



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: 09/16/2020 Current Slot No.: ~~001~~-0033 #8
 Department Name: WIC Program Current Position Title: WIC Clinic Manager
 Department No.: 350 -001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 47,300.00</u>	<u>-\$ 47,300.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount Net Change
SALARY REQUEST:	_____	\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 47,300.00</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 #8 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)

This position will no longer be funded under this grant

Claudia J
 Department Head
Paula P...
 Department of Human Resources
[Signature]
 Department of Budget & Management

09/16/2020
 Date
9/18/2020
 Date
09/21/2020
 Date

RECEIVED

SEP 17 2020

DEPARTMENT OF HUMAN RESOURCES



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: 09/16/2020 Current Slot No.: ~~001-0037~~ ^{ky}
 Department Name: WIC Program Current Position Title: Registered Nurse I
 Department No.: 350 -001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 43,796.00</u>	<u>-\$ 43,796.00</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>-\$ 43,796.00</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)

This position will no longer be funded under this grant

Claura S
 Department Head
Rose G...
 Department of Human Resources
[Signature]
 Department of Budget & Management

09/16/2020
 Date
9/18/2020
 Date
09/21/2020
 Date





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: 09/16/2020 Current Slot No.: ~~001~~-0057 FJ
 Department Name: WIC Program Current Position Title: WIC Certification Specialist II
 Department No.: 350 ~~-001~~ Requested Position Title: _____

REQUEST FOR:	<input type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input checked="" type="checkbox"/> Other	
		\$34,485.00			- \$34,485.00
SALARY REQUEST:		\$32,192.00			-\$32,192.00
	Current Budgeted Amount		Proposed Budgeted Amount		Net Change
SALARY REQUEST:					\$ 0.00
	Current Budgeted Amount		Proposed Budgeted Amount		Net Change
TOTAL BUDGETARY IMPACT:		-\$31,485.00			-\$32,192.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

- Current Department Budget
- Salary Adjustment
- Annual Budget Cycle
- Other _____
- Will Require Additional Funds

- POSITION TYPE:**
- Full Time Regular Object Code 113
 - Full Time Temporary Object Code 121
 - Part Time Regular Object Code 114
 - 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)*

This position will no longer be funded under this grant

Department Head: *Clayton S. [Signature]* Date: 09/16/2020

Department of Human Resources: *[Signature]* Date: 9/18/2020

Department of Budget & Management: *[Signature]* Date: 09/21/2020





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: 09/16/2020 Current Slot No.: 001-0060 fy
 Department Name: WIC Program Current Position Title: Clerk IV
 Department No.: 350 -001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 32,192.00</u>	<u>-\$ 32,192.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount Net Change
SALARY REQUEST:	_____	\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$ 32,192.00</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 **FLSA:** Exempt
 Non-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)*

This position will no longer be funded under this grant

Clarissa S. Department Head Date: 09/16/2020
[Signature] Department of Human Resources Date: 9/18/2020
[Signature] Department of Budget & Management Date: 09/21/2020

RECEIVED

SEP 17 2020

DEPARTMENT OF
HUMAN RESOURCES



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: 09/16/2020 Current Slot No.: 001-0132 kg
 Department Name: WIC Program Current Position Title: Clerk II
 Department No.: 350 -001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$26,234.00</u> Current Budgeted Amount	<u>-\$26,234.00</u> Proposed Budgeted Amount	<u>-\$25,347.00</u> Net Change
SALARY REQUEST:	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>-\$26,234.00</u>		<u>-\$25,347.00</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)

This position will no longer be funded under this grant

Alamaria S
 Department Head
Alamaria S
 Department of Human Resources
Alamaria S
 Department of Budget & Management

09/16/2020
 Date
9/16/2020
 Date
09/21/2020
 Date





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: 09/16/2020 Current Slot No.: ~~001-0198~~ 48
 Department Name: WIC Program Current Position Title: Nutritionist I
 Department No.: 350-001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 46,916.00</u>	<u>-\$ 46,916.00</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>-\$ 46,916.00</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)

This position will no longer be funded under this grant

Clara...
 Department Head
Law...
 Department of Human Resources
...
 Department of Budget & Management

09/16/2020
 Date
9/18/2020
 Date
09/21/2020
 Date





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: 09/16/2020 Current Slot No.: 001-269 Proposed ky
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350 -001 Requested Position Title: Nutritionist II

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

SALARY REQUEST:	<u>\$ 51,084.00</u>	<u>\$ 51,084.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 51,084.00</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)

This position is necessary to meet department needs.

