



# 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: 06/24/2024 Current Slot No.: 0161 & 0001  
 Department Name: Health Clinic Current Position Title: Nurse Practitioner/PA Assistant  
 Department No.: 340-003 & 340-059 Requested Position Title: \_\_\_\_\_

*Physician Assistant 28*

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

<b>SALARY REQUEST:</b>	<u>\$ 46,438.00</u> Current Budgeted Amount	<u>\$ 0.00</u> Proposed Budgeted Amount	<u>-\$ 46,438.00</u> Net Change
<b>SALARY REQUEST:</b>	<u>\$ 46,438.00</u> Current Budgeted Amount	<u>\$ 0.00</u> Proposed Budgeted Amount	<u>-\$ 46,438.00</u> Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 92,876.00</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)**

We are requesting to delete this vacant position to create 2 Clinic Program Managers.

Dairen S Rangel *Dairen S Rangel* 06/24/2024  
 Department Head Date  
[Signature] 7/1/24  
 Department of Human Resources Date



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## DEPARTMENT OF HUMAN RESOURCES

### PERSONNEL ADJUSTMENT REQUEST FORM

**NOTE:** Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 06/24/2024 Current Slot No.: 0151  
 Department Name: Health Clinic Current Position Title: Asst. Clinical Care Services Administrator  
 Department No.: 340-003 Requested Position Title: \_\_\_\_\_

REQUEST FOR:	<input type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input checked="" type="checkbox"/> Other	<u>Delete</u>
SALARY REQUEST:	\$ 85,996.00	\$ 0.00	-\$ 85,996.00		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
SALARY REQUEST:	\$ 0.00	\$ 0.00	\$ 0.00		
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change		
TOTAL BUDGETARY IMPACT:	-\$ 85,996.00				

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

- Current Department Budget
- Salary Adjustment
- Annual Budget Cycle
- Other \_\_\_\_\_
- Will Require Additional Funds

**POSITION TYPE:**

- Full Time Regular Object Code 113
- Full Time Temporary Object Code 121
- Part Time Regular Object Code 114
- 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)*

We are requesting to delete this vacant position to create 2 Clinic Program Managers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dairen S Rangel** *DairenSRangel*  
 Department Head  
 Department of Human Resources

06/24/2024  
 Date  
7/1/24  
 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: 06/24/2024 Current Slot No.: New #0196/0001 28  
 Department Name: Health Clinic Current Position Title: \_\_\_\_\_  
 Department No.: 340-003 & 340-005 Requested Position Title: Clinic Program Manager

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

<b>SALARY REQUEST:</b>	\$ 0.00	\$ 66,217.00	\$ 66,217.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	\$ 0.00	<del>\$ 13,409.00</del>	<del>\$ 13,409.00</del>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<del>\$ 79,262.00</del>		<del>\$ 13,045.00</del>

626.

**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)*

We are requesting to create 2 Clinic Program Managers to assist with the administrative and clinical duties of our eight health clinics. Each clinic program manager will be assigned 4 health clinics to oversee and supervise. The clinic program manager will report to the clinical care services administrator.

**Dairen S Rangel** *DRangel*  
 Department Head  
 Department of Human Resources

06/24/2024  
 Date  
 7/1/24  
 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: 06/24/2024 Current Slot No.: 0198 New # 0197/0002 *28*  
 Department Name: Health Clinic Current Position Title: \_\_\_\_\_  
 Department No.: 340-003 & 340-005 Requested Position Title: Clinic Program Manager

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

<b>SALARY REQUEST:</b>	\$ 0.00	\$ 66,217.00	\$ 66,217.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	\$ 0.00	<u>\$13,409.00</u>	<u>\$13,409.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$79,424.00</u>		
	\$79,262.00		

**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				
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)*

We are requesting to create 2 Clinic Program Managers to assist with the administrative and clinical duties of our eight health clinics. Each clinic program manager will be assigned 4 health clinics to oversee and supervise. The clinic program manager will report to the clinical care services administrator.

**Dairen S Rangel** *DRangel*  
 Department Head  
 Department of Human Resources

06/24/2024  
 Date  
*7/1/24*  
 Date