


CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE	
NAME:		Luke Holcomb				EFFECTIVE DATE: 8.12.24	
DEPARTMENT							
FROM: 510				TO:			
ADDRESS							
FROM:				TO:			
SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE		
JOB TITLE							
FROM: Recreation Coordinator				TO:			
RANGE							
FROM: 51,735				TO:			
STEP				RATE			
FROM: 2, year 1		TO:		FROM: 24.87		TO:	
DATE LAST PROMOTED		DATE CONTINUOUS SERVICE		RIGHTSTUFF - Copy access permissions from:		BENEFITS ELIGIBILITY	
						Full Time - Eligible	
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)	
<div style="text-align: center;"> PAYMENT APPROVED City of Bexley Authorized Signature Stamp  Michael Price </div>						REMARKS: Current employee, hired full time 8.12.24. He will have 40 hours on first payroll.	
APPROVAL OF APPOINTING AUTHORITY:				CIVIL SERVICE COMMISSION			
PO: _____ SIGNATURE: _____ DATE: 8.20.24		DATE: _____ DATE: _____					
APPROVAL OF RELEASING AUTHORITY:				DATE REVIEWED:			
SIGNATURE:		DATE:		SIGNATURE:			
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION							