



# 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: 08/14/2020 Current Slot No.: 0208 *fy* *fn*  
 Department Name: Tax Office Current Position Title: Auto Theft Fraud Unit Monitor *I*  
 Department No.: 140-001 Requested Position Title: n/a

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other Delete Position *delete*

<b>SALARY REQUEST:</b>	<u>\$ 40,552.00</u>	<u>\$ 0.00</u>	<u>-\$ 40,552.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

<b>SALARY REQUEST:</b>	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** -\$ 40,552.00

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds *fn*  
 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 _____		Step 1 Salary / 2,080 Hours Per Year = Hourly Rate _____		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)**

Delete Position / Reorganization of Personnel

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

08/14/2020  
 Date  
10/16/2020  
 Date  
10/16/2020  
 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: 08/14/2020 Current Slot No.: N/A 0240 (proposed) *by*  
 Department Name: Tax Office Current Position Title: N/A  
 Department No.: 140 -001 Requested Position Title: Administrative Assistant IV  
Administrative Assistant III

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

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 40,552.00</u>	<u>\$ 40,552.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 40,552.00</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)**

New Position / Reorganization of Personnel / Funded from deleted position / No Budget Impact  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Jabbe Paul Villanueva*  
 Department Head  
*[Signature]*  
 Department of Human Resources  
*[Signature]*  
 Department of Budget & Management *revised*

08/14/2020  
 Date  
10/16/2020  
 Date  
10/14/2020  
 Date