

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Marsha Mathews

EFFECTIVE DATE: 05/29/2023

ADDRESS

FROM:

TO:

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

1.5 years

(working in BPD)

YEARS:

DEGREE:

MAJOR:

DEPARTMENT, UNIT FROM:

OR OFFICE TO:

CLASS

TITLE

CLASS NUMBER

FROM:

TO:

RANGE

\$73,611.10

STEP

3

RATE

From: \$35.39

To: \$36.89 (see remarks)

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<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 checked="" 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 checked="" 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: _____			

*- Eff. immediately: -
44 hours vacation
32 hours personal*

DATE LAST PROMOTED:

DATE CONTINUOUS SERVICE:

CERTIFICATION #:

BUDGETED HOURS

REMARKS: Rate includes holiday pay per CBA: **Section 16.2 Holiday Pay**

Holiday pay for the entire calendar year shall be calculated as an hourly rate and shall be included in the member's base hourly rate, including for purposes of overtime calculation.

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE: *Nancy D. Lewis* DATE: *5/15/23*

APPROVED CERTIFICATION _____
 DISAPPROVED

RELEASING AUTHORITY:

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____
EXECUTIVE SEC. CIVIL SERVICE COMM.