Clayton J
 Department Head
Will Polyz
 Department of Human Resources
[Signature]
 Department of Budget & Management

09/16/2020
 Date
9/18/2020
 Date
09/21/2020
 Date





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: 09/16/2020 Current Slot No.: 001-270 Proposed TS
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350-001 Requested Position Title: Nutritionist II

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

SALARY REQUEST:	<u>\$ 51,084.00</u>	<u>\$ 51,084.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 51,084.00</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:**

<u>Start Date</u>	<u>End Date</u>	<u>Work Schedule</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>
<u>Annual Salary</u>	<u>Step 1 Salary / 2,080 Hours Per Year = Hourly Rate</u>		<u>Hourly Rate</u>	
<u>No. of Weeks</u> x <u>Hours per Week</u> = <u>Total Hours</u> x <u>Hourly Rate</u> = <u>Budgeted Salary</u>				

JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)

This position is necessary to meet department needs.

Clayton S
 Department Head
Alan Poljanec
 Department of Human Resources
AS
 Department of Budget & Management

09/16/2020
 Date
9/18/2020
 Date
09/21/2020
 Date





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: 09/16/2020 Current Slot No.: 001-271 Proposed fyg
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350 -001 Requested Position Title: Licensed Vocational Nurse II

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

SALARY REQUEST:	\$ 43,796.00	\$ 43,796.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	\$ 0.00	\$ 0.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	\$ 43,796.00	

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

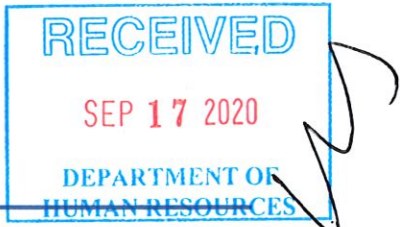
* **TEMPORARY POSITIONS:**

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)

This position is necessary to meet department needs.

Department Head: *Clayton S* Date: 09/16/2020
 Department of Human Resources: *[Signature]* Date: 9/18/2020
 Department of Budget & Management: *[Signature]* Date: 09/24/2020





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: 09/16/2020 Current Slot No.: 001-272 Proposed ky
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350-001 Requested Position Title: Licensed Vocational Nurse II

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

SALARY REQUEST:	<u>\$ 43,796.00</u>	<u>\$ 43,796.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 43,796.00</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)*

This position is necessary to meet department needs.

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

Date 09/16/2020
 Date 9/18/2020
 Date 09/21/2020





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: 09/16/2020 Current Slot No.: 001-273 Proposed ky
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350-001 Requested Position Title: Custodian I

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

SALARY REQUEST:	<u>\$ 24,960.00</u>	<u>\$ 24,960.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 24,960.00</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)

This position is necessary to meet department needs.

Alanna S
 Department Head
Alanna S
 Department of Human Resources
Alanna S
 Department of Budget & Management

09/16/2020
 Date
9/16/2020
 Date
09/20/2020
 Date





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: 09/16/2020 Current Slot No.: See Attached
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350 -002 ty Requested Position Title: Peer Counselor II see attached

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

SALARY REQUEST:	_____	\$ 82,797.00	_____
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	_____	_____	\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	\$ 82,797.00		

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:**

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)

These positions are necessary to meet department needs.

Clara J
 Department Head
Clara J
 Department of Human Resources
Clara J
 Department of Budget & Management

09/16/2020
 Date
9/18/2020
 Date
09/21/2020
 Date





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: 09/16/2020 Current Slot No.: 017-009
 Department Name: WIC Program Current Position Title: IBCLC
 Department No.: 350 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 23,960.00</u>		<u>-\$ 23,960.00</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>-\$ 23,960.00</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 **FLSA:** Exempt
 Non-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)

Will now be funded from another grant

Clara S.
 Department Head
Ally P.
 Department of Human Resources
[Signature]
 Department of Budget & Management

09/16/2020
 Date
9/21/2020
 Date
09/24/2020
 Date





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: 09/16/2020 Current Slot No.: 013-002/0001 *fy*
 Department Name: WIC Program Current Position Title: International Board certified
 Department No.: 350-013/350-013 Requested Position Title: lactation consultant *HBCLC*

REQUEST FOR:	<input checked="" type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input type="checkbox"/> Other	
60% <i>prg#03</i>	SALARY REQUEST:		<u>28,428.00</u>	<u>28,428.00</u>	
	Current Budgeted Amount		\$41,031.00	\$41,031.00	
40% <i>prg#08</i>	SALARY REQUEST:		<u>18,952.00</u>	<u>18,952.00</u>	
	Current Budgeted Amount		\$41,031.00	\$41,031.00	
	Proposed Budgeted Amount		<u>\$41,031.00</u>	<u>\$41,031.00</u>	
	Net Change		<u>\$0.00</u>	<u>\$0.00</u>	<i>0.00</i>
TOTAL BUDGETARY IMPACT:			<u>\$28,428.00</u>	<u>\$28,428.00</u>	
			<u>\$41,031.00</u>	<u>\$41,031.00</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 **FLSA:** Exempt
 Non-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)*

This position is necessary to meet department needs.

Department Head: [Signature] Date: 09/16/2020
 Department of Human Resources: [Signature] Date: 9/18/2020
 Department of Budget & Management: [Signature] Date: 09/21/2020

