

**PERSONNEL ACTION FORM**  
CITY OF BEKLEY

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

From: _____ To: _____	NAME <b>Williams, James</b>	SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major
			Month	Day	Year	

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

EFFECTIVE DATE Month: _____ Date: _____ Year: _____	PAYROLL NUMBER From: _____ To: _____	SOCIAL SECURITY NO.	From: _____ To: _____	WORK UNIT From: _____ To: _____
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CLASS TITLE From: <b>Asst. Auto</b> To: <b>Asst. Auto</b>	CLASS NUMBER From: <b>0380009</b> To: _____	RANGE	STEP <b>5</b>	RATE <b>\$ 29.52</b>
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To: <b>Asst. Auto mechanic</b>	APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
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<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 checked="" 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: _____
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PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE
CERTIFICATION NO	BUDGETED HOURS		

REMARKS:

APPROVAL OF APPOINTING AUTHORITY

SIGNATURE \_\_\_\_\_ DATE **2/1/23**

CIVIL SERVICE COMMISSION

SIGNATURE \_\_\_\_\_ DATE **2/1/23**

APPROVED CERTIFICATION  
 DISAPPROVED

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

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