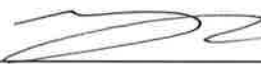


CITY OF BEXLEY PERSONNEL ACTION FORM				<input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE		
NAME: Collin Cain				EFFECTIVE DATE: 8.14.23		
ADDRESS						
FROM:			TO:			
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION	
					YEARS: DEGREE: MAJOR:	
DEPARTMENT, UNIT FROM: Recreation & Parks Department						
OR OFFICE TO:						
CLASS TITLE		FROM: Recreation Coordinator		CLASS NUMBER FROM:		
TO:		TO:		TO:		
RANGE FROM:			STEP FROM:		RATE FROM:	
TO:			TO:		TO:	
APPOINTMENT		CHANGE		SEPARATION	INTERRUPTION	
<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 checked="" 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: Resignation				
APPROVAL OF APPOINTING AUTHORITY			CIVIL SERVICE COMMISSION			
SIGNATURE: 		DATE: 8/10/23		<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED		
RELEASING AUTHORITY:			SIGNATURE: _____ DATE: _____			
SIGNATURE: _____ DATE: _____			EXECUTIVE SEC. CIVIL SERVICE COMM.			
Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head						