

**PERSONNEL ACTION FORM**  
CITY OF BEXLEY

From: \_\_\_\_\_ DEPARTMENT UNIT OR OFFICE To: \_\_\_\_\_

NAME  
From: \_\_\_\_\_  
To: **Cavallaro, Jordan**

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EDUCATION  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Yrs. Degree Major

ADDRESS  
From: \_\_\_\_\_ CITY From: \_\_\_\_\_ ST From: \_\_\_\_\_ ZIP  
To: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_

EFFECTIVE DATE  
Month: **8** Date: **20** Year: **2025**  
PAYROLL NUMBER  
From: \_\_\_\_\_ To: **60112**  
SOCIAL SECURITY NO. \_\_\_\_\_ WORK UNIT  
From: \_\_\_\_\_ To: \_\_\_\_\_

CLASS TITLE  
From: **Service Assistant** From: \_\_\_\_\_ CLASS NUMBER \_\_\_\_\_ RANGE \_\_\_\_\_ STEP **2** RATE **# 29.46**  
To: **Service Assistant** To: \_\_\_\_\_

APPOINTMENT CHANGE SEPARATION INTERRUPTION  
To: **Service Assistant** To: \_\_\_\_\_ To: **3** To: **# 31.57**

<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) <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 _____ to _____ <input checked="" 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 <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____
<b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION			<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 <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 **7/18/25**  
 APPROVED CERTIFICATION \_\_\_\_\_  
 DISAPPROVED  
 RELEASING AUTHORITY \_\_\_\_\_ DATE \_\_\_\_\_ EXEC. SEC. CIV. SERV. COMM. \_\_\_\_\_ DATE \_\_\_\_\_