



# 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: 12/14/2020 Current Slot No.: 0016/ 0045 *ky*  
 Department Name: DA'S OFFICE Current Position Title: ~~CRIM.~~ RESEARCH SPECIALIST *criminal*  
 Department No.: 270 (PRG 003 & 011) 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	<u>DELETION</u>
<i>prg#003</i> SALARY REQUEST:	\$ 36,962.00	\$ 0.00	\$ 0.00	-\$ 36,962.00	Net Change
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change	
<i>prg#011</i> SALARY REQUEST:	\$ 6,834.00	\$ 0.00	\$ 0.00	-\$ 6,834.00	Net Change
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change	
<b>TOTAL BUDGETARY IMPACT:</b>	<b>-\$ 43,796.00</b>				

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment         | <input checked="" type="checkbox"/> Other    | N/A  |

- 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:**

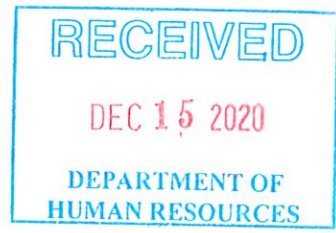
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary		Hourly Rate		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

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

DA'S HIDTA DIVISION ENTRY LEVEL CRIMINAL RESEARCH SPECIALIST POSITION NOT NEEDED AT THIS TIME.

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

12/14/2020  
 Date  
12/18/20  
 Date  
12/18/2020  
 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: 12/11/2020 Current Slot No.: 0019  
 Department Name: Urban County - CDBG Current Position Title: Accounting Clerk I  
 Department No.: 250 - 001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 29,807.00</u>	<u>\$ 0.00</u>	<u>-\$ 29,807.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 29,807.00</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				
_____ x _____ = Total Hours x _____ = Budgeted Salary				

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

This position is not needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Signature]  
 Department Head

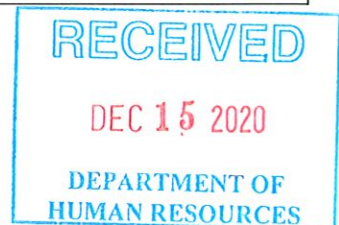
[Signature]  
 Department of Human Resources

[Signature]  
 Department of Budget & Management

12/11/2020  
 Date

12/18/20  
 Date

12/18/2020  
 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: 12/11/2020 Current Slot No.: 0030  
 Department Name: Urban County - CDBG Current Position Title: Administrative Assistant II  
 Department No.: 250 - 001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 29,807.00</u>	<u>\$ 0.00</u>	<u>-\$ 29,807.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 29,807.00</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				
_____ x _____ = Total Hours x _____ = Budgeted Salary				

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

This position is not needed.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

12/11/2020  
 Date  
12/18/20  
 Date  
12/18/20  
 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: 12/11/2020 Current Slot No.: 0032  
 Department Name: Urban County - CDBG Current Position Title: Assistant Director, UCP  
 Department No.: 250 - 001 Requested Position Title: \_\_\_\_\_

*urban county by*

REQUEST FOR:	<input type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input checked="" type="checkbox"/> Other	Deletion
		<i>\$83,902.00</i>			<i>-\$83,902.00</i>
SALARY REQUEST:	<u>\$ 81,065.00</u>	<u>\$ 0.00</u>	<u>-\$ 81,065.00</u>		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
SALARY REQUEST:	<u>Current Budgeted Amount</u>	<u>Proposed Budgeted Amount</u>	<u>\$ 0.00</u>		
	<i>-\$83,902.00</i>		Net Change		
TOTAL BUDGETARY IMPACT:	<u>-\$ 81,065.00</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
			=	Hourly Rate
= Budgeted Salary				

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

This position is not needed.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

12/11/2020  
 Date  
12/18/20  
 Date  
12/18/2020  
 Date

