



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

DEC 15 2022

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

Date: 12/14/2022 Current Slot No.: 0013, 0212
 Department Name: WIC Program Current Position Title: Registered Dietitian I
 Department No.: 350-001 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$48,246.00</u> \$47,300.00	Proposed Budgeted Amount	<u>-\$48,246.00</u> -\$47,300.00
	Current Budgeted Amount		Net Change
SALARY REQUEST:	<u>\$48,246.00</u>	Proposed Budgeted Amount	<u>-\$0.00</u> <u>\$48,246.00</u>
	Current Budgeted Amount		Net Change
TOTAL BUDGETARY IMPACT:	-\$47,300.00 <u>-\$96,492.00</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 no longer needed

Clawna S
 Department Head

12/14/2022
 Date

[Signature]
 Department of Human Resources

12/21/22
 Date

Department of Budget & Management

Date



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

DEC 15 2022

PERSONNEL ADJUSTMENT REQUEST FORM

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

Date: 12/14/2022 Current Slot No.: 0278, proposed 0279
 Department Name: WIC Program Current Position Title: _____
 Department No.: 350-001 Requested Position Title: WIC Clinic Manager

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

SALARY REQUEST:	<u>\$0.00</u>	<u>\$48,246.00</u> \$47,300.00	<u>\$48,246.00</u> \$47,300.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	<u>\$0.00</u>	<u>\$49,246.00</u>	<u>\$48,246.00</u> \$0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$47,300.00</u>	<u>\$96,492.00</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 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)

This position is necessary to meet the department needs

Clarissa
 Department Head

12/14/2022
 Date

[Signature]
 Department of Human Resources

12/21/22
 Date

Department of Budget & Management

Date