



# 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: 03/02/2026 Current Slot No.: Please see attache  
 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**

Position     Interpreter     Clothing     Supplemental     Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 0.00</u>	<u>\$ 2,000.00</u>	<u>\$ 2,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 2,000.00</u>	<u>\$ 0.00</u>	<u>-\$ 2,000.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

**TOTAL BUDGETARY IMPACT:** \$-500.00 \$0.00 *28*

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

Current Department Budget     Annual Budget Cycle     Will Require Additional Funds  
 Salary Adjustment     Other Delete and Adding Clothing Allowances

**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)*  
To delete clothing allowances to be added to a reassignment CID Investigators

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

*[Signature]*  
 Department Head  
*[Signature]*  
 Department of Human Resources

03/02/2026  
 Date  
3/4/26  
 Date

