

**Fiscal Year 2023-2024**  
**"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.**

<b>CURRENT ALLOCATION</b>	<b>NEW ALLOCATION</b>
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 Finance Officer