NAME: SAM METCALE   ADDRESS   FROM:   TO:   TO:   PRIOR SERVICE   PRIOR SICK LEAVE   MAJOR:   DEGREE:   DEGREE:   MAJOR:   DEGREE:   DEGR	CITY OF BEXLEY							□ NEW EMPLOYEE		
ADDRESS FROM:  PAYROLI NUMBER SEX DOB PRIOR SERVICE  PRIOR SICK LEAVE  PROM:  CHASS FROM:  OR OFFICE  TO:  STEP FROM:  TO:  STEP FROM:  TO:  STEP FROM:  TO:  APPOINTMENT  CHANGE  SEPARATION  INTERRUPTION  REINSTATEMENT  1 - PROM SEPARATION  PRINTSTATEMENT  PROMI	PERSONNEL ACTION FORM							X CHANGE – Resignation  EFFECTIVE DATE: 02-17-2023		
PAYROLL NUMBER   SEX   DOB   PRIOR SERVICE   PRIOR SICK LEAVE   SEDUCATION   YEARS:   DEGREE:   MAJOR:   DEGREE:   DEGR										
DEPARTMENT, UNIT ON OFFICE TO:  OR OFFICE TO:  STEP FROM:  TO:  STEP FROM:  TO:  STEP FROM:  TO:  STEP FROM:  TO:  APPOINTMENT CHANGE SEPARATION INTERRUPTION REINSTATEMENT  1 - EMERGENCY Ends:  - ENDS:										
CLASS   FROM: TO:   CLASS NUMBER   TO:	PAYROLL NUMBER	SEX	<u>DOB</u>	PRIOR SERVICE	PRIOR SICK LEAVE		<u>LEAVE</u>	YEARS:	DEGREE:	
CLASS NUMBER   FROM: TO:   T										
TITLE TO:  RANGE FROM: TO:  STEP FROM: TO:  STEP FROM: TO:  SEPARATION INTERRUPTION REINSTATEMENT  1 - REMRECENCY										
STEE   TO:   RANE   TO:   TO:   RANE   TO:   T						NUMBER				
1 - EMERGENCY	RANGE				STEP		I RATE			
Ends:    2 - POLITIME (Permanent or Provisional)	APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION		REINSTATEMENT	
2 - PENT TIME (Permanent or Provisional)   3 - LATERAL CLASS.   3 - DECEASED   3 - SUSPENSION   3 - BY CIVIL SERVICE ORDER   4 - PART TIME (Permanent)   4 - TRANSFER WITHIN DEPT.   4 - PART TIME (Permanent)   4 - TRANSFER BETWEEN DEPTS.   5 - PROBATIONARY   5 - SEASONAL END DEPTS.   6 - PART TIME (Seasonal)   6 - CIVIL SERVICE STATUS   7 - NAME   7 - UNCLASSIFIED   7 - EDUCATIONAL   6 - MATERNITY   5 - PART TIME (Seasonal)   7 - NAME   7 - UNCLASSIFIED   7 - EDUCATIONAL   6 - MATERNITY   7 - PART TIME (Seasonal)   10 - REASSIGNMENT   11 - POSITION NUMBER   12 - OTHER: (see remarks)   13 - TEMP WORK LEAVE ADJUSTMENT   14 - CORRECTION OF:   14 - CORRECTION OF:   14 - CORRECTION MITS APPROVAL OF APPOINTING AUTHORITY   14 - CORRECTION OF:   14 - CORRECTION MITS APPROVED CERTIFICATION   15 - SECONDAL EAVE END DATE:   15 - SEASONAL END   15 - SEA			□ 1 – PROMOTIONAL		□ 1 RETIRED		□ 1 – MI	LITARY LEAVE	☐ 1 – FROM SEPARATION	
□ 3 - FULL TIME (Temporary) □ 3 - LATERAL CLASS. □ 3 - DECEASED □ 4 - PART TIME (Permanent) □ 4 - TRANSFER WITHIN □ DEPT. □ 5 - PART TIME (Temporary) □ 5 - TRANSFER BETWEEN □ DEPTS. □ 6 - PART TIME (Seasonal) □ 6 - CIVIL SERVICE STATUS □ 7 - APPOINTMENT DATE CORRECTED □ 8 - INTERIM □ 9 - RATE □ 10 - REASSIGNMENT □ 11 - POSITION NUMBER □ 12 - OTHER: (see remarks) □ 13 - EVERY COMMISSION □ 4 - DISABILITY □ 4 - BY COURT ORDER □ 4 - DISABILITY □ 4 - BY COURT ORDER □ 4 - DISABILITY □ 4 - BY COURT ORDER □ 4 - DISABILITY □ 4 - BY COURT ORDER □ 4 - DISABILITY □ 4 - BY COURT ORDER □ 5 - SEASONAL END □ 7 - EDUCATIONAL □ 7 - EDUCATIONAL □ 7 - DEDUCATIONAL □ 7 - DEDUCATIONAL □ 8 - SICK LEAVE END DATE: □ 9 - VACATION LEAVE END DATE: □ 9 - VACATION LEAVE END DATE: □ 9 - VACATION LEAVE END DATE: □ 11 - POSITION NUMBER □ 12 - OTHER: (see remarks) □ 13 - EVERY COURT ORDER □ 6 - LAID OFF □ 6 - MATERNITY □ 7 - DEDUCATIONAL □ 7 - DEDUCATIONAL □ 8 - SICK LEAVE END DATE: □ 9 - VACATION LEAVE END DATE: □ 10 - PEDUCATION LEAVE END DATE: □ 4 - BY COUNTING □ 4 - BY	☐ 2 – FULL TIME (Permanent		☐ 2 – DEMOTION				☐ 2 — PERSONAL LEAVE			
