

J Bower 1391@yahoo.com

CITY OF BEXLEY PERSONNEL ACTION FORM					<input checked="" type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE
NAME:	Jonathan Bower			EFFECTIVE DATE:	5-15-2024
DEPARTMENT	Service				
FROM:	Equipment Operator 1			TO:	
ADDRESS					
FROM:				TO:	
SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE
JOB TITLE Equipment Operator 1					
FROM:				TO:	
RANGE	Step 5			TO:	
FROM:				TO:	
STEP	5			RATE	\$29.87
FROM:				TO:	
DATE LAST PROMOTED	DATE CONTINUOUS SERVICE	RIGHTSTUFF - Copy access permissions from:		BENEFITS ELIGIBILITY	
APPOINTMENT		CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input checked="" type="checkbox"/> FULL TIME - Permanent	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> MILITARY LEAVE	<input type="checkbox"/> FROM SEPARATION	
<input type="checkbox"/> FULL TIME - Seasonal or temp to	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> LEAVE OF ABSENCE TO	<input type="checkbox"/> FROM INTERRUPTION	
<input type="checkbox"/> PART TIME- Permanent	<input type="checkbox"/> LATERAL	<input type="checkbox"/> DISABILITY RETIREMENT	<input type="checkbox"/> SUSPENSION	<input type="checkbox"/> BY CIVIL SERVICE ORDER	
<input type="checkbox"/> PART TIME- Seasonal or temp to	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REMOVAL	<input type="checkbox"/> SEASONAL END	<input type="checkbox"/> BY COURT ORDER	
<input type="checkbox"/> PART TIME- Seasonal or temp to	<input type="checkbox"/> RATE	<input type="checkbox"/> LAID OFF	<input type="checkbox"/> OTHER (Note in remarks)	<input type="checkbox"/> RESCIND SEPARATION	
<input type="checkbox"/> INTERIM	<input type="checkbox"/> CIVIL SERVICE STATUS	<input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> OTHER (Note in remarks)	<input type="checkbox"/> OTHER (Note in remarks)	
<input type="checkbox"/> EMERGENCY Ends	<input type="checkbox"/> EMPLOYEE INFO CHANGE (Note in remarks)	<input type="checkbox"/> UNCLASSIFIED	REMARKS:		
<input type="checkbox"/> OTHER (Note in remarks)	<input type="checkbox"/> CORRECTION (Note in remarks)	<input type="checkbox"/> DEATH			
APPROVAL OF APPOINTING AUTHORITY:			CIVIL SERVICE COMMISSION		
SIGNATURE: [Signature] DATE: 5-15-24					
APPROVAL OF RELEASING AUTHORITY:			DATE REVIEWED:		
SIGNATURE: [Signature] DATE: 5/15/24			SIGNATURE:		
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION					