



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: 03/18/2021 Current Slot No.: TBD
 Department Name: Community Service Agency Current Position Title: SEE ATTACHED
 Department No.: _____ Requested Position Title: SEE ATTACHED

REQUEST FOR: New Position Temporary Position* Position Reclassification Other _____

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

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		Step 1 Salary / 2,080 Hours Per Year = Hourly Rate	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)

POSITIONS NEEDED FOR NEW GRANT (URBAN COUNTY)

A. J. [Signature] Department Head Date: 03/18/2021
 _____ Department of Human Resources Date: _____
 _____ Department of Budget & Management Date: _____

