

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE **510**

NAME: Isaiah Drewry

EFFECTIVE DATE: 9/25/23

ADDRESS

FROM: _____ TO: Change: 70% 526, 30% 580

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: _____ TO: Recreation Coordinator

CLASS NUMBER FROM: _____ TO: \$22.39/hr.

RANGE FROM: _____ TO: _____

STEP FROM: _____ TO: _____

RATE FROM: \$46,561/yr. TO: _____

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: Current Employee New Full Time Position

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE: [Signature] DATE: 9/18/23

APPROVED CERTIFICATION _____

DISAPPROVED

RELEASING AUTHORITY:

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

EXECUTIVE SEC. CIVIL SERVICE COMM.