



# 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: 11/04/2025 Current Slot No.: \_\_\_\_\_  
 Department Name: TBControl/TBPrev&Cntrl Current Position Title: \_\_\_\_\_  
 Department No.: 340-008/340-011 Requested Position Title: TB Medical Technician

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

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u> Current Budgeted Amount	<u>\$ 13,833.00</u> Proposed Budgeted Amount	<u>\$ 13,833.00</u> Net Change
<b>SALARY REQUEST:</b>	_____	<u>\$ 16,908.00</u> Proposed Budgeted Amount	<u>\$ 16,908.00</u> Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 30,741.00</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)**

This slot will assist with TB program related activities. Position was approved by grantor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dairen S Rangel  
 Department Head  
 \_\_\_\_\_  
 Department of Human Resources

11/04/2025  
 Date  
11/14/25  
 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: 11/12/2025 Current Slot No.: 0029 28  
 Department Name: Health-PHEP Grant Current Position Title: \_\_\_\_\_  
 Department No.: 340-013 Requested Position Title: Public Health Specialist II

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

<b>SALARY REQUEST:</b>	<u>\$ 0.00</u>	<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>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
<b>TOTAL BUDGETARY IMPACT:</b>	<u>\$ 48,781.00</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)**

This slot will assist with the PHEP program related activities. Position was approved by the grantor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dairén S Rangel  
 Department Head  
[Signature]  
 Department of Human Resources

11/14/2025  
 Date  
11/14/25  
 Date