

Holmes County Consolidated School District
Office of Human Resources
AUTHORIZATION FOR CHANGE OF STATUS FORM

SCHOOL/DIVISION: _____	PAY LOCATION NUMBER: _____
RECOMMENDING OFFICER _____	DATE _____
APPROVING OFFICER _____	DATE _____

Name: _____ Social Security Number: _____

Check appropriate change: ☐ Change of Assignment ☐ Transfer ☐ Reclassification

(Note: Complete Only the Sections Which are Changing.)		
	FROM	TO
POSITION	Click or tap here to enter text.	Click or tap here to enter text.
POSITION TITLE CODE	Click or tap here to enter text.	Click or tap here to enter text.
SCHED-GRADE-STEP	Click or tap here to enter text.	Click or tap here to enter text.
SALARY/RATE OF PAY	Hourly Rate: Click or tap here to enter text.	Hourly Rate: Click or tap here to enter text.
	Annual Rate: Click or tap here to enter text.	Annual Rate: Click or tap here to enter text.
DAYS EMPLOYED	Click or tap here to enter text.	Click or tap here to enter text.
HOURS WORKED	Click or tap here to enter text.	Click or tap here to enter text.
BUDGET STRING	Click or tap here to enter text.	Click or tap here to enter text.
PAY LOCATION	Click or tap here to enter text.	Click or tap here to enter text.
COACH/SPONSOR ASSIGNMENT	Click or tap here to enter text.	Click or tap here to enter text.

Effective Date of Change: _____

Reason: _____

Replacing: _____

Signatures:

Executive Team Member: _____ Date: _____

Chief Financial Officer: _____ Date: _____

Human Resources: _____ Date: _____

<input type="checkbox"/> Board Item <input type="checkbox"/> Non-Board Item	Date Information Entered on Date Base _____ Initial _____ Date _____
Revised: 04/14/22	