



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: 08/13/2020 Current Slot No.: _____
 Department Name: County Auditor's Office Current Position Title: _____
 Department No.: 170 115-096 Requested Position Title: See attachment.

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

SALARY REQUEST:	<u>0</u>	<u>\$ 70,200.00</u>	<u>\$ 70,200.00</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>\$ 70,200.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other CARES Act Fund 1287

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>08/31/2020</u>	<u>12/30/2020</u>	<u>Monday - Friday 8:00am to 5:00pm</u>	<u>40</u>	<u>18</u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u>\$40,552.00</u>		Hourly Rate <u>\$ 19.50</u>		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
<u>18</u>	<u>40</u>	<u>720</u>	<u>\$ 19.50</u>	<u>\$ 14,040.00</u>
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)

Temporary positions will be used to assist with the processing of CARES Act-related payment requests from the municipalities.

Maria A. Duran
 Department Head
[Signature]
 Department of Human Resources
[Signature]
 Department of Budget & Management

8-13-2020
 Date
8/14/2020
 Date
08/14/2020
 Date



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: County Auditor's Office

Department No.: 170 115-096

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Position Information:

T034
T035
T036
T037
T038

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
<i>F054</i>		Accountant I		14,040.00
<i>F055</i>		Accountant I		14,040.00
<i>F056</i>		Accountant I		14,040.00
<i>T057</i>		Accountant I		14,040.00
<i>T058</i>		Accountant I		14,040.00
			<i>Total:</i>	<i>\$ 70,160.00</i>

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