



# 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: 05/20/2026 Current Slot No.: 0002  
 Department Name: Public Affairs Current Position Title: Multimedia Coordinator  
 Department No.: 110-077 Requested Position Title: Multimedia Coordinator

**ALLOWANCE REQUEST: Type of Allowance**

Position     Interpreter     Clothing     Supplemental     Auto

<b>ALLOWANCE AMOUNT:</b>	<u>\$ 1,421.00</u>	<u>\$ 0.00</u>	<u>-\$ 1,421.00</u>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

\_\_\_\_\_  
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    **FLSA:**  Exempt  
 Non-Exempt     Non-Exempt

**JUSTIFICATION / PRIORITY: (Explain why this allowance request is essential)**

The Division Manager III position has been filled, so the supplemental allowance no longer applies to this position.

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

[Signature]  
Department Head

5-20-26  
Date

\_\_\_\_\_  
Department of Human Resources

\_\_\_\_\_  
Date