



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: 06/23/2021 Current Slot No.: T010 28
 Department Name: CCL #3 Probate Court Current Position Title: _____
 Department No.: 023-001 Requested Position Title: Assistant Probate Auditor

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

SALARY REQUEST: \$ 0.00 \$ 15,480.00 \$ 15,480.00
Current Budgeted Amount Proposed Budgeted Amount Net Change

SALARY REQUEST: _____ \$ 0.00
Current Budgeted Amount Proposed Budgeted Amount Net Change

TOTAL BUDGETARY IMPACT: \$ 0.00 15,477.00

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 Non-Exempt FLSA: Exempt Non-Exempt

* TEMPORARY POSITIONS:

<u>7/13/21</u>	<u>12/31/2021</u>	<u>MON-FRIDAY (8AM-5PM)</u>	<u>40</u>	<u>25</u>
Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary <u>32,192.00</u>		Step 1 Salary / 2,080 Hours Per Year = Hourly Rate	Hourly Rate <u>\$ 15.48</u>	<u>770</u>
<u>25</u>	<u>40</u>	<u>1,000</u>	<u>\$ 15.48</u>	<u>\$ 15,480.00</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)

EMPLOYEE WILL REVIEW AND ADDRESS BACKLOG DUE TO INCREASED FILINGS/NEW CASES OF ESTATES RELATED TO COVID DEATH TOLL.

Department Head: [Signature]
 Department of Human Resources: [Signature]
 Department of Budget & Management: [Signature]

Date: 6/24/21
 Date: 6/24/21
 Date: 06/24/2021