



# 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: 04/28/2021 Current Slot No.: T001-0006 T001-T0045 *ky*  
 Department Name: WIC Program Current Position Title: \_\_\_\_\_ *E.m.*  
 Department No.: 350-020 Requested Position Title: Referral Resource Specialist I

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

<b>SALARY REQUEST:</b>	<u>18,000.00</u> \$ 21,600.00	<u>18,000.00</u> \$ 21,600.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	Current Budgeted Amount	Proposed Budgeted Amount
	<u>18,000.00</u>	\$ 0.00
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 21,600.00</u>	Net Change

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds *E.m.*  
 Salary Adjustment  Other FoodSummerProgram1.1292.441.00.350.020.1.122

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:**

<i>ky</i> <u>05/01/2021</u>	<u>08/20/2021</u>	<u>10:00am - 03:00pm</u>	<u>25</u>	<u>12</u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u>12.00 X 25 = 300 X 12WKS = 3600.00</u>			Hourly Rate <u>\$ 12.00</u>	
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
<u>12</u>	<u>25</u>	<u>300</u>	<u>\$ 12.00</u>	<u>\$ 3,600.00</u>
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)**

Position needed for the summer food program for 12 weeks

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*Clauria S*  
 Department Head  
*[Signature]*  
 Department of Human Resources  
*[Signature]*  
 Department of Budget & Management

04/28/2021  
 Date  
4/30/21  
 Date  
04/30/2021  
 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: WIC Program

Department No.: 350-020



**Position Information:**

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
<del>T-0001</del>		Referral Resource Specialist I		3,600
<del>T-0002</del>		Referral Resource Specialist I		3,600
<del>T-0003</del>		Referral Resource Specialist I		3,600
<del>T-0004</del>		Referral Resource Specialist I		3,600
<del>T-0005</del>		Referral Resource Specialist I		3,600
<del>T-0006</del>		<del>Referral Resource Specialist I</del>		<del>3,600</del>
<i>ts</i>		Total	<i>18,000.00</i>	<del>21,600</del>

*ts*