



# 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: 06/17/2025 Current Slot No.: 0115  
 Department Name: WIC Program Current Position Title: Clerk I  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>28,749.00</u>	<del>\$ 28,749.00</del> <i>AB</i>	\$ 28,749.00
	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>	\$ 28,749.00		

**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  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.

*Clarissa J.*  
 Department Head  
*[Signature]*  
 Department of Human Resources

06/17/2025  
 Date  
 6/18/25  
 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: 06/17/2025 Current Slot No.: 0167  
 Department Name: WIC Program Current Position Title: Clerk I  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<del>\$29,755.00</del> <u>\$28,749.00</u> Current Budgeted Amount	<del>\$28,749.00</del> <i>AP</i> <u>\$28,749.00</u> Proposed Budgeted Amount	Delete <del>-\$29,755.00</del> \$28,749.00 Net Change
<b>SALARY REQUEST:</b>	Current Budgeted Amount	Proposed Budgeted Amount	\$ 0.00 Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<del>\$28,749.00</del> <i>\$29,755.00</i>		

**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		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 is no longer needed.

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

06/17/2025  
 Date  
6/18/25  
 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: 06/17/2025 Current Slot No.: 0231  
 Department Name: WIC Program Current Position Title: Administrative Assistant III  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>38,724.00</u>	<del>\$ 38,724.00</del> <u>AA</u>	\$ 38,724.00
	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>	\$ 38,724.00		

**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  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.

*Clarissa J.*  
 Department Head  
*[Signature]*  
 Department of Human Resources

06/17/2025  
 Date  
*6/17/25*  
 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: 06/17/2025 Current Slot No.: 0288 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
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  Non-Exempt **FLSA:**  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.

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

06/17/2025  
 Date  
*6/17/25*  
 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: 06/17/2025 Current Slot No.: 0289 Proposed  
 Department Name: WIC Program Current Position Title: \_\_\_\_\_  
 Department No.: 350-001 Requested Position Title: Nutritionist I

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
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  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)**

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.

*Clara S.*  
 Department Head  
 Department of Human Resources

06/17/2025  
 Date  
 6/18/25  
 Date