

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

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

Name: _____ Last 4 SSN: _____

Check appropriate change: Change of Assignment Transfer Reclassification

(Note: Complete Only the Sections Which are Changing.)		
	FROM	TO
POSITION		
POSITION TITLE CODE		
SCHED-GRADE-STEP		
SALARY/RATE OF PAY		
DAYS EMPLOYED		
HOURS WORKED		
BUDGET STRING		
PAY LOCATION		
COACH/SPONSOR ASSIGNMENT		

Effective Date of Change: _____

Reason: _____

Replacing: _____

Signatures:

Superintendent: _____ Date: _____

Human Resources: _____ Date: _____

Chief Financial Officer: _____ Date: _____

<input type="checkbox"/> Board Item	
<input type="checkbox"/> Non-Board Item	Initial _____ Date _____
Revised: 09/29/23	