



# 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: 06/04/2024 Current Slot No.: 0124  
 Department Name: WIC Program Current Position Title: Clerk II  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 28,804.00</u>		<u>-\$ 28,804.00</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>-\$ 28,804.00</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)**

Vacant position no longer needed.

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

*Claudia J*  
 Department Head  
*[Signature]*  
 Department of Human Resources

06/04/2024  
 Date  
6/5/24  
 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: 06/04/2024 Current Slot No.: 0145  
 Department Name: WIC Program Current Position Title: Clerk II  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 28,804.00</u>	Proposed Budgeted Amount	<u>-\$ 28,804.00</u>
	Current 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>-\$ 28,804.00</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 _____		Hourly Rate _____		
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)*

Vacant position no longer needed.

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

Chavira J  
 Department Head  
[Signature]  
 Department of Human Resources

06/04/2024  
 Date  
6/5/24  
 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: 06/04/2024 Current Slot No.: 0284 Proposed  
 Department Name: WIC Program Current Position Title: \_\_\_\_\_  
 Department No.: 350-001 Requested Position Title: Clinic Aide II

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

<b>SALARY REQUEST:</b>	<u>\$ 27,830.00</u>	<u>\$ 27,830.00</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>\$ 27,830.00</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 _____		Hourly Rate _____		
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)*

The position is necessary to meet the department needs.

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

Claudia J  
 Department Head  
[Signature]  
 Department of Human Resources

06/04/2024  
 Date  
6/5/24  
 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: 06/04/2024 Current Slot No.: 0285 Proposed  
 Department Name: WIC Program Current Position Title: \_\_\_\_\_  
 Department No.: 350-001 Requested Position Title: Clinic Aide II

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

<b>SALARY REQUEST:</b>	<u>\$ 27,830.00</u>	<u>\$ 27,830.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 27,830.00</u>	

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

Current Department Budget  Annual Budget Cycle  Will Require Additional Funds  
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POSITION TYPE:  Full Time Regular Object Code 113  Part Time Regular Object Code 114  
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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 _____		Hourly Rate _____		
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate				
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**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)**

The position is necessary to meet the department needs.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Clausm J*  
 Department Head  
*[Signature]*  
 Department of Human Resources

06/04/2024  
 Date  
6/5/24  
 Date