



# 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: 07/16/2025 Current Slot No.: 0050  
 Department Name: WIC Program Current Position Title: WIC Certification Specialist III  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

<b>REQUEST FOR:</b>	<input type="checkbox"/> New Position	<input type="checkbox"/> Temporary Position*	<input type="checkbox"/> Position Reclassification	<input checked="" type="checkbox"/> Other	
		<u>\$47,992.00</u>			<u>Delete</u>
<b>SALARY REQUEST:</b>		<u>\$45,709.00</u>			<u>-\$47,992.00</u>
	Current Budgeted Amount		Proposed Budgeted Amount		<u>-\$45,709.00</u>
					Net Change
<b>SALARY REQUEST:</b>					\$ 0.00
	Current Budgeted Amount		Proposed Budgeted Amount		Net Change
		<u>-\$47,992.00</u>			
<b>TOTAL BUDGETARY IMPACT:</b>		<u>-\$45,709.00</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      **FLSA:**  Exempt  
 Non-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
			=	Hourly Rate
				= Budgeted Salary

**JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT:** (Explain why position or adjustment request is essential)

The position is no longer needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head \_\_\_\_\_  
 Department of Human Resources \_\_\_\_\_

07/16/2025  
 Date \_\_\_\_\_  
7/16/25  
 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: 07/16/2025 Current Slot No.: 0089  
 Department Name: WIC Program Current Position Title: WIC Certification Specialist I  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 32,642.00</u> Current Budgeted Amount	<u>\$ 34,084.00</u> Proposed Budgeted Amount	<u>-\$ 32,642.00</u> Delete Net Change
<b>SALARY REQUEST:</b>	<u>\$ 32,642.00</u> Current Budgeted Amount	<u>\$ 34,084.00</u> Proposed Budgeted Amount	\$ 0.00 Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 32,642.00</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)**

The position is no longer needed

*Clayton J*  
 Department Head

*[Signature]*  
 Department of Human Resources

07/16/2025  
 Date

7/16/25  
 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: 07/16/2025 Current Slot No.: 0260  
 Department Name: WIC Program Current Position Title: WIC Certification Specialist I  
 Department No.: 350-001 Requested Position Title: \_\_\_\_\_

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

<b>SALARY REQUEST:</b>	<u>\$ 31,817.00</u>	<u>-\$ 31,817.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount Net Change
<b>SALARY REQUEST:</b>		<u>\$ 0.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>-\$ 31,817.00</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		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)*

The position is no longer needed

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

07/16/2025  
 Date  
7/16/25  
 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: 07/16/2025 Current Slot No.: 0290 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>	<u>\$ 48,781.00</u>	<u>\$ 48,781.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** \$ 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.

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

07/16/2025  
 Date  
7/16/25  
 Date