



Civil Service Commission Meeting Agenda

Wednesday, April 14, 2021

5:00 PM

1) Call to Order

2) Roll Call of Members

3) Review Minutes

- A) Minutes from October 14, 2020 Civil Service Commission Meeting
- B) Minutes from January 13, 2021 Civil Service Commission Meeting

4) New Business

- A) Changes:
- B) Kyle Konicki, Service Dept, Transfer from Grounds Maintenance Worker Step 5 to EQ1 Step 6, from \$24.99/hour to \$27.07/hour, effective 1/11/2021

Mellison Davis, Police Dept, Police Officer, Promotion from Step 3 to Step 4, from \$33.30/hour to \$36.60/hour, effective 1/26/2021

Adam Ericson, Police Dept, Police Officer, Promotion from Step 4 to Step 5, from \$36.60/hour to \$46/hr, effective 1/27/2021

Natalie Contosta-Mullin, Recreation Dept, Deputy Rec Director, Promotion from Step 1 to Step 2, from \$31.07/hour to \$33.22/hour, effective 2/20/2021

Jessica Withem, Finance Dept, Asst Finance Director, Promotion from Step 2 to Step 3, from \$32.29/hour to \$33.79/hour, effective 2/22/2021

Jordan Cavallaro, Service Dept, Executive Assistant, Promotion from Step 2 to Step 3, from \$23.88/hour to \$27.42/hour, effective 2/28/2021

Katie Sarvas, Recreation Dept, Rec Supervisor Tier 1, Promotion from Step 2 to Step 3, from \$27.61/hour to \$29.34/hour, effective 3/2/2021

Ryan Crabtree, Service Dept, Auto Mechanic 1, Promotion from Step 5 to Step 6, from \$26.89/hour to \$28.94/hour, effective 3/12/2021

Kyle Sprague, Service Dept, Transfer from Water Service Worker Step 6 to Right of Way Coordinator Step 3, from \$28.56/hour to \$34.05/hour, effective 4/5/201

C) Appointments

D) Spencer Martin, Service Department, Tree Maintenance Worker, Step 3, \$19.32/hour, effective 2/22/2021

Emily Perfect, Recreation Department, Front Desk Operations, Step 1, \$17.25/hour, effective 3/29/2021

Sean Markos, Recreation Department, Service Worker, Step 1, \$15.21/hour, effective 3/31/2021

5) Adjourn



Meeting Minutes
Wednesday, October 14, 2020
08:30 am

These minutes are intended to be interactive minutes, referencing video and audio recordings hosted at www.bexley.org.

To view and listen to the context behind the decisions taken at this meeting, please visit www.bexley.org/meetings.

1) ROLL CALL: Mr. Offenberg, Mr. Nathans, Ms. Appling

Voting Members Present: John Offenberg; Lee Nathans, and Kim Appling

Absent:

Excused:

Non-Voting Present: Bill Harvey, Ben Kessler, Pat Devine

2) MINUTES:

A) Minutes from July 8, 2020 meeting

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 3-0 – passed.

FOR: Lee Nathans, John Offenberg, and Kim Appling

AGAINST: None.

3) NEW BUSINESS:

A) Recognition of Pat Devine for his dedicated service as a member of the Civil Service Commission

1. Mayor Kessler presented Mr. Devine with a proclamation declaring October 14, 2020 Pat Devine Day.
2. Mr. Offenberg, Mr. Nathans, and Mr. Harvey thanked Mr. Devine for his service and exchanged pleasantries.

B) Introduction and welcoming of Kim Appling as a member of the Civil Service Commission

1. Mayor Kessler, Mr. Offenberg, Mr. Nathans, and Mr. Harvey welcomed Ms. Appling to the Civil Service Commission and exchanged pleasantries.

C) Changes

1. Davon Donovan, Police Department, Police Officer, Promotion from Step 4 to Step 5, from \$36.60/hour to \$46/hour, effective 8/12/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None.

2. Kevin Schaefer, Police Department, Police Officer, Promotion from Step 4 to Step 5, from \$36.60/hour to \$46/hour, effective 8/22/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None

D) Separations

1. Jeff Storer, Recreation Department, Supervisor, Resigned, effective 8/22/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None.

2. Joseph Mayner, Service Department, Tree Maintenance Worker, Resigned, effective 10/2/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None.

E) Appointments

3. Joshua Davis, Police Department, Police Officer, Step 1, \$27.18/hour, effective 6/29/2020

Kim Appling made a motion to Approve – Motion seconded by Lee Nathans.

Vote 3 – 0 – passed

FOR: Kim Appling, Lee Nathans, and John Offenberg

AGAINST: None

F) Amendments

1. At July 8, 2020 meeting, Civil Service approved the retirement of Ruby Arnold, Clerk of Courts, effective 8/14/2020. Mrs. Arnold has postponed her retirement and a definitive date has yet to be established.

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None

Next meeting scheduled for January 13, 2021 at 5pm

Adjourn

John Offenberg made a motion to Approve – Motion seconded by Lee Nathans.

Vote 3 – 0 – passed

FOR: John Offenberg, Lee Nathans, and Kim Appling

AGAINST: None.



Meeting Minutes
Wednesday, January 13, 2021
5:00 pm

These minutes are intended to be interactive minutes, referencing video and audio recordings hosted at www.bexley.org.

To view and listen to the context behind the decisions taken at this meeting, please visit www.bexley.org/meetings.

- 1) **ROLL CALL: Mr. Offenberg, Mr. Nathans, Ms. Appling**
Voting Members Present: John Offenberg, Lee Nathans
Absent: Kim Appling
Excused:
Non-Voting Present: Bill Harvey, Ben Kessler

- 2) **MINUTES:**

- A) **Minutes from October 14, 2020 meeting**

John Offenberg requested minutes be amended to show that the next meeting was scheduled for January 13, 2021 at 5pm.

- 3) **NEW BUSINESS:**

- A) **Changes**

1. Debbie Maynard, Mayor's Office, Executive Assistant, Promotion from Step 4 to Step 5, from \$28.47/hour to \$30.20/hour, effective 12/11/2020

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

2. Michael Price, Recreation Dept, Rec Director, Promotion from Step 4 to Step 5, from \$45.64/hour to \$48.11/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

3. Emily Sweet, Recreation Dept, Rec Program Coord Tier II, Promotion from Rec Program Coord Tier II to Rec Program Coord Tier I, from \$17.51/hour to \$20.70/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

4. Taylor Salmons, Service Dept, EQ1, Promotion from Step 4 to Step 5, from \$21.50/hour to \$24.28/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

5. James Williams, Service Dept, Asst Auto Mechanic, from Step 4 to Step 5, from \$21.50/hour to \$24.28/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

B) Separations

1. Ruby Arnold, Mayor's Office, Clerk of Courts, Retired, effective 11/20/2020

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

C) Appointments

1. Marquan Stewart, Mayor's Office, Clerk of Courts, Step 1, \$22/hour, effective 10/23/2020

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

Next meeting scheduled for April 14, 2021 at 5pm

Adjourn

John Offenberg made a motion to Approve – Motion seconded by Lee Nathans.

