



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: 02/01/2022 Current Slot No.: 0001
 Department Name: Human Services Current Position Title: Division Manager III, Human Services
 Department No.: 240-001 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 3,600.00</u>	<u>-\$ 3,600.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount Net Change

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

TOTAL BUDGETARY IMPACT: -\$ 3,600.00

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)

Auto allowance will be transferred with employee.

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

2-1-22
 Date
2/2/22
 Date
02/03/2022
 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: 02/01/2022 Current Slot No.: 0064
 Department Name: Health Department Current Position Title: Assistant Director Department of Health and Human Services
 Department No.: 340-001 Requested Position Title: _____

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 3,600.00</u>	<u>\$ 3,600.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

TOTAL BUDGETARY IMPACT: \$ 3,600.00

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)

Auto allowance will be transferred with employee.

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

 Department of Human Resources

 Department of Budget & Management

2-1-22
 Date
2/2/22
 Date
02/09/2022
 Date