



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: 06/14/2024 Current Slot No.: TBD T001
 Department Name: ARPA-24 Current Position Title: _____
 Department No.: 115 121-358 Requested Position Title: Coordinator IV

REQUEST FOR: New Position Temporary Position* Position Reclassification Other _____

| | | | |
|--------------------------------|---|--|----------------------------------|
| SALARY REQUEST: | <u>\$31,616.00</u> Current Budgeted Amount | <u>\$31,605.00</u> Proposed Budgeted Amount | <u>\$31,605.00</u> Net Change |
| SALARY REQUEST: | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |
| TOTAL BUDGETARY IMPACT: | <u>\$31,616.00</u> | <u>\$31,605.00</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:

| | | | | |
|--|-------------------------------|-------------------------------------|-------------------------------|---------------------------------------|
| <u>07/01/2024</u> Start Date | <u>12/31/2024</u> End Date | <u>8 am - 5 pm</u> Work Schedule | <u>40</u> Hours per Week | <u>26</u> No. of Weeks |
| Annual Salary <u>\$63,210.00</u> | | | Hourly Rate <u>\$30.40</u> | |
| Step 1 Salary / 2,080 Hours Per Year = Hourly Rate | | | | |
| <u>26</u> No. of Weeks | <u>40</u> Hours per Week | <u>1040</u> Total Hours | <u>\$30.40</u> Hourly Rate | <u>\$31,616.00</u> Budgeted Salary |

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

This management position is highly necessary to carry on the responsibilities and needs of the Hidalgo County Precinct 1 Wellness, Activity, and Community Center.

[Signature] Department Head Date: 6/14/2024
[Signature] Department of Human Resources Date: 6/14/24



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: 06/14/2024 Current Slot No.: TBD A040
 Department Name: PCT. 1 ROAD ADMIN. Current Position Title: _____
 Department No.: 121-004 Requested Position Title: Coordinator IV

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

| | | | |
|--------------------------|-------------------------|--------------------------|-------------|
| ALLOWANCE AMOUNT: | _____ | \$ 1,500.00 | \$ 1,500.00 |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

| | | | |
|--------------------------|-------------------------|--------------------------|------------|
| ALLOWANCE AMOUNT: | _____ | _____ | \$ 0.00 |
| | Current Budgeted Amount | Proposed Budgeted Amount | Net Change |

TOTAL BUDGETARY IMPACT: \$ 1,500.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

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

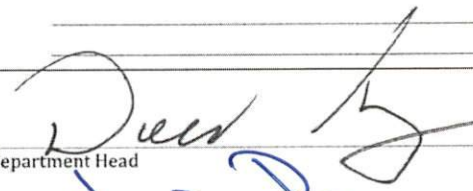

POSITION TYPE: Full Time Regular Object Code 113 Part Time Regular Object Code 114
 Full Time Temporary Object Code 121 Part Time Temporary Object Code 122

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

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

Supplemental allowance needed in order to meet the desired salary due to level of responsibilities and skills required to take the lead with position. Start from 7/1/2024 - 12/31/2024

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


 Department Head

 Department of Human Resources

6/14/2024
 Date
6/14/24
 Date