



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: 08/29/2024 Current Slot No.: 0010
 Department Name: CPS-PHIG Current Position Title: _____
 Department No.: 340-085 Requested Position Title: Epidemiologist I

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

SALARY REQUEST:	<u>\$ 0.00</u> Current Budgeted Amount	<u>\$ 54,193.00</u> Proposed Budgeted Amount	<u>\$ 54,193.00</u> Net Change
SALARY REQUEST:	<u>\$ 0.00</u> Current Budgeted Amount	<u>\$ 0.00</u> Proposed Budgeted Amount	<u>\$ 0.00</u> Net Change
TOTAL BUDGETARY IMPACT:	<u>\$ 54,193.00</u>		

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Grant - Public Health Infrastructure (085)

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)

Justification is attached along with job description.

Dairen S Rangel *Dairn*
 Department Head

9.3.24
 Date

[Signature]
 Department of Human Resources

9/11/24
 Date