



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: 09/05/2019 Current Slot No.: 019-A001
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney III
 Department No.: 080 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Clothing	<input checked="" type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
ALLOWANCE AMOUNT: <u>\$ 19,580.00</u>		<u>19,435.00</u>	<u>\$ 19,434.77</u>	<u>145.00</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>145.00</u>		<u>-\$ 145.23</u>		

PR

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Tropical Texas Behavioral Health

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)*
Decrease supplemental pay as per Interlocal agreement award.

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

09/05/19
 Date
9/06/2019.
 Date
9/6/19
 Date

