

**PERSONNEL ACTION FORM**  
CITY OF BEXLEY

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

From: NAME  
To: **Eric Ash**

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

ADDRESS

From: \_\_\_\_\_ To: \_\_\_\_\_

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

EFFECTIVE DATE  
Month: **9** Date: **22** Year: **2023**

PAYROLL NUMBER  
From: \_\_\_\_\_ To: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

WORK UNIT  
From: \_\_\_\_\_ To: \_\_\_\_\_

CLASS TITLE  
From: **Water / Sewer**

CLASS NUMBER  
From: **Supervisor**

RANGE \_\_\_\_\_ STEP **5** RATE **\$78,445.00**

To: \_\_\_\_\_ To: \_\_\_\_\_

**APPOINTMENT**

**CHANGE**

**SEPARATION**

**INTERRUPTION**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 1 - EMERGENCY<br>Ends: _____<br><br><input type="checkbox"/> 2 - FULL TIME (Permanent or provisional)<br><br><input type="checkbox"/> 3 - FULL TIME (Temporary)<br><br><input type="checkbox"/> 4 - PART TIME (Permanent)<br><br><input type="checkbox"/> 5 - PART TIME (Temporary)<br><br><input type="checkbox"/> 6 - PART TIME (Seasonal)<br>_____ to _____<br><br><input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED<br><br><input type="checkbox"/> 8 - INTERIM<br><br><input type="checkbox"/> 9 - OTHER | <input type="checkbox"/> 1 - PROMOTIONAL<br><br><input type="checkbox"/> 2 - DEMOTION<br><br><input type="checkbox"/> 3 - LATERAL CLASS. DEPARTMENT<br><br><input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT<br><br><input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS<br><br><input type="checkbox"/> 6 - CIVIL SERVICE STATUS<br><br><input type="checkbox"/> 7 - NAME<br><br><input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____<br><br><input type="checkbox"/> 9 - RATE<br><br><input type="checkbox"/> 10 - REASSIGNMENT<br><br><input type="checkbox"/> 11 - POSITION NUMBER<br><br><input type="checkbox"/> 12 - OTHER (see remarks)<br><br><input type="checkbox"/> 13 - TEMPORARY WORK LEAVE ADJUSTMENT<br><br><input type="checkbox"/> 14 - CORRECTION OF _____ | <input type="checkbox"/> 2 - RETIRED<br><br><input type="checkbox"/> 3 - DISABILITY RETIREMENT<br><br><input type="checkbox"/> 4 - DECEASED<br><br><input type="checkbox"/> 5 - REMOVED<br><br><input type="checkbox"/> 6 - PROBATIONARY<br><br><input type="checkbox"/> 7 - LAID OFF<br><br><input checked="" type="checkbox"/> 8 - UNCLASSIFIED<br><br><input type="checkbox"/> 9 - OTHER (see remarks)<br><br><input type="checkbox"/> 10 - CANCEL APPOINTMENT | <input type="checkbox"/> 1 - MILITARY LEAVE<br><br><input type="checkbox"/> 2 - PERSONAL LEAVE<br><br><input type="checkbox"/> 3 - SUSPENSION<br><br><input type="checkbox"/> 4 - DISABILITY<br><br><input type="checkbox"/> 5 - SEASONAL END<br><br><input type="checkbox"/> 6 - MATERNITY<br><br><input type="checkbox"/> 7 - EDUCATIONAL<br><br><input type="checkbox"/> 8 - SICK LEAVE<br>ending date: _____<br><br><input type="checkbox"/> 9 - VACATION LEAVE<br>ending date: _____ |
|--|--|---|---|

**REINSTATEMENT**

- 1 - FROM SEPARATION
- 2 - FROM INTERRUPTION
- 3 - BY CIVIL SERVICE
- 4 - BY COURT ORDER
- 5 - RESCIND SEPARATION

PRIOR SERVICE \_\_\_\_\_ PRIOR SICK LEAVE \_\_\_\_\_ DATE LAST PROMOTED \_\_\_\_\_ DATE CONTINUOUS SERVICE \_\_\_\_\_

CERTIFICATION NO \_\_\_\_\_ BUDGETED HOURS \_\_\_\_\_

REMARKS: **Resigned - last Day 15 9-22-2023**

APPROVAL OF APPOINTING AUTHORITY  
**[Signature]** **9-18-23**

CIVIL SERVICE COMMISSION  
 APPROVED CERTIFICATION  
 DISAPPROVED

SIGNATURE  
**[Signature]** DATE **9-22-23**

EXEC. SEC. CIV. SERV. COMM. \_\_\_\_\_ DATE \_\_\_\_\_