



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

ED

JUL 13 2022 ✓

DEPARTMENT OF
HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 07/12/2022 Current Slot No.: 0223
 Department Name: WIC Program Current Position Title: Clinic Aide I
 Department No.: 350-001 Requested Position Title: _____

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Deletion

SALARY REQUEST:	\$ 24,960.00	\$0.00	-\$ 24,960.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	-\$ 24,960.00		

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

*** TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary				

JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)

This position is no longer needed

<p style="text-align: center;"></p> <p style="text-align: center;">Department Head</p> <p style="text-align: center;"></p> <p style="text-align: center;">Department of Human Resources</p> <p style="text-align: center;"></p> <p style="text-align: center;">Department of Budget & Management</p>	<p style="text-align: center;">07/12/2022</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">7/20/22</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">7-21-22</p> <p style="text-align: center;">Date</p>
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JUL 13 2022

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 07/12/2022 Current Slot No.: 0275
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350-001 Requested Position Title: Clerk I

REQUEST FOR: New Position Temporary Position* Position Reclassification Other _____

SALARY REQUEST:	<u>\$0.00</u> \$ 24,960.00	<u>\$ 24,960.00</u>	<u>\$24,960.00</u> \$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 0.00</u>	<u>\$24,960.00</u>	

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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

*** TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary	Step 1 Salary / 2,080 Hours Per Year = Hourly Rate		Hourly Rate	
No. of Weeks x Hours per Week = Total Hours		x Hourly Rate = Budgeted Salary		

JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)

This position is necessary to meet the department needs

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

07/12/2022
 Date
7/20/22
 Date
7-21-22
 Date