

CITY OF BEXLEY PERSONNEL ACTION FORM					<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE	
NAME:		EMILY SAMSAL			EFFECTIVE DATE:	2/7/2025
DEPARTMENT						
FROM: FINANCE				TO:		
ADDRESS						
FROM:				TO:		
SEX	DOB	BUDGETED HOURS	PRIOR SERVICE	SICK LEAVE CREDITED	BEGINNING VACATION BALANCE	
JOB TITLE						
FROM: PAYROLL COORDINATOR				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
<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: Resignation effective 2/7/25						
APPROVAL OF APPOINTING AUTHORITY:				CIVIL SERVICE COMMISSION		
SIGNATURE: _____		DATE: _____				
APPROVAL OF RELEASING AUTHORITY:				DATE REVIEWED: _____		
SIGNATURE: <i>Kamil Martin</i>		DATE: 2/7/25		SIGNATURE: _____		
ORIGINAL TO PERSONNEL FILE; COPIES TO: HR, FINANCE DEPT, CIVIL SERVICE COMMISSION						