



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 01/15/2025 Current Slot No.: 0097/0332
 Department Name: SHERIFF'S OFFICE Current Position Title: Please see attached
 Department No.: 280-001 Requested Position Title: Please see attached.

ALLOWANCE REQUEST: Type of Allowance

Position Interpreter Clothing Supplemental Auto

ALLOWANCE AMOUNT:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$ 0.00

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other Clothing Allowances

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

JUSTIFICATION / PRIORITY: (Explain why this allowance request is essential)

Delete clothing allowances to Deputy Sheriff re-assigned to Task force Grant
Add clothing allowances to Deputy Sheriff assigned to CID

COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)

Please see attached.

Department Head _____
 Department of Human Resources _____

1-15-25

Date _____
1/22/25
 Date _____

