

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE  
 CHANGE **540**

**NAME:** **Craig Yantko**

**EFFECTIVE DATE:** **5.29.23**

**ADDRESS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

<b>PAYROLL NUMBER</b>	<b>SEX</b>	<b>DOB</b>	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b>
					YEARS: _____ DEGREE: _____
					MAJOR: _____

**DEPARTMENT, UNIT** FROM: **Recreation & Parks Department**

**OR OFFICE** TO: \_\_\_\_\_

**CLASS** FROM: **Service Worker**  
**TITLE** TO: \_\_\_\_\_

**CLASS NUMBER** FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

**RANGE** FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

**STEP** FROM: **3**  
TO: **4**

**RATE** FROM: **20.68**  
TO: **22.58**

<b>APPOINTMENT</b>	<b>CHANGE</b>	<b>SEPARATION</b>	<b>INTERRUPTION</b>	<b>REINSTATEMENT</b>
<input type="checkbox"/> 1 – EMERGENCY Ends: _____	<input 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 – <b>PART TIME (Seasonal)</b> _____ 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:** **Step Change**

**APPROVAL OF APPOINTING AUTHORITY**

SIGNATURE:  DATE: **6/1/23**

**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**