Vote 2 – 0 – passed

FOR: John Offenberg and Lee Nathans

AGAINST: None.

PERSONNEL ACTION
CITY OF BEXLEY

DEPARTMENT Service Street UNIT OR OFFICE

(from) Parks
(to) Streets

NAME: (from) Kyle Konicki SEX m DATE OF BIRTH mo. | day | yr. EDUCATION yrs. | degree | major

(to)

ADDRESS: (from) _____ (street) _____ (city) _____ (state) _____ (zip)

(to)

EFFECTIVE DATE: (from) _____ (to) _____	PAYROLL NUMBER	SOCIAL SECURITY NO.	WORK UNIT
<u>1</u> / <u>11</u> / <u>2021</u>			

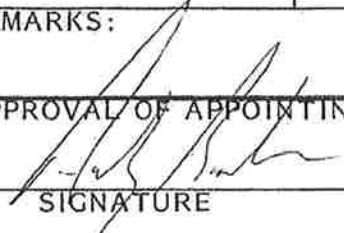
CLASS TITLE (from) <u>Ground maintenance</u>	CLASS NUMBER	RANGE	STEP <u>5</u>	RATE <u>\$24.99</u>
(to) <u>Equipment 1</u>			<u>6</u>	<u>\$27.07</u>

<input type="checkbox"/> 1 EMERGENCY ends _____ <input checked="" type="checkbox"/> 2 FULL TIME PERMANENT (provisional) <input type="checkbox"/> 3 FULL TIME TEMPORARY <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 FULL TIME TEMPORARY ends _____ <input type="checkbox"/> 6 FULL TIME SEASONAL to _____ <input type="checkbox"/> 7 APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 INTERIM <input type="checkbox"/> 9 OTHER _____	<input type="checkbox"/> 1 PROMOTIONAL <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS. <input type="checkbox"/> 4 TRANSFER WITHIN DEPARTMENT <input checked="" type="checkbox"/> 5 TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 RATE <input type="checkbox"/> 10 REASSIGNMENT <input type="checkbox"/> 11 POSITION NUMBER <input type="checkbox"/> 12 OTHER (see remarks) <input type="checkbox"/> 13 TEMPORARY WORK LEVEL ADJUSTMENT <input type="checkbox"/> 14 CORRECTION OF _____ to _____	<input type="checkbox"/> 1 RESIGNED, REASON _____ <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED <input type="checkbox"/> 9 OTHER (see remarks) <input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 1 MILITARY LEAVE <input type="checkbox"/> 2 PERSONAL LEAVE <input type="checkbox"/> 3 SUSPENSION <input type="checkbox"/> 4 DISABILITY LEAVE <input type="checkbox"/> 5 SEASONAL END <input type="checkbox"/> 6 MATERNITY LEAVE <input type="checkbox"/> 7 EDUCATIONAL LEAVE <input type="checkbox"/> 8 SICK LEAVE ending date: _____ <input type="checkbox"/> 9 VACATION LEAVE ending date: _____
			REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BY CIVIL SERVICE COMMISSION <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 RESCIND SEPARATION

PRIOR SERVICE _____ PRIOR SICK LEAVE _____ DATE LAST PROMOTED _____ DATE CONTINUOUS SERVICE _____

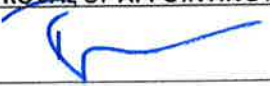
CERTIFICATION NO. _____ BUDGETED HOURS _____

REMARKS: Assigned New Position

APPROVAL OF APPOINTING AUTHORITY  SIGNATURE _____ DATE <u>11/11/21</u>	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED
---	---

RELEASING AUTHORITY _____ DATE _____ EXEC. SEC. CIV. SERV. COMM. _____ DATE _____

ORIGINAL TO CIVIL SERV. COMM.; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE			
NAME: Mellison Davis						EFFECTIVE DATE: 01/26/2021			
ADDRESS									
FROM:				TO:					
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION		DEGREE:		
					YEARS:				
					MAJOR:				
DEPARTMENT, UNIT FROM:									
OR OFFICE TO:									
CLASS FROM:				CLASS NUMBER FROM:					
TITLE TO: <i>Police Officer</i>				TO:					
RANGE FROM: 69,257.62				STEP FROM: 3		RATE FROM: 33.30			
TO: 76,134.21				TO: 4		TO: 36.60 <i>hr</i>			
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION			
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) _____ TO _____ <input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____		<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input checked="" type="checkbox"/> 9 – RATE _____ <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____		<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT		<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: _____ <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____		<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION	
DATE LAST PROMOTED:			DATE CONTINUOUS SERVICE:			CERTIFICATION #:			
BUDGETED HOURS			REMARKS: <i>Step Increase per Contract</i>						
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION					
SIGNATURE: 		DATE:		<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY:				SIGNATURE: _____ DATE: _____					
SIGNATURE:		DATE:		EXECUTIVE SEC. CIVIL SERVICE COMM.					
Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head									

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Adam Ericson **EFFECTIVE DATE:** 01/27/2021

ADDRESS

FROM: _____ TO: _____

PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION	DEGREE:
					YEARS:	
					MAJOR:	

DEPARTMENT, UNIT FROM: _____
OR OFFICE TO: _____

CLASS FROM: _____ **CLASS NUMBER** FROM: _____
TITLE TO: *Police Officer* **TO:** _____

RANGE FROM: 76,134.21 **STEP** FROM: 4 **RATE** FROM: 36.60/hr
TO: 76,134.21 **TO:** 5 **TO:** 46.00/hr

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) _____ TO _____ <input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____	<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input checked="" type="checkbox"/> 9 – RATE <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____	<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT	<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: _____ <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____	<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION

DATE LAST PROMOTED: _____ **DATE CONTINUOUS SERVICE:** _____ **CERTIFICATION #:** _____

BUDGETED HOURS _____ **REMARKS:** *Step Increase per Contract*

<p align="center">APPROVAL OF APPOINTING AUTHORITY</p> <p>SIGNATURE: DATE: _____</p> <p align="center">RELEASING AUTHORITY:</p> <p>SIGNATURE: _____ DATE: _____</p>	<p align="center">CIVIL SERVICE COMMISSION</p> <p><input type="checkbox"/> APPROVED CERTIFICATION _____</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>SIGNATURE: _____ DATE: _____</p> <p align="center">EXECUTIVE SEC. CIVIL SERVICE COMM.</p>
--	---

Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head

NAME
From: NATALIE CONTOSTA-MULLIN
To:

SEX

DATE OF BIRTH
Month Day Year

EDUCATION
Yrs. Degree Major

ADDRESS
From: To:

CITY From: To: **ST** From: To: **ZIP** From: To:

EFFECTIVE DATE
Month: 2/20/2021 Date: Year:

PAYROLL NUMBER
From: To:

SOCIAL SECURITY NO.

