

CITY OF BEXLEY PERSONNEL ACTION FORM					<input checked="" type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE		
NAME: Keonna White			EFFECTIVE DATE: 10/28/2024				
DEPARTMENT							
FROM:				TO: Auditor/Finance			
ADDRESS							
FROM:				TO:			
SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE		
F			15 years	126.35	128 hours		
JOB TITLE							
FROM:				TO: Assistant Finance Director			
RANGE							
FROM:				TO:			
STEP			RATE				
FROM:			TO: Step 6, year 1		FROM: TO: \$84,845		
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)	<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:							
Sick leave balance validated from City of Reynoldsburg; Start at Step 6, year 1 for pay and vacation accrual							
APPROVAL OF APPOINTING AUTHORITY:				CIVIL SERVICE COMMISSION			
SIGNATURE: <i>Kame Martin</i>		DATE: 10/29/24					
APPROVAL OF RELEASING AUTHORITY:				DATE REVIEWED:			
SIGNATURE:		DATE:		SIGNATURE:			
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION							