



Jose Rodriguez <jose.rodriguez@hidalgo.org>

LBSP HCSO RECLASS PP09

1 message

Luis Barreto <luis.barreto@auditor.co.hidalgo.tx.us>

Thu, Jun 22, 2023 at 9:52 AM

To: Myra Montoya <myra.montoya@hidalgo.org>

Cc: Jose Rodriguez <jose.rodriguez@hidalgo.org>, Isabel Rodriguez <isabel.rodriguez@auditor.co.hidalgo.tx.us>

Good morning Myra,

We noticed that employees Cortez Geronimo Jr EID# 113905 & Perez, Santiago EID#185418 exceeded the amount of OT hours worked per LBSP regulations.

The following amount will be reclassified to HCSO General Fund:

Perez, Santiago 185418 1.5 hrs \$56.62
 Cortez, Geronimo Jr 113905 .5 hrs \$20.23



COUNTY OF HIDALGO
TIME AND ATTENDANCE RECORD
 (Law Enforcement)



Department Number: 280 Department Name: SHERIFF'S LAW ENFORCEMENT FACILITY
 Pay Period Number: 9 Date: 4/10/2023 - 4/23/2023
 Employee Id: 185418 Employee Name: PEREZ, SANTIAGO
 Employee Category: Full Time

DATE	HOLIDAY	WORKED	LWOP	LEAVE TAKEN					TOTAL
				ANNUAL	SICK	HOLIDAY	COMP	OTHER	
04/10/2023									
04/11/2023		10.25							10.25
04/12/2023		17.25	6	adj. to 4.75/CR			108.50		17.25
04/13/2023		11.75					80.00		11.75
04/14/2023		10.25					28.50		10.25
04/15/2023									
04/16/2023							24.00		
04/17/2023							1.50		
04/18/2023		10.00							10.00
04/19/2023		16.25	6	adj. to 5.75/CR			36.00		16.25
04/20/2023		9.25							9.25
04/21/2023		16.00	6						16.00
04/22/2023		7.50	6						7.50
04/23/2023									
TOTAL		108.50							108.50
GRAND TOTAL		108.50	24 HRS	ICR adj. to 22.50 OT per LBSP Policy					108.50

EMPLOYEE CERTIFICATION I certify that this claim is a correct statement of my hours worked. SANTIAGO PEREZ Signature 4/24/2023 Date		Total Hours _____ X 1 (Straight Time) = _____ Total Hours <u>28.50</u> X 1.50 (One & One-Half) = <u>42.75</u>
EMPLOYER CERTIFICATION I certify that this claim is a correct statement of the named employee's hours worked. Ricky Salinas Signature 4/24/2023 Date		Comp-Time Balance Forwarded (From Last Time Sheet) LESS: C/T Hours Used (Grand Total) LESS: C/T Hours To Be Paid (Approved Request Attached) <u>(36)</u> C/T BALANCE TO BE CARRIED OVER TAAP Banked Time: _____ Additional Paid Time: <u>36</u> Holiday Earned: _____ = 0.00 Total Paid Hours: <u>116.00</u> Note: Values are rounded. Please consult your Time Keeper for the actual values.



COUNTY OF HIDALGO
TIME AND ATTENDANCE RECORD
 (Law Enforcement)



Department Number: 280 Department Name: SHERIFF'S LAW ENFORCEMENT FACILITY
 Pay Period Number: 9 Date: 4/10/2023 - 4/23/2023
 Employee Id: 113905 Employee Name: CORTEZ, GERONIMO Jr
 Employee Category: Full Time

DATE	HOLIDAY	WORKED	LWOP	LEAVE TAKEN					TOTAL
				ANNUAL	SICK	HOLIDAY	COMP	OTHER	
04/10/2023									
04/11/2023		10.75							10.75
04/12/2023		16.25	6	Adj to 5.75					16.25
04/13/2023		10.00					99.50		10.00
04/14/2023		10.00					80.00		10.00
04/15/2023							19.50		
04/16/2023							18.00		
04/17/2023							1.50		
04/18/2023		10.00							10.00
04/19/2023		16.25	6	Adj to 5.75			27.00		16.25
04/20/2023		10.00							10.00
04/21/2023		10.00							10.00
04/22/2023		6.25	6						6.25
04/23/2023									
TOTAL		99.50							99.50
GRAND TOTAL		99.50	18 HRS	17.50 OT	Hours allowed per LBSP Policy				99.50

EMPLOYEE CERTIFICATION I certify that this claim is a correct statement of my hours worked. <u>GERONIMO CORTEZ</u> Signature 4/24/2023 Date		Total Hours <u>19.50</u> X 1 (Straight Time) = Total Hours <u>19.50</u> X 1.50 (One & One-Half) = <u>29.25</u>
EMPLOYER CERTIFICATION I certify that this claim is a correct statement of the named employee's hours worked. <u>Rudy Salinas</u> Signature 4/24/2023 Date		Comp-Time Balance Forwarded (From Last Time Sheet) LESS: C/T Hours Used (Grand Total) LESS: C/T Hours To Be Paid (Approved Request Attached) C/T BALANCE TO BE CARRIED OVER TAXP Banked Time: Additional Paid Time <u>3.4284-421-00-280-080-3-131</u> = <u>2.25</u> Holiday Earned: <u>2.7</u> Total Paid Hours: <u>0.00</u> Total Paid Hours: <u>107.00</u> Note: Values are rounded. Please consult your Time Keeper for the actual values.

Luis Barreto

Accountant II

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Attachments area