

Fiscal Year 2023-2024
"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 Finance Officer