



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: 04/01/2020 Current Slot No.: 0138/0119
 Department Name: DA's Office Current Position Title: Assistant District Attorney III
 Department No.: 080-007/ 080-002 Requested Position Title: Assistant District Attorney III

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>080-007</u>	<u>-\$0.00</u>	<u>\$4,340.00</u>	<u>\$10,080.00</u>	<u>\$4,340.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount		Net Change
ALLOWANCE AMOUNT: <u>080-002</u>		<u>\$5,740.00</u>	<u>-\$0.00</u>	<u>\$5,740.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount		Net Change
TOTAL BUDGETARY IMPACT: <u>\$ 10,080.00</u>				

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>Domestic Violence Court Grant (1289) - Current Dept Budget</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)

DV grant duties and responsibilities have been reassigned as a result of change in personnel.

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

04/01/2020
 Date

4/03/2020
 Date

04/03/2020
 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: 04/01/2020 Current Slot No.: 0179/A123
 Department Name: DA's Office Current Position Title: Assistant District Attorney III
 Department No.: 080-007/ 080-002 Requested Position Title: Assistant District Attorney III

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>080-007</u>	<u>\$4,340.00</u> Current Budgeted Amount	\$ 0.00 Proposed Budgeted Amount	<u>-\$4,340.00</u> Net Change	<i>S.M.</i>
ALLOWANCE AMOUNT: <u>080-002</u>	<u>\$5,740.00</u> Current Budgeted Amount	Proposed Budgeted Amount	<u>-\$0.00</u> Net Change	<i>S.M.</i>
TOTAL BUDGETARY IMPACT: <u>-\$ 10,080.00</u>				

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>Domestic Violence Court Grant (1289)</u>	<i>Current Dept Budget S.M.</i>

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)

Due to change in personnel, supplemental pay will be re-assigned.

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

Manuella Clemente
 Department Head

Rene P...
 Department of Human Resources

[Signature]
 Department of Budget & Management

04/01/2020
 Date

4/03/2020
 Date

04/03/2020
 Date

