

PERSONNEL ACTION FORM  
CITY OF BEXLEY

From: DEPARTMENT UNIT OR OFFICE  
To:

From: NAME  
To: **Brandon Hook**

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

From: ADDRESS  
To: \_\_\_\_\_  
From: CITY From: ST From: ZIP  
To: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_

EFFECTIVE DATE: Month: **12** Date: **2** Year: **22**  
From: PAYROLL NUMBER From: SOCIAL SECURITY NO. From: WORK UNIT  
To: **03-380-51010** To: **Distribution** To: \_\_\_\_\_  
CLASS TITLE CLASS NUMBER RANGE STEP RATE  
**street supervisor** **Equip** \_\_\_\_\_ **4** **\$36.50 hrs**

To: **street supervisor** **5** **\$78,445.00**  
From: **street supervisor** **5** **\$78,445.00**

APPOINTMENT CHANGE SEPARATION INTERRUPTION

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

APPROVAL OF APPOINTING AUTHORITY CIVIL SERVICE COMMISSION

SIGNATURE: \_\_\_\_\_ DATE: **1/29/22**  
RELEASING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_  
EXEC. SEC. CIV. SERV. COMM. \_\_\_\_\_ DATE: \_\_\_\_\_