



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: 09/16/2026 Current Slot No.: 1400014
Department Name: Tax Office Current Position Title: Supervisor II
Department No.: 140 Requested Position Title: Supervisor II

ALLOWANCE REQUEST: Type of Allowance

☐ Position ☐ Interpreter ☐ Clothing ☐ Supplemental ☒ Auto

ALLOWANCE AMOUNT: \$ 0.00 \$ 1,500.00 \$ 1,500.00
Current Budgeted Amount Proposed Budgeted Amount Net Change

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TOTAL BUDGETARY IMPACT: \$ 1,500.00

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

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

Add Auto Allowance

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

Position 1400014 requires travel, needs Auto Allowance.

Deleted from Position 1400012

[Signature]
Department Head

9-16-26
Date

[Signature]
Department of Human Resources

9/13/26
Date



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Requested Position Title: Accountant III

Date _____