



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: 08/14/2019 Current Slot No.: See attached
 Department Name: Facilities Management Current Position Title: See attached
 Department No.: 220-001 Requested Position Title: See attached

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Delete

SALARY REQUEST:	<u>\$ 91,596.00</u>	<u>\$ 94,191.00</u>	<u>\$ 2,595.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:			<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 2,595.00</u>		

PR

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)*

Re-organization of personnel

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

Date 9/18/19
 Date 9/19/19
 Date 12/5/19
 Date _____

RECEIVED

SEP 18 2019

DEPARTMENT OF HUMAN RESOURCES

