

PERSONNEL ACTION FORM
CITY OF BEXLEY

From: _____ To: _____
DEPARTMENT UNIT OR OFFICE

From: **NAME** _____ **SEX** M **DATE OF BIRTH** _____ **EDUCATION** _____
 To: **Howard, Gavin** **Month** 3 **Day** 7 **Year** 1997 **Yrs. Degree Major** _____

From: _____ **ADDRESS** _____ **CITY** _____ **ST** _____ **ZIP** _____
 To: _____

EFFECTIVE DATE **PAYROLL NUMBER** **SOCIAL SECURITY NO.** **WORK UNIT**
 Month: 6 Date: 26 Year: 2023 From: _____ To: _____ From: _____ To: _____
 From: _____ To: _____ 0338051D1D - 601666 From: _____ To: _____

From: **CLASS TITLE** **CLASS NUMBER** **RANGE** **STEP** **RATE**
 From: Equipment Operator 2 From: _____ To: _____ 4 4 \$ 26.01

APPOINTMENT **CHANGE** **SEPARATION** **INTERRUPTION**
 To: Equipment Operator 2 4 \$ 27.33

<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 checked="" type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <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 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____	<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - 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 ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
--	--	--	---

PRIOR SERVICE _____ **PRIOR SICK LEAVE** _____ **DATE LAST PROMOTED** _____ **DATE CONTINUOUS SERVICE** _____
CERTIFICATION NO _____ **BUDGETED HOURS** _____

REMARKS: _____

APPROVAL OF APPOINTING AUTHORITY **CIVIL SERVICE COMMISSION**
 SIGNATURE _____ DATE 6/26/23 APPROVED CERTIFICATION _____
 SIGNATURE _____ DATE 6/26/23 DISAPPROVED
 RELEASING AUTHORITY _____ EXEC. SEC. CIV. SERV. COMM. _____ DATE _____