

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

☒ NEW EMPLOYEE
☐ CHANGE

NAME: Dustin Trevino **EFFECTIVE DATE:** 8-9-2024

DEPARTMENT

FROM: _____ **TO:** _____

ADDRESS

FROM: _____ **TO:** _____

SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE

JOB TITLE Equipment Operator 1 03-380-51011

FROM: _____ **TO:** _____

RANGE Step 4 **TO:** _____

STEP 4 **RATE** \$26.79

FROM: _____ **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"/> 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"/> 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"/> 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)
<input type="checkbox"/> INTERIM <input type="checkbox"/> EMERGENCY Ends _____ <input type="checkbox"/> OTHER (Note in remarks)	<input type="checkbox"/> EMPLOYEE INFO CHANGE (Note in remarks) <input type="checkbox"/> CORRECTION (Note in remarks)	<input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER (Note in remarks)	REMARKS:	

APPROVAL OF APPOINTING AUTHORITY:

SIGNATURE: [Signature] **DATE:** 8/13/24

APPROVAL OF RELEASING AUTHORITY:

SIGNATURE: [Signature] **DATE:** 8/13/24

DATE REVIEWED:

SIGNATURE:

CIVIL SERVICE COMMISSION