



# 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: 01/02/2025 Current Slot No.: 0287 Proposed  
 Department Name: WIC Program Current Position Title: \_\_\_\_\_  
 Department No.: 350-001 Requested Position Title: Licensed Vocational Nurse II

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

<b>SALARY REQUEST:</b>	\$ 48,781.00	\$ 48,781.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>	\$ 0.00	\$ 0.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	\$ 48,781.00	

**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

**\* 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)**

Assessment of nutritional risks, provide nutrition education and individual counseling, provide breast-feeding education, referrals, perform anthropometrics and hemoglobin collection, approve non-contract formula requests, issue benefits, and assist with reviewing program requirements.

Department Head  
  
 Department of Human Resources

01/02/2025  
 Date  
 1/2/25  
 Date



# 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: 01/02/2025 Current Slot No.: 0034  
 Department Name: WIC Program Current Position Title: WIC Clinic Manager  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$54,527.00</u> <del>\$52,683.00</del>	<del>\$52,683.00</del>	28
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>SALARY REQUEST:</b>			\$ 0.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<del>\$52,683.00</del>	<u>-\$54,527.00</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)**

This position is no longer needed. Another position was created to meet the needs of this program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Clara J*  
 Department Head  
*[Signature]*  
 Department of Human Resources

01/02/2025  
 Date  
1/2/25  
 Date