



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

POSITION TITLE CHANGE ONLY REQUEST FORM

NOTE: Complete this form to correct the position title of an employee based on the employee's assigned duties and responsibilities. A position title change does not involve a change in duties or responsibilities nor a change in salary.

Date: _____

Employee Name: _____ Employee No.: _____

Department Name: _____ Department No.: _____

Current Position Title: _____ Requested Position Title: _____

EXPLANATION OF TITLE CHANGE: *(Briefly explain why the title change is needed)*

DEPARTMENT OF HUMAN RESOURCES: *(Recommendations)*

Attach a list of duties and responsibilities assigned to the employee. (DO NOT ATTACH A JOB DESCRIPTION)



Elected Official / Department Head

Date