



# 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: 04/12/2024 Current Slot No.: 0004  
 Department Name: Executive Office Current Position Title: Commissioners' Court Administrator  
 Department No.: 125-001 Requested Position Title: Assistant County Executive Officer

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

<b>SALARY REQUEST:</b> <u>\$ 81,080.00</u>	<u>\$ 92,876.00</u>	<u>\$ 11,796.00</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

**TOTAL BUDGETARY IMPACT:** \$ 11,796.00

**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

**\* TEMPORARY POSITIONS:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
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)**

Reclassification is needed to coincide with increase in scope of duties.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

4/12/24  
 Date

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

4/12/24  
 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: 04/12/2024 Current Slot No.: 0007  
 Department Name: Executive Office Current Position Title: Program Manager II  
 Department No.: 125-001 Requested Position Title: Assistant County Executive Officer

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

<b>SALARY REQUEST:</b>	<u>\$ 65,422.00</u>	<u>\$ 92,876.00</u>	<u>\$ 27,454.00</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>\$ 27,454.00</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:**

Start Date	End Date	Work Schedule	Hours per Week	No. of Weeks
Annual Salary _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
_____ x _____ = Total Hours x _____ = Budgeted Salary				

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

Reclassification is needed to coincide with increase in scope of duties.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

4/12/24  
 \_\_\_\_\_  
 Date  
4/12/24  
 \_\_\_\_\_  
 Date