



# 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: 01/04/2020 Current Slot No.: 0003  
 Department Name: Community Service Agency Current Position Title: Accountant IV  
 Department No.: 901-033 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 57,103.00</u>	<u>\$ 0.00</u>	<u>-\$ 57,103.00</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>-\$ 57,103.00</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 no longer needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
 Department Head

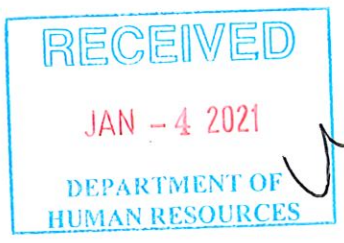
[Signature]  
 Department of Human Resources

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 Department of Budget & Management

1/4/2021  
 Date

1/4/21  
 Date

1/4/21  
 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: 01/04/2020 Current Slot No.: 0073  
 Department Name: Community Service Agency Current Position Title: \_\_\_\_\_  
 Department No.: 901-033 Requested Position Title: Division Manager II, Grants Accounti

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

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 66,604.00</u>	<u>\$ 66,604.00</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>\$ 66,604.00</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)*

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

1/4/2021  
 Date  
1/4/21  
 Date  
1/4/21  
 Date

