

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE 510  
 CHANGE

**NAME:** Josh Hester

**EFFECTIVE DATE:** 6.6.23

**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: Rec Coordinator  
**TITLE** TO: \_\_\_\_\_

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

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

**STEP** FROM: 1  
 TO: 2, year 1

**RATE** FROM: 22.39  
 TO: 23.92

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input 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:** Step Change

**APPROVAL OF APPOINTING AUTHORITY**

SIGNATURE: \_\_\_\_\_

DATE: 6/7/23

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**