



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: 01/13/2021 Current Slot No.: 0004 *ky*
 Department Name: Urban County Program Current Position Title: Assistant Director, Urban County
 Department No.: 250 - 001 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Clothing	<input checked="" type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Auto
<i>Supplemental</i> ALLOWANCE AMOUNT: <i>(obj 117)</i>	\$ 1,800.00	\$ 0.00	-\$ 1,800.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
<i>Auto</i> ALLOWANCE AMOUNT: <i>(obj 118)</i>	\$ 5,400.00	\$ 3,600.00	-\$ 1,800.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	

TOTAL BUDGETARY IMPACT: -\$ 3,600.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

- Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other 2015 GLO Flood Grant

- 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)*
Expiration of grant funds.

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*
Effective next full pay period 02/01/2021.

P.R.
 Department Head

 Department of Human Resources

 Department of Budget & Management

01/13/2021
 Date
1/13/21
 Date
01/14/2021
 Date