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: 11/10/2025

Current Slot No.: 0007

Department Name: CCL#10

Current Position Title:

Department No.: 030-001

Requested Position Title: BAILIFF II

ALLOWANCE REQUEST: ***Type of Allowance***

☐ Position ☑ Interpreter ☐ Clothing ☐ Supplemental ☐ Auto

ALLOWANCE AMOUNT:

$ 0.00	$ 3,000.00	$ 3,000.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

11/13/2025
Start Date

End Date

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

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

Purpose is to add interpreter pay for County Court at Law No.10

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

Armando J. Marroquin
Department Head

11/10/2025
Date

Department of Human Resources

11/14/25
Date

HR Form: 029
Revised: 02/23/2017