

CITY OF BEXLEY PERSONNEL ACTION FORM						<input checked="" type="checkbox"/> NEW EMPLOYEE					
						<input type="checkbox"/> CHANGE					
NAME:		Andrew Rude				EFFECTIVE DATE:		7/8/2024			
DEPARTMENT											
FROM:					TO:						
ADDRESS											
FROM: 517 Jennifer Leanne Cir Pickerington, OH 43147					TO:						
SEX		DOB		BUDGETED HOURS		PRIOR SERVICE		SICK LEAVE CREDITED		BEGINNING VACATION BALANCE	
M		1/29/1999									
JOB TITLE											
FROM: Recreation Coordinator					TO:						
RANGE											
FROM:					TO:						
STEP					RATE						
FROM: Step 2, Year 1			TO:		FROM: \$51,735/year			TO:			
DATE LAST PROMOTED			DATE CONTINUOUS SERVICE			RIGHTSTUFF - Copy access permissions from:			BENEFITS ELIGIBILITY		
									SELECT ELIGIBILITY		
APPOINTMENT		CHANGE			SEPARATION			INTERRUPTION		REINSTATEMENT	
<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											