



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: 12-3-2021 Current Slot No.: 0138, ~~0422~~ 0170 28
 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>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 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)*

To add clothing allowances to a new CID investigator and delete clothing allowances to Sergeant assigned to Patrol (Uniforms Division)

COMMENTS: *(Any comments you wish to make regarding this request, attach additional pages if needed)*

Department Head _____

Date 11/30/21

Department of Human Resources _____

Date 12/3/21

Department of Budget & Management _____

Date 12/08/2021

