



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: 03/23/2020 Current Slot No.: T018-(proposed)
 Department Name: Health Benefits ADM Current Position Title: _____
 Department No.: 115-009 Requested Position Title: Clerk I

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Extend Temporary Posi

SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 6,458.00</u>	<u>\$ 6,458.00</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>\$ 6,458.00</u>		

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 Non-Exempt FLSA: Exempt Non-Exempt

*** TEMPORARY POSITIONS:**

<u>04/01/2020</u>	<u>06/30/2020</u>	<u>M-F 8:00 a.m. - 5:00 p.m.</u>	<u>40</u>	<u>13</u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u>\$25,834.00</u>		Step 1 Salary / 2,080 Hours Per Year = Hourly Rate	Hourly Rate <u>\$ 12.42 01</u>	
<u>13</u>	<u>40</u>	<u>520</u>	<u>\$ 12.42 01</u>	<u>\$ 6,458.00</u>
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 temporary position in order to continue assisting staff members with administrative support and with the daily demands of the office.

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

03/22/2020
 Date
3/23/2020
 Date
03/24/2020
 Date