

**Fiscal Year 2018-19**  
**"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 Request is only valid for the current fiscal year.**

**Approved General Fund User Defined positions:**  
 Instructional Coach \_\_\_\_\_ FTE    Reading Recovery Teacher \_\_\_\_\_ FTE    Technology Specialist \_\_\_\_\_ FTE

<b>CURRENT ALLOCATION</b>	<b>NEW ALLOCATION</b>
Position Title _____	Position Title _____
Total FTE _____	Total FTE _____
Contract Length _____	Contract Length _____
HPD _____	HPD _____
Group _____	Group _____
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

**Please return to Budgetary Services**

Budgetary Services Use Only

Date Entered: \_\_\_\_\_  
 Entered By: \_\_\_\_\_ \_\_\_\_\_  
 Chief Finance Officer