

CITY OF BEXLEY
PERSONNEL ACTION FORM

NEW EMPLOYEE

CHANGE

NAME: Tyler Seum

EFFECTIVE DATE: 7-17-2024

DEPARTMENT: Service Department

FROM: Equipment Operator 11 TO: Street Foreman

ADDRESS:

FROM: _____ TO: _____

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

JOB TITLE

FROM: Equipment Operator 11 TO: Street Foreman

RANGE

FROM: _____ TO: _____

STEP

FROM: 5 TO: 3 RATE FROM: \$31.51 TO: \$33.71

DATE LAST PROMOTED DATE CONTINUOUS SERVICE RIGHTSTUFF - Copy access permissions from: BENEFITS ELIGIBILITY

SELECT ELIGIBILITY

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input 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 checked="" 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"/> 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:

SIGNATURE: [Signature] DATE: 7-17-24

CIVIL SERVICE COMMISSION

APPROVAL OF RELEASING AUTHORITY:

SIGNATURE: [Signature] DATE: 7/17/24

DATE REVIEWED:

SIGNATURE:

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