



# 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: 01/08/2024 Current Slot No.: 0404/0229  
 Department Name: Sheriff's Office Current Position Title: SENIOR DEPUTY SHERIFF  
 Department No.: 280 -001 Requested Position Title: SENIOR DEPUTY SHERIFF

**ALLOWANCE REQUEST: Type of Allowance**

Position   
  Interpreter   
  Clothing   
  Supplemental   
  Auto

<i>280-001-0404</i> <b>ALLOWANCE AMOUNT:</b>	\$ 500.00	\$ 0.00	-\$ 500.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

<i>280-001-0229</i> <b>ALLOWANCE AMOUNT:</b>	\$ 0.00	\$ 500.00	\$ 500.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** \$ 0.00

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

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

Deleting clothing allowances and adding to employee assigned to Criminal Investigations

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

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

*1-8-24*  
 \_\_\_\_\_  
 Date  
*1/17/24*  
 \_\_\_\_\_  
 Date