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: 09/22/2026 Current Slot No.: 1230018

Department Name: Commissioner PCT. 3 Current Position Title: Supervisor II

Department No.: 123 Requested Position Title:

ALLOWANCE REQUEST: *Type of Allowance*

☐ Position ☐ Interpreter ☐ Clothing ☑ Supplemental ☐ Auto

ALLOWANCE AMOUNT:	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
		$ 5,985.00	$ 5,985.00

Start Date	End Date
9/29/26 ~~10/02/2026~~ 28	12/31/2026

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)*

Mr. Lazaro Campos has taken on responsibilities beyond normal expetations of his current position, including emergency mitigation responses during inclement weather events and fire suppression.

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

full amount to be paid withing the specified period ~~10/02/2026~~ through 12/31/2026
09-29-26

HEA

Department Head — 09/22/2026 Date

Department of Human Resources — 09/22/2026 Date 23 ok