



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

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JAN 23 2020

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 01/23/2020 Current Slot No.: 0011 /A103
 Department Name: Health & Human Services Current Position Title: Health Technician
 Department No.: 340 - Program 013 / 340-003 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 34,485.00</u>	<u>\$ 0.00</u>	<u>-\$ 34,485.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance SALARY REQUEST:	<u>360.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00 - 360.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 34,485.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Delete due to budget constraints

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)

Delete slot #0011 due to grant budget constraints.

<u>Eduardo Olivarez</u> Department Head	<u>01/23/2020</u> Date
<u>[Signature]</u> Department of Human Resources	<u>1/24/2020</u> Date
<u>[Signature]</u> Department of Budget & Management	<u>1/24/2020</u> Date