





# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 01/15/2021 CURRENT POSITION TITLE: Administrative Assistant III  
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0180  
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto |                                   |

Allowance Amount: <u>\$ 750.00</u>	Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>-\$ 750.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: _____	Allowance Amount: _____	Allowance Amount: <u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b> <u>-\$ 750.00</u>		

**POSITION/ALLOWANCE 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:**  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)**  
 Delete Auto Allowance  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**  
 Slot 180 will no longer require travel, delete Auto Allowance.  
 \_\_\_\_\_  
 \_\_\_\_\_

Jablon Janel Villanueva  
 Department Head

[Signature]  
 Department of Human Resources

[Signature]  
 Department of Budget & Management

1/19/2021  
 Date

1/20/21  
 Date

1/22/2021  
 Date





# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 01/15/2021 CURRENT POSITION TITLE: Administrative Assistant IV  
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0240  
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto |                                   |

Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>\$ 750.00</u>	Allowance Amount: <u>\$ 750.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: _____	Allowance Amount: _____	Allowance Amount: <u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b> <u>\$ 750.00</u>		

**POSITION/ALLOWANCE 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:  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)**  
 Add Auto Allowance  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**  
 Slot 240 requires travel, needs Auto Allowance. (Deleted/Reduced from Slot 128)  
 \_\_\_\_\_  
 \_\_\_\_\_

Jablon Paul Villanueva  
 Department Head

[Signature]  
 Department of Human Resources

[Signature]  
 Department of Budget & Management

1/19/2021  
 Date

1/20/21  
 Date

01/20/2021  
 Date





# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 01/15/2021 CURRENT POSITION TITLE: Supervisor I  
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0230  
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto |                                   |

Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>\$ 750.00</u>	Allowance Amount: <u>\$ 750.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: _____	Allowance Amount: _____	Allowance Amount: <u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b> <u>\$ 750.00</u>		

**POSITION/ALLOWANCE 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:**  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)**  
Add Auto Allowance

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**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**  
Slot 230 requires travel, needs Auto Allowance. (Deleted from Slot 180)

*John Paul Killam*  
 Department Head

*[Signature]*  
 Department of Human Resources

*[Signature]*  
 Department of Budget & Management

1/19/2021  
 Date

1/20/21  
 Date

01/22/2021  
 Date





# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 01/21/2021 CURRENT POSITION TITLE: Technician IV  
 DEPARTMENT NAME: Tax Office CURRENT SLOT NO.: 0 144  
 DEPARTMENT NO.: 140-001 REQUESTED POSITION TITLE: Technician IV KJ

**ALLOWANCE REQUEST: Type of Allowance**

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Longevity    | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Supplemental | <input checked="" type="checkbox"/> Auto |                                   |

Allowance Amount: <u>\$ 0.00</u>	Allowance Amount: <u>\$ 2,250.00</u>	Allowance Amount: <u>\$ 2,250.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount: <u>                    </u>	Allowance Amount: <u>                    </u>	Allowance Amount: <u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT: <u>\$ 2,250.00</u>		

**POSITION/ALLOWANCE 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:  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)**

Add Auto Allowance  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Slot 144 requires travel, needs Auto Allowance. (Deleted/Reduced from Slot 007)  
 \_\_\_\_\_  
 \_\_\_\_\_

Jablon (Jan) Villanueva  
 Department Head  
Referni Jaenz  
 Department of Human Resources  
[Signature]  
 Department of Budget & Management

1/21/2021  
 Date  
01/22/2021  
 Date  
01/25/2021  
 Date





# COUNTY OF HIDALGO

## Human Resources Department

### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

**NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.**

DATE: 01/21/2021  
 DEPARTMENT NAME: Tax Office  
 DEPARTMENT NO.: 140-001  
 CURRENT POSITION TITLE: Division Manager I, Compliance & Reporting <sup>to</sup>  
 CURRENT SLOT NO.: 007  
 REQUESTED POSITION TITLE: Division Manager I, Compliance & Reporting

ALLOWANCE REQUEST: *Type of Allowance*

- Longevity       Interpreter       Clothing  
 Supplemental       Auto

Allowance Amount:	\$ 4,500.00	\$ 2,250.00	-\$ 2,250.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
Allowance Amount:			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	-\$ 2,250.00		

POSITION/ALLOWANCE 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

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

Reduce Auto Allowance

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

Slot 007 will require less travel, reduced Auto Allowance.

Pablo J. Villanueva  
 Department Head  
Referto Saenz  
 Department of Human Resources  
[Signature]  
 Department of Budget & Management

1/21/2021  
 Date  
01/22/2021  
 Date  
01/25/2021  
 Date

