

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE  
 CHANGE

**NAME:** Sean M. Haggard

**EFFECTIVE DATE:** 9/11/2023

**ADDRESS**

4763 David Road

**PAYROLL NUMBER**

**SEX**

**DOB**

**PRIOR SERVICE**

**PRIOR SICK LEAVE**

**EDUCATION**

M

01/14/1988

3 years

None

YEARS:

DEGREE:

MAJOR:

**DEPARTMENT, UNIT**

**OR OFFICE**

POLICE

**CLASS**

**TITLE**

POLICE OFFICER

**CLASS NUMBER**

**RANGE**

\$75,305.36

**STEP**

3

**RATE**

\$36.20

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 checked="" 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:**

Lateral transfer. 88 Vacation hours; 24 Personal hours (pro-rated, per CBA)

**APPROVAL OF APPOINTING AUTHORITY**

**CIVIL SERVICE COMMISSION**

SIGNATURE: 

DATE: 9/12/23

APPROVED CERTIFICATION \_\_\_\_\_

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**