

**Fiscal Year 2020-2021**  
**"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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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