



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

RECEIVED
DEC 18 2020
DEPARTMENT OF
HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

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

Date: 12/17/2020 Current Slot No.: '0001 / 5
 Department Name: DA'S- CIVIL LITIGATION Current Position Title: ATTORNEY V
 Department No.: 1/080-013 Requested Position Title: N/A Attorney V kg

ALLOWANCE REQUEST: Type of Allowance

	<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Auto
	<u>pratt 03</u>				
ALLOWANCE AMOUNT:	<u>\$ 4,000.00</u>	<u>\$ 8,000.00</u>	<u>\$ 4,000.00</u>		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
ALLOWANCE AMOUNT:	<u> </u>	<u> </u>	<u>\$ 0.00</u>		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
TOTAL BUDGETARY IMPACT:	<u>\$ 4,000.00</u>				

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

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

JUSTIFICATION / PRIORITY: *(Explain why this allowance request is essential)*

Due to increased travel resulting from increased workload, duties and responsibilities.

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*

Raulino Canchi
Department Head

[Signature]
Department of Human Resources

[Signature]
Department of Budget & Management

12/17/2020
Date

12/18/20
Date

12/18/20
Date



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 Department No. /080-013, Requested Position Title: -N/A Attorney V

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	<u>prg #013</u>				
ALLOWANCE AMOUNT:	<u>\$ 4,000.00</u>	<u>\$ 8,000.00</u>	<u>\$ 4,000.00</u>		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
ALLOWANCE AMOUNT:	_____	_____	<u>\$ 0.00</u>		
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- Salary Adjustment
- Other _____

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[Signature]
Department Head

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Date

[Signature]
Department of Human Resources

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[Signature]
Department of Budget & Management

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