



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: 01/20/2022 Current Slot No.: 0003
 Department Name: Human Services Current Position Title: Division Manager III, Human Services
 Department No.: 240-005 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 5,000.00</u>	<u>\$ 0.00</u>	<u>-\$ 5,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	<u> </u>	<u> </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: -\$ 5,000.00

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)

Removing supplemental pay

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

 Department Head

 Department of Human Resources

 Department of Budget & Management

1-20-22
 Date

1/20/22
 Date

01/21/2022
 Date



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: 01/20/2022 Current Slot No.: 0064 /0005
 Department Name: Health Adm. Current Position Title: Assistant Director Department of Health + Human Services
 Department No.: 340-001 / 240-005 Requested Position Title: Assistant Director Department of Health + Human Services 28

ALLOWANCE REQUEST: Type of Allowance

Position
 Interpreter
 Clothing
 Supplemental
 Auto

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 5,000.00</u>	<u>\$ 5,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	<u> </u>	<u> </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 5,000.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Salary Adjustment
 Other 1115 Waiver

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)*
Transferring supplemental allowance from 1115 Waiver.

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

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

Date 1-20-22
 Date 1/20/22
 Date 01/21/2022