



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: 04/30/2021 Current Slot No.: Please see attached
 Department Name: SHERIFF'S OFFICE Current Position Title: Please see attached
 Department No.: 280-001 Requested Position Title: Please see attached

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 1,500.00</u>	<u>Proposed Budgeted Amount</u>	<u>- \$ 1,500.00</u>
	Current Budgeted Amount		Net Change

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 1,500.00</u>	<u>\$ 1,500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 0.00

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 **FLSA:** Exempt
 Non-Exempt Non-Exempt

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

Adding & Deleting Clothing Allowances
(Please see attached.)

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

4/30/21
 Date
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 Date
4/30/21
 Date

