

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE **510**

CHANGE

**NAME:** Emily Perfect

**EFFECTIVE DATE:** 3.29.24

**ADDRESS**

FROM:

TO:

**PAYROLL NUMBER**

**SEX**

**DOB**

**PRIOR SERVICE**

**PRIOR SICK LEAVE**

**EDUCATION**

YEARS:

DEGREE:

MAJOR:

**DEPARTMENT, UNIT** FROM: Recreation & Parks Department

**OR OFFICE** TO:

**CLASS** FROM: Operations & Creative Coordinator  
**TITLE** TO:

**CLASS NUMBER** FROM:  
TO:

**RANGE** FROM:  
TO:

**STEP** FROM: Step 1, Y3,  
TO: Step 2, Y1 **RATE** FROM: \$26.27/hr. to \$28.11/hr.  
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 1, Y3 to Step 2, Y1

**APPROVAL OF APPOINTING AUTHORITY**

**CIVIL SERVICE COMMISSION**

SIGNATURE:  DATE: 3/28/24

APPROVED CERTIFICATION \_\_\_\_\_

**RELEASING AUTHORITY:**

DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE SEC. CIVIL SERVICE COMM.

**Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head**