


CITY OF BEXLEY PERSONNEL ACTION FORM					<input checked="" type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE
NAME: Jonathan Shih					EFFECTIVE DATE: 01/30/2024
ADDRESS 6410 Wyndburne Drive, Dublin, OH 43016					
PAYROLL NUMBER	SEX M	DOB 11/19/1997	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION YEARS: _____ DEGREE: BS MAJOR: Agriculture
DEPARTMENT, UNIT OR OFFICE POLICE					
CLASS TITLE POLICE OFFICER			CLASS NUMBER		
RANGE 61,486.88			STEP 1		RATE 29.56
APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT	
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input checked="" 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 type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <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- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____	<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – 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 END DATE: _____ <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____	<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION	
DATE LAST PROMOTED:		DATE CONTINUOUS SERVICE:			CERTIFICATION #:
BUDGETED HOURS		REMARKS: Personal leave: 40 hours per CBA			
APPROVAL OF APPOINTING AUTHORITY			CIVIL SERVICE COMMISSION		
SIGNATURE: 		DATE: 1/31/24	<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> 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					