

CITY OF BEXLEY PERSONNEL ACTION FORM						<input checked="" type="checkbox"/> NEW EMPLOYEE	
						<input type="checkbox"/> CHANGE	
NAME: Daniel Hiser				EFFECTIVE DATE: 7/8/2024			
DEPARTMENT							
FROM:			TO:				
ADDRESS							
FROM: 1859 Amanda Northern Rd Cape Winchest			TO: off 43110				
SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE		
M							
JOB TITLE							
FROM: Recreation Coordinator			TO:				
RANGE							
FROM:			TO:				
STEP			RATE				
FROM: Step 1, Year 1		TO:		FROM: \$48,424 /year		TO:	
DATE LAST PROMOTED		DATE CONTINUOUS SERVICE		RIGHTSTUFF - Copy access permissions from:		BENEFITS ELIGIBILITY	
						SELECT ELIGIBILITY	
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION	
<input checked="" 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 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:				CIVIL SERVICE COMMISSION			
SIGNATURE:		DATE:					
APPROVAL OF RELEASING AUTHORITY:				DATE REVIEWED:			
SIGNATURE:		DATE:		SIGNATURE:			
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION							