

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Luke A. Schwarz

EFFECTIVE DATE: 05/01/2023

ADDRESS

103 Norton Park Drive Apt. 326

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

M

06/07/1989

8 years (02/2015)

TBD

YEARS:

DEGREE: BA

MAJOR: Criminology

DEPARTMENT, UNIT

OR OFFICE

POLICE

CLASS

TITLE

POLICE OFFICER

CLASS NUMBER

RANGE

\$104,034.94

STEP

5

RATE

\$50.02 GDA #1

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:

144 Vacation Hours, 32 Personal Hours

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE: _____

[Signature]

DATE: 4/27/2023

APPROVED CERTIFICATION _____

RELEASING AUTHORITY:

DISAPPROVED

SIGNATURE: _____

DATE: _____

SIGNATURE: _____ DATE: _____

EXECUTIVE SEC. CIVIL SERVICE COMM.

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