DEPT.    5 - PART TIME (Temporary)	·		☐ 3 — LATERAL CLASS.		□ 3 – DECEASED		☐ 3 - SUSPENSION			
DEPTS.  DEPTS.	4 – PART TIME (Permanent)				☐ 4 – REMOVED		4 - DISABILITY		☐ 4 – BY COURT ORDER	
TO STATUS    7 - APPOINTMENT DATE   7 - NAME   7 - UNCLASSIFIED   7 - EDUCATIONAL     8 - INTERIM   8 - APPOINTMENT   X 8 - OTHER (see remarks)   9 - CANCEL   9 - VACATION LEAVE   END DATE:     9 - OTHER   9 - RATE   9 - CANCEL   APPOINTMENT   11 - POSITION NUMBER   12 - OTHER (see remarks)   13 - TEMP WORK LEAVE   ADJUSTMENT   14 - CORRECTION OF:     DATE LAST PROMOTED:   DATE CONTINUOUS SERVICE:   CERTIFICATION #:    BUDGETED HOURS   REMARKS: Voluntary resignation with notice     APPROVAL OF APPOINTING AUTHORITY   CIVIL SERVICE COMMISSION     APPROVED CERTIFICATION   DATE:   DATE:   DISAPPROVED     SIGNATURE:   DATE:   D	☐ 5 – PART TIME (Temporary)				☐ 5 – PROBATIONARY		☐ 5 — SEASONAL END			
CORRECTED  B - INTERIM  B - APPOINTMENT CHANGE TO:  CH					□ 6 – LAID OFF		☐ 6 – MATERNITY			
CHANGE TO:  OP - RATE  OP - CANCEL APPOINTMENT  OP - CANCEL OP - CANCEL APPOINTMENT  OP - CANCEL			□ 7 – NAME		☐ 7 – UNCLASSIFIED		☐ 7 — EDUCATIONAL		c	
APPOINTMENT END DATE:    10 - REASSIGNMENT   11 - POSITION NUMBER   12 - OTHER: (see remarks)   13 - TEMP WORK LEAVE ADJUSTMENT   14 - CORRECTION OF:    DATE LAST PROMOTED:   DATE CONTINUOUS SERVICE:   CERTIFICATION #:    BUDGETED HOURS   REMARKS: Voluntary resignation with notice	□ 8 – INTERIM									
11 - POSITION NUMBER   12 - OTHER: (see remarks)   13 - TEMP WORK LEAVE ADJUSTMENT   14 - CORRECTION OF:	□ 9 – OTHER ————		□ 9 – RATE							
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(see remarks)  13- TEMP WORK LEAVE ADJUSTMENT  14 - CORRECTION OF:    DATE LAST PROMOTED:   DATE CONTINUOUS SERVICE:   CERTIFICATION #:    BUDGETED HOURS   REMARKS: Voluntary resignation with notice			☐ 11 – POSITION NUMBER							
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BUDGETED HOURS  REMARKS: Voluntary resignation with notice  APPROVAL OF APPOINTING AUTHORITY  SIGNATURE:  DATE:  RELEASING AUTHORITY:  DISAPPROVED  SIGNATURE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:										
APPROVAL OF APPOINTING AUTHORITY  SIGNATURE:  DATE:  RELEASING AUTHORITY:  DISAPPROVED  SIGNATURE:  DATE:  DATE:  DATE:  DATE:  DATE:	DATE LAST PROMOTED:			DATE CONTINUOUS SERVICE:				CERTIFICATION #:		
SIGNATURE: DATE:  RELEASING AUTHORITY:  DISAPPROVED CERTIFICATION  DISAPPROVED  SIGNATURE: DATE:	BUDGETED HOURS REMARKS				ntary resignation with notice					
SIGNATURE: DATE:  RELEASING AUTHORITY:  DISAPPROVED  SIGNATURE:	APPROVAL OF APPOINTING AUTHORITY					CIVIL SERVICE COMMISSION				
RELEASING AUTHORITY:   DISAPPROVED  SIGNATURE: DATE:	SIGNATURE: DATE:					☐ APPROVED CERTIFICATION				
SIGNATORE.						☐ DISAPPROVED				
	( ( )		_ ~	12/23	SIGNA	SIGNATURE: DATE:				
SIGNATURE: DATE: EXECUTIVE SEC. CIVIL SERVICE COMM.  Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head										