



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

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

Date: 04/11/2023 Current Slot No.: 0118
 Department Name: Precinct 3 Current Position Title: Executive Asst I *Assistant*
 Department No.: 123-005 Requested Position Title: _____

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

SALARY REQUEST:	<u>\$46,236.00</u> \$44,672.00	<u>\$ 0.00</u> \$44,672.00	<u>(\$46,236.00)</u> \$44,672.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	-\$44,672.00 <u>\$46,236.00</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		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)

Position is no longer needed


 Department Head

 Department of Human Resources

04/11/2023
 Date
4/11/23
 Date



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

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

Date: 04/11/2023 Current Slot No.: 0132
 Department Name: Precinct 3 Current Position Title: _____
 Department No.: 123-005 Requested Position Title: Executive Asst II Assistant

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

SALARY REQUEST:	\$ 52,106.00	\$ 52,106.00	
Current Budgeted Amount	Proposed Budgeted Amount	Net Change	<u>28</u>
SALARY REQUEST:		\$ 0.00	
Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
TOTAL BUDGETARY IMPACT:	\$ 52,106.00		

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

*** 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)

Position is needed to fulfill duties throughout the precinct.

[Signature]
 Department Head
[Signature]
 Department of Human Resources

04/11/2023
 Date
4/11/23
 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: 04/03/2023 Current Slot No.: 0107
 Department Name: PCT 3. Road Maintenance Current Position Title: Mechanic III
 Department No.: 123-005 Requested Position Title: Mechanic III

ALLOWANCE REQUEST: *Type of Allowance*

Position Interpreter Clothing Supplemental Auto

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

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

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

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

Additional duties still are supervision of all shop personnel the development of quotes for the purchase of necessary parts for every equipment the inventory of over 100 pieces of machinery in the

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

development of accurate inventory of all county equipment. Supplemental pay for an additional 6 months.

 Department Head

04/03/2023

 Date

 Department of Human Resources

4/11/23

 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: 04/12/2023 Current Slot No.: 0109
 Department Name: PCT 3 Current Position Title: Repair Tire Specialist II
 Department No.: 123-605 Requested Position Title: Tire Repair Specialist II

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 3,600.00</u>	<u>\$ 0.00</u>	<u>-\$ 3,600.00</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: -\$ 3,600.00

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

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

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

[Signature]
 Department Head
[Signature]
 Department of Human Resources

04/12/2023
 Date
4/12/23
 Date

