

PERSONNEL ACTION FORM
CITY OF BEXLEY

From: _____
DEPARTMENT UNIT OR OFFICE
To: _____

From: _____ NAME
To: **Nicholas Burnhoffer**

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: **01** Date: **03** Year: **2023**
PAYROLL NUMBER
From: **300-Sewer** To: **1D36751D1D**
SOCIAL SECURITY NO. _____
WORK UNIT
From: _____ To: _____

CLASS TITLE
From: **EQ 1**
CLASS NUMBER
From: **le 01 level**
RANGE _____ STEP _____
RATE
To: _____ To: _____ **\$ 25.25**

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 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 _____	<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 checked="" 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
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PRIOR SERVICE _____ PRIOR SICK LEAVE _____ DATE LAST PROMOTED _____ DATE CONTINUOUS SERVICE _____
 CERTIFICATION NO _____ BUDGETED HOURS _____

REMARKS: **Resigned**

APPROVAL OF APPOINTING AUTHORITY
 SIGNATURE _____ DATE **11/5/23**
 APPROVED CERTIFICATION DISAPPROVED
 RELEASING AUTHORITY _____ DATE **11/5/23**
 EXEC. SEC. CIV. SERV. COMM. _____ DATE _____