



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: 10/09/2024 Current Slot No.: FBD 0003 28
 Department Name: ARPA-24 Current Position Title: _____
 Department No.: 115-358 Requested Position Title: Coordinator I, Athletic

REQUEST FOR: New Position Temporary Position* Position Reclassification Other Time Limited Status

SALARY REQUEST:	<u>\$ 39,833.00</u>	<u>\$ 39,833.00</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>\$ 39,833.00</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 **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)*

This position will be contingent on grant funding availability

Department Head Department of Human Resources	Date <u>10/9/2024</u>	 Date <u>10/9/2024</u>
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