

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

☐ NEW EMPLOYEE  
☐ CHANGE

**NAME:** William Baider

**EFFECTIVE DATE:** 5-17-2024

**DEPARTMENT:** Service Department

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**ADDRESS**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

<b>SEX</b>	<b>DOB</b>	<b>BUDGETED HOURS</b>	<b>PRIOR SERVICE</b>	<b>SICK LEAVE CREDITED</b>	<b>BEGINNING VACATION BALANCE</b>

**JOB TITLE** Equipment Operator 1

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**RANGE**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**STEP** 5 **RATE** \$29.87

**FROM:** \_\_\_\_\_ **TO:** \$29.87 **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

<b>DATE LAST PROMOTED</b>	<b>DATE CONTINUOUS SERVICE</b>	<b>RIGHTSTUFF - Copy access permissions from:</b>	<b>BENEFITS ELIGIBILITY</b>

**SELECT ELIGIBILITY**

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> FULL TIME - Permanent	<input type="checkbox"/> PROMOTION	<input checked="" 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"/> LAID OFF	<input type="checkbox"/> BY COURT ORDER
<input type="checkbox"/> PART TIME- Seasonal or temp to _____	<input type="checkbox"/> RATE	<input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> SEASONAL END	<input type="checkbox"/> RESCIND SEPARATION
<input type="checkbox"/> INTERIM	<input type="checkbox"/> CIVIL SERVICE STATUS	<input type="checkbox"/> UNCLASSIFIED	<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"/> DEATH	<b>REMARKS:</b>  	
<input type="checkbox"/> OTHER (Note in remarks)	<input type="checkbox"/> CORRECTION (Note in remarks)	<input type="checkbox"/> OTHER (Note in remarks)		

**APPROVAL OF APPOINTING AUTHORITY:**

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

**CIVIL SERVICE COMMISSION**

**APPROVAL OF RELEASING AUTHORITY:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** 5/17/24

**DATE REVIEWED:**

**SIGNATURE:**

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