



# 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: 08/11/2020 Current Slot No.: 0004  
 Department Name: Constable Pct. 3 Current Position Title: \_\_\_\_\_  
 Department No.: 293 ~~005~~ 40 Requested Position Title: Deputy Constable

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other \_\_\_\_\_

<b>SALARY REQUEST:</b>	<u>\$ 47,062.00</u>	<u>\$ 47,062.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 47,062.00</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:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
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)*  
 To be part of approved Interlocal with Mission CISD, approved by Commissioner's Court on June 2, 2020.  
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 \_\_\_\_\_  
 \_\_\_\_\_

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

08/11/2020  
 Date  
08/12/2020  
 Date  
08/13/2020  
 Date

