



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: 10/30/2020 Current Slot No.: 0021
 Department Name: Urban County - CDBG Current Position Title: Custodian I (Regular P/T) *ky*
 Department No.: 250 - 001 Requested Position Title: Custodian I (Regular F/T)

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Change Type Status
from part-time to full-time

SALARY REQUEST:	<u>\$ 12,917.00</u> Current Budgeted Amount	<u>\$ 25,834.00</u> Proposed Budgeted Amount	<u>\$ 12,917.00</u> Net Change
SALARY REQUEST:	_____	_____	<u>\$ 0.00</u> Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 12,917.00</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 _____		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)

Position is necessary to appropriately meet the department needs.

 Department Head

 Department of Human Resources

 Department of Budget & Management

10/30/2020
 Date

 11/02/2020
 Date

 11/02/2020
 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: 10/30/2020 Current Slot No.: 0026
 Department Name: Urban County - CDBG Current Position Title: Coordinator II, UCP
 Department No.: 250 - 001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 43,796.00</u>	<u>\$ 0.00</u>	<u>-\$ 43,796.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

SALARY REQUEST:	<u> </u>	<u> </u>	<u>\$ 0.00</u>
	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:**

<u> </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> Hourly Rate	
<u> </u> Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				

 x = x =
 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)

Position to be deleted to create a new position.

[Signature]
Department Head

[Signature]
Department of Human Resources

[Signature]
Department of Budget & Management

10/30/2020
Date

11/02/2020
Date

11/02/2020
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: 10/30/2020 Current Slot No.: 0034
 Department Name: Urban County - CDBG Current Position Title: _____
 Department No.: 250 - 001 Requested Position Title: Coordiantor I, UCP

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

SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 37,548.00</u>	<u>\$ 37,548.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$ 0.00</u>	<u>\$ 40,552.00</u>	<u>\$ 40,552.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 37,548.00</u>	<u>\$ 40,552.00</u>	<u>\$ 40,552.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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:**

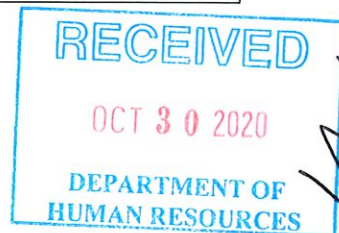
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

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

Position is necessary to appropriately meet program requirements.

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

10/30/2020
 Date
11/02/2020
 Date
11/02/2020
 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: 10/30/2020 Current Slot No.: 0035
 Department Name: Urban County - CDBG Current Position Title: _____
 Department No.: 250 - 001 Requested Position Title: Executive Assistant I

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

SALARY REQUEST:	<u>\$ 0.00</u>	<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)*

Position is necessary to appropriately meet department needs.

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

10/30/2020
 Date
11/02/2020
 Date
11/02/2020
 Date





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DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 10/30/2020 Current Slot No.: 0004
 Department Name: UCP-TxCDBG Disaster Rec Current Position Title: Clerk II
 Department No.: 250 - 006 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 25,347.00</u>	<u>\$ 0.00</u>	<u>-\$ 25,347.00</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: -\$ 25,347.00

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)

Position not needed.

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

10/30/2020
 Date
11/02/2020
 Date
11/02/2020
 Date



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DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 10/30/2020 Current Slot No.: 0003
 Department Name: UCP-TxCDBG Disaster Rec Current Position Title: Coordinator II, UCP
 Department No.: 250 - 006 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 43,796.00</u>	<u>\$ 0.00</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: -\$ 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)*

Position not needed.

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

10/30/2020
 Date
11/02/2020
 Date
11/02/2020
 Date



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DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 10/30/2020 Current Slot No.: 0006
 Department Name: UCP-TxCDBG Disaster Rec Current Position Title: Coordinator II, UCP
 Department No.: 250 - 006 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$ 43,796.00</u>	<u>\$ 0.00</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)

Position not needed.

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

10/30/2020
 Date
11/02/2020
 Date
11/02/2020
 Date