WORK UNIT
From: To:

CLASS TITLE
From: DEPUTY REC DIRECTOR
To:

CLASS NUMBER
From: To:

RANGE

STEP
1
2


RATE
\$31.07/hr
\$33.22/hr

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
			REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION


PRIOR SERVICE PRIOR SICK LEAVE DATE LAST PROMOTED DATE CONTINUOUS SERVICE

CERTIFICATION NO BUDGETED HOURS

REMARKS: **STEP INCREASE PER PAY SCALE**

APPROVAL OF APPOINTING AUTHORITY  SIGNATURE 2/24/21 DATE	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. DATE
RELEASING AUTHORITY DATE	

ORIGINAL TO CIVIL SERVICE COMMISSION; CC.PIES 10; Employee personnel file; Auditor/Treasurer; Department Head

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE From: FINANCE DEPT To:									
NAME From: JESSICA WITHEM To:				SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major			
					Month	Day	Year				
ADDRESS From: To:				CITY From: To:		ST From: To:		ZIP From: To:			
EFFECTIVE DATE Month: Date: Year: 2/22/2021		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:				
CLASS TITLE From: ASST FINANCE DIRECTOR		CLASS NUMBER From:		RANGE		STEP		RATE			
						2		\$32.29/hr			
						3		\$33.79/hr			
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION		
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER 			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ 			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____ <div style="text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION		
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE					
CERTIFICATION NO		BUDGETED HOURS									
REMARKS: STEP INCREASE PER PAY SCALE											
APPROVAL OF APPOINTING AUTHORITY  2/24/2021 SIGNATURE DATE					CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. DATE						
RELEASING AUTHORITY _____ DATE _____											

NAME From: JORDAN CAVALLARO To:	SEX	DATE OF BIRTH Month Day Year	EDUCATION Yrs. Degree Major
---------------------------------------	-----	---------------------------------	--------------------------------

ADDRESS From: To:	CITY From: To:	ST From: To:	ZIP From: To:
-------------------------	----------------------	--------------------	---------------------

EFFECTIVE DATE Month: 2/28/2021 Date: Year:	PAYROLL NUMBER From: To:	SOCIAL SECURITY NO.	WORK UNIT From: To:
--	--------------------------------	---------------------	---------------------------

CLASS TITLE From: EXEC ASST SERVICE DEPT To:	CLASS NUMBER From: To:	RANGE	STEP 2 3	RATE \$23.88/hr \$27.42/hr
--	------------------------------	-------	----------------	----------------------------------

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____ <div style="border: 1px solid black; padding: 2px;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION _____ <input type="checkbox"/> 2 - FROM INTERRUPTION _____ <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION

PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
---------------	------------------	--------------------	-------------------------

CERTIFICATION NO	BUDGETED HOURS
------------------	----------------

REMARKS: **STEP INCREASE PER PAYSACLE**

APPROVAL OF APPOINTING AUTHORITY SIGNATURE DATE 3/1/21 _____ DATE RELEASING AUTHORITY DATE	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. DATE
--	--

PERSONNEL ACTION FORM CITY OF BEXLEY	DEPARTMENT UNIT OR OFFICE From: REC DEPT To:
---	--

NAME From: KATIE SARVAS To:	SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major		
		Month	Day	Year			

ADDRESS From: To:	CITY From: To:	ST From: To:	ZIP From: To:
-------------------------	----------------------	--------------------	---------------------

EFFECTIVE DATE Month: 3/2/2021 Date: Year:	PAYROLL NUMBER From: To:	SOCIAL SECURITY NO.	WORK UNIT From: To:
---	--------------------------------	---------------------	---------------------------

CLASS TITLE From: REC SUPERVISOR - TIER I To:	CLASS NUMBER From: To:	RANGE	STEP 2 3	RATE \$27.61/hr \$29.34/hr
---	------------------------------	-------	----------------	----------------------------------

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
			REINSTATEMENT
			<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION

PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
---------------	------------------	--------------------	-------------------------


CERTIFICATION NO	BUDGETED HOURS	
------------------	----------------	--

REMARKS: **STEP INCREASE PER PAYSACLE**

APPROVAL OF APPOINTING AUTHORITY  SIGNATURE	2/28/21 DATE
RELEASING AUTHORITY	DATE

CIVIL SERVICE COMMISSION	
<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED _____	
EXEC. SEC. CIV. SERV. COMM.	DATE

ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file, Auditor/Treasurer, Department Head

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE									
		From: SERVICE DEPT			To:						
NAME				SEX	DATE OF BIRTH			EDUCATION			
From: RYAN CRABTREE								Yrs.	Degree	Major	
To:					Month	Day	Year				
ADDRESS				CITY		ST		ZIP			
From:				From:		From:		From:			
To:				To:		To:		To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT				
Month:	Date:	Year:	From:		From:			From:			
3/12/2021			To:		To:			To:			
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE			
From: AUTO MECH I		From:				5		\$26.89/hr			
To:		To:				6		\$28.94/hr			
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION		
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER 			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ 			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____ 		
									REINSTATEMENT		
									<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION		
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE					
CERTIFICATION NO			BUDGETED HOURS								
REMARKS: STEP INCREASE PER UNION CONTRACT											
APPROVAL OF APPOINTING AUTHORITY						CIVIL SERVICE COMMISSION					
 SIGNATURE						<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
3/1/21 DATE						EXEC. SEC. CIV. SERV. COMM. _____ DATE					
RELEASING AUTHORITY _____						DATE _____					

PERSONNEL ACTION FORM CITY OF BEXLEY	DEPARTMENT UNIT OR OFFICE From: SERVICE DEPT To:
---	--

NAME From: KYLE SPRAGUE To:	SEX	DATE OF BIRTH	EDUCATION Yrs. Degree Major
		Month Day Year	

ADDRESS From: To:	CITY From: To:	ST From: To:	ZIP From: To:
--------------------------------	-----------------------------	---------------------------	----------------------------

EFFECTIVE DATE Month: 4/5/2021 Date: Year:	PAYROLL NUMBER From: To:	SOCIAL SECURITY NO. From: To:	WORK UNIT From: To:
--	---------------------------------------	--	----------------------------------

