

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Melissa A. Winnegrad

EFFECTIVE DATE: April 24, 2023

ADDRESS

246 N. Cassingham Road, Bexley, Ohio 43209

| | | | | | |
|-----------------------|------------|------------|----------------------|---|--|
| PAYROLL NUMBER | SEX | DOB | PRIOR SERVICE | PRIOR SICK LEAVE | EDUCATION |
| | F | 10/17/1991 | 4 years | TBD, will receive letter from Delaware PD | YEARS: _____ DEGREE: BA MAJOR: Criminal Justice |

DEPARTMENT, UNIT

OR OFFICE POLICE

| | |
|-----------------------------------|---------------------|
| CLASS TITLE POLICE OFFICER | CLASS NUMBER |
|-----------------------------------|---------------------|

| | | |
|--------------------------|---------------|---------------------|
| RANGE \$82,803.76 | STEP 4 | RATE \$39.81 |
|--------------------------|---------------|---------------------|

| APPOINTMENT | CHANGE | SEPARATION | INTERRUPTION | REINSTATEMENT |
|--|--|---|---|---|
| <input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input checked="" 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 type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: _____ <input 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- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____ | <input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – 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 END DATE: _____ <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____ | <input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION |

| | | |
|----------------------------|---------------------------------|-------------------------|
| DATE LAST PROMOTED: | DATE CONTINUOUS SERVICE: | CERTIFICATION #: |
|----------------------------|---------------------------------|-------------------------|

| | |
|-----------------------|-----------------|
| BUDGETED HOURS | REMARKS: |
|-----------------------|-----------------|

| | |
|---|--|
| <p align="center">APPROVAL OF APPOINTING AUTHORITY</p> <p>SIGNATURE:  DATE: 4/13/2023</p> <p align="center">RELEASING AUTHORITY:</p> <p>SIGNATURE: _____ DATE: _____</p> | <p align="center">CIVIL SERVICE COMMISSION</p> <p>APPROVED CERTIFICATION _____</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>SIGNATURE: _____ DATE: _____</p> <p align="center">EXECUTIVE SEC. CIVIL SERVICE COMM.</p> |
|---|--|

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