CITY OF BEXLEY
PERSONNEL ACTION FORM

☒ NEW EMPLOYEE
☐ CHANGE

NAME: Kevin Healy

EFFECTIVE DATE: 3-21-23

ADDRESS
FROM:
TO: Currently

PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION
					YEARS: DEGREE: MAJOR:

DEPARTMENT, UNIT OR OFFICE FROM:
TO: Streets

CLASS TITLE FROM:
TO: Equipment Operator I

CLASS NUMBER FROM:
TO: 03380051010

RANGE FROM:
TO:

STEP FROM:
TO: 4

RATE FROM:
TO: $26.01

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
☐ 1 – EMERGENCY Ends: _____	☐ 1 – PROMOTIONAL	☐ 1 – RETIRED	☐ 1 – MILITARY LEAVE	☐ 1 – FROM SEPARATION
☒ 2 – FULL TIME (Permanent or Provisional)	☐ 2 – DEMOTION	☐ 2 – DISABILITY RETIREMENT	☐ 2 – PERSONAL LEAVE	☐ 2 – FROM INTERRUPTION
☐ 3 – FULL TIME (Temporary)	☐ 3 – LATERAL CLASS.	☐ 3 – DECEASED	☐ 3 - SUSPENSION	☐ 3 – BY CIVIL SERVICE ORDER
☐ 4 – PART TIME (Permanent)	☐ 4 – TRANSFER WITHIN DEPT.	☐ 4 – REMOVED	☐ 4 – DISABILITY	☐ 4 – BY COURT ORDER
☐ 5 – PART TIME (Temporary)	☐ 5 – TRANSFER BETWEEN DEPTS.	☐ 5 – PROBATIONARY	☐ 5 – SEASONAL END	☐ 5 – RESCIND SEPARATION
☐ 6 – PART TIME (Seasonal) _____ TO _____	☐ 6 – CIVIL SERVICE STATUS	☐ 6 – LAID OFF	☐ 6 – MATERNITY	
☐ 7 – APPOINTMENT DATE CORRECTED	☐ 7 – NAME	☐ 7 – UNCLASSIFIED	☐ 7 – EDUCATIONAL	
☐ 8 – INTERIM	☐ 8 – APPOINTMENT CHANGE TO: _____	☐ 8 – OTHER (see remarks)	☐ 8 – SICK LEAVE END DATE: _____	
☐ 9 – OTHER _____ _____	☐ 9 – RATE	☐ 9 – CANCEL APPOINTMENT	☐ 9 – VACATION LEAVE 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:

APPROVAL OF APPOINTING AUTHORITY
SIGNATURE: [signature] DATE: 3/22/23

RELEASING AUTHORITY:
SIGNATURE: [signature] DATE: 3/22/23

CIVIL SERVICE COMMISSION
☐ APPROVED CERTIFICATION _____
☐ DISAPPROVED
SIGNATURE: _____ DATE: _____
EXECUTIVE SEC. CIVIL SERVICE COMM.

Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head