



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: 04/25/2023 Current Slot No.: Please see attached
 Department Name: Sheriff's Office Current Position Title: Please see attached
 Department No.: 280 -001 Requested Position Title: Please see attached

ALLOWANCE REQUEST: Type of Allowance

	<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$24,000.00</u>	<u>\$0.00</u>	<u>\$24,000.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change
ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: ~~\$0.00~~ \$24,000.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Grant RGV Emergency Communication District

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)*

One time pay for Telecommunicators (Grant RGV Emergency Communication District)

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

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

Date: 4/25/23
 Date: 4/25/23



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: Sheriff's Office

Department No.: 280-001

Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0363	Communication Supervisor	Communication Supervisor	\$0.00	\$2,000.00
0263	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0418	Communication Supervisor	Communication Supervisor	\$0.00	\$2,000.00
0244	Communication Supervisor	Communication Supervisor	\$0.00	\$2,000.00
0246	Communication Supervisor	Communication Supervisor	\$0.00	\$2,000.00
0262	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0258	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0265	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0269	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0255	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0252	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0253	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0251	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0264	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0256	Communication Officer	Communication Officer	\$0.00	\$1,000.00



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MULTIPLE PERSONNEL ACTION FORM (Attachment A)

NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.

Department Name: Sheriff's Office

Department No.: 280-001

Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0260	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0250	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0259	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0270	Communication Officer	Communication Officer	\$0.00	\$1,000.00
0261	Communication Officer	Communication Officer	\$0.00	\$1,000.00
			1st Page	\$19,000.00
			Current Page	5,000.00
			Total Balance:	\$24,000.00