



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: 09/18/2020 Current Slot No.: see attached
 Department Name: Tax Office Current Position Title: see attached
 Department No.: 140-001 Requested Position Title: see attached

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

SALARY REQUEST:	\$ 0.00	\$ <u>37,440.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	\$ 40,320.00		

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 **FLSA:** Exempt
 Non-Exempt Non-Exempt

*** TEMPORARY POSITIONS:**

<u>10/01/2020</u>	<u>12/31/2020</u>	<u>8:00 am - 5:00 pm Mon-Fri</u>	<u>40</u>	<u>13</u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u>\$24,960.00</u>		Hourly Rate <u>\$ 12.00</u>		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
<u>13</u>	<u>40</u>	<u>520</u>	<u>\$ 12.00</u>	<u>\$6,240.00</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)

Requesting temporary assistance to relief overflow of calls for the Tax Office call center.

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

9/18/2020
 Date
9/21/2020
 Date
09/21/2020
 Date



