



# 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: 08/27/2024 Current Slot No.: 0017  
 Department Name: DA'S OFFICE Current Position Title: ATTORNEY IV  
 Department No.: 080-013 Requested Position Title: N/A

**ALLOWANCE REQUEST: Type of Allowance**

Position     Interpreter     Clothing     Supplemental     Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 0.00</u>	<u>\$ 7,500.00</u>	<u>\$ 7,500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

<b>ALLOWANCE AMOUNT:</b>	<u>                    </u>	<u>                    </u>	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** \$ 7,500.00

**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)**

TRANSFERRING ALLOWANCE FROM SLOT NO. 0006 - PROMOTION REF. EMPLOYEE NO. 234109

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

Domenico Cantu

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

08/27/2024  
Date

[Signature]

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

8/28/24  
Date

