

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

NAME: Kevin Healy

EFFECTIVE DATE: 3.20.2024

DEPARTMENT

FROM: Service TO:

ADDRESS

FROM: TO:

SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE

JOB TITLE

FROM: Equipment Operator 1 TO:

RANGE

FROM: TO:

STEP

RATE

FROM: TO: FROM: TO:

DATE LAST PROMOTED	DATE CONTINUOUS SERVICE	RIGHTSTUFF - Copy access permissions from:	BENEFITS ELIGIBILITY
			SELECT ELIGIBILITY

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<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 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 checked="" 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)	<input type="checkbox"/> FROM SEPARATION <input type="checkbox"/> FROM INTERRUPTION <input type="checkbox"/> BY CIVIL SERVICE ORDER <input type="checkbox"/> BY COURT ORDER <input type="checkbox"/> RESCIND SEPARATION <input type="checkbox"/> OTHER (Note in remarks)
			REMARKS:	

APPROVAL OF APPOINTING AUTHORITY:

SIGNATURE: *[Signature]* DATE: 3/21/24

CIVIL SERVICE COMMISSION

APPROVAL OF RELEASING AUTHORITY:

SIGNATURE: *[Signature]* DATE: 3/21/24

DATE REVIEWED:

SIGNATURE:

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