\$ 1,500.00</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:	<u>-\$ 1,500.00</u>		

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:**
- | | |
|---|--|
| <input checked="" type="checkbox"/> Full Time Regular Object Code 113 | <input type="checkbox"/> Part Time Regular Object Code 114 |
| <input type="checkbox"/> Full Time Temporary Object Code 121 | <input type="checkbox"/> Part Time Temporary Object Code 122 |

- CIVIL SERVICE:** Exempt **FLSA:** Exempt
- Non-Exempt Non- Exempt

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

Deleting Auto Allowance Slot 162

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

Slot 162 no longer requires Auto Allowance, no travel.

Department Head

Department of Human Resources

Department of Budget & Management

5/6/19
Date

5/6/2019
Date

5/10/19
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>05/06/2019</u>	CURRENT POSITION TITLE:	<u>Executive Assistant II</u>
DEPARTMENT NAME:	<u>Tax Office</u>	CURRENT SLOT NO.:	<u>0011</u>
DEPARTMENT NO.:	<u>140-001</u>	REQUESTED POSITION TITLE:	<u>N/A</u>

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> 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> </u>	<u> </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 1,500.00

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:**
- | | |
|---|--|
| <input checked="" type="checkbox"/> Full Time Regular Object Code 113 | <input type="checkbox"/> Part Time Regular Object Code 114 |
| <input type="checkbox"/> Full Time Temporary Object Code 121 | <input type="checkbox"/> Part Time Temporary Object Code 122 |

- CIVIL SERVICE:** Exempt Non-Exempt
- FLSA:** Exempt Non- Exempt

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

Add Auto Allowance

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

Slot 011 requires travel, needs Auto Allowance. (Deleted from Slot 041)

[Signature]
Department Head

[Signature]
Department of Human Resources

[Signature]
Department of Budget & Management

5/6/19
Date

5/6/2019
Date

5/10/19
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>05/06/2019</u>	CURRENT POSITION TITLE:	<u>Administrative Assistant III</u>
DEPARTMENT NAME:	<u>Tax Office</u>	CURRENT SLOT NO.:	<u>0180</u>
DEPARTMENT NO.:	<u>140-001</u>	REQUESTED POSITION TITLE:	<u>N/A</u>

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 750.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount
		<u>\$ 750.00</u>
		Net Change

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

TOTAL BUDGETARY IMPACT: \$ 750.00

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:

<input checked="" type="checkbox"/> Full Time Regular Object Code 113	<input type="checkbox"/> Part Time Regular Object Code 114
<input type="checkbox"/> Full Time Temporary Object Code 121	<input type="checkbox"/> Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt **FLSA:** Exempt

Non-Exempt Non- Exempt

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

Add Auto Allowance

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

Slot 0180 requires travel, needs Auto Allowance. (Deleted from Slot 031)

a Mrs

Department Head

Kalle Dreyer

Department of Human Resources

[Signature]

Department of Budget & Management

5/6/19

Date

5/6/2019

Date

5/10/19

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>05/06/2019</u>	CURRENT POSITION TITLE:	<u>Executive Assistant I</u>
DEPARTMENT NAME:	<u>Tax Office</u>	CURRENT SLOT NO.:	<u>0200</u>
DEPARTMENT NO.:	<u>140-001</u>	REQUESTED POSITION TITLE:	<u>N/A</u>

ALLOWANCE REQUEST: Type of Allowance

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

Allowance Amount:	<u>\$ 0.00</u>	<u>\$ 750.00</u>	<u>\$ 750.00</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>\$ 750.00</u>		

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:

<input checked="" type="checkbox"/> Full Time Regular Object Code 113	<input type="checkbox"/> Part Time Regular Object Code 114
<input type="checkbox"/> Full Time Temporary Object Code 121	<input type="checkbox"/> Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt Non-Exempt

FLSA: Exempt Non- Exempt

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

Add Auto Allowance

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

Slot 0200 requires travel, needs Auto Allowance. (Deleted from Slot 030)

Department Head

Department of Human Resources

Department of Budget & Management

5/6/19
Date

5/6/2019.
Date

5/14/19
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: 05/06/2019 CURRENT POSITION TITLE: Research Analyst II
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0209
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: N/A

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> 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> </u>	<u> </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 1,500.00</u>		

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)*
Add Auto Allowance

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*
Slot 0209 requires travel, needs Auto Allowance. (Deleted from Slot 162)

[Signature]
 Department Head

[Signature]
 Department of Human Resources

[Signature]
 Department of Budget & Management

5/6/19
 Date

5/6/2019
 Date

5/10/19
 Date

