



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: 03/25/2022 Current Slot No.: 0002
 Department Name: Master Court I Current Position Title: Assistant Court Coordinator (Master)
 Department No.: 031-001 Requested Position Title: Assistant Court Coordinator (Master)

ALLOWANCE REQUEST: Type of Allowance

286 Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 6,000.00</u>	<u>\$ 1,000.00</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 _____

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 Non-Exempt **FLSA:** Exempt Non-Exempt

JUSTIFICATION / PRIORITY: *(Explain why this allowance request is essential)*
Re-assign interpreter allowance

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

[Signature]
Department Head

[Signature]
Department of Human Resources

[Signature]
Department of Budget & Management

3/28/22
Date

3/28/22
Date

3/31/2022
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: 03/25/2022 Current Slot No.: 0001
 Department Name: Master Court I Current Position Title: Bailiff
 Department No.: 031-001 Requested Position Title: Bailiff

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

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

ALLOWANCE AMOUNT: _____	ALLOWANCE AMOUNT: _____	ALLOWANCE AMOUNT: <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 Non-Exempt **FLSA:** Exempt Non-Exempt

JUSTIFICATION / PRIORITY: (Explain why this allowance request is essential)

Re-assign interpreter allowance

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

[Signature]
Department Head

3/28/22
Date

[Signature]
Department of Human Resources

3/28/22
Date

[Signature]
Department of Budget & Management

3/31/22
Date