



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: 04/20/2026 Current Slot No.: 0004
 Department Name: Commissioner PCT. 3 Current Position Title: Director, Field Operations Director II 28/
 Department No.: 123 -005 Requested Position Title: Director, Field Operations II

ALLOWANCE REQUEST: Type of Allowance

Position
 Interpreter
 Clothing
 Supplemental
 Auto

ALLOWANCE AMOUNT:	\$ 5,000.00	\$ 4,000.00	-\$ 1,000.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
	05/01/2026	11/01/2026	
	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)

Reduction from prior amount, due to recent structural change (Division Manager Hire)

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

6 months extension from 05/01/2026, with a renewal of 11/01/2026.

[Signature]
Department Head

4-21-26
Date

[Signature]
Department of Human Resources

[Signature]
Date