PERSONNEL ACTION FORM
CITY OF BEXLEY

DEPARTMENT UNIT OR OFFICE
From: To:

NAME
Howard, Gavin

ADDRESS

From: **To:**

SEX	DATE OF BIRTH			EDUCATION
	Month	Day	Year	Yrs. Degree Major

CITY From: To: **ST** From: To: **ZIP**

EFFECTIVE DATE
Month: 4 Date: 4 Year: 2023

CLASS TITLE
From: Equipment Operator 1
To: Equipment Operator 1

PAYROLL NUMBER
From: To: 0339051010 - 601666

SOCIAL SECURITY NO.
From: To:

CLASS NUMBER **RANGE** 4 **STEP** 3

WORK UNIT From: To:

RATE $26.01 $23.03

APPOINTMENT
- ☐ 1 – EMERGENCY Ends:
- ☐ 2 – FULL TIME (Permanent or provisional)
- ☐ 3 – FULL TIME (Temporary)
- ☐ 4 – PART TIME (Permanent)
- ☐ 5 – PART TIME (Temporary)
- ☐ 6 – PART TIME (Seasonal)
- ☐ 7 – APPOINTMENT DATE CORRECTED ___ to ___
- ☐ 8 – INTERIM
- ☐ 9 – OTHER

CHANGE
- ☒ 1 – PROMOTIONAL
- ☐ 2 – DEMOTION
- ☐ 3 – LATERAL CLASS.
- ☐ 4 – TRANSFER WITHIN DEPARTMENT
- ☐ 5 – TRANSFER BETWEEN DEPARTMENTS
- ☐ 6 – CIVIL SERVICE STATUS
- ☐ 7 – NAME
- ☐ 8 – APPOINTMENT CHANGE TO
- ☐ 9 – RATE
- ☐ 10 – REASSIGNMENT
- ☐ 11 – POSITION NUMBER
- ☐ 12 – OTHER (see remarks)
- ☐ 13 – TEMPORARY WORK LEAVE ADJUSTMENT
- ☐ 14 – CORRECTION OF

SEPARATION 4
- ☐ 2 – RETIRED
- ☐ 3 – DISABILITY RETIREMENT
- ☐ 4 – DECEASED
- ☐ 5 – REMOVED
- ☐ 6 – PROBATIONARY
- ☐ 7 – LAID OFF
- ☐ 8 – UNCLASSIFIED
- ☐ 9 – OTHER (see remarks)
- ☐ 10 – CANCEL APPOINTMENT

INTERRUPTION
- ☐ 1 – MILITARY LEAVE
- ☐ 2 – PERSONAL LEAVE
- ☐ 3 – SUSPENSION
- ☐ 4 – DISABILITY
- ☐ 5 – SEASONAL END
- ☐ 6 – MATERNITY
- ☐ 7 – EDUCATIONAL
- ☐ 8 – SICK LEAVE ending date:
- ☐ 9 – VACATION LEAVE ending date:

REINSTATEMENT
- ☐ 1 – FROM SEPARATION
- ☐ 2 – FROM INTERRUPTION
- ☐ 3 – BY CIVIL SERVICE
- ☐ 4 – BY COURT ORDER
- ☐ 5 – RESCIND SEPARATION

REMARKS:

CERTIFICATION NO

PRIOR SERVICE **PRIOR SICK LEAVE**

BUDGETED HOURS

DATE LAST PROMOTED

DATE CONTINUOUS SERVICE

APPROVAL OF APPOINTING AUTHORITY
SIGNATURE _____ DATE _____

CIVIL SERVICE COMMISSION
- ☐ APPROVED CERTIFICATION
- ☐ DISAPPROVED

EXEC. SEC. CIV. SERV. COMM. DATE

RELEASING AUTHORITY
SIGNATURE _____ DATE _____

ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head