

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE 520

NAME: Marshall Dreway

EFFECTIVE DATE: 7/3/2024

DEPARTMENT

FROM: TO:

ADDRESS

FROM: TO:

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

JOB TITLE

FROM: TO:

RANGE

FROM: TO:

STEP

RATE

FROM: TO: FROM: TO:

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

SELECT ELIGIBILITY

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
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- | | | | | |
|---|--|---|---|---|
| <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 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 checked="" 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) | <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:
Voluntary Separation

APPROVAL OF APPOINTING AUTHORITY:

SIGNATURE:  DATE: 6.17.24

CIVIL SERVICE COMMISSION

APPROVAL OF RELEASING AUTHORITY:

SIGNATURE: DATE:

DATE REVIEWED:

SIGNATURE:

