

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Deana Gilmore

EFFECTIVE DATE: 01/08/2024

ADDRESS

FROM: _____ TO: _____

PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE 15 years	PRIOR SICK LEAVE	EDUCATION YEARS: _____ DEGREE: _____ MAJOR: _____
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DEPARTMENT, UNIT OR OFFICE FROM: _____ TO: _____

CLASS TITLE FROM: _____ TO: _____ **CLASS NUMBER** FROM: _____ TO: _____

RANGE FROM: _____ TO: _____ **STEP** FROM: _____ TO: _____ **RATE** FROM: _____ TO: _____

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<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 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 checked="" type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <u>Full-time (permanent)</u> <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:** Move from part-time to full-time.
15 years service credit. 192 vacation hours and 40 personal hours effective 1/8/24.

APPROVAL OF APPOINTING AUTHORITY	CIVIL SERVICE COMMISSION
SIGNATURE:  DATE: 1/3/2024	<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED
RELEASING AUTHORITY:	SIGNATURE: _____ DATE: _____
SIGNATURE: _____ DATE: _____	EXECUTIVE SEC. CIVIL SERVICE COMM.