

CITY OF BEXLEY PERSONNEL ACTION FORM					<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE 510		
NAME: Josh Hester		EFFECTIVE DATE: 5/31/2024					
DEPARTMENT							
FROM:				TO:			
ADDRESS							
FROM:				TO:			
SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE		
JOB TITLE							
FROM: Recreation Coordinator				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		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:			
				Voluntary Separation			
APPROVAL OF APPOINTING AUTHORITY:				CIVIL SERVICE COMMISSION			
SIGNATURE: DATE: 5/24/24							
APPROVAL OF RELEASING AUTHORITY:				DATE REVIEWED:			
SIGNATURE: _____ DATE: _____				SIGNATURE: _____			
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION							