



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: 04/10/2024 Current Slot No.: 0021
 Department Name: Precinct 3 Current Position Title: Program Manager III
 Department No.: 123-049 Requested Position Title: Program Manager III

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 5,560.00</u>	<u>\$0.00</u>	<u>-\$ 5,560.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

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

TOTAL BUDGETARY IMPACT: -\$ 5,560.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other _____

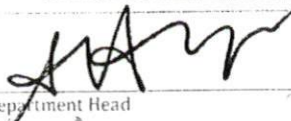
POSITION TYPE: Full Time Regular Object Code 113 Part Time Regular Object Code 114
 Full Time Temporary Object Code 121 Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt Non-Exempt FLSA: Exempt Non-Exempt


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

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

Deleting Supplemental pay


 Department Head

4-10-24
 Date


 Department of Human Resources

4/11/24
 Date

