

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE  
 CHANGE 510

**NAME:** Emily Perfect

**EFFECTIVE DATE:** 1/9/23

**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: _____
<b>MAJOR:</b> _____					

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

**OR OFFICE** TO: \_\_\_\_\_

**CLASS** FROM: FRONT DESK OPERATIONS  
**TITLE** TO: REC COORDINATOR

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

**RANGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
**STEP** FROM: Step 1 TO: Year 2  
**RATE** FROM: \$46,561/yr TO: \_\_\_\_\_

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			<i>Payroll Dispersment</i> 510 rec - 32% 100 city hall - 47% Building - 31%
	<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:** Title Change and Pay Rate Change

**APPROVAL OF APPOINTING AUTHORITY**

**CIVIL SERVICE COMMISSION**

SIGNATURE:  DATE: 1/11/23

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

DISAPPROVED

**RELEASING AUTHORITY:**  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
EXECUTIVE SEC. CIVIL SERVICE COMM.