

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NAME: Spencer Martin	<input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE
DEPARTMENT:	EFFECTIVE DATE: 2.22.2024

ADDRESS		FROM:		TO:	
SEX		DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED
					BEGINNING VACATION BALANCE

JOB TITLE *Tree Maintenance Worker*

FROM: _____ **TO:** _____

RANGE

FROM: \$27.95 **TO:** \$31.26

STEP

FROM: 4 **TO:** 5 **RATE** **FROM:** \$27.95 **TO:** \$31.26

DATE LAST PROMOTED <i>2-22-23</i>	DATE CONTINUOUS SERVICE	RIGHTSTUFF - Copy access permissions from:	BENEFITS ELIGIBILITY	SELECT ELIGIBILITY	REINSTATEMENT
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APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> FULL TIME - Permanent <input type="checkbox"/> FULL TIME - Seasonal or temp to _____ <input type="checkbox"/> PART TIME - Permanent <input type="checkbox"/> PART TIME - Seasonal or temp to _____ <input type="checkbox"/> INTERIM <input type="checkbox"/> EMERGENCY Ends _____ <input type="checkbox"/> OTHER (Note in remarks)	<input checked="" type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> LATERAL <input type="checkbox"/> TRANSFER <input type="checkbox"/> RATE <input type="checkbox"/> CIVIL SERVICE STATUS <input type="checkbox"/> EMPLOYEE INFO CHANGE (Note in remarks) <input type="checkbox"/> CORRECTION (Note in remarks)	<input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DISABILITY RETIREMENT <input type="checkbox"/> REMOVAL <input type="checkbox"/> LAID OFF <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER (Note in remarks)	<input type="checkbox"/> MILITARY LEAVE <input type="checkbox"/> LEAVE OF ABSENCE TO _____ <input type="checkbox"/> SUSPENSION <input type="checkbox"/> SEASONAL END <input type="checkbox"/> OTHER (Note in remarks)

APPROVAL OF APPOINTING AUTHORITY:	CIVIL SERVICE COMMISSION
SIGNATURE: <i>[Signature]</i>	
DATE: <i>2/20/24</i>	DATE REVIEWED:
APPROVAL OF RELEASING AUTHORITY:	
SIGNATURE: <i>[Signature]</i>	SIGNATURE:
DATE: <i>2/20/24</i>	

ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION