

PERSONNEL ACTION FORM
CITY OF BEXLEY

From: DEPARTMENT UNIT OR OFFICE
To:

From: NAME
To: **Salmons, Taylor**

SEX: _____ DATE OF BIRTH: _____
 Month Day Year
 Yes, Degree Major

From: ADDRESS
To: _____
 From: CITY From: ST From: ZIP
 To: To: To:

EFFECTIVE DATE: Month: **10** Date: **2** Year: **2023**
 PAYROLL NUMBER: From: _____ To: _____
 SOCIAL SECURITY NO. From: _____ To: _____
 WORK UNIT: From: _____ To: _____

From: CLASS TITLE: **Water Service Worker** From: CLASS NUMBER: **0930051010** RANGE: _____ STEP: **5** RATE: **\$ 30.59**
 To: **Water Sewer Supervisor** To: **0930051010** RANGE: _____ STEP: **3** RATE: **\$ 37.80 / \$ 78**

annual
\$ 37.00

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 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 _____
<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 - 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 ending date: _____
<input type="checkbox"/> 9 - VACATION LEAVE 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:

APPROVAL OF APPOINTING AUTHORITY

[Signature] **9/29/23**

CIVIL SERVICE COMMISSION

- APPROVED CERTIFICATION _____
- DISAPPROVED

SIGNATURE: *[Signature]* DATE: **9/29/23**
 RELEASING AUTHORITY: _____ DATE: _____

EXEC. SEC. CIV. SERV. COMM. _____ DATE: _____