



## Civil Service Commission Meeting Agenda

Wednesday, November 3, 2021

4:30 PM

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- 1) **Call to Order**
- 2) **Roll Call of Members**
- 3) **Minutes From April 14, 2021 Meeting**
  - A) April 14, 2021 Minutes
- 4) **Unfinished Business**
- 5) **New Business - Changes**
  - A) Deana Gilmore, Police Department, Promotion from Step 2 to Step 3, from \$28.42/hour to \$32.72/hour, effective 3/6/2021
  - B) Isaiah Austin, Water Department,, from Seasonal to Water Department Trainee Step 3, from \$15.00 /hour to \$17.23/hour, effective 5/24/2021
  - C) Craig Yantko, Recreation Department, Service Worker, Promotion from Step 2 to Step 3, from \$15.76/hour to \$17.54/hour, effective 5/29/2021
  - D) Adam Myers, Recreation Department, Grounds Maintenance Worker, Promotion from Step 2 to Step 3, from \$16.11/hour to \$19.06/hour, effective 6/10/2021
  - E) Joshua Davis, Police Department, Police Officer, Promotion from Step 1 to Step 2, from \$27.86/hour to \$30.75/hour, effective 6/29/2021
  - F) William Baisden, Service Department, EQ 1, Promotion from Step 5 to Step 6, from \$24.28/hour to \$27.07/hour, effective 6/29/2021
  - G) Andrew Hursey, Service Department, EQ 1, Promotion from Step 5 to Step 6, from \$24.28/hour to \$27.07/hour, effective 7/16/2021
  - H) Isaiah Austin, Water Department, from Water Department Trainee back to Seasonal, from \$17.23/hour to \$15.00/hour, effective 8/31/2021
  - I) David Hrdlicka, Building Department, Code Enforcement and Fire Inspector, Promotion from Step 2 to Step 3, from \$29.98/hour to \$31.31/hour, effective 10/23/2021
- 6) **New Business - Appointments**
  - A) Victoria Yang, Auditor Department Assistant Finance Director, Step 6, \$38.30/hour,

effective 7/7/2021

- B) Natalie Vawter, Mayor's Department, Executive Assistant to Mayor, Step 4, \$29.19/hour, effective 7/8/2021
- C) Angela O'Kelly, Auditor Department, Assistant Finance Director full time temporary, Step 6, \$38.30/hour, effective 10/4/2021

**7) New Business - Separations**

- A) Deborah Maynard, Mayor's Department, Executive Assistant to Mayor, Removed effective 5/19/2021
- B) Jessica Withem, Auditor's Department, Assistant Finance Director, Resigned effective 6/4/2021
- C) Victoria Yang, Auditor's Department, Assistant Finance Director, Resigned effective 10/1/2021
- D) Ronald Anderson, Sewer Department, EQ II, Resigned effective 10/29/2021

**8) Adjourn**



**Amended Meeting Minutes  
Wednesday, April 14, 2021  
5:00 pm**

These minutes are intended to be interactive minutes, referencing video and audio recordings hosted at [www.bexley.org](http://www.bexley.org).

To view and listen to the context behind the decisions taken at this meeting, please visit [www.bexley.org/meetings](http://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) Amended minutes from October 14, 2020 meeting**

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

**B) Minutes from January 13, 2021 meeting**

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

**3) NEW BUSINESS:**

**A) Changes**

1. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

2. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

4. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

5. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

6. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

7. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

8. 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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

9. 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 4/5/2021

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

## **B) Appointments**

1. Spencer Martin, Service Dept, Tree Maintenance Worker, Step 3, \$19.32/hour, effective 2/22/2021

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

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

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

**Vote 2-0 – passed.**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

## **Adjourn**

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

**Vote 2 – 0 – passed**

FOR: Lee Nathans, John Offenberg

AGAINST: None.

<b>CITY OF BEXLEY PERSONNEL ACTION FORM</b>	<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE
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<b>NAME:</b> Deana Gilmore	<b>EFFECTIVE DATE:</b> 3/6/2021
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**ADDRESS**  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

<b>PAYROLL NUMBER</b>	<b>SEX</b>	<b>DOB</b>	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b>
					YEARS: _____ DEGREE: _____ MAJOR: _____

**DEPARTMENT, UNIT** FROM: \_\_\_\_\_  
**OR OFFICE** TO: \_\_\_\_\_

<b>CLASS</b> FROM: _____ <b>TITLE</b> TO: _____	<b>CLASS NUMBER</b> FROM: _____ TO: _____
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<b>RANGE</b> FROM: _____ TO: _____	<b>STEP</b> FROM: 2 TO: 3	<b>RATE</b> FROM: 28.42 TO: 32.72
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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 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

<b>DATE LAST PROMOTED:</b> _____	<b>DATE CONTINUOUS SERVICE:</b> _____	<b>CERTIFICATION #:</b> _____
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<b>BUDGETED HOURS</b> _____	<b>REMARKS:</b> _____
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<b>APPROVAL OF APPOINTING AUTHORITY</b>	<b>CIVIL SERVICE COMMISSION</b>
SIGNATURE: _____ DATE: _____  <b>RELEASING AUTHORITY:</b>  SIGNATURE: _____ DATE: _____	<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED  SIGNATURE: _____ DATE: _____ <small>EXECUTIVE SEC. CIVIL SERVICE COMM.</small>

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

<b>PERSONNEL ACTION FORM</b>		<b>DEPARTMENT UNIT OR OFFICE</b>	
<b>CITY OF BEXLEY</b>		<b>From:</b>	
<b>NAME</b> Isabel Austin		<b>To:</b>	
<b>From:</b>		<b>SEX</b>	
<b>To:</b>		M	
<b>ADDRESS</b>		<b>DATE OF BIRTH</b>	
<b>From:</b>		Month Day Year	
<b>To:</b>		Month Day Year	
<b>EFFECTIVE DATE</b>		<b>From:</b>	
<b>Month: 5 Date: 24 Year: 21</b>		<b>To:</b>	
<b>CLASS TITLE</b> Walter Lpt. Trainee		<b>From:</b>	
<b>To:</b>		<b>CLASS NUMBER</b>	
<b>From:</b>		<b>RANGE</b>	
<b>To:</b>		<b>STEP</b>	
<b>APPOINTMENT</b>		<b>SEPARATION</b>	
<b>CHANGE</b>		<b>INTERRUPTION</b>	
<b>From:</b>		<b>From:</b>	
<b>To:</b>		<b>To:</b>	
<b>SOCIAL SECURITY NO.</b>		<b>WORK UNIT</b>	
<b>From:</b>		<b>From:</b>	
<b>To:</b>		<b>To:</b>	
<b>1 - EMERGENCY</b> Ends: _____		<b>1 - PROMOTIONAL</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>2 - FULL TIME (Permanent or provisional)</b>		<b>2 - DEMOTION</b>	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<b>3 - FULL TIME (Temporary)</b>		<b>3 - LATERAL CLASS.</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>4 - PART TIME (Permanent)</b>		<b>4 - TRANSFER WITHIN DEPARTMENT</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>5 - PART TIME (Temporary)</b>		<b>5 - TRANSFER BETWEEN DEPARTMENTS</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>6 - PART TIME (Seasonal)</b>		<b>6 - CIVIL SERVICE STATUS</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>7 - APPOINTMENT DATE CORRECTED</b>		<b>7 - NAME</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>8 - INTERIM</b>		<b>8 - APPOINTMENT CHANGE TO</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>9 - OTHER</b>		<b>9 - RATE</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>10 - REASSIGNMENT</b>		<b>10 - CANCEL APPOINTMENT</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>11 - POSITION NUMBER</b>		<b>1 - MILITARY LEAVE</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>12 - OTHER (see remarks)</b>		<b>2 - PERSONAL LEAVE</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>13 - TEMPORARY WORK LEAVE ADJUSTMENT</b>		<b>3 - SUSPENSION</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>14 - CORRECTION OF</b>		<b>4 - DISABILITY</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>9 - VACATION LEAVE</b> ending date: _____		<b>5 - SEASONAL END</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>REINSTATEMENT</b>		<b>6 - MATERNITY</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>1 - FROM SEPARATION</b>		<b>7 - EDUCATIONAL</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>2 - FROM INTERRUPTION</b>		<b>8 - SICK LEAVE</b> ending date: _____	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>3 - BY CIVIL SERVICE</b>		<b>9 - VACATION LEAVE</b> ending date: _____	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>4 - BY COURT ORDER</b>		<b>10 - CANCEL APPOINTMENT</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>5 - RESCIND SEPARATION</b>		<b>1 - FROM SEPARATION</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>PRIOR SERVICE</b>		<b>PRIOR SICK LEAVE</b>	
<b>CERTIFICATION NO</b>		<b>BUDGETED HOURS</b>	
<b>DATE LAST PROMOTED</b>		<b>DATE CONTINUOUS SERVICE</b>	
<b>REMARKS:</b>			
New Hire			
<b>APPROVAL OF APPOINTING AUTHORITY</b>		<b>CIVIL SERVICE COMMISSION</b>	
Signature: <i>[Signature]</i>		<input type="checkbox"/> APPROVED CERTIFICATION	
DATE: 5/24/21		<input type="checkbox"/> DISAPPROVED	
<b>RELEASING AUTHORITY</b>		<b>EXEC. SEC. CIV. SERV. COMM.</b>	
DATE: _____		DATE: _____	
<b>ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head</b>			



PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE					
From: CRAIG YANTKO		To:		From: REC DEPT		To:	
NAME		SEX	DATE OF BIRTH			EDUCATION	
To:			Month	Day	Year	Yrs.	Degree Major
ADDRESS		CITY		ST		ZIP	
From:		From:		From:		From:	
To:		To:		To:		To:	
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.		WORK UNIT	
Month: 5/29/2021		From:				From:	
Date:		To:				To:	
Year:							
CLASS TITLE		CLASS NUMBER		RANGE		STEP	
From: SERVICE WORKER		From:				2	
To:		To:				3	
						RATE	
						\$15.76/hr	
						\$17.54/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 AFSCME CONTRACT							
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION			
 SIGNATURE				<input type="checkbox"/> APPROVED CERTIFICATION <input type="checkbox"/> DISAPPROVED			
5/27/21 DATE				EXEC. SEC. CIV. SERV. COMM. DATE			
RELEASING AUTHORITY				DATE			
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							

<b>PERSONNEL ACTION FORM CITY OF BEXLEY</b>		<b>DEPARTMENT UNIT OR OFFICE</b> From: REC DEPT To:					
From: <b>CRAIG YANTKO</b> To:			SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major
ADDRESS			CITY	ST	ZIP		
EFFECTIVE DATE Month: 5/29/2021 Date: Year:		PAYROLL NUMBER From: To:	SOCIAL SECURITY NO.			WORK UNIT From: To:	
CLASS TITLE From: SERVICE WORKER To:		CLASS NUMBER From: To:	RANGE	STEP 2	RATE \$15.76/hr		
				3	\$17.54/hr		
<b>APPOINTMENT</b>		<b>CHANGE</b>		<b>SEPARATION</b>		<b>INTERRUPTION</b>	
<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: _____	
						<b>REINSTATEMENT</b>	
						<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: <b>STEP INCREASE PER AFSCME CONTRACT</b>							
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION			
 SIGNATURE		5/27/21 DATE		<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							

**CITY OF DEKLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE  
 CHANGE

**NAME:** Joshua Davis

**EFFECTIVE DATE:** 06/29/2021

**ADDRESS**

FROM:

TO:

**PAYROLL NUMBER**

**SEX**

**DOB**

**PRIOR SERVICE**

**PRIOR SICK LEAVE**

**EDUCATION**

YEARS:

DEGREE:

MAJOR:

**DEPARTMENT, UNIT** FROM:

**OR OFFICE**

TO:

**CLASS** FROM:

**TITLE** TO:

**CLASS NUMBER**

FROM:

TO:

**RANGE** FROM: 57,947.76

TO: 63,960.00

**STEP**

FROM: 1

TO: 2

**RATE**

FROM: 27.86

TO: 30.75

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 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:**

**APPROVAL OF APPOINTING AUTHORITY**

**CIVIL SERVICE COMMISSION**

SIGNATURE:

DATE:

APPROVED CERTIFICATION \_\_\_\_\_

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 BEKLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

NAME: Will Baisden

EFFECTIVE DATE: 10-29-2021

ADDRESS

TO:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

EDUCATION

PAYROLL NUMBER          SEX M DOB         

PRIOR SICK LEAVE

YEARS: \_\_\_\_\_ DEGREE: \_\_\_\_\_  
MAJOR: \_\_\_\_\_

DEPARTMENT, UNIT

OR OFFICE

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

CLASS TITLE

FROM: Eg 1 TO: Eg 1

CLASS NUMBER

RANGE

FROM: STEP 5 TO: STEP 6

FROM: \$ 24.28 TO: \$ 27.07

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 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 checked="" type="checkbox"/> 12 - OTHER: <u>STEP INCREASE</u> (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:

40

Step increase

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE:

DATE:

