



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: Complete multiple personnel action form if department is requesting more than (3) personnel actions.

Date: 09/03/2026 Current Slot No.: 2200104
Department Name: Facilities Management Current Position Title: Custodian II
Department No.: 0220 Requested Position Title: _____

REQUEST FOR: ☐ New Position ☐ Temporary Position* ☐ Position Reclassification ☒ Other Delete

SALARY REQUEST: \$ 34,020.00 \$ 0.00 -\$ 34,020.00
Current Budgeted Amount Proposed Budgeted Amount Net Change

SALARY REQUEST: _____ \$ 0.00
Current Budgeted Amount Proposed Budgeted Amount Net Change

TOTAL BUDGETARY IMPACT: -\$ 34,020.00

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

*** TEMPORARY POSITIONS:**

Start Date _____ End Date _____ Work Schedule _____ Hours per Week _____ No. of Weeks _____
Annual Salary _____ Hourly Rate _____
Step 1 Salary / 2,080 Hours Per Year = Hourly Rate

No. of Weeks x Hours per Week = Total Hours x Hourly Rate = Budgeted Salary

JUSTIFICATION FOR NEW POSITION / SALARY ADJUSTMENT: (Explain why position or adjustment request is essential)

Russell R. Solis
Department Head

[Signature]
Department of Human Resources

09/08/2026
Date

9/9/26
Date