



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

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OCT 20 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: 10/19/2022 Current Slot No.: 0080  
 Department Name: WIC Program Current Position Title: WIC Certification Specialist I  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 27,599.00</u>	<u>0.00</u>	<u>-\$ 27,599.00</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>-\$ 27,599.00</u>		

28

**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 no longer needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Clara S.*  
 Department Head

*[Signature]*  
 Department of Human Resources

10/19/2022  
 Date

10/25/22  
 Date



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

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OCT 20 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: 10/19/2022 Current Slot No.: 277  
 Department Name: WIC Program Current Position Title: \_\_\_\_\_  
 Department No.: 350-001 Requested Position Title: Maintenance II

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

<b>SALARY REQUEST:</b>	<u>0.00</u>	<u>\$ 27,599.00</u>	<u>\$ 27,599.00</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>\$ 27,599.00</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 needed to meet the agency needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*[Signature]*  
 Department Head

10/19/2022  
 Date

*[Signature]*  
 Department of Human Resources

10/25/22  
 Date