



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

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AUG 26 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: 08/25/2022 Current Slot No.: 0002 / 0001  
 Department Name: WIC Program Current Position Title: International Board Certified Lactation Consultant  
 Department No.: 350-013 / 350-018 Requested Position Title: \_\_\_\_\_ 28

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other Delete

<b>SALARY REQUEST:</b>	<u>\$ 43,796.00</u>	_____	<u>-\$ 43,796.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 43,796.00</u>		

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

\* 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)**

Position longer needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Clarissa S.  
 Department Head  
[Signature]  
 Department of Human Resources

08/25/2022  
 Date  
8/29/22  
 Date