

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Yvette Nguyen

EFFECTIVE DATE: 11/20/2023

ADDRESS

FROM:

TO:

PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION
					YEARS: _____ MAJOR: _____
					DEGREE: _____

DEPARTMENT, UNIT FROM:

OR OFFICE TO:

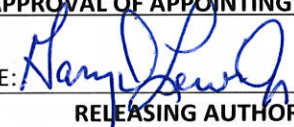
CLASS/TITLE FROM: Executive Assistant TO: Administrative & Public Records Mgr.	CLASS NUMBER FROM: _____ TO: _____
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RANGE FROM: \$77,604.80 TO: \$86,548.80	STEP FROM: _____ TO: _____	RATE FROM: \$37.31 TO: \$41.61
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APPOINTMENT	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 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 checked="" 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 #: _____
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BUDGETED HOURS _____	REMARKS: _____
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APPROVAL OF APPOINTING AUTHORITY	CIVIL SERVICE COMMISSION
SIGNATURE:  DATE: 11/10/23	<input type="checkbox"/> APPROVED CERTIFICATION _____
RELEASING AUTHORITY:	<input type="checkbox"/> DISAPPROVED
SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____
	EXECUTIVE SEC. CIVIL SERVICE COMM.

Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head