



Civil Service Commission Meeting Agenda

Wednesday, January 12, 2022

4:00 PM

1) Call to Order

2) Roll Call of Members

3) Changes

- A) Rose, Kathy, Building Department, Promotion from Step 4 to Step 5, from \$44.44/hour to \$46.43/hour, effective 10/14/2021

4) Appointments

- A) Snow, Tyler, Sewer Department, EQ II, Step 5, \$25.52/hour, effective 11/15/2021
- B) Ellman, Elizabeth, Mayor's Office, Sustainability Programs Coordinator, \$24.28/hour, effective 01/10/22

5) Separations

- A) Grant, William, Police Department, Police Officer, Retired effective 12/23/2021

6) New Business / Old Business

- A) Unified Personnel Forms
- B) Discussion of Police Chief Search
- C) Resumption of Update of Civil Service Commission Rules

7) Adjourn

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE			
NAME: <u>KATHY ROSE</u>						EFFECTIVE DATE: <u>10-14-21</u>			
ADDRESS									
FROM:						TO:			
PAYROLL NUMBER		SEX	DOB	PRIOR SERVICE		PRIOR SICK LEAVE	EDUCATION		
						YEARS: _____	DEGREE: _____		
MAJOR: _____									
DEPARTMENT, UNIT		FROM:							
OR OFFICE		TO:							
CLASS FROM: _____ TITLE TO: _____				CLASS NUMBER		FROM: _____ TO: _____			
RANGE FROM: _____ TO: _____				STEP	FROM: <u>4</u> TO: <u>5</u>	RATE	FROM: <u>\$92,444 / yr</u> TO: <u>\$96,584 / yr</u>		
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION		REINSTATEMENT	
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) TO _____ <input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____		<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input type="checkbox"/> 9 – RATE <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13 – TEMP WORK LEAVE ADJUSTMENT <input checked="" type="checkbox"/> 14 – CORRECTION OF: _____		<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT		<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____		<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION	
DATE LAST PROMOTED: _____		DATE CONTINUOUS SERVICE: _____						CERTIFICATION #: _____	
BUDGETED HOURS		REMARKS:							
APPROVAL OF APPOINTING AUTHORITY SIGNATURE: <u>R</u> DATE: _____						CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____			
RELEASED AUTHORITY: SIGNATURE: _____ DATE: _____						<input type="checkbox"/> DISAPPROVED SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.			

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE
 CHANGE

NAME: Tyler Snow

EFFECTIVE DATE: 11-15-2021

ADDRESS

FROM: 6195 Addison Claire Dr S #301

TO:

PAYROLL NUMBER

SEX DOB
M 04/09/1992

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

YEARS:
MAJOR:

DEGREE:

DEPARTMENT, UNIT FROM:

OR OFFICE TO:

CLASS FROM:
TITLE TO: EQ 11

CLASS NUMBER FROM:
TO:

RANGE FROM:
TO:

STEP 5 FROM:
TO: #25.51

RATE FROM:
TO:

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input checked="" type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) TO _____	<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input type="checkbox"/> 9 – RATE <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13 – TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF:	<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT	<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: <input type="checkbox"/> 9 – VACATION LEAVE END DATE:	<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION

DATE LAST PROMOTED:

DATE CONTINUOUS SERVICE:

CERTIFICATION #:

BUDGETED HOURS

REMARKS:

SIGNATURE:

DATE:

11-15-2021

APPROVAL OF APPOINTING AUTHORITY

CIVIL SERVICE COMMISSION

APPROVED CERTIFICATION _____

SIGNATURE:

DATE:

11-15-2021

RELEASING AUTHORITY:

DISAPPROVED

SIGNATURE: _____ DATE: _____

EXECUTIVE SEC. CIVIL SERVICE COMM.

Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

NAME: Elizabeth Ellman

EFFECTIVE DATE:

ADDRESS

FROM:

TO:

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

YEARS:

DEGREE:

MAJOR:

DEPARTMENT, UNIT

FROM:

OR OFFICE

TO:

CLASS FROM:

TITLE TO: Sustainability Programs Coordinator

CLASS NUMBER

FROM:

TO:

RANGE FROM:

TO:

STEP

FROM:
TO:

RATE

FROM:
TO: \$24.28/HOUR

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input checked="" type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) TO _____ <input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____	<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input type="checkbox"/> 9 – RATE <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13- TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____	<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT	<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____	<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION

DATE LAST PROMOTED:

DATE CONTINUOUS SERVICE:

CERTIFICATION #:

BUDGETED HOURS 30 HOURS/WEEK

REMARKS:

APPROVAL OF APPOINTING AUTHORITY

SIGNATURE:

DATE:

CIVIL SERVICE COMMISSION

APPROVED CERTIFICATION _____

DISAPPROVED

RELEASING AUTHORITY:

SIGNATURE: _____ DATE: _____
 EXECUTIVE SEC. CIVIL SERVICE COMM.

Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

NAME: William K. Grant

EFFECTIVE DATE: 12/23/2021

ADDRESS

PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION
					YEARS: _____ DEGREE: _____ MAJOR: _____

DEPARTMENT, UNIT

OR OFFICE Police Department

CLASS TITLE Dispatcher	CLASS NUMBER	FROM: _____
RANGE From: _____ To: _____	STEP	TO: _____

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	REINSTATEMENT
<input type="checkbox"/> 1 – EMERGENCY Ends: _____ <input type="checkbox"/> 2 – FULL TIME (Permanent or Provisional) <input type="checkbox"/> 3 – FULL TIME (Temporary) <input type="checkbox"/> 4 – PART TIME (Permanent) <input type="checkbox"/> 5 – PART TIME (Temporary) <input type="checkbox"/> 6 – PART TIME (Seasonal) _____ TO _____ <input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____	<input type="checkbox"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS. <input type="checkbox"/> 4 – TRANSFER WITHIN DEPT. <input type="checkbox"/> 5 – TRANSFER BETWEEN DEPTS. <input type="checkbox"/> 6 – CIVIL SERVICE STATUS <input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: <input type="checkbox"/> 9 – RATE <input type="checkbox"/> 10 – REASSIGNMENT <input type="checkbox"/> 11 – POSITION NUMBER <input type="checkbox"/> 12 – OTHER: (see remarks) <input type="checkbox"/> 13 – TEMP WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 – CORRECTION OF: _____	<input checked="" type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED <input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF <input type="checkbox"/> 7 – UNCLASSIFIED <input type="checkbox"/> 8 – OTHER (see remarks) <input type="checkbox"/> 9 – CANCEL APPOINTMENT	<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION <input type="checkbox"/> 4 – DISABILITY <input type="checkbox"/> 5 – SEASONAL END <input type="checkbox"/> 6 – MATERNITY <input type="checkbox"/> 7 – EDUCATIONAL <input type="checkbox"/> 8 – SICK LEAVE END DATE: <input type="checkbox"/> 9 – VACATION LEAVE END DATE: _____	<input type="checkbox"/> 1 – FROM SEPARATION <input type="checkbox"/> 2 – FROM INTERRUPTION <input type="checkbox"/> 3 – BY CIVIL SERVICE ORDER <input type="checkbox"/> 4 – BY COURT ORDER <input type="checkbox"/> 5 – RESCIND SEPARATION

DATE LAST PROMOTED:	DATE CONTINUOUS SERVICE:	CERTIFICATION #:
----------------------------	---------------------------------	-------------------------

BUDGETED HOURS	REMARKS:
-----------------------	-----------------

APPROVAL OF APPOINTING AUTHORITY		CIVIL SERVICE COMMISSION
SIGNATURE: _____	DATE: _____	<input type="checkbox"/> APPROVED CERTIFICATION _____
RELEASING AUTHORITY:		<input type="checkbox"/> DISAPPROVED
SIGNATURE: 	DATE: 12/15/21	SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.