APPROVED CERTIFICATION \_\_\_\_\_

DATE: \_\_\_\_\_

RELEASING AUTHORITY:

DATE:

DISAPPROVED

DATE: \_\_\_\_\_

SIGNATURE:

DATE:

DISAPPROVED

DATE: \_\_\_\_\_

**PERSONNEL ACTION FORM**  
CITY OF BEXLEY

DEPARTMENT UNIT OR OFFICE  
From: Service

NAME  
From: Andrew Hursey  
To:

SEX  
DATE OF BIRTH  
Month Day Year  
EDUCATION  
Yrs. Degree Major

ADDRESS  
From:  
To:

CITY  
From: ST  
To: ZIP  
From: To:

EFFECTIVE DATE  
Month: 7/16/2021  
Date: Year:

PAYROLL NUMBER  
From:  
To:

SOCIAL SECURITY NO.

WORK UNIT  
From:  
To:

CLASS TITLE	CLASS NUMBER	RANGE	STEP	RATE
From: EQ1	From:	From:	From:	From:
To: EQ1	To:	To:	To: 6	To: \$27.07

**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 checked="" type="checkbox"/> 12 - OTHER (see remarks) <input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF <u>Step increase</u>	<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: _____	<p><b>REINSTATEMENT</b></p> <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
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PRIOR SERVICE      PRIOR SICK LEAVE      DATE LAST PROMOTED      DATE CONTINUOUS SERVICE

CERTIFICATION NO      BUDGETED HOURS

REMARKS:

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE  
*[Signature]*  
DATE 7/29/21

APPROVED CERTIFICATION  
DISAPPROVED

EXEC. SEC. CIV. SERV. COMM. DATE



**PERSONNEL ACTION FORM  
CITY OF BEXLEY**

**DEPARTMENT UNIT OR OFFICE**  
From: \_\_\_\_\_ To: \_\_\_\_\_

**NAME** From: Isaiiah Austin  
To: \_\_\_\_\_

**SEX** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**EDUCATION** Yrs. Degree Major \_\_\_\_\_

**ADDRESS** From: \_\_\_\_\_ To: \_\_\_\_\_

**CITY** From: \_\_\_\_\_ To: \_\_\_\_\_

**ST** From: \_\_\_\_\_ To: \_\_\_\_\_

**ZIP** From: \_\_\_\_\_ To: \_\_\_\_\_

**EFFECTIVE DATE** Month: 8-31-21 Date: \_\_\_\_\_ Year: \_\_\_\_\_

**PAYROLL NUMBER** From: \_\_\_\_\_ To: \_\_\_\_\_

**SOCIAL SECURITY NO.** \_\_\_\_\_

**WORK UNIT** From: \_\_\_\_\_ To: \_\_\_\_\_

**CLASS TITLE** From: Water Department Trainee

**CLASS NUMBER** \_\_\_\_\_

**RANGE** \_\_\_\_\_

**STEP** 3

**RATE** 17.23

To: Seasonal To: \_\_\_\_\_

**15.00**

**APPOINTMENT** **CHANGE** **SEPARATION** **INTERRUPTION**

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


**PRIOR SERVICE** \_\_\_\_\_ **PRIOR SICK LEAVE** \_\_\_\_\_ **DATE LAST PROMOTED** \_\_\_\_\_ **DATE CONTINUOUS SERVICE** \_\_\_\_\_

**CERTIFICATION NO** \_\_\_\_\_ **BUDGETED HOURS** \_\_\_\_\_

REMARKS:

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE  DATE 8/30/21

RELEASING AUTHORITY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED CERTIFICATION \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

EXEC. SEC. CIV. SERV. COMM. \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE  
 CHANGE

**NAME:** David Hrdlicka

**EFFECTIVE DATE:** 10/23/2021

**ADDRESS**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

<b>PAYROLL NUMBER</b>	<b>SEX</b> <u>M</u>	<b>DOB</b> <u>10/14/</u>	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b> YEARS: _____ MAJOR: _____	<b>DEGREE:</b>
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**DEPARTMENT, UNIT OR OFFICE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**CLASS TITLE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_ **CLASS NUMBER** FROM: \_\_\_\_\_ TO: 6

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_ **STEP** FROM: 2 TO: 3 **RATE** FROM: \$29.98 TO: \$31.31

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<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 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 checked="" 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:** FROM PART TIME ASST FINANCE DIRECTOR - TO FULL TIME ASSISTANT FINANCE DIRECTOR

**APPROVAL OF APPOINTING AUTHORITY**

SIGNATURE: [Signature] DATE: 10/26/21

**RELEASING AUTHORITY:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CIVIL SERVICE COMMISSION**

APPROVED CERTIFICATION \_\_\_\_\_

DISAPPROVED

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:** Victoria Yang

**EFFECTIVE DATE:** 7/7/21

**ADDRESS:** 5548 Little Falls Dr. Dublin OH 43016

**FROM:** 2010

**TO:** current

<b>PAYROLL NUMBER</b>	<b>SEX</b> F	<b>DOB</b> 1/24/74	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b> YEARS: _____ DEGREE: _____ MAJOR: _____
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**DEPARTMENT, UNIT OR OFFICE** FROM: Recreation & Parks Department  
TO: \_\_\_\_\_

**CLASS TITLE** FROM: \_\_\_\_\_ TO: Assistant Finance Director

**CLASS NUMBER** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**STEP** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**RATE** FROM: \_\_\_\_\_ TO: 38.30/hr

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<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 - <del>PART TIME (Seasonal)</del> _____ 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 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:** \_\_\_\_\_

**APPROVAL OF APPOINTING AUTHORITY**

**CIVIL SERVICE COMMISSION**

**SIGNATURE:** [Signature] **DATE:** 7/12/2021  
**RELEASING AUTHORITY:** \_\_\_\_\_

APPROVED CERTIFICATION \_\_\_\_\_  
 DISAPPROVED

**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:** *Natalie Vawter*

**EFFECTIVE DATE:** *7/8/21*

**ADDRESS FROM:** *13679 Carriage Ln Pickerington OH 43147 (12 years)*

<b>PAYROLL NUMBER</b>	<b>SEX</b> F	<b>DOB</b> 9-13-76	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b> YEARS: _____ DEGREE: _____ MAJOR: _____
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**DEPARTMENT, UNIT OR OFFICE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**CLASS TITLE** FROM: \_\_\_\_\_ TO: *Executive Assistant to Mayor*  
**CLASS NUMBER** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**STEP** FROM: *4* TO: *year 3*  
**RATE** FROM: *\$ 29.19* TO: \_\_\_\_\_

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<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 - <del>PART TIME (Seasonal)</del> _____ 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 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:** \_\_\_\_\_

**APPROVAL OF APPOINTING AUTHORITY**

**CIVIL SERVICE COMMISSION**

SIGNATURE: *[Signature]* DATE: *7/12/21*

APPROVED CERTIFICATION \_\_\_\_\_

**RELEASING AUTHORITY:**

DISAPPROVED

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:** ANGELA OKELLY **EFFECTIVE DATE:** 10/4/2021

**ADDRESS**  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

<b>PAYROLL NUMBER</b>	<b>SEX</b>	<b>DOB</b>	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b> YEARS: _____ MAJOR: _____	<b>DEGREE:</b> _____
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**DEPARTMENT, UNIT** FROM: \_\_\_\_\_  
**OR OFFICE** TO: \_\_\_\_\_


**CLASS** FROM: PART TIME ASST FINANCE DIRECTOR  
**TITLE** TO: FULL TIME ASST FINANCE DIRECTOR  
**CLASS NUMBER** FROM: \_\_\_\_\_ TO: 6

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**STEP** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**RATE** FROM: \_\_\_\_\_ TO: 38.30/HR

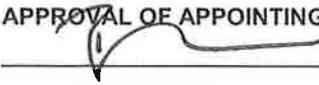
APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input checked="" type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 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 type="checkbox"/> 9 – RATE <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input checked="" 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

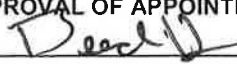
**DATE LAST PROMOTED:** \_\_\_\_\_ **DATE CONTINUOUS SERVICE:** \_\_\_\_\_ **CERTIFICATION #:** \_\_\_\_\_

**BUDGETED HOURS** \_\_\_\_\_ **REMARKS:** FROM PART TIME ASST FINANCE DIRECTOR – TO FULL TIME ASSISTANT FINANCE DIRECTOR

**APPROVAL OF APPOINTING AUTHORITY**  
SIGNATURE:  DATE: 10/4/2021  
**RELEASING AUTHORITY:**  
SIGNATURE: \_\_\_\_\_ DATE: 10/4/2021

**CIVIL SERVICE COMMISSION**  
 APPROVED CERTIFICATION \_\_\_\_\_  
 DISAPPROVED  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
EXECUTIVE SEC. CIVIL SERVICE COMM.

<b>PERSONNEL ACTION FORM CITY OF BEXLEY</b>		<b>DEPARTMENT UNIT OR OFFICE</b> From: MAYOR'S OFFICE To:					
NAME From: DEBBIE MAYNARD 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: 5/19/2021 Date: Year:		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.		WORK UNIT From: To:	
CLASS TITLE From: EXECUTIVE ASSISTANT To:		CLASS NUMBER From:		RANGE	STEP 5	RATE \$30.96/hr	
<b>APPOINTMENT</b>		<b>CHANGE</b>			<b>SEPARATION</b>		<b>INTERRUPTION</b>
<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 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 checked="" 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;"><b>REINSTATEMENT</b></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:							
<b>APPROVAL OF APPOINTING AUTHORITY</b>  SIGNATURE  _____ RELEASING AUTHORITY				<b>CIVIL SERVICE COMMISSION</b> <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED  _____ EXEC. SEC. CIV. SERV. COMM.			
				DATE: 5/27/21		DATE	
				DATE		DATE	
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							

<b>PERSONNEL ACTION FORM CITY OF BEXLEY</b>		<b>DEPARTMENT UNIT OR OFFICE</b> 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: 6/4/2021 Date: Year:		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:	
CLASS TITLE From: ASSISTANT FINANCE DIRECTOR		CLASS NUMBER From:		RANGE	STEP 3	RATE \$33.79/hr		
<b>APPOINTMENT</b>			<b>CHANGE</b>			<b>SEPARATION</b>		<b>INTERRUPTION</b>
<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 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 checked="" 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: _____
						<b>REINSTATEMENT</b>		
						<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: <b>RESIGNED</b>								
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION				
 SIGNATURE				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED				
Becher Hal RELEASING AUTHORITY				6/4/2021 DATE  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  
 CHANGE

**NAME:** VICTORIA YANG **EFFECTIVE DATE:** 10/1/2021

**ADDRESS**  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

<b>PAYROLL NUMBER</b>	<b>SEX</b>	<b>DOB</b>	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b>	<b>DEGREE:</b>
					YEARS:	
					MAJOR:	

**DEPARTMENT, UNIT OR OFFICE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

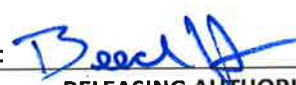
**CLASS TITLE** FROM: ASSISTANT FINANCE DIRECTOR TO: RESIGNED  
**CLASS NUMBER** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**STEP** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**RATE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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 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 checked="" 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:** RESIGNED

<b>APPROVAL OF APPOINTING AUTHORITY</b>	<b>CIVIL SERVICE COMMISSION</b>
SIGNATURE:  DATE: 10/1/2021	<input type="checkbox"/> APPROVED CERTIFICATION _____
RELEASING AUTHORITY:	<input type="checkbox"/> DISAPPROVED
SIGNATURE: _____ DATE: 10/1/2021	SIGNATURE: _____ DATE: _____
	EXECUTIVE SEC. CIVIL SERVICE COMM.

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE  
 CHANGE

**NAME:** Ronald Anderson

**EFFECTIVE DATE:** 10-29-2021

**ADDRESS**  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**PAYROLL NUMBER** \_\_\_\_\_ **SEX** \_\_\_\_\_ **DOB** \_\_\_\_\_ **PRIOR SERVICE** \_\_\_\_\_

**PRIOR SICK LEAVE** \_\_\_\_\_ **EDUCATION** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_  
YEARS: \_\_\_\_\_ MAJOR: \_\_\_\_\_

**DEPARTMENT, UNIT OR OFFICE** FROM: sewer TO: \_\_\_\_\_

**CLASS TITLE** FROM: \_\_\_\_\_ TO: sewer department / EQ 2

**CLASS NUMBER** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_ **STEP** FROM: \_\_\_\_\_ TO: 10 **RATE** FROM: \_\_\_\_\_ TO: \$28.54

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 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 checked="" 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:** Resigned

**APPROVAL OF APPOINTING AUTHORITY** **CIVIL SERVICE COMMISSION**

**SIGNATURE:** Andy Bala **DATE:** 10/29/21

APPROVED CERTIFICATION \_\_\_\_\_

**SIGNATURE:** Andy Bala **DATE:** 10/29/21 **DATE:** \_\_\_\_\_

DISAPPROVED  
SIGNATURE: \_\_\_\_\_