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: 11/04/2026

Current Slot No.: 1210152/1210153 28

Department Name: PCT.1

Current Position Title: _____

Department No.: 0121

Requested Position Title: Athletic Trainer

REQUEST FOR: ☑ New Position ☐ Temporary Position* ☐ Position Reclassification ☐ Other _____

	Current Budgeted Amount	Proposed Budgeted Amount	Net Change
SALARY REQUEST:	_____	~~$ 43,915.00~~ $21,958.00	$ 43,915.00 $21,958.00
SALARY REQUEST:	_____	~~$ 43,915.00~~ $21,958.00	~~$ 43,915.00~~ $21,958.00

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TOTAL BUDGETARY IMPACT: ~~$ 87,830.00~~ $43,916.00

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)*

Creation of 2 new part time positions needed due to a new department building - WACC

Department Head _____ Date 11/4/26

Department of Human Resources _____ Date 11/9/26