



# 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: 05/16/2019 Current Slot No.: 0006  
 Department Name: Indigent Defense Current Position Title: Eligibility Specialist  
 Department No.: 070-001 Requested Position Title: Eligibility Specialist

**REQUEST FOR:**  New Position  Temporary Position\*  Position Reclassification  Other Discretionary Step

**SALARY REQUEST:** O.T. # 31,930.00 \$ 29,807.00 \$ 30,850.00 \$ 1,043.00  
 Current Budgeted Amount Proposed Budgeted Amount Net Change

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

**TOTAL BUDGETARY IMPACT:** \$ 1,043.00

**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

**\* TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

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

Requesting Discretionary Step 2  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

5/16/19  
 Date  
05/17/2019  
 Date  
5/20/19  
 Date