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: 10/05/2026 Current Slot No.: 1230003

Department Name: Commissioner PCT. 3 Current Position Title: Field Operations Director II

Department No.: 123 Requested Position Title: _____

ALLOWANCE REQUEST: *Type of Allowance*

☐ Position ☐ Interpreter ☐ Clothing ☑ Supplemental ☐ Auto

ALLOWANCE AMOUNT:	$ 4,000.00	$ 2,500.00	-$ 1,500.00
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

11/10/2026 — Start Date

05/10/2027 — 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)*

The Division Manager was hired to alleviate some of the responsibilities of the Field Operations Mgr allowing for a more balanced distribution of workload and improved oversight of field operations.

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

SLOT #1230003 DECREASE SUPPLEMENTAL PAY TO REFLECT $2500.00
FOR 6 MONTHS 11/10/2026 through 05/10/2027

Department Head — Date: 10/14/2026

Department of Human Resources — Date: ~~10/14/2026~~ 10/30/26 MK

HR Form: 029
Revised: 02/23/2017