



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

RECEIVED  
OCT - 7 2021  
DEPARTMENT OF HUMAN RESOURCES

### PERSONNEL ADJUSTMENT REQUEST FORM

**NOTE:** Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 10/06/2021 Current Slot No.: 0109  
 Department Name: WIC Program Current Position Title: Clinic Aide I  
 Department No.: 350-0001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 25,834.00</u>	<u>\$0.00</u>	<u>-\$ 25,834.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 25,834.00</u>		

**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

**\* 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)**

This position will no longer be funded by this grant

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

10/06/2021  
 Date  
10/12/21  
 Date  
10/13/2021  
 Date



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### PERSONNEL ADJUSTMENT REQUEST FORM

**NOTE:** Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 10/06/2021 Current Slot No.: 0161  
 Department Name: WIC Program Current Position Title: Clinic Aide I  
 Department No.: 350-0001 Requested Position Title: \_\_\_\_\_

REQUEST FOR:	<input type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input checked="" type="checkbox"/> Other	<u>Deletion</u>
SALARY REQUEST:	\$ 25,834.00	<u>+0.00</u>	-\$ 25,834.00		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
SALARY REQUEST:	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
TOTAL BUDGETARY IMPACT:	-\$ 25,834.00				

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Current Department Budget | <input type="checkbox"/> Annual Budget Cycle | <input type="checkbox"/> Will Require Additional Funds |
| <input type="checkbox"/> Salary Adjustment                    | <input type="checkbox"/> 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

**\* 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)**

This position will no longer be funded by this grant  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Claudia S  
 Department Head  
[Signature]  
 Department of Human Resources  
 \_\_\_\_\_  
 Department of Budget & Management

10/06/2021  
 Date  
10/12/21  
 Date  
 \_\_\_\_\_  
 Date