

PERSONNEL ACTION FORM  
CITY OF BEXLEY

DEPARTMENT UNIT OR OFFICE  
From: \_\_\_\_\_ To: \_\_\_\_\_

From: NAME \_\_\_\_\_  
To: Saiah Austin

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
EDUCATION \_\_\_\_\_  
Yrs. Degree Major \_\_\_\_\_

ADDRESS \_\_\_\_\_

From: CITY \_\_\_\_\_  
To: \_\_\_\_\_

From: ST \_\_\_\_\_  
To: \_\_\_\_\_  
From: ZIP \_\_\_\_\_  
To: \_\_\_\_\_

EFFECTIVE DATE  
Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_  
D1 15 2024

PAYROLL NUMBER  
From: \_\_\_\_\_  
To: \_\_\_\_\_

SOCIAL SECURITY NO.  
From: \_\_\_\_\_  
To: \_\_\_\_\_

WORK UNIT  
From: \_\_\_\_\_  
To: \_\_\_\_\_

From: CLASS TITLE  
Seasonal

CLASS NUMBER

RANGE

STEP  
RATE  
\$ 29.93

To: Grounds Maintenance

3

\$ 21.31

APPOINTMENT

CHANGE

SEPARATION

INTERRUPTION

- 1 - EMERGENCY  
Ends: \_\_\_\_\_
- 2 - FULL TIME (Permanent or provisional)
- 3 - FULL TIME (Temporary)
- 4 - PART TIME (Permanent)
- 5 - PART TIME (Temporary)
- 6 - PART TIME (Seasonal)  
\_\_\_\_\_ to \_\_\_\_\_
- 7 - APPOINTMENT DATE CORRECTED
- 8 - INTERIM
- 9 - OTHER

- 1 - PROMOTIONAL
- 2 - DEMOTION
- 3 - LATERAL CLASS.
- 4 - TRANSFER WITHIN DEPARTMENT
- 5 - TRANSFER BETWEEN DEPARTMENTS
- 6 - CIVIL SERVICE STATUS
- 7 - NAME
- 8 - APPOINTMENT CHANGE TO \_\_\_\_\_
- 9 - RATE
- 10 - REASSIGNMENT
- 11 - POSITION NUMBER
- 12 - OTHER (see remarks)
- 13 - TEMPORARY WORK LEAVE ADJUSTMENT
- 14 - CORRECTION OF \_\_\_\_\_

- 2 - RETIRED
- 3 - DISABILITY RETIREMENT
- 4 - DECEASED
- 5 - REMOVED
- 6 - PROBATIONARY
- 7 - LAID OFF
- 8 - UNCLASSIFIED
- 9 - OTHER (see remarks)
- 10 - CANCEL APPOINTMENT

- 1 - MILITARY LEAVE
- 2 - PERSONAL LEAVE
- 3 - SUSPENSION
- 4 - DISABILITY
- 5 - SEASONAL END
- 6 - MATERNITY
- 7 - EDUCATIONAL
- 8 - SICK LEAVE  
ending date: \_\_\_\_\_
- 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

CIVIL SERVICE COMMISSION

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

- APPROVED CERTIFICATION \_\_\_\_\_
- DISAPPROVED

RELEASING AUTHORITY \_\_\_\_\_

DATE \_\_\_\_\_

EXEC. SEC. CIV. SERV. COMM. \_\_\_\_\_

DATE \_\_\_\_\_