



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: 05/23/2024 Current Slot No.: 0015
 Department Name: Safety Current Position Title: Safety Officer II
 Department No.: 125-003 Requested Position Title: Safety Officer II

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

| | | | |
|--------------------------|-------------------------|--------------------------|-------------|
| ALLOWANCE AMOUNT: | <u>0</u> | <u>6000</u> | <u>6000</u> |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

| | | | |
|--------------------------|-------------------------|--------------------------|------------|
| ALLOWANCE AMOUNT: | <u>0</u> | <u>0</u> | <u>0</u> |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

TOTAL BUDGETARY IMPACT: 6000

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)*

Due to additional duties and new services provided to department.

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

Department Head
 Department of Human Resources

Date _____
5/24/24
 Date