

CITY OF BEXLEY PERSONNEL ACTION FORM					<input type="checkbox"/> NEW EMPLOYEE 510
NAME: Natalie Mullin					EFFECTIVE DATE: 2.20.24
ADDRESS					
FROM:			TO:		
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION
					YEARS: DEGREE:
					MAJOR:
DEPARTMENT, UNIT OR OFFICE FROM: Recreation & Parks Department					
TO:					
CLASS TITLE FROM: Deputy Direcot			CLASS NUMBER FROM:		
TO:			TO:		
RANGE FROM:			STEP FROM: Step 2, Y3,		RATE FROM: \$44.63/hr. to \$47.67/hr.
TO:			TO: Step 3, Y1		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 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: 2024 Step Increase - From Step 2, Y3 to Step 3, Y1			
APPROVAL OF APPOINTING AUTHORITY			CIVIL SERVICE COMMISSION		
SIGNATURE:		DATE: 2/22/24		<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					