Holmes County Consolidated School District

Office of Human Resources

AUTHORIZATION FOR CHANGE OF STATUS FORM

SCHOOL/DIVISION: _____ PAY LOCATION NUMBER: _____

RECOMMENDING BY: _____ DATE: _____

ACCEPTED BY: _____ DATE: _____

Name: _____ Last 4 SSN: _____

Check appropriate change: ☐ Change of Assignment ☐ Transfer ☐ Reclassification

(Note: Complete Only the Sections Which are Changing.)		
	FROM	**TO**
POSITION		
SCHED-GRADE-STEP		
DAYS EMPLOYED		
HOURS WORKED		
PAY LOCATION		
COACH/SPONSOR ASSIGNMENT		

Effective Date of Change: _____

Reason: _____

Replacing: _____

Signatures:

District Supervisor: _____ Date: _____

Asst. Superintendent: _____ Date: _____

Human Resources Director: _____ Date: _____

Chief Financial Officer: _____ Date: _____

☐ Board Item

☐ Non-Board Item Initial _____ Date _____

Revised: 07/24/2026