CLASS TITLE From: Water Service Worker To: Right of Way Coord.	CLASS NUMBER From: To:	RANGE From: To:	STEP From: 6 To: 3	RATE From: \$28.56/hr To: \$34.05/hr
---	-------------------------------------	------------------------------	---------------------------------	---

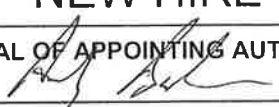
APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input checked="" type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____ REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION _____ <input type="checkbox"/> 2 - FROM INTERRUPTION _____ <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION

PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
---------------	------------------	--------------------	-------------------------

CERTIFICATION NO	BUDGETED HOURS
------------------	----------------

REMARKS: **ASSIGNED NEW POSITION**

APPROVAL OF APPOINTING AUTHORITY _____ SIGNATURE DATE: 4/5/21	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED _____ EXEC. SEC. CIV. SERV. COMM. DATE
_____ RELEASING AUTHORITY DATE	

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE From: SERVICE DEPT To:								
NAME From: SPENCER MARTIN To:				SEX	DATE OF BIRTH Month Day Year			EDUCATION Yrs. Degree Major		
ADDRESS From: To:				CITY From: To:	ST From: To:	ZIP From: To:				
EFFECTIVE DATE Month: 2/22/2021 Date: Year:		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:			
CLASS TITLE From: TREE MAINTENANCE WORKER		CLASS NUMBER From:		RANGE	STEP 3	RATE \$19.32/hr				
To:		To:								
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION	
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input checked="" type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER 			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ 			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____	
									REINSTATEMENT	
									<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION	
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED			DATE CONTINUOUS SERVICE			
CERTIFICATION NO			BUDGETED HOURS							
REMARKS: NEW HIRE (REPLACEMENT)										
APPROVAL OF APPOINTING AUTHORITY  2/24/21 SIGNATURE DATE					CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY _____ DATE _____					EXEC. SEC. CIV. SERV. COMM. _____ DATE _____					
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head										

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE									
		From: RECREATION DEPT			To:						
NAME				SEX	DATE OF BIRTH			EDUCATION			
From: EMILY PERFECT								Yrs.	Degree	Major	
To:					Month	Day	Year				
ADDRESS				CITY		ST		ZIP			
From:				From:		From:		From:			
To:				To:		To:		To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT				
Month: Date: Year:		From:					From:				
3/29/2021		To:					To:				
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE			
From: FRONT DESK OPERATIONS		From:				1		\$17.25/hr			
To:		To:									
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION		
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input checked="" type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER 			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF 			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT 			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____ 		
									REINSTATEMENT		
									<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION		
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED			DATE CONTINUOUS SERVICE				
CERTIFICATION NO			BUDGETED HOURS								
REMARKS: <p style="text-align: center; font-size: 1.2em;"><i>New Employee</i></p>											
APPROVAL OF APPOINTING AUTHORITY						CIVIL SERVICE COMMISSION					
_____						<input type="checkbox"/> APPROVED CERTIFICATION _____					
SIGNATURE						<input type="checkbox"/> DISAPPROVED					
DATE						EXEC. SEC. CIV. SERV. COMM. DATE					
RELEASING AUTHORITY						DATE					

ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE **540**
 CHANGE
 EFFECTIVE DATE: **3/31/2021**

NAME: Sean Joseph Markos

ADDRESS

FROM:

TO:

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

YEARS:

DEGREE:

MAJOR:

DEPARTMENT, UNIT FROM: Recreation & Parks Department

OR OFFICE

TO:

CLASS

FROM:

TITLE

TO:

Service Worker

CLASS NUMBER

FROM:

TO:

RANGE

FROM:

TO:

STEP

FROM:

TO:

RATE

FROM:

TO:

15.21/hr (Step 1)

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 - EMERGENCY Ends: _____	<input type="checkbox"/> 1 - PROMOTIONAL	<input type="checkbox"/> 1 - RETIRED	<input type="checkbox"/> 1 - MILITARY LEAVE	<input type="checkbox"/> 1 - FROM SEPARATION
<input checked="" type="checkbox"/> 2 - FULL TIME (Permanent or Provisional)	<input type="checkbox"/> 2 - DEMOTION	<input type="checkbox"/> 2 - DISABILITY RETIREMENT	<input type="checkbox"/> 2 - PERSONAL LEAVE	<input type="checkbox"/> 2 - FROM INTERRUPTION
<input type="checkbox"/> 3 - FULL TIME (Temporary)	<input type="checkbox"/> 3 - LATERAL CLASS.	<input type="checkbox"/> 3 - DECEASED	<input type="checkbox"/> 3 - SUSPENSION	<input type="checkbox"/> 3 - BY CIVIL SERVICE ORDER
<input type="checkbox"/> 4 - PART TIME (Permanent)	<input type="checkbox"/> 4 - TRANSFER WITHIN DEPT.	<input type="checkbox"/> 4 - REMOVED	<input type="checkbox"/> 4 - DISABILITY	<input type="checkbox"/> 4 - BY COURT ORDER
<input type="checkbox"/> 5 - PART TIME (Temporary)	<input type="checkbox"/> 5 - TRANSFER BETWEEN DEPTS.	<input type="checkbox"/> 5 - PROBATIONARY	<input type="checkbox"/> 5 - SEASONAL END	<input type="checkbox"/> 5 - RESCIND SEPARATION
<input type="checkbox"/> 6 - PART TIME (Seasonal) TO _____	<input type="checkbox"/> 6 - CIVIL SERVICE STATUS	<input type="checkbox"/> 6 - LAID OFF	<input type="checkbox"/> 6 - MATERNITY	
<input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED	<input type="checkbox"/> 7 - NAME	<input type="checkbox"/> 7 - UNCLASSIFIED	<input type="checkbox"/> 7 - EDUCATIONAL	
<input type="checkbox"/> 8 - INTERIM	<input type="checkbox"/> 8 - APPOINTMENT CHANGE TO: _____	<input type="checkbox"/> 8 - OTHER (see remarks)	<input type="checkbox"/> 8 - SICK LEAVE END DATE: _____	
<input type="checkbox"/> 9 - OTHER _____ _____	<input type="checkbox"/> 9 - RATE	<input type="checkbox"/> 9 - CANCEL APPOINTMENT	<input type="checkbox"/> 9 - VACATION LEAVE END DATE: _____	
	<input type="checkbox"/> 10 - REASSIGNMENT			
	<input type="checkbox"/> 11 - POSITION NUMBER			
	<input type="checkbox"/> 12 - OTHER: (see remarks)			
	<input type="checkbox"/> 13 - TEMP WORK LEAVE ADJUSTMENT			
	<input type="checkbox"/> 14 - CORRECTION OF: _____			

DATE LAST PROMOTED:

DATE CONTINUOUS SERVICE:

CERTIFICATION #:

BUDGETED HOURS

REMARKS:

New Employee - Full Time Permanent - Service Worker Step 1

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE: *[Signature]*

DATE: *3/22/21*

RELEASING AUTHORITY:

APPROVED CERTIFICATION _____

DISAPPROVED

SIGNATURE: _____

DATE: _____



Meeting Minutes
Wednesday, October 14, 2020
08:30 am

These minutes are intended to be interactive minutes, referencing video and audio recordings hosted at www.bexley.org.

To view and listen to the context behind the decisions taken at this meeting, please visit www.bexley.org/meetings.

1) ROLL CALL: Mr. Offenberg, Mr. Nathans, Ms. Appling

Voting Members Present: John Offenberg; Lee Nathans, and Kim Appling

Absent:

Excused:

Non-Voting Present: Bill Harvey, Ben Kessler, Pat Devine

2) MINUTES:

A) Minutes from July 8, 2020 meeting

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 3-0 – passed.

FOR: Lee Nathans, John Offenberg, and Kim Appling

AGAINST: None.

3) NEW BUSINESS:

A) Recognition of Pat Devine for his dedicated service as a member of the Civil Service Commission

1. Mayor Kessler presented Mr. Devine with a proclamation declaring October 14, 2020 Pat Devine Day.
2. Mr. Offenberg, Mr. Nathans, and Mr. Harvey thanked Mr. Devine for his service and exchanged pleasantries.

B) Introduction and welcoming of Kim Appling as a member of the Civil Service Commission

1. Mayor Kessler, Mr. Offenberg, Mr. Nathans, and Mr. Harvey welcomed Ms. Appling to the Civil Service Commission and exchanged pleasantries.

C) Changes

1. Davon Donovan, Police Department, Police Officer, Promotion from Step 4 to Step 5, from \$36.60/hour to \$46/hour, effective 8/12/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None.

2. Kevin Schaefer, Police Department, Police Officer, Promotion from Step 4 to Step 5, from \$36.60/hour to \$46/hour, effective 8/22/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None

D) Separations

1. Jeff Storer, Recreation Department, Supervisor, Resigned, effective 8/22/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None.

2. Joseph Mayner, Service Department, Tree Maintenance Worker, Resigned, effective 10/2/2020

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None.

E) Appointments

3. Joshua Davis, Police Department, Police Officer, Step 1, \$27.18/hour, effective 6/29/2020

Kim Appling made a motion to Approve – Motion seconded by Lee Nathans.

Vote 3 – 0 – passed

FOR: Kim Appling, Lee Nathans, and John Offenberg

AGAINST: None

F) Amendments

1. At July 8, 2020 meeting, Civil Service approved the retirement of Ruby Arnold, Clerk of Courts, effective 8/14/2020. Mrs. Arnold has postponed her retirement and a definitive date has yet to be established.

Lee Nathans made a motion to Approve – Motion seconded by Kim Appling.

Vote 3 – 0 – passed

FOR: Lee Nathans, Kim Appling, and John Offenberg

AGAINST: None

Next meeting scheduled for January 13, 2021 at 5pm

Adjourn

John Offenberg made a motion to Approve – Motion seconded by Lee Nathans.

Vote 3 – 0 – passed

FOR: John Offenberg, Lee Nathans, and Kim Appling

AGAINST: None.



**Meeting Minutes
Wednesday, January 13, 2021
5:00 pm**

These minutes are intended to be interactive minutes, referencing video and audio recordings hosted at www.bexley.org.

To view and listen to the context behind the decisions taken at this meeting, please visit www.bexley.org/meetings.

- 1) **ROLL CALL: Mr. Offenberg, Mr. Nathans, Ms. Appling**
Voting Members Present: John Offenberg, Lee Nathans
Absent: Kim Appling
Excused:
Non-Voting Present: Bill Harvey, Ben Kessler

- 2) **MINUTES:**

- A) **Minutes from October 14, 2020 meeting**

John Offenberg requested minutes be amended to show that the next meeting was scheduled for January 13, 2021 at 5pm.

- 3) **NEW BUSINESS:**

- A) **Changes**

1. Debbie Maynard, Mayor's Office, Executive Assistant, Promotion from Step 4 to Step 5, from \$28.47/hour to \$30.20/hour, effective 12/11/2020

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

2. Michael Price, Recreation Dept, Rec Director, Promotion from Step 4 to Step 5, from \$45.64/hour to \$48.11/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

3. Emily Sweet, Recreation Dept, Rec Program Coord Tier II, Promotion from Rec Program Coord Tier II to Rec Program Coord Tier I, from \$17.51/hour to \$20.70/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

4. Taylor Salmons, Service Dept, EQ1, Promotion from Step 4 to Step 5, from \$21.50/hour to \$24.28/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

5. James Williams, Service Dept, Asst Auto Mechanic, from Step 4 to Step 5, from \$21.50/hour to \$24.28/hour, effective 1/1/2021

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

B) Separations

1. Ruby Arnold, Mayor's Office, Clerk of Courts, Retired, effective 11/20/2020

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

C) Appointments

1. Marquan Stewart, Mayor's Office, Clerk of Courts, Step 1, \$22/hour, effective 10/23/2020

Lee Nathans made a motion to Approve – Motion seconded by John Offenberg.

Vote 2 – 0 – passed

FOR: Lee Nathans and John Offenberg

AGAINST: None.

Next meeting scheduled for April 14, 2021 at 5pm

Adjourn

John Offenberg made a motion to Approve – Motion seconded by Lee Nathans.

Vote 2 – 0 – passed

FOR: John Offenberg and Lee Nathans

AGAINST: None.

PERSONNEL ACTION
CITY OF BEXLEY

DEPARTMENT Service Street UNIT OR OFFICE

(from) Parks
(to) Streets

NAME: (from) Kyle Konicki SEX m DATE OF BIRTH mo. | day | yr. EDUCATION yrs. | degree | major

(to)

ADDRESS: (from) _____ (street) _____ (city) _____ (state) _____ (zip)

(to)

EFFECTIVE DATE: (from) _____ (to) _____	PAYROLL NUMBER	SOCIAL SECURITY NO.	WORK UNIT
mo. day yr. <u>1 11 2021</u>			

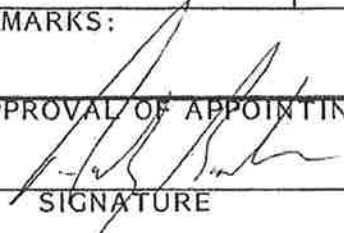
CLASS TITLE (from) <u>Ground maintenance</u>	CLASS NUMBER	RANGE	STEP <u>5</u>	RATE <u>\$24.99</u>
(to) <u>Equipment 1</u>			<u>6</u>	<u>\$27.07</u>

