



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: 06/30/2020 Current Slot No.: 0001-0028
 Department Name: CARES Act Relief Fund Current Position Title: _____
 Department No.: 115-096 Requested Position Title: COVID-19 Clerk I

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

SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 698,880.00</u>	<u>\$ 698,880.00</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>\$ 698,880.00</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>Start Date</u>	<u>End Date</u>	<u>Work Schedule</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>
<u>Annual Salary</u>	<u>Step 1 Salary / 2,080 Hours Per Year = Hourly Rate</u>		<u>Hourly Rate</u>	
<u>No. of Weeks</u> x <u>Hours per Week</u> = <u>Total Hours</u>		x <u>Hourly Rate</u> = <u>Budgeted Salary</u>		

JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)

Positions necessary at requested areas, elected offices, departments, program and/or agencies to inhibit spread of COVID-19.

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

06/30/2020
 Date
7/01/2020
 Date
07/01/2020
 Date

