

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

☐ NEW EMPLOYEE

☐ CHANGE

NAME: Kyle Sprague

EFFECTIVE DATE: 4-5-2024

ADDRESS

FROM:

TO:

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

DEGREE:

YEARS:

MAJOR:

DEPARTMENT, UNIT

OR OFFICE FROM:

TO:

Right of Way Coordinator

CLASS FROM:

TITLE TO:

CLASS NUMBER FROM: 3
TO: 4

RANGE FROM: \$83,894.00
TO: \$88,400.00

STEP FROM: 3
TO: 4 **RATE** FROM:
TO:

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 - EMERGENCY Ends: _____	<input checked="" type="checkbox"/> 1 - PROMOTIONAL	<input type="checkbox"/> 1 - RETIRED	<input type="checkbox"/> 1 - MILITARY LEAVE	<input type="checkbox"/> 1 - FROM SEPARATION
<input type="checkbox"/> 2 - FULL TIME (Permanent or Provisional)	<input type="checkbox"/> 2 - DEMOTION	<input type="checkbox"/> 2 - DISABILITY RETIREMENT	<input type="checkbox"/> 2 - PERSONAL LEAVE	<input type="checkbox"/> 2 - FROM INTERRUPTION
<input type="checkbox"/> 3 - FULL TIME (Temporary)	<input type="checkbox"/> 3 - LATERAL CLASS.	<input type="checkbox"/> 3 - DECEASED	<input type="checkbox"/> 3 - SUSPENSION	<input type="checkbox"/> 3 - BY CIVIL SERVICE ORDER
<input type="checkbox"/> 4 - PART TIME (Permanent)	<input type="checkbox"/> 4 - TRANSFER WITHIN DEPT.	<input type="checkbox"/> 4 - REMOVED	<input type="checkbox"/> 4 - DISABILITY	<input type="checkbox"/> 4 - BY COURT ORDER
<input type="checkbox"/> 5 - PART TIME (Temporary)	<input type="checkbox"/> 5 - TRANSFER BETWEEN DEPTS.	<input type="checkbox"/> 5 - PROBATIONARY	<input type="checkbox"/> 5 - SEASONAL END	<input type="checkbox"/> 5 - RESCIND SEPARATION
<input type="checkbox"/> 6 - PART TIME (Seasonal) TO _____	<input type="checkbox"/> 6 - CIVIL SERVICE STATUS	<input type="checkbox"/> 6 - LAID OFF	<input type="checkbox"/> 6 - MATERNITY	
<input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED	<input type="checkbox"/> 7 - NAME	<input type="checkbox"/> 7 - UNCLASSIFIED	<input type="checkbox"/> 7 - EDUCATIONAL	
<input type="checkbox"/> 8 - INTERIM	<input type="checkbox"/> 8 - APPOINTMENT CHANGE TO:	<input type="checkbox"/> 8 - OTHER (see remarks)	<input type="checkbox"/> 8 - SICK LEAVE END DATE: _____	
<input type="checkbox"/> 9 - OTHER _____ _____	<input checked="" type="checkbox"/> 9 - RATE	<input type="checkbox"/> 9 - CANCEL APPOINTMENT	<input type="checkbox"/> 9 - VACATION LEAVE END DATE: _____	
	<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:			

DATE LAST PROMOTED:

DATE CONTINUOUS SERVICE:

CERTIFICATION #:

BUDGETED HOURS

REMARKS:

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

SIGNATURE: _____

DATE: 4/11/24

RELEASING AUTHORITY:

☐ APPROVED CERTIFICATION _____
☐ DISAPPROVED

SIGNATURE: _____

DATE: 4/11/24

SIGNATURE: _____ DATE: _____
EXECUTIVE SEC. CIVIL SERVICE COMM.