Fiscal Year 2026-2027
"Request for Addition/Retirement of HCM Numbers"
Horry County Schools

Request for Addition: **New HCM #**_____

Funding Source_____ Position Title _____

School Location_____ Contract Length _____

Total FTE_____ Account # _____

HPD _____ **Position Type** ☐ Temporary ☐ Permanent

Justification/Rationale for Addition: **Effective Date:**_____

_____

_____

_____

Request for Retirement:

Human Capital Management Number: _____ **FTE:**_____

Reason for Retirement: **Position Title:**_____

- ☐ Loss of funding in General Fund
- ☐ Loss of funding in _____ Special Funds from School's Allocation
- ☐ Change in Funding Source
  From _____ Fund To _____ Fund
- ☐ Other – Indicate Funding Source_____

Reason for Retirement: **Effective Date:**_____

_____

_____

_____

Date Requested:_____ _____
Program Director Signature

_____ _____
Principal Signature Executive Director Signature

_____ _____
Chief Officer Signature Superintendent Signature

Please return to Budgetary Services

Budgetary Services Use Only

Date Entered: _____

Entered By: _____ _____
Chief Financial Officer