Fiscal Year 2026-2027

"Request for Change in HCM Position"

Horry County Schools

USE THIS FORM TO REDEFINE YOUR POSITIONS WITHIN THE SAME FUNDING SOURCE. IF YOU HAVE A CHANGE IN FUNDING SOURCE, PLEASE USE THE "REQUEST FOR ADDITION/RETIREMENT OF POSITION NUMBERS" FORM.

School:_____ **Effective Date: _____**

Current HCM #_____ Funding Source: _____

This Reclassification form can be used for GRADE LEVEL changes only and your request is only valid for the current fiscal year.

CURRENT ALLOCATION	NEW ALLOCATION
Position Title _____	Position Title _____
Total FTE_____	Total FTE _____
Contract Length _____	Contract Length_____
HPD _____	HPD _____
Grade _____	Grade_____
Employee Name _____	Employee Name _____

Justification/Rationale for change: This must be completed prior to request for change.

_____

_____

_____

Date Requested:_____ _____
Principal Signature

_____ _____
Program Director 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