



# 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: 09/27/2024 Current Slot No.: 0003  
 Department Name: Planning Department Current Position Title: Division Manager II  
 Department No.: 210-001 Requested Position Title: \_\_\_\_\_

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

<i>SALARY REQUEST:</i>	<u>\$ 75,689.00</u>	<u>\$ 0.00</u>	<u>-\$ 75,689.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<i>SALARY REQUEST:</i>	_____	_____	<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<i>TOTAL BUDGETARY IMPACT:</i>	<u>-\$ 75,689.00</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 _____		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)**

Delete vacant position.

Department Head

Department of Human Resources

Date

Date

