

PERSONNEL ACTION FORM
CITY OF BEXLEY

From: _____ DEPARTMENT UNIT OR OFFICE
To: _____

From: NAME _____ SEX _____ DATE OF BIRTH _____ EDUCATION _____
 To: *Martin Spencer* Month _____ Day _____ Year _____ Yrs. Degree Major _____

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

EFFECTIVE DATE Month: *2* Date: *22* Year: *2023* **PAYROLL NUMBER** From: _____ To: *01-320-51010* **SOCIAL SECURITY NO.** *601544* **WORK UNIT** From: _____ To: _____

CLASS TITLE From: *Tree maintenance Worker* **CLASS NUMBER** From: _____ To: _____ **RANGE** _____ **STEP** *3* **RATE** *\$ 23.91*

To: *Tree maintenance* To: *Worker* _____ **STEP** *4* **RATE** *\$ 27.13*

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 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 checked="" 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: _____
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			<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

PRIOR SERVICE _____ **PRIOR SICK LEAVE** _____ **DATE LAST PROMOTED** _____ **DATE CONTINUOUS SERVICE** _____

CERTIFICATION NO _____ **BUDGETED HOURS** _____

REMARKS:

APPROVAL OF APPOINTING AUTHORITY

SIGNATURE _____

DATE _____

CIVIL SERVICE COMMISSION

APPROVED CERTIFICATION _____
 DISAPPROVED

RELEASING AUTHORITY _____

DATE _____

EXEC. SEC. CIV. SERV. COMM. _____

DATE _____