

PERSONNEL ACTION FORM
CITY OF BEKLEY

From: _____
DEPARTMENT UNIT OR OFFICE
To: _____

From: NAME _____ SEX _____ DATE OF BIRTH _____ EDUCATION
To: **Matthews, Michael** Month _____ Day _____ Year _____ Yrs. Degree Major _____

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

EFFECTIVE DATE Month: **8** Date: **9** Year: **2023** PAYROLL NUMBER From: **1036051010** To: _____ SOCIAL SECURITY NO. **601721** WORK UNIT From: _____ To: _____

From: CLASS TITLE **Water/sewer Service worker** CLASS NUMBER _____ RANGE _____ STEP **4** RATE **\$27.33**

To: **Water/sewer Service worker** APPOINTMENT CHANGE SEPARATION INTERRUPTION **\$ 30.59**

<input type="checkbox"/> 1 - EMERGENCY Ends: _____	<input checked="" type="checkbox"/> 1 - PROMOTIONAL	<input type="checkbox"/> 2 - RETIRED	<input type="checkbox"/> 1 - MILITARY LEAVE
<input type="checkbox"/> 2 - FULL TIME (Permanent or provisional)	<input type="checkbox"/> 2 - DEMOTION	<input type="checkbox"/> 3 - DISABILITY RETIREMENT	<input type="checkbox"/> 2 - PERSONAL LEAVE
<input type="checkbox"/> 3 - FULL TIME (Temporary)	<input type="checkbox"/> 3 - LATERAL CLASS.	<input type="checkbox"/> 4 - DECEASED	<input type="checkbox"/> 3 - SUSPENSION
<input type="checkbox"/> 4 - PART TIME (Permanent)	<input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT	<input type="checkbox"/> 5 - REMOVED	<input type="checkbox"/> 4 - DISABILITY
<input type="checkbox"/> 5 - PART TIME (Temporary)	<input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS	<input type="checkbox"/> 6 - PROBATIONARY	<input type="checkbox"/> 5 - SEASONAL END
<input type="checkbox"/> 6 - PART TIME (Seasonal)	<input type="checkbox"/> 6 - CIVIL SERVICE STATUS	<input type="checkbox"/> 7 - LAID OFF	<input type="checkbox"/> 6 - MATERNITY
<input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED	<input type="checkbox"/> 7 - NAME	<input type="checkbox"/> 8 - UNCLASSIFIED	<input type="checkbox"/> 7 - EDUCATIONAL
<input type="checkbox"/> 8 - INTERIM	<input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____	<input type="checkbox"/> 9 - OTHER (see remarks)	<input type="checkbox"/> 8 - SICK LEAVE ending date: _____
<input type="checkbox"/> 9 - OTHER	<input type="checkbox"/> 9 - RATE	<input type="checkbox"/> 10 - CANCEL APPOINTMENT	<input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
	<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		

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

REMARKS: _____
APPROVAL OF APPOINTING AUTHORITY _____ CIVIL SERVICE COMMISSION
DATE **7/14/23** APPROVED CERTIFICATION _____
SIGNATURE *[Signature]* DISAPPROVED _____

RELEASING AUTHORITY _____ EXEC. SEC. CIV. SERV. COMM. _____ DATE _____
DATE **7/14/23**