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: 05/28/2026

Current Slot No.: 0024

Department Name: CONSTABLE PCT. 3

Current Position Title: ADMINISTRATIVE ASSISTANT II

Department No.: 293-001

Requested Position Title: ADMINISTRATIVE ASSISTANT II

ALLOWANCE REQUEST: *Type of Allowance*

☐ Position ☐ Interpreter ☐ Clothing ☑ Supplemental ☐ Auto

ALLOWANCE AMOUNT:

$ 0.00	$ 2,100.00	$ 2,100.00
Current Budgeted Amount	Proposed Budgeted Amount	Net Change

06/09/2026 (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)*

PIO ASSIGNMENT PAY

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

Horacio Gallardo Jr. — Department Head — 05/28/2026 Date

Department of Human Resources — 6/3/26 Date

HR Form: 029
Revised: 02/23/2017