



# 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: 10/04/2019 Current Slot No.: A123  
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney III  
 Department No.: 080-002 Requested Position Title: Assistant District Attorney III *ky*

**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
			<i>\$5,740.00</i>	<i>-\$4,340.00</i>
<b>ALLOWANCE AMOUNT:</b>	\$ 10,080.00	\$ 4,954.00	-\$ 5,126.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
<b>ALLOWANCE AMOUNT:</b>	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	\$ 0.00
<b>TOTAL BUDGETARY IMPACT:</b>	<i>-\$4,340.00</i>	-\$ 5,126.00		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget       Annual Budget Cycle       Will Require Additional Funds  
 Salary Adjustment                       Other DV Court Grant

**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 in supplemental pay is to comply with FY 2020 grant requirements.

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

*Rozalinda Cantu*  
Department Head

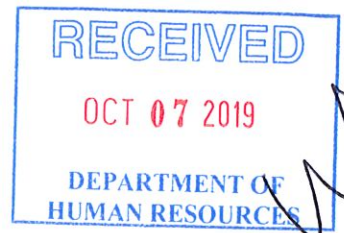
*Kelli Perry*  
Department of Human Resources

*[Signature]*  
Department of Budget & Management

Date 10/04/19

Date 10/11/19

Date 10/15/19





# 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: 10/04/2019 Current Slot No.: 0179  
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney III  
 Department No.: 080-007 Requested Position Title: Assistant District Attorney III *fy*

**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
			<u>\$4,340.00</u>	<u>\$4,340.00</u>
<b>ALLOWANCE AMOUNT:</b>	\$ 0.00	\$ 5,126.00	\$ 5,126.00	\$ 5,126.00
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>ALLOWANCE AMOUNT:</b>				\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount		Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$4,340.00</u>	\$ 5,126.00		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget       Annual Budget Cycle       Will Require Additional Funds  
 Salary Adjustment       Other HB 65 Chapter 59

**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)*  
Supplemental allowance is necessary to augment the reduction in the DV Court grant for new fiscal year.

**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: 10/04/19  
 Date: 10/11/19  
 Date: 10/15/19





# 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: 10/04/2019 Current Slot No.: 0003  
 Department Name: Public Defenders Current Position Title: Director, Public Defender's Office  
 Department No.: 085-003 Requested Position Title: Director, Public Defender's Office

**REQUEST FOR:**  New Position  Temporary Position\*  Position Reclassification  Other Supplement Deletion

<b>SALARY REQUEST:</b>	<u>\$ 9,770.00</u>	<u>\$ 0.00</u>	<u>-\$ 9,770.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 9,770.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds  
 Salary Adjustment  Other Deletion of Supplemental Pay

**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:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
		Annual Salary <u>                    </u>	Hourly Rate <u>                    </u>	
		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)**

Deletion of Supplemental pay due to Adult Probation Domestic Violence Court Grant not paying for Supplement.

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

10-4-19  
Date  
10/11/19  
Date  
10/15/19  
Date





# 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: 10/04/2019 Current Slot No.: A168  
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney III  
 Department No.: 080-002 Requested Position Title: Assistant District Attorney III *to*

**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
				<i>\$5,717.00</i>	<i>-\$2,375.00</i>
<b>ALLOWANCE AMOUNT:</b>	\$ 8,092.00			\$ 4,937.00	<del>\$ 3,155.00</del>
	Current Budgeted Amount			Proposed Budgeted Amount	Net Change
<b>ALLOWANCE AMOUNT:</b>					<del>\$ 0.00</del>
	Current Budgeted Amount			Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>					<i>-\$2,375.00</i>
					<del>\$ 3,155.00</del>

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

<input type="checkbox"/> Current Department Budget	<input type="checkbox"/> Annual Budget Cycle	<input type="checkbox"/> Will Require Additional Funds
<input type="checkbox"/> Salary Adjustment	<input checked="" type="checkbox"/> Other <u>DV Court Grant</u>	

**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 in supplemental pay is to comply with FY 2020 grant requirements.

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

*[Signature]* Department Head    Date: 10/04/19  
*[Signature]* Department of Human Resources    Date: 10/11/19.  
*[Signature]* Department of Budget & Management    Date: 10/15/19





# 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: 10/04/2019 Current Slot No.: ~~182~~ 0182  
 Department Name: District Attorney's Office Current Position Title: Assistant District Attorney III  
 Department No.: 080-007 Requested Position Title: Assistant District Attorney III *ty*

**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
			<i>\$2,375.00</i>	<i>\$2,375.00</i>
<b>ALLOWANCE AMOUNT:</b>	\$ 0.00	<i>\$3,155.00</i>	<i>\$3,155.00</i>	<i>\$3,155.00</i>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
<b>ALLOWANCE AMOUNT:</b>	_____	_____	\$ 0.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
<b>TOTAL BUDGETARY IMPACT:</b>	<i>\$2,375.00</i>	<i>\$3,155.00</i>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

<input type="checkbox"/> Current Department Budget	<input type="checkbox"/> Annual Budget Cycle	<input type="checkbox"/> Will Require Additional Funds
<input type="checkbox"/> Salary Adjustment	<input checked="" type="checkbox"/> Other <u>HB 65 Chapter 59</u>	

**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)*  
Supplemental allowance is necessary to augment the reduction in the DV Court grant for new fiscal year.

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

*Dorinda Cantu*  
 Department Head  
*Shirley Pulgarin*  
 Department of Human Resources  
*[Signature]*  
 Department of Budget & Management

*10/04/19*  
 Date  
*10/11/19.*  
 Date  
*10/15/19*  
 Date





# 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: 10/07/2019 Current Slot No.: 0003  
 Department Name: County Court-At-Law No. 1 Current Position Title: Court Coordinator (CC)  
 Department No.: 021-001 Requested Position Title: Court Coordinator (CC)

**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
<b>ALLOWANCE AMOUNT:</b>	\$ 3,060.00	<del>\$ 2,654.00</del>	<del>\$ 2,294.00</del>	<del>-\$ 406.00</del>
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>ALLOWANCE AMOUNT:</b>				\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount		Net Change
<b>TOTAL BUDGETARY IMPACT:</b>		<del>-\$ 406.00</del>	<del>-\$ 766.00</del>	
		Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget       Annual Budget Cycle       Will Require Additional Funds  
 Salary Adjustment       Other Domestic Violence Court Grant

**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)  
FY20 Domestic Violence Court Grant Supplemental Pay

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

Department Head \_\_\_\_\_  
 Department of Human Resources \_\_\_\_\_  
 Department of Budget & Management \_\_\_\_\_

Date 10/07/2019  
 Date 10/11/19  
 Date 10/15/19





# 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: 10/07/2019 Current Slot No.: 0005  
 Department Name: County Court-At-Law No. 1 Current Position Title: Assistant Court Coordinator (CC)  
 Department No.: 021-001 Requested Position Title: Assistant Court Coordinator (CC)

**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
<b>ALLOWANCE AMOUNT:</b>	\$ 10,670.00	<del>\$ 8,428.00</del>	<del>\$ 10,137.00</del>	<del>\$ 2,242.00</del>
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>ALLOWANCE AMOUNT:</b>				\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount		Net Change
<b>TOTAL BUDGETARY IMPACT:</b>		<del>\$ 2,242.00</del>	<del>\$ 483.00</del>	

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget       Annual Budget Cycle       Will Require Additional Funds  
 Salary Adjustment                       Other Domestic Violence Court Grant

**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)  
FY20 Domestic Violence Court Grant Supplemental Pay

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

Department Head \_\_\_\_\_  
 Department of Human Resources \_\_\_\_\_  
 Department of Budget & Management \_\_\_\_\_

10/07/2019  
 Date \_\_\_\_\_  
10/11/19  
 Date \_\_\_\_\_  
10/15/19  
 Date \_\_\_\_\_