<input type="checkbox"/> 1 EMERGENCY ends _____ <input checked="" type="checkbox"/> 2 FULL TIME PERMANENT (provisional) <input type="checkbox"/> 3 FULL TIME TEMPORARY <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 FULL TIME TEMPORARY ends _____ <input type="checkbox"/> 6 FULL TIME SEASONAL to _____ <input type="checkbox"/> 7 APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 INTERIM <input type="checkbox"/> 9 OTHER _____	<input type="checkbox"/> 1 PROMOTIONAL <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS. <input type="checkbox"/> 4 TRANSFER WITHIN DEPARTMENT <input checked="" type="checkbox"/> 5 TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 RATE <input type="checkbox"/> 10 REASSIGNMENT <input type="checkbox"/> 11 POSITION NUMBER <input type="checkbox"/> 12 OTHER (see remarks) <input type="checkbox"/> 13 TEMPORARY WORK LEVEL ADJUSTMENT <input type="checkbox"/> 14 CORRECTION OF _____ to _____	<input type="checkbox"/> 1 RESIGNED, REASON _____ <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED <input type="checkbox"/> 9 OTHER (see remarks) <input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 1 MILITARY LEAVE <input type="checkbox"/> 2 PERSONAL LEAVE <input type="checkbox"/> 3 SUSPENSION <input type="checkbox"/> 4 DISABILITY LEAVE <input type="checkbox"/> 5 SEASONAL END <input type="checkbox"/> 6 MATERNITY LEAVE <input type="checkbox"/> 7 EDUCATIONAL LEAVE <input type="checkbox"/> 8 SICK LEAVE ending date: _____ <input type="checkbox"/> 9 VACATION LEAVE ending date: _____
			REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BY CIVIL SERVICE COMMISSION <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 RESCIND SEPARATION

PRIOR SERVICE _____ PRIOR SICK LEAVE _____ DATE LAST PROMOTED _____ DATE CONTINUOUS SERVICE _____

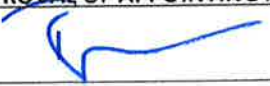
CERTIFICATION NO. _____ BUDGETED HOURS _____

REMARKS: Assigned New Position

APPROVAL OF APPOINTING AUTHORITY  SIGNATURE _____ DATE <u>11/11/21</u>	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED _____
---	---

RELEASING AUTHORITY _____ DATE _____ EXEC. SEC. CIV. SERV. COMM. _____ DATE _____

ORIGINAL TO CIVIL SERV. COMM.; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE			
NAME: Mellison Davis						EFFECTIVE DATE: 01/26/2021			
ADDRESS									
FROM:				TO:					
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION		DEGREE:		
					YEARS:				
					MAJOR:				
DEPARTMENT, UNIT FROM:									
OR OFFICE TO:									
CLASS FROM:				CLASS NUMBER FROM:					
TITLE TO: <i>Police Officer</i>				TO:					
RANGE FROM: 69,257.62				STEP FROM: 3		RATE FROM: 33.30			
TO: 76,134.21				TO: 4		TO: 36.60 <i>hr</i>			
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION			
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ TO _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____		<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO: <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER: (see remarks) <input type="checkbox"/> 13- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF: _____		<input type="checkbox"/> 1 - RETIRED <input type="checkbox"/> 2 - DISABILITY RETIREMENT <input type="checkbox"/> 3 - DECEASED <input type="checkbox"/> 4 - REMOVED <input type="checkbox"/> 5 - PROBATIONARY <input type="checkbox"/> 6 - LAID OFF <input type="checkbox"/> 7 - UNCLASSIFIED <input type="checkbox"/> 8 - OTHER (see remarks) <input type="checkbox"/> 9 - CANCEL APPOINTMENT		<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE END DATE: _____ <input type="checkbox"/> 9 - VACATION LEAVE END DATE: _____		<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION	
DATE LAST PROMOTED:			DATE CONTINUOUS SERVICE:			CERTIFICATION #:			
BUDGETED HOURS			REMARKS: <i>Step Increase per Contract</i>						
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION					
SIGNATURE: 		DATE:		<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY:				SIGNATURE: _____ DATE: _____					
SIGNATURE:		DATE:		EXECUTIVE SEC. CIVIL SERVICE COMM.					
Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head									

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Adam Ericson **EFFECTIVE DATE:** 01/27/2021

ADDRESS

FROM: _____ TO: _____

PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION	DEGREE:
					YEARS:	
					MAJOR:	

DEPARTMENT, UNIT FROM: _____
OR OFFICE TO: _____

CLASS FROM: _____ **CLASS NUMBER** FROM: _____
TITLE TO: Police Officer **TO:** _____

RANGE FROM: 76,134.21 **STEP** FROM: 4 **RATE** FROM: 36.60/hr
TO: 76,134.21 **TO:** 5 **TO:** 46.00/hr

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) _____ TO _____ <input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____	<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input checked="" type="checkbox"/> 9 – RATE _____ <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____	<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT	<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: _____ <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____	<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION

DATE LAST PROMOTED: _____ **DATE CONTINUOUS SERVICE:** _____ **CERTIFICATION #:** _____

BUDGETED HOURS _____ **REMARKS:** Step Increase per Contract

<p align="center">APPROVAL OF APPOINTING AUTHORITY</p> <p>SIGNATURE: DATE: _____</p> <p align="center">RELEASING AUTHORITY:</p> <p>SIGNATURE: _____ DATE: _____</p>	<p align="center">CIVIL SERVICE COMMISSION</p> <p><input type="checkbox"/> APPROVED CERTIFICATION _____</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>SIGNATURE: _____ DATE: _____</p> <p align="center">EXECUTIVE SEC. CIVIL SERVICE COMM.</p>
--	---

Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head

NAME
From: NATALIE CONTOSTA-MULLIN
To:

SEX

DATE OF BIRTH
Month Day Year

EDUCATION
Yrs. Degree Major

ADDRESS
From: To:

CITY From: To: **ST** From: To: **ZIP** From: To:

EFFECTIVE DATE
Month: 2/20/2021 Date: Year:

PAYROLL NUMBER
From: To:

SOCIAL SECURITY NO.

WORK UNIT
From: To:

CLASS TITLE
From: DEPUTY REC DIRECTOR To:

CLASS NUMBER
From: To:

RANGE

STEP
1 \$31.07/hr
2 \$33.22/hr

RATE

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____

REINSTATEMENT

1 - FROM SEPARATION

2 - FROM INTERRUPTION

3 - BY CIVIL SERVICE

4 - BY COURT ORDER

5 - RESCIND SEPARATION

PRIOR SERVICE PRIOR SICK LEAVE DATE LAST PROMOTED DATE CONTINUOUS SERVICE

CERTIFICATION NO BUDGETED HOURS


REMARKS: **STEP INCREASE PER PAY SCALE**

APPROVAL OF APPOINTING AUTHORITY
 _____ 2/24/21
 SIGNATURE DATE

CIVIL SERVICE COMMISSION
 APPROVED CERTIFICATION _____
 DISAPPROVED

RELEASING AUTHORITY DATE EXEC. SEC. CIV. SERV. COMM. DATE

ORIGINAL TO CIVIL SERVICE COMMISSION; CC.PIES 10; Employee personnel file; Auditor/Treasurer; Department Head

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE From: FINANCE DEPT To:								
NAME From: JESSICA WITHEM To:				SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major		
					Month	Day	Year			
ADDRESS From: To:				CITY From: To:		ST From: To:		ZIP From: To:		
EFFECTIVE DATE Month: Date: Year: 2/22/2021		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:			
CLASS TITLE From: ASST FINANCE DIRECTOR		CLASS NUMBER From:		RANGE		STEP		RATE		
						2		\$32.29/hr		
						3		\$33.79/hr		
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION	
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER 			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ 			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____	
									REINSTATEMENT	
									<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION	
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE				
CERTIFICATION NO			BUDGETED HOURS							
REMARKS: STEP INCREASE PER PAY SCALE										
APPROVAL OF APPOINTING AUTHORITY					CIVIL SERVICE COMMISSION					
 SIGNATURE					<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
2/24/2021 DATE					_____ EXEC. SEC. CIV. SERV. COMM.					
_____ RELEASING AUTHORITY					_____ DATE					

PERSONNEL ACTION FORM CITY OF BEXLEY	DEPARTMENT UNIT OR OFFICE		
	From: SERVICE DEPT	To:	

NAME From: JORDAN CAVALLARO To:	SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major		
		Month	Day	Year			

ADDRESS From: To:	CITY		ST		ZIP	
	From:	From:	From:	From:	From:	From:


EFFECTIVE DATE Month: Date: Year: 2/28/2021	PAYROLL NUMBER From: To:	SOCIAL SECURITY NO. From: To:	WORK UNIT From: To:
---	--------------------------------	-------------------------------------	---------------------------

CLASS TITLE From: EXEC ASST SERVICE DEPT	CLASS NUMBER From:	RANGE	STEP	RATE
			2	\$23.88/hr
To:	To:		3	\$27.42/hr

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
			REINSTATEMENT
			<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION

PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
CERTIFICATION NO	BUDGETED HOURS		

REMARKS: **STEP INCREASE PER PAYSCALE**

APPROVAL OF APPOINTING AUTHORITY  SIGNATURE DATE: 3/1/21	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. _____ DATE _____
RELEASING AUTHORITY _____ DATE _____	

PERSONNEL ACTION FORM CITY OF BEXLEY	DEPARTMENT UNIT OR OFFICE From: REC DEPT To:
---	--

NAME From: KATIE SARVAS To:	SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major		
		Month	Day	Year			

ADDRESS From: To:	CITY From: To:	ST From: To:	ZIP From: To:
-------------------------	----------------------	--------------------	---------------------

EFFECTIVE DATE Month: 3/2/2021 Date: Year:	PAYROLL NUMBER From: To:	SOCIAL SECURITY NO.	WORK UNIT From: To:
---	--------------------------------	---------------------	---------------------------

CLASS TITLE From: REC SUPERVISOR - TIER I To:	CLASS NUMBER From: To:	RANGE	STEP 2 3	RATE \$27.61/hr \$29.34/hr
---	------------------------------	-------	----------------	----------------------------------

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
			REINSTATEMENT
			<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION


PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
---------------	------------------	--------------------	-------------------------

CERTIFICATION NO	BUDGETED HOURS
------------------	----------------

REMARKS: **STEP INCREASE PER PAYSACLE**

APPROVAL OF APPOINTING AUTHORITY SIGNATURE 2/28/21 DATE	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED _____ EXEC. SEC. CIV. SERV. COMM. DATE
RELEASING AUTHORITY _____ DATE _____	

ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file, Auditor/Treasurer, Department Head

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE									
		From: SERVICE DEPT			To:						
NAME				SEX	DATE OF BIRTH			EDUCATION			
From: RYAN CRABTREE								Yrs.	Degree	Major	
To:					Month	Day	Year				
ADDRESS				CITY		ST		ZIP			
From:				From:		From:		From:			
To:				To:		To:		To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT				
Month:	Date:	Year:	From:		From:			From:			
3/12/2021			To:		To:			To:			
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE			
From: AUTO MECH I		From:				5		\$26.89/hr			
To:		To:				6		\$28.94/hr			
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION		
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input checked="" type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____ _____			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____		
									REINSTATEMENT		
									<input type="checkbox"/> 1 - FROM SEPARATION _____ <input type="checkbox"/> 2 - FROM INTERRUPTION _____ <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION		
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE					
CERTIFICATION NO			BUDGETED HOURS								
REMARKS: STEP INCREASE PER UNION CONTRACT											
APPROVAL OF APPOINTING AUTHORITY						CIVIL SERVICE COMMISSION					
 SIGNATURE						<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
3/1/21 DATE						EXEC. SEC. CIV. SERV. COMM. _____ DATE					
RELEASING AUTHORITY _____						DATE _____					

NAME From: KYLE SPRAGUE To:	SEX	DATE OF BIRTH _____ Month Day Year	EDUCATION Yrs. Degree Major _____
--	------------	---	--

ADDRESS From: To:	CITY From: To:	ST From: To:	ZIP From: To:
--	---	---	--


EFFECTIVE DATE Month: 4/5/2021 Date: Year:	PAYROLL NUMBER From: To:	SOCIAL SECURITY NO. From: To:	WORK UNIT From: To:
CLASS TITLE From: Water Service Worker To: Right of Way Coord.	CLASS NUMBER From: To:	RANGE From: 6 To: 3	STEP From: To:
		RATE From: \$28.56/hr To: \$34.05/hr	

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____	<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input checked="" type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____ REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION _____ <input type="checkbox"/> 2 - FROM INTERRUPTION _____ <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION

PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
CERTIFICATION NO	BUDGETED HOURS		

REMARKS: **ASSIGNED NEW POSITION**

APPROVAL OF APPOINTING AUTHORITY _____ SIGNATURE	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED _____ EXEC. SEC. CIV. SERV. COMM.
_____ DATE	_____ DATE
_____ DATE	_____ DATE

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE From: SERVICE DEPT To:									
NAME From: SPENCER MARTIN To:				SEX	DATE OF BIRTH Month Day Year			EDUCATION Yrs. Degree Major			
ADDRESS From: To:				CITY From: To:		ST From: To:		ZIP From: To:			
EFFECTIVE DATE Month: Date: Year: 2/22/2021		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:				
CLASS TITLE From: TREE MAINTENANCE WORKER		CLASS NUMBER From:		RANGE	STEP 3		RATE \$19.32/hr				
To:		To:									
APPOINTMENT			CHANGE			SEPARATION		INTERRUPTION			
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input checked="" type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER _____ _____			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT		<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____		REINSTATEMENT	
								<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION			
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE					
CERTIFICATION NO		BUDGETED HOURS									
REMARKS: NEW HIRE (REPLACEMENT)											
APPROVAL OF APPOINTING AUTHORITY  2/24/21 SIGNATURE DATE					CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. DATE						
RELEASING AUTHORITY _____ DATE _____											
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head											

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE									
		From: RECREATION DEPT			To:						
NAME				SEX	DATE OF BIRTH			EDUCATION			
From: EMILY PERFECT								Yrs.	Degree	Major	
To:					Month	Day	Year				
ADDRESS				CITY		ST		ZIP			
From:				From:		From:		From:			
To:				To:		To:		To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT				
Month: Date: Year:		From:					From:				
3/29/2021		To:					To:				
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE			
From: FRONT DESK OPERATIONS		From:				1		\$17.25/hr			
To:		To:									
APPOINTMENT			CHANGE			SEPARATION			INTERRUPTION		
<input type="checkbox"/> 1 - EMERGENCY Ends: _____ <input checked="" type="checkbox"/> 2 - FULL TIME (Permanent or provisional) <input type="checkbox"/> 3 - FULL TIME (Temporary) <input type="checkbox"/> 4 - PART TIME (Permanent) <input type="checkbox"/> 5 - PART TIME (Temporary) <input type="checkbox"/> 6 - PART TIME (Seasonal) _____ to _____ <input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER 			<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - RATE <input type="checkbox"/> 10 - REASSIGNMENT <input type="checkbox"/> 11 - POSITION NUMBER <input type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF 			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 1 - MILITARY LEAVE <input type="checkbox"/> 2 - PERSONAL LEAVE <input type="checkbox"/> 3 - SUSPENSION <input type="checkbox"/> 4 - DISABILITY <input type="checkbox"/> 5 - SEASONAL END <input type="checkbox"/> 6 - MATERNITY <input type="checkbox"/> 7 - EDUCATIONAL <input type="checkbox"/> 8 - SICK LEAVE ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____		
									REINSTATEMENT		
									<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION		
PRIOR SERVICE		PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE					
CERTIFICATION NO			BUDGETED HOURS								
REMARKS: New Employee											
APPROVAL OF APPOINTING AUTHORITY						CIVIL SERVICE COMMISSION					
						<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
SIGNATURE						DATE					
3/24/21						DATE					
RELEASING AUTHORITY						EXEC. SEC. CIV. SERV. COMM. DATE					

ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE **540**
 CHANGE
 EFFECTIVE DATE: **3/31/2021**

NAME: **Sean Joseph Markos**

ADDRESS

FROM:

TO:

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

YEARS:

DEGREE:

MAJOR:

DEPARTMENT, UNIT FROM: **Recreation & Parks Department**

OR OFFICE TO:

CLASS

FROM:

TITLE

TO:

Service Worker

CLASS NUMBER

FROM:

TO:

RANGE

FROM:

TO:

STEP

FROM:

TO:

RATE

FROM:

TO:

15.21/hr (step 1)

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 - EMERGENCY Ends:	<input type="checkbox"/> 1 - PROMOTIONAL	<input type="checkbox"/> 1 - RETIRED	<input type="checkbox"/> 1 - MILITARY LEAVE	<input type="checkbox"/> 1 - FROM SEPARATION
<input checked="" type="checkbox"/> 2 - FULL TIME (Permanent or Provisional)	<input type="checkbox"/> 2 - DEMOTION	<input type="checkbox"/> 2 - DISABILITY RETIREMENT	<input type="checkbox"/> 2 - PERSONAL LEAVE	<input type="checkbox"/> 2 - FROM INTERRUPTION
<input type="checkbox"/> 3 - FULL TIME (Temporary)	<input type="checkbox"/> 3 - LATERAL CLASS.	<input type="checkbox"/> 3 - DECEASED	<input type="checkbox"/> 3 - SUSPENSION	<input type="checkbox"/> 3 - BY CIVIL SERVICE ORDER
<input type="checkbox"/> 4 - PART TIME (Permanent)	<input type="checkbox"/> 4 - TRANSFER WITHIN DEPT.	<input type="checkbox"/> 4 - REMOVED	<input type="checkbox"/> 4 - DISABILITY	<input type="checkbox"/> 4 - BY COURT ORDER
<input type="checkbox"/> 5 - PART TIME (Temporary)	<input type="checkbox"/> 5 - TRANSFER BETWEEN DEPTS.	<input type="checkbox"/> 5 - PROBATIONARY	<input type="checkbox"/> 5 - SEASONAL END	<input type="checkbox"/> 5 - RESCIND SEPARATION
<input type="checkbox"/> 6 - PART TIME (Seasonal) TO _____	<input type="checkbox"/> 6 - CIVIL SERVICE STATUS	<input type="checkbox"/> 6 - LAID OFF	<input type="checkbox"/> 6 - MATERNITY	
<input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED	<input type="checkbox"/> 7 - NAME	<input type="checkbox"/> 7 - UNCLASSIFIED	<input type="checkbox"/> 7 - EDUCATIONAL	
<input type="checkbox"/> 8 - INTERIM	<input type="checkbox"/> 8 - APPOINTMENT CHANGE TO:	<input type="checkbox"/> 8 - OTHER (see remarks)	<input type="checkbox"/> 8 - SICK LEAVE END DATE:	
<input type="checkbox"/> 9 - OTHER	<input type="checkbox"/> 9 - RATE	<input type="checkbox"/> 9 - CANCEL APPOINTMENT	<input type="checkbox"/> 9 - VACATION LEAVE END DATE:	
	<input type="checkbox"/> 10 - REASSIGNMENT			
	<input type="checkbox"/> 11 - POSITION NUMBER			
	<input type="checkbox"/> 12 - OTHER: (see remarks)			
	<input type="checkbox"/> 13 - TEMP WORK LEAVE ADJUSTMENT			
	<input type="checkbox"/> 14 - CORRECTION OF:			

DATE LAST PROMOTED:

DATE CONTINUOUS SERVICE:

CERTIFICATION #:

BUDGETED HOURS

REMARKS:

New Employee - Full Time Permanent - Service Worker Step 1

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE:

[Signature]

DATE: **3/22/21**

RELEASING AUTHORITY:

APPROVED CERTIFICATION

DISAPPROVED

SIGNATURE:

DATE: