

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE **525**

NAME: Cate Swendal **EFFECTIVE DATE:** 3.13.23

ADDRESS
 FROM: _____ TO: _____

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

DEPARTMENT, UNIT FROM: Recreation & Parks Department
OR OFFICE TO: _____


CLASS TITLE FROM: Rec Coordinator - Preschool Director
CLASS NUMBER FROM: _____
 TO: _____ TO: _____

RANGE FROM: _____
 TO: _____ **STEP** FROM: 2, year 3
 TO: 3, year 1 **RATE** FROM: 27.03
 TO: 28.79

| 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 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:** Step increase from end of Step 2 to beginning of Step 3

| | | | |
|--|---------------|---|-------------|
| APPROVAL OF APPOINTING AUTHORITY | | CIVIL SERVICE COMMISSION | |
| SIGNATURE:  | DATE: 4/12/23 | <input type="checkbox"/> APPROVED CERTIFICATION _____ | |
| RELEASING AUTHORITY: | | <input type="checkbox"/> DISAPPROVED | |
| SIGNATURE: _____ | DATE: _____ | SIGNATURE: _____ | DATE: _____ |
| | | EXECUTIVE SEC. CIVIL SERVICE COMM. | |