



# 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: 09/22/2025 Current Slot No.: 0005  
 Department Name: SHERIFF'S OFFICE Current Position Title: DEPUTY SHERIFF  
 Department No.: 280-108 Requested Position Title: DEPUTY SHERIFF

**ALLOWANCE REQUEST: Type of Allowance**

Position     Interpreter     Clothing     Supplemental     Auto

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

**TOTAL BUDGETARY IMPACT:** \$ 500.00

**POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:**

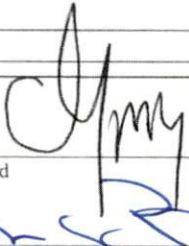

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds  
 Salary Adjustment     Other Clothing Allowances from Grant Funds MVCPA

**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)*  
Add clothing allowance to a grant MVCPA position

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

Department Head   
 Department of Human Resources 

Date 09/22/2025  
 Date 10/3/25

