



# 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: 12/13/2023 Current Slot No.: 0006  
 Department Name: 464th D.C. Current Position Title: Bailiff II (DC)  
 Department No.: 012-001 Requested Position Title: Bailiff II (DC)

**ALLOWANCE REQUEST: Type of Allowance**

Position  Interpreter  Clothing  Supplemental  Auto

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

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

**TOTAL BUDGETARY IMPACT:** -\$ 2,000.00

**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)**

Reassignment of interpreter pay

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

\_\_\_\_\_

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

12/14/23  
 Date  
12/14/23  
 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: 12/13/2023 Current Slot No.: 0004  
 Department Name: 464th D.C. Current Position Title: Assistant Court Coordinator (DC)  
 Department No.: 012-001 Requested Position Title: Assistant Court Coordinator (DC)

ALLOWANCE REQUEST: *Type of Allowance*

Position  Interpreter  Clothing  Supplemental  Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 0.00</u>	<u>\$ 2,000.00</u>	<u>\$ 2,000.00</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:** \$ 2,000.00

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)*

Reassignment of interpreter pay

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

Department Head

Date

Department of Human Resources

Date