



# 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: 02/23/2021 Current Slot No.: TBD  
 Department Name: Community Service Agency Current Position Title: SEE ATTACHED  
 Department No.: 901-033 Requested Position Title: SEE ATTACHED

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

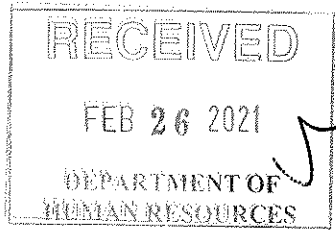
<b>SALARY REQUEST:</b>	<u>\$ 0.00</u> Current Budgeted Amount	<u>\$ 0.00</u> Proposed Budgeted Amount	<u>\$ 0.00</u> Net Change
<b>SALARY REQUEST:</b>	_____ Current Budgeted Amount	_____ Proposed Budgeted Amount	<u>\$ 0.00</u> Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 0.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds  
 Salary Adjustment  Other \_\_\_\_\_ CSBG

**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)*

REQUESTING FOR 5 NEW POSITIONS FOR OUR AGENCY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*[Signature]*  
 Department Head  
*[Signature]*  
 Department of Human Resources

2/23/2021  
 Date  
2/26/21  
 Date

Department of Budget & Management \_\_\_\_\_ Date \_\_\_\_\_



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### MULTIPLE PERSONNEL ACTION FORM (Attachment A)

**NOTE:** Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: \_\_\_\_\_

Department No.: \_\_\_\_\_

**Position Information:**

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary