



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: 09/05/2024 Current Slot No.: TBD 0002 28
 Department Name: ARPA - 24 Current Position Title: _____
 Department No.: 115-358 Requested Position Title: Coordinator II, Wellness Center

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Time limited status

SALARY REQUEST:	<u>\$ 46,462.00</u>	<u>\$ 46,462.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:		<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 46,462.00</u>	

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

<input type="checkbox"/> Current Department Budget	<input type="checkbox"/> Annual Budget Cycle	<input type="checkbox"/> Will Require Additional Funds
<input type="checkbox"/> Salary Adjustment	<input checked="" type="checkbox"/> Other <u>ARPA Grant</u>	

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)

This position will be contingent on grant funding availability.

 Department Head

 Department of Human Resources

9/6/24
 Date
9/11/24
 Date