

NUECES COUNTY PERSONNEL ACTION REQUEST

Please complete applicable items in Part A, sign appropriate block in Part B.

PART A	Dept. Name: Magistrate Court			Effective Date: 3-21-20	
Position	Current	Proposed	Payroll	Current	Proposed
Department Number	3250	3250	Pay Period Rate	2,192.50	2,543.30
			Hourly Rate	43.85	43.85
ExecuTime Division			Longevity		
Job Class Number	2302	2302	Special Pay		
			State Pay		
			Car Allowance		
Job Title	Associate Judge (Part-Time)	Associate Judge (Part-Time)	LE Long/Sr Pay		
			Peace Off Cert Pay		
			Corr Off Cert Pay		
Sched / Pay Group / Step	39/02	39/02	LE CTO		
			LE FTO		
			LE JET		

FLSA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Civil Service: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded	Hours Per Week: <u>29</u> Date Vacant: _____ Date Unfrozen: _____ Former Occupant: _____	Final Benefits Payout (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____
Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Job Category: <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement		

ACTION(S) REQUESTED Incoming Data <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input type="checkbox"/> Transfer in from Dept _____ <input type="checkbox"/> Workers Comp-Return	Outgoing Data <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Transfer out to Dept _____ <input type="checkbox"/> Workers Comp-Begin	Separation Data - see Part D <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination-Involuntary <input type="checkbox"/> Termination-Probationary Period	Other <input type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input checked="" type="checkbox"/> Other: Hours increased from 25 to 29 _____ hours per week
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COMMENTS:

Employee hours are temporarily increased from 25 hours to 29 hours per week

THRU FYE
9/30/20 *JCM*

PART B	Employee Number: 06773	Name (Last, First, MI): Madrigal, Melissa K.	SSN: XXX-XX-4665
Employee Signature:		Date:	
APPOINTING AUTHORITY	HUMAN RESOURCES DEPARTMENT	COUNTY AUDITOR	COMMISSIONERS COURT
	<i>Melissa K. Madrigal</i> RECEIVED		
Date:	Date: MAR 25 2020	Date:	Date:

NUECES COUNTY PERSONNEL ACTION REQUEST

Please complete applicable items in Part A, sign appropriate block in Part B.

PART A		Dept. Name: Magistrate Court			Effective Date: 3-21-20	
Position	Current	Proposed	Payroll	Current	Proposed	
Department Number	3250	3250	Pay Period Rate	2,247.50	2,607.10	
			Hourly Rate	44.95	44.95	
ExecuTime Division			Longevity			
Job Class Number	2302	2302	Special Pay			
			State Pay			
			Car Allowance			
Job Title	Associate Judge (Part-Time)	Associate Judge (Part-Time)	LE Long/Sr Pay			
			Peace Off Cert Pay			
			Corr Off Cert Pay			
Sched / Pay Group / Step	39/03	39/03	LE CTO			
			LE FTO			
			LE JET			

FLSA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Civil Service: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded	Hours Per Week: 29 Date Vacant: _____ Date Unfrozen: _____ Former Occupant: _____	Final Benefits Payout (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____
Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Job Category: <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement		

ACTION(S) REQUESTED Incoming Data <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input type="checkbox"/> Transfer in from Dept _____ <input type="checkbox"/> Workers Comp-Return	Outgoing Data <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Transfer out to Dept _____ <input type="checkbox"/> Workers Comp-Begin	Separation Data - see Part D <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination-Involuntary <input type="checkbox"/> Termination-Probationary Period	Other <input type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input checked="" type="checkbox"/> Other: Hours increased from 25 to 29 _____ hours per week.
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COMMENTS:

Employee hours are temporarily increased from 25 hours to 29 hours per week

THRU FYE
9/30/20 JCM

PART B	Employee Number: 09218	Name (Last, First, MI): Rhodes-Schauer, Linda J.	SSN: XXX-XX-916
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Employee Signature:		Date:	
APPOINTING AUTHORITY	HUMAN RESOURCES DEPARTMENT	COUNTY AUDITOR	COMMISSIONERS COURT
	<i>Melinda Luna</i> for Julie Guene RECEIVED		
Date:	Date: MAR 25 2020	Date:	Date: