



# 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: 12/28/2023 Current Slot No.: 0005  
 Department Name: PHEP Grant Current Position Title: Public HealthPlanner I  
 Department No.: 340-013 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 50,179.00</u>	<u>\$ 0.00</u>	<u>-\$ 50,179.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 50,179.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

- Current Department Budget
- Salary Adjustment
- Annual Budget Cycle
- Other \_\_\_\_\_
- Will Require Additional Funds

**POSITION TYPE:**

- Full Time Regular Object Code 113
- Full Time Temporary Object Code 121
- Part Time Regular Object Code 114
- 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)*

No longer needed due to changing needs of the division.

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

**Dairen S Rangel** *Dairen S Rangel*  
 Department Head  
 \_\_\_\_\_  
 Department of Human Resources

12/28/2023  
 Date  
1/2/24  
 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: 12/28/2023 Current Slot No.: 0023  
 Department Name: PHEP Grant Current Position Title: Public Health Specialist I  
 Department No.: 340-013 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 39,833.00</u>	<u>\$ 0.00</u>	<u>-\$ 39,833.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 39,833.00</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 **FLSA:**  Exempt  
 Non-Exempt  Non-Exempt

**\* TEMPORARY POSITIONS:**

<u>Start Date</u>	<u>End Date</u>	<u>Work Schedule</u>	<u>Hours per Week</u>	<u>No. of Weeks</u>
<u>Annual Salary</u>		<u>Hourly Rate</u>		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
$\text{No. of Weeks} \times \text{Hours per Week} = \text{Total Hours} \times \text{Hourly Rate} = \text{Budgeted Salary}$				

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT:** *(Explain why position or adjustment request is essential)*

No longer needed due to changing needs of the division.

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

Dairen S Rangel *Dairen S Rangel*  
 Department Head  
 \_\_\_\_\_  
 Department of Human Resources

12/28/2023  
 Date  
1/2/24  
 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: 12/28/2023 Current Slot No.: 0021  
 Department Name: PHEP Grant Current Position Title: Public Health Specialist I  
 Department No.: 340-013 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b> <u>\$ 39,833.00</u>	<u>\$ 0.00</u>	<u>-\$ 39,833.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b> _____	_____	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b> <u>-\$ 39,833.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

- Current Department Budget
- Salary Adjustment
- Annual Budget Cycle
- Other \_\_\_\_\_
- Will Require Additional Funds

**POSITION TYPE:**

- Full Time Regular Object Code 113
- Full Time Temporary Object Code 121
- Part Time Regular Object Code 114
- 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 _____	
$\text{No. of Weeks} \times \text{Hours per Week} = \text{Total Hours} \times \text{Hourly Rate} = \text{Budgeted Salary}$				

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT:** *(Explain why position or adjustment request is essential)*

No longer needed due to changing needs of the division.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dairen S Rangel** Dairen S Rangel  
 Department Head

12/28/2023  
 Date

[Signature]  
 Department of Human Resources

1/2/24  
 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: 12/28/2023 Current Slot No.: New 0026 286  
 Department Name: PHEP Grant Current Position Title: \_\_\_\_\_  
 Department No.: 340-013 Requested Position Title: Public Health Specialist III

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other \_\_\_\_\_

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 54,193.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	<u>\$ 54,193.00</u>
			Net Change
<b>SALARY REQUEST:</b>	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 54,193.00</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)

*See attached new position request form.*

**Dairen S Rangel** *DarunsRangel*  
 Department Head

12/28/2023  
 Date

*[Signature]*  
 Department of Human Resources

1/2/24  
 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: 12/28/2023 Current Slot No.: ~~New~~ 0027  
 Department Name: PHEP Grant Current Position Title: \  
 Department No.: 340-013 Requested Position Title: Public Health Specialist III

REQUEST FOR:  New Position  Temporary Position\*  Position Reclassification  Other \_\_\_\_\_

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 54,193.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	<u>\$ 54,193.00</u>
			Net Change
<b>SALARY REQUEST:</b>	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 54,193.00</u>		

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

- Current Department Budget
- Salary Adjustment
- Annual Budget Cycle
- Other \_\_\_\_\_
- Will Require Additional Funds

**POSITION TYPE:**

- Full Time Regular Object Code 113
- Full Time Temporary Object Code 121
- Part Time Regular Object Code 114
- 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		
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)

see attached new position request form.

---



---



---

**Dairen S Rangel** *Dairen S Rangel*  
 Department Head

12/28/2023  
 Date

*[Signature]*  
 Department of Human Resources

1/2/24  
 Date