



# 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: 11/02/2023 Current Slot No.: 0003  
 Department Name: 430th District Court Current Position Title: Assistant Court Coordinator (DC) 28  
 Department No.: 010 Requested Position Title: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

Position  Interpreter  Clothing  Supplemental  Auto

ALLOWANCE AMOUNT: <u>\$ 2,000.00</u>	ALLOWANCE AMOUNT: <u>\$ 6,000.00</u>	ALLOWANCE AMOUNT: <u>\$ 4,000.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

TOTAL BUDGETARY IMPACT: \$ 4,000.00

**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  Non-Exempt FLSA:  Exempt  Non-Exempt

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

The Assistant Court Coordinator will be providing interpreting services.

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

\_\_\_\_\_  
 \_\_\_\_\_

[Signature]  
 Department Head

11/07/2023  
 Date

[Signature]  
 Department of Human Resources

11/8/23  
 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: 11/02/2023 Current Slot No.: 0005  
 Department Name: 430th District Court Current Position Title: Bailiff # (DC) 28  
 Department No.: 010 Requested Position Title: \_\_\_\_\_

**ALLOWANCE REQUEST: Type of Allowance**

Position  Interpreter  Clothing  Supplemental  Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 4,000.00</u>	<u>\$ 0.00</u>	<u>-\$ 4,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

**TOTAL BUDGETARY IMPACT:** -\$ 4,000.00

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

**JUSTIFICATION / PRIORITY:** *(Explain why this allowance request is essential)*  
The bailiff will no longer be providing interpreting services.

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

\_\_\_\_\_  
 Department Head

11/07/2023  
 Date

\_\_\_\_\_  
 Department of Human Resources

11/8/23  
 Date