



# 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: 01/31/2025 Current Slot No.: see attached  
 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

<input type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input checked="" type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
<b>ALLOWANCE AMOUNT:</b>	<u>\$2,500</u> <del>\$1,500.00</del>	<u>\$4,000</u> <del>\$2,500.00</del>	<u>\$1,500.</u> <del>\$1,000.00</del>	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
<b>ALLOWANCE AMOUNT:</b>	\$ 0.00	\$ 0.00	\$ 0.00	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	

28

**TOTAL BUDGETARY IMPACT:** ~~\$1,000.00~~ \$1,500

**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 for positions resigned or transferred employees and  
Add clothing allowances to Deputy Sheriff assigned to CID and Crime Prevention

**COMMENTS:** (Any comments you wish to make regarding this request, attach additional pages if needed)  
Please see attached.

[Signature]  
 Department Head  
[Signature]  
 Department of Human Resources

1/30/2025  
 Date  
2/2/25  
 Date



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### MULTIPLE PERSONNEL ACTION FORM (Attachment A)

*NOTE: Complete this form in addition to your par form if department is requesting more than (3) personnel actions.*

Department Name: SHERIFF'S OFFICE

Department No.: 280

**Position Information:**

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0038	SERGEANT	SERGEANT	\$500.00	\$0.00
0239	SENIOR DEPUTY SHERIFF	SENIOR DEPUTY SHERIFF	\$500.00	\$0.00
0116	SENIOR DEPUTY SHERIFF	SENIOR DEPUTY SHERIFF	\$500.00	\$0.00
0132	DEPUTY SHERIFF	DEPUTY SHERIFF	\$0.00	\$500.00
0222	SENIOR DEPUTY SHERIFF	SENIOR DEPUTY SHERIFF	\$0.00	\$500.00
0233	SENIOR DEPUTY SHERIFF	SENIOR DEPUTY SHERIFF	\$0.00	\$500.00
0079	SENIOR DEPUTY SHERIFF	SENIOR DEPUTY SHERIFF	\$0.00	\$500.00
0104	DEPUTY SHERIFF	DEPUTY SHERIFF	\$0.00	\$500.00
0180	SENIOR DEPUTY SHERIFF	SENIOR DEPUTY SHERIFF	\$500.00	\$0.00
0010	LIEUTENANT	LIEUTENANT	\$0.00	\$500.00
0014	LIEUTENANT	LIEUTENANT	\$500.00	\$0.00
0419	<del>SERGEANT</del>	SERGEANT	\$0.00	\$500.00
0012	LIEUTENANT	LIEUTENANT	\$0.00	\$500.00