



## **Civil Service Commission Meeting Agenda**

**Wednesday, January 12, 2022**

**4:00 PM**

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- 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: _____				CLASS NUMBER FROM: _____			
TITLE TO: _____				TO: _____			
RANGE FROM: _____				STEP FROM: <u>4</u>		RATE FROM: <u>\$92,444/yr</u>	
TO: _____				TO: <u>5</u>		TO: <u>\$96,584/yr</u>	
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION	
<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: <u>Corrected Step <del>Level</del> Change Date</u>		<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: _____	
REINSTATEMENT							
<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>[Signature]</u> DATE: _____ RELEASING AUTHORITY: SIGNATURE: _____ DATE: _____				CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> 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						<input checked="" type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE			
NAME: <u>Tyleh Snow</u>					EFFECTIVE DATE: <u>11-15-2021</u>				
ADDRESS									
FROM: <u>6195 Addison Claire Dr S #301</u>					TO:				
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION				
	<u>M</u>	<u>04/09/1992</u>			YEARS: DEGREE:				
MAJOR:									
DEPARTMENT, UNIT FROM:									
OR OFFICE TO:									
CLASS FROM: <u>EQ 11</u>				CLASS NUMBER FROM:					
TITLE TO:				TO:					
RANGE FROM:				STEP <u>5</u> FROM: <u>#25.51</u>		RATE FROM:			
TO:				TO:		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"/> 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			REMARKS:						
APPROVAL OF APPOINTING AUTHORITY SIGNATURE: <u>[Signature]</u> DATE: <u>11-15-2021</u> SIGNATURE: <u>[Signature]</u> DATE: <u>11-15-2021</u>				CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.					

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

<b>CITY OF BEXLEY PERSONNEL ACTION FORM</b>					<input checked="" type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CHANGE	
<b>NAME:</b> Elizabeth Ellman					<b>EFFECTIVE DATE:</b>	
<b>ADDRESS</b>						
FROM:			TO:			
<b>PAYROLL NUMBER</b>	<b>SEX</b>	<b>DOB</b>	<b>PRIOR SERVICE</b>	<b>PRIOR SICK LEAVE</b>	<b>EDUCATION</b>	
					YEARS:	DEGREE:
					MAJOR:	
<b>DEPARTMENT, UNIT</b> FROM:						
<b>OR OFFICE</b> TO:						
<b>CLASS</b> FROM:			<b>CLASS NUMBER</b>		FROM:	
<b>TITLE</b> TO: Sustainability Programs Coordinator					TO:	
<b>RANGE</b> FROM:			<b>STEP</b> FROM:		<b>RATE</b> FROM:	
TO:			TO:		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

<b>DATE LAST PROMOTED:</b>	<b>DATE CONTINUOUS SERVICE:</b>	<b>CERTIFICATION #:</b>
<b>BUDGETED HOURS</b> 30 HOURS/WEEK	<b>REMARKS:</b>	

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

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**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:**

**TO:**

**RANGE**

From:

To:

**STEP**

**RATE**

**APPOINTMENT**

**CHANGE**

**SEPARATION**

**INTERRUPTION**

**REINSTATEMENT**

☐ 1 – EMERGENCY

Ends: \_\_\_\_\_

☐ 2 – FULL TIME (Permanent or Provisional)

☐ 3 – FULL TIME (Temporary)

☐ 4 – PART TIME (Permanent)

☐ 5 – PART TIME (Temporary)

☐ 6 – PART TIME (Seasonal)

TO \_\_\_\_\_

☐ 7 – APPOINTMENT DATE CORRECTED

☐ 8 – INTERIM

☐ 9 – OTHER

☐ 1 – PROMOTIONAL

☐ 2 – DEMOTION

☐ 3 – LATERAL CLASS.

☐ 4 – TRANSFER WITHIN DEPT.

☐ 5 – TRANSFER BETWEEN DEPTS.

☐ 6 – CIVIL SERVICE STATUS

☐ 7 – NAME

☐ 8 – APPOINTMENT CHANGE TO: \_\_\_\_\_

☐ 9 – RATE

☐ 10 – REASSIGNMENT

☐ 11 – POSITION NUMBER

☐ 12 – OTHER: (see remarks)

☐ 13 – TEMP WORK LEAVE ADJUSTMENT

☐ 14 – CORRECTION OF: \_\_\_\_\_

☒ 1 – RETIRED

☐ 2 – DISABILITY RETIREMENT

☐ 3 – DECEASED

☐ 4 – REMOVED

☐ 5 – PROBATIONARY

☐ 6 – LAID OFF

☐ 7 – UNCLASSIFIED

☐ 8 – OTHER (see remarks)

☐ 9 – CANCEL APPOINTMENT

☐ 1 – MILITARY LEAVE

☐ 2 – PERSONAL LEAVE

☐ 3 – SUSPENSION

☐ 4 – DISABILITY

☐ 5 – SEASONAL END

☐ 6 – MATERNITY

☐ 7 – EDUCATIONAL

☐ 8 – SICK LEAVE END DATE: \_\_\_\_\_

☐ 9 – VACATION LEAVE END DATE: \_\_\_\_\_

☐ 1 – FROM SEPARATION

☐ 2 – FROM INTERRUPTION

☐ 3 – BY CIVIL SERVICE ORDER

☐ 4 – BY COURT ORDER

☐ 5 – RESCIND SEPARATION

**DATE LAST PROMOTED:**

**DATE CONTINUOUS SERVICE:**

**CERTIFICATION #:**

**BUDGETED HOURS**

**REMARKS:**

**APPROVAL OF APPOINTING AUTHORITY**

SIGNATURE:

DATE:

**RELEASING AUTHORITY:**

SIGNATURE:

DATE: 12/15/21

**CIVIL SERVICE COMMISSION**

☐ APPROVED CERTIFICATION \_\_\_\_\_

☐ DISAPPROVED

SIGNATURE:

DATE:

EXECUTIVE SEC. CIVIL SERVICE COMM.

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