



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: 01/31/2022 Current Slot No.: 0063.0058
 Department Name: SHERIFF'S OFFICE Current Position Title: See attached
 Department No.: 280-001 Requested Position Title: See attached.

ALLOWANCE REQUEST: Type of Allowance

<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input checked="" type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
<u>280-001-6063</u> ALLOWANCE AMOUNT:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
<u>280-001-0058</u> ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 500.00</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)
Adding & Deleting Clothing Allowances
(Please see attached)

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 1/31/22
 Date 2/14/22
 Date 02/04/2022

