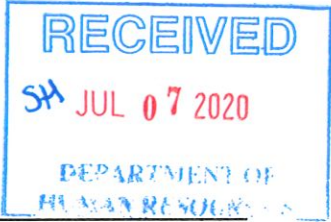




COUNTY OF HIDALGO

Human Resources Department



PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 07/02/2020 CURRENT POSITION TITLE: Supervisor I
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 021 *ky*
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: Supervisor I

ALLOWANCE REQUEST: Type of Allowance

- Longevity Interpreter Clothing
 Supplemental Auto

Allowance Amount:	<u>\$ 1,500.00</u>	<u>\$ 0.00</u>	<u>-\$ 1,500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:	<u>\$ 0.00</u>	<u></u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 1,500.00</u>		

POSITION/ALLOWANCE 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)
Remove Auto Allowance

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)
Slot 021 no longer required to travel


 Department Head Date 7-2-2020

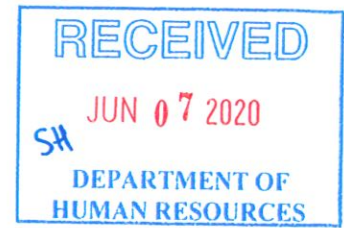
 Department of Human Resources Date 7/10/2020

 Department of Budget & Management Date 07/10/2020



COUNTY OF HIDALGO

Human Resources Department



PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 07/02/2020 CURRENT POSITION TITLE: Accounting Clerk II
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 025 / A011 *ky*
 DEPARTMENT NO.: 140-001 / 140-003 REQUESTED POSITION TITLE: Accounting Clerk II

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input checked="" type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount: <u>\$ 3,000.00</u>	Allowance Amount: <u>\$ 1,740.00</u>	Allowance Amount: <u>-\$ 1,260.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: _____	Allowance Amount: _____	Allowance Amount: <u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT: <u>-\$ 1,260.00</u>		

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> 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

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)
Reducing Allowance

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)
Slot A011/0025: Reduced Special Inventory duties

<u><i>[Signature]</i></u> Department Head	<u>7-2-2020</u> Date
<u><i>[Signature]</i></u> Department of Human Resources	<u>7/10/2020</u> Date
<u><i>[Signature]</i></u> Department of Budget & Management	<u>07/10/2020</u> Date



COUNTY OF HIDALGO

Human Resources Department

RECEIVED
SH JUL 07 2020
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: 07/02/2020 CURRENT POSITION TITLE: Administrative Assistant III
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0128 fzj
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: Administrative Assistant III

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto | |

Allowance Amount: <u>1500.00</u> \$0.00 <small>Current Budgeted Amount</small>	<u>2250.00</u> \$750.00 <small>Proposed Budgeted Amount</small>	<u>\$ 750.00</u> <small>Net Change</small>
Allowance Amount: _____ <small>Current Budgeted Amount</small>	_____ <small>Proposed Budgeted Amount</small>	<u>\$ 0.00</u> <small>Net Change</small>
TOTAL BUDGETARY IMPACT: <u>\$ 750.00</u>		

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> 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 **FLSA:** Exempt
 Non-Exempt Non- Exempt

JUSTIFICATION/PRIORITY: *(Explain why this allowance request is essential)*

Add Auto Allowance

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

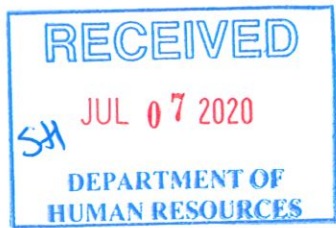
Slot 128 requires additional traveling duties, needs Auto Allowance increase. (Deleted from Slot 021)

<u></u> Department Head	<u>7-2-2020</u> Date
<u></u> Department of Human Resources	<u>7/10/2020</u> Date
<u></u> Department of Budget & Management	<u>07/10/2020</u> Date



COUNTY OF HIDALGO

Human Resources Department



PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 07/02/2020 CURRENT POSITION TITLE: Administrative Assistant III
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0128 A013 (Proposed) kg
 DEPARTMENT NO.: 140-001 140-003 REQUESTED POSITION TITLE: Administrative Assistant III

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input checked="" type="checkbox"/> Supplemental | <input type="checkbox"/> Auto | |

Allowance Amount: <u>\$ 0.00</u>	\$ 1,260.00	\$ 1,260.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: _____	_____	\$ 0.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT: <u>\$ 1,260.00</u>		

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> 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

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)
 Add Allowance _____

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)
 Slot 128 has been assigned Special Inventory duties. (Reduced from Slot 025/A011)

Department Head

Department of Human Resources

Department of Budget & Management

7-2-2020
Date

7/10/2020
Date

07/10/2020
Date



COUNTY OF HIDALGO

Human Resources Department

RECEIVED
SH JUL 07 2020
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: 07/02/2020 **CURRENT POSITION TITLE:** Supervisor I
DEPARTMENT NAME: Tax Office **CURRENT SLOT NO.:** 230 *kg*
DEPARTMENT NO.: 140-001 **REQUESTED POSITION TITLE:** Supervisor I

ALLOWANCE REQUEST: Type of Allowance

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto | |

Allowance Amount: <u>\$ 0.00</u>	<u>\$ 750.00</u>	<u>\$ 750.00</u>
<small>Current Budgeted Amount</small>	<small>Proposed Budgeted Amount</small>	<small>Net Change</small>

Allowance Amount: _____	<u>\$ 0.00</u>	<u>\$ 0.00</u>
<small>Current Budgeted Amount</small>	<small>Proposed Budgeted Amount</small>	<small>Net Change</small>

TOTAL BUDGETARY IMPACT: \$ 750.00

POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Other _____ | |

- POSITION TYPE:**
- | | |
|---|--|
| <input checked="" type="checkbox"/> Full Time Regular Object Code 113 | <input type="checkbox"/> Part Time Regular Object Code 114 |
| <input type="checkbox"/> Full Time Temporary Object Code 121 | <input type="checkbox"/> Part Time Temporary Object Code 122 |

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

JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)

Add Auto Allowance

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

Slot 230 Supervisor requires travel, needs Auto Allowance. (Deleted from Slot 021)

<u><i>[Signature]</i></u>	<u>7-2-2020</u>
<small>Department Head</small>	<small>Date</small>
<u><i>[Signature]</i></u>	<u>7/10/2020</u>
<small>Department of Human Resources</small>	<small>Date</small>
<u><i>[Signature]</i></u>	<u>07/10/2020</u>
<small>Department of Budget & Management</small>	<small>Date</small>