



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: 11/25/2025 Current Slot No.: 0405/0059
 Department Name: SHERIFF'S OFFICE Current Position Title: Please see attached.
 Department No.: 280 -001 Requested Position Title: Please see attached

ALLOWANCE REQUEST: Type of Allowance

<input checked="" type="checkbox"/> Position	<input type="checkbox"/> Interpreter	<input checked="" type="checkbox"/> Clothing	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Auto
<i>28</i>				
ALLOWANCE AMOUNT:	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
ALLOWANCE AMOUNT:	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>-\$ 500.00</u>	
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change	
TOTAL BUDGETARY IMPACT:	<u>\$ 0.00</u>			

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:

<input checked="" type="checkbox"/> Current Department Budget	<input type="checkbox"/> Annual Budget Cycle	<input type="checkbox"/> Will Require Additional Funds
<input type="checkbox"/> Salary Adjustment	<input checked="" type="checkbox"/> Other <u>Delete and Adding Clothing Allowances</u>	

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)*

To delete clothing allowances to be added to a reassignment CID Investigator

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

Department Head _____
 Department of Human Resources _____

11/25/2025
 Date _____
11/25
 Date _____

