



COUNTY OF HIDALGO

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: 01/05/21 Current Slot No.: 0003
 Department Name: County Court at Law #10 Current Position Title: Court Coordinator (cc)
 Department No.: 030-001 Requested Position Title: Court Coordinator (cc)

ALLOWANCE REQUEST: Type of Allowance

<input type="checkbox"/> Position	<input checked="" type="checkbox"/> Interpreter	<input type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
ALLOWANCE AMOUNT:	<u>\$3000.00</u>	<u>\$0.00</u>	<u>- \$3000.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
ALLOWANCE AMOUNT:			\$ 0.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
TOTAL BUDGETARY IMPACT: <u>-\$3000.00</u>				

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

<input checked="" type="checkbox"/> Current Department Budget	<input type="checkbox"/> Annual Budget Cycle	<input type="checkbox"/> Will Require Additional Funds
<input type="checkbox"/> Salary Adjustment	<input type="checkbox"/> Other _____	
POSITION TYPE: <input checked="" type="checkbox"/> Full Time Regular Object Code 113	<input type="checkbox"/> Part Time Regular Object Code 114	
<input type="checkbox"/> Full Time Temporary Object Code 121	<input type="checkbox"/> Part Time Temporary Object Code 122	
CIVIL SERVICE: <input checked="" type="checkbox"/> Exempt	FLSA: <input type="checkbox"/> Exempt	
<input type="checkbox"/> Non-Exempt	<input checked="" type="checkbox"/> Non-Exempt	

JUSTIFICATION / PRIORITY: *(Explain why this allowance request is essential)*
Reassigning Interpreter pay to Asst. Ct. Coordinator.

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

 Department Head

 Department of Human Resources

 Department of Budget & Management

01/05/21
 Date

1/8/21
 Date

1/8/2021
 Date





COUNTY OF HIDALGO

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: 01/05/21 Current Slot No.: 0004
 Department Name: County Court at Law #10 Current Position Title: Asst. Court Coordinator (cc)
 Department No.: 030-001 Requested Position Title: Asst. Court Coordinator (cc)

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$0.00</u>	<u>\$3,000.00</u>	<u>\$3000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:			<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$3000.00

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

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

Interpreter pay reassigned from Ct Coordinator to Asst. Ct. Coordinator.

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

Department Head

01/05/21
Date

Department of Human Resources

1/8/21
Date

Department of Budget & Management

1/8/2021
Date

