



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: 07/01/2020 Current Slot No.: 0116/0131^{OF}
 Department Name: SHERIFF'S OFFICE Current Position Title: Deputy Sheriff/Senior Deputy Sheriff^{CF}
 Department No.: 280-001 Requested Position Title: Deputy Sheriff/Senior Deputy Sheriff^{CF}

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 1,800.00</u>	<u>\$ 1,800.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 1,800.00^{CF}</u>	<u>\$ 1,800.00^{CF}</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 3,600.00^{CF}

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Incentive Pay Plan (Crime Prevention)

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

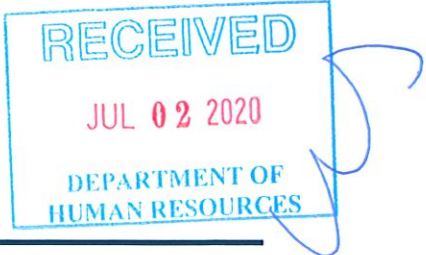
CIVIL SERVICE: Exempt **FLSA:** Exempt
 Non-Exempt Non-Exempt

JUSTIFICATION / PRIORITY: (Explain why this allowance request is essential)
Currently Sheriff's Office Incentive Pay Plan includes Crime Prevention four (4) Assignment Pay Level 1, We are asking for 2 additional Deputy Sheriff Assignment Pay

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)
Currently two (2) Deputy Sheriffs are assigned to Crime Preventions with same duties and responsibilities but not getting Assignment Pay.

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

Date 7-1-20
7/02/2020
 Date 07/03/2020
 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: 07/01/2020 Current Slot No.: 0116
 Department Name: SHERIFF'S OFFICE Current Position Title: Deputy Sheriff
 Department No.: 280-001 Requested Position Title: Deputy Sheriff

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 500.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Clothing Allowances

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)

Clothing allowances

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

 Department Head
Kane Pleguez
 Department of Human Resources

 Department of Budget & Management

7-1-20
 Date
7/02/2020
 Date
07/03/2020
 Date

