

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Justin Fleming

EFFECTIVE DATE: 05/08/2023

ADDRESS

FROM: _____ TO: _____

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

DEPARTMENT, UNIT FROM: _____
OR OFFICE TO: _____

CLASS FROM: _____
TITLE TO: _____

CLASS NUMBER FROM: _____
TO: _____

RANGE FROM: \$104,034.94
TO: \$120,210.06

STEP FROM: 5
TO: SGT

RATE FROM: \$50.02
TO: \$57.79

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

DATE LAST PROMOTED: _____

DATE CONTINUOUS SERVICE: _____

CERTIFICATION #: _____

BUDGETED HOURS _____

REMARKS: _____

APPROVAL OF APPOINTING AUTHORITY

SIGNATURE: *Nancy D. Lewis* DATE: 5/8/23

RELEASING AUTHORITY:

SIGNATURE: _____ DATE: _____

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