


CITY OF BEXLEY PERSONNEL ACTION FORM					<input type="checkbox"/> NEW EMPLOYEE		
					<input checked="" type="checkbox"/> CHANGE		
NAME:		Bryce (Campbell) Davison			EFFECTIVE DATE:	8.16.24	
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:				TO:			
STEP				RATE			
FROM: 1, year 3		TO: 2, year 1		FROM: 23.28		TO: 24.87	
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 - <i>Permanent</i> <input type="checkbox"/> FULL TIME - <i>Seasonal or temp</i> to _____ <input type="checkbox"/> PART TIME- <i>Permanent</i> <input type="checkbox"/> PART TIME- <i>Seasonal or temp</i> 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 checked="" 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)	
						REINSTATEMENT <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:							
Anniversary on Aug. 16, last day of his work week for current payroll.							
APPROVAL OF APPOINTING AUTHORITY:				CIVIL SERVICE COMMISSION			
SIGNATURE: 		DATE: 8/19/24					
APPROVAL OF RELEASING AUTHORITY:				DATE REVIEWED:			
SIGNATURE:		DATE:		SIGNATURE:			
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION							