



# 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: 10/21/2021 Current Slot No.: ~~TBD~~ 0001  
 Department Name: Sheriff's Office Current Position Title: \_\_\_\_\_  
 Department No.: 280-100 Requested Position Title: Coordinator II, Victims Assistance

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

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 43,796.00</u>	<u>\$ 43,796.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>			<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 43,796.00</u>		

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

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds  
 Salary Adjustment  Other AI-82936 VOCA Grant

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 IS 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				
$\text{No. of Weeks} \times \text{Hours per Week} = \text{Total Hours} \times \text{Hourly Rate} = \text{Budgeted Salary}$				

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT:** *(Explain why position or adjustment request is essential)*  
Approved by CC 10-19-2021 AI-82936 under General Victim Assistance Grant (VOCA)  
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 \_\_\_\_\_  
 \_\_\_\_\_

Department Head [Signature]

Date 10/21/21

Department of Human Resources [Signature]

Date 10/26/21

Department of Budget & Management [Signature]

Date 10/27/2021