

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

☒ NEW EMPLOYEE

☐ CHANGE

NAME:

Billy Arnold

EFFECTIVE
DATE:

8-26-2024

DEPARTMENT

Service

FROM:

TO:

ADDRESS

FROM:

TO:

SEX

DOB

BUDGETED
HOURS

PRIOR SERVICE

SICK LEAVE CREDITED

BEGINNING VACATION
BALANCE

JOB TITLE

Equipment Operator 1

FROM:

TO:

RANGE

03-380-5101D

FROM:

TO:

STEP

4

RATE ~~\$~~ 26.79

FROM:

TO:

FROM:

TO:

DATE LAST PROMOTED

DATE CONTINUOUS SERVICE

RIGHTSTUFF - Copy access permissions from:

BENEFITS ELIGIBILITY

SELECT ELIGIBILITY

APPOINTMENT

CHANGE

SEPARATION

INTERRUPTION

REINSTATEMENT

☒ FULL TIME - Permanent

☐ PROMOTION

☐ RESIGNATION

☐ MILITARY LEAVE

☐ FROM SEPARATION

☐ FULL TIME - Seasonal or temp to _____

☐ DEMOTION

☐ RETIREMENT

☐ LEAVE OF ABSENCE TO _____

☐ FROM INTERRUPTION

to _____

☐ LATERAL

☐ DISABILITY RETIREMENT

☐ SUSPENSION

☐ BY CIVIL SERVICE ORDER

☐ PART TIME- Permanent

☐ TRANSFER

☐ REMOVAL

☐ SEASONAL END

☐ BY COURT ORDER

☐ PART TIME- Seasonal or temp to _____

☐ RATE

☐ LAID OFF

☐ OTHER (Note in remarks)

☐ RESCIND SEPARATION

to _____

☐ CIVIL SERVICE STATUS

☐ PROBATIONARY

☐ OTHER (Note in remarks)

☐ INTERIM

☐ EMPLOYEE INFO CHANGE (Note in remarks)

☐ UNCLASSIFIED

☐ DEATH

☐ OTHER (Note in remarks)

☐ EMERGENCY

☐ CORRECTION (Note in remarks)

☐ OTHER (Note in remarks)

Ends _____

☐ OTHER (Note in remarks)

REMARKS:

☐ OTHER (Note in remarks)

APPROVAL OF APPOINTING AUTHORITY:

SIGNATURE:

DATE:

8/26/24

CIVIL SERVICE COMMISSION

SIGNATURE:

APPROVAL OF RELEASING AUTHORITY:

DATE:

8/26/24

DATE REVIEWED:

SIGNATURE:

DATE:

8/26/24

SIGNATURE:

ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION