



## **Civil Service Commission Meeting Agenda**

**Wednesday, April 13, 2022**

**4:00 PM**

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**1) Call to Order**

**2) Roll Call of Members**

**3) New Business/Old Business**

- A) Review Minimum Requirements of Police Chief Position
- B) Review Minutes from Former Meetings

**4) Changes**

- A) Smith, Kevin, Recreation Department, from Tier II to Tier I Rec Supervisor, Step 2, from \$28.71/hour, effective 1/1/2022
- B) Williams, James, Service Department, Promotion from (prior) Step 6 to (updated) Step 5, from \$24.28/hour to \$28.66/hour, effective 1/1/2022
- C) Miller, Lauren, Recreation Department, from Event Coordinator to Rec Coordinator Tier I, Step 3, \$24.46/hour, effective 1/3/2022
- D) Konicki, Kyle, Service Department, from EQ I to EQ II, Step 5, \$29.70/hour, effective 1/11/2022
- E) Davis, Mellison, Police Department, Police Officer, Promotion from Step 4 to Step 5, From \$38.65/hour to \$48.56/hour, effective 1/26/2022
- F) Gough, Kenneth, Police Department, Interim Chief of Police, from \$62.57/hour to \$70.94/hour, effective 2/21/2022
- G) Martin, Spencer, Police Department, From Step 2 to Step 3, from \$20.09/hour to \$23.21/hour, effective 2/22/2022
- H) Markos, Sean, Recreation Department, Service Worker, From Step 1 to Step 2, From \$16.39/hour to \$18.24/hour, effective 3/31/2022

**5) Appointments**

- A) Burckholter, Nicholas, Water/Sewer Department, EQ II, Step 3, \$23.34/hour, effective 3/7/2022
- B) Drewry, Marshall, Recreation Department, Rec Coordinator, Tier II, Step 2, \$19.63/hour,

effective 3/14/2022

**6) Separations**

- A) Rinehart, Lawrence, Police Department, Chief of Police, Retired effective 1/7/2022
- B) Roth, Charles, Service Department, Auto Mech II, Resigned effective 3/22/2022
- C) Greiner, Barb, Recreation Department, Supervisor, Retired effective 3/31/2022

**7) Adjourn**

Minutes from special working meeting of the Bexley Civil Service Commission on March 9, 2022

The special working meeting was called to order at 4:00 PM. Present were Marc Fishel, City Attorney, Lee Nathans, Rachel Laing and John Offenberg.

The Minutes from the meeting held on February 16, 2022 were approved as submitted.

The letter from the State Personnel Board of Review, requesting a report was referred to the Auditors department. Marc Fishel will share with the Auditors office.

The work on revising the Civil service rules continued with review and suggested changes through page 52 of the 89 pages. This was predominately on Chapter 11, Recruitment, Original Appointments to Police Officer Positions. This was thought to be one of the most significant Chapters of the rules. Marc was to follow up with the acting Chief and then the new Chief about several issues.

It was agreed that we would continue this work at a special meeting on Wednesday, April, 13, 2022 at 4:00 PM

Respectfully submitted,

John Offenberg

Minutes from special working meeting of the Bexley Civil Service Commission on February 16, 2022

The special working meeting was called to order at 4:00 PM. Present were Marc Fishel, City Attorney, Lee Nathans, Rachel Laing and John Offenberg.

The reading of the minutes from the last regular meeting held on January 12, 2022 were deferred until the next regular meeting on April 13, 2022 by consensus.

The work on revising the Civil service rules continued with review and suggested changes through page 43 of the 89 pages.

It was agreed that we would continue this work at a special meeting on Wednesday, March 9, 2022 at 4:00 PM

Respectfully submitted,

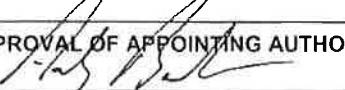
John Offenberg

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE <b>510</b>	
<b>NAME:</b> <i>Kevin Smith</i>						<b>EFFECTIVE DATE:</b> <i>1/1/22</i>	
<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: Recreation & Parks Department					
<b>OR OFFICE</b>		TO: _____					
<b>CLASS</b>	FROM: <i>Tier 2 Rec supervisor</i>			<b>CLASS NUMBER</b>	FROM: _____		
<b>TITLE</b>	TO: <i>Tier 1 Rec supervisor</i>				TO: _____		
<b>RANGE</b>	FROM: _____ TO: _____			<b>STEP</b>	FROM: _____ TO: _____	<b>RATE</b>	FROM: <i>Step 2 Year 3</i> TO: <i>\$9,732/year</i>
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 checked="" 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>		<b>REMARKS:</b> <i>Move from Tier 2 to Tier 1 Rec supervisor. He would be in the same step and year.</i>					
<b>APPROVAL OF APPOINTING AUTHORITY</b>				<b>CIVIL SERVICE COMMISSION</b>			
SIGNATURE: <i>[Signature]</i> DATE: <i>1/1/22</i> <b>RELEASING AUTHORITY:</b> SIGNATURE: _____ DATE: _____				<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

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE From: _____ To: _____								
From: _____ To: _____		NAME James Williams		SEX _____	DATE OF BIRTH Month _____ Day _____ Year _____			EDUCATION Yrs. _____ Degree _____ Major _____		
From: _____ To: _____		ADDRESS _____			From: _____ To: _____	CITY _____ From: _____ To: _____	ST _____ From: _____ To: _____	ZIP _____ From: _____ To: _____		
EFFECTIVE DATE Month: 51 Date: 01 Year: 2022		PAYROLL NUMBER From: _____ To: _____		SOCIAL SECURITY NO. _____			WORK UNIT From: _____ To: _____			
CLASS TITLE From: Asst. Auto-mechanic To: Asst. Auto-mechanic		CLASS NUMBER From: _____ To: _____		RANGE _____		STEP 5	RATE \$ 24.28 \$ 28.66			
APPOINTMENT		CHANGE			SEPARATION		INTERRUPTION			
<input type="checkbox"/> 1 - EMERGENCY Ends: _____		<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <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 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED  <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - 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 ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____			
<b>REINSTATEMENT</b>										
<input type="checkbox"/> 1 - FROM SEPARATION  <input type="checkbox"/> 2 - FROM INTERRUPTION  <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION										
PRIOR SERVICE	PRIOR SICK LEAVE		DATE LAST PROMOTED			DATE CONTINUOUS SERVICE				
CERTIFICATION NO		BUDGETED HOURS								
REMARKS: _____										
APPROVAL OF APPOINTING AUTHORITY  SIGNATURE				1/11/22 DATE		CIVIL SERVICE COMMISSION				
						<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED				
RELEASING AUTHORITY				DATE		EXEC. SEC. CIV. SERV. COMM. DATE				
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head										

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE	510
NAME: <u>Lauren Miller</u>						EFFECTIVE DATE: <u>11/3/22</u>	
ADDRESS FROM:						TO:	
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION	YEARS:	DEGREE:
						MAJOR:	
DEPARTMENT, UNIT OR OFFICE		FROM: Recreation & Parks Department					
TO:							
CLASS TITLE	FROM: <u>(Event Coordinator)</u> TO: <u>Rec Coordinator Tier 1</u>			CLASS NUMBER	FROM: TO:		
RANGE	FROM: TO:			STEP	FROM: TO: <u>3 (Year 1)</u>	RATE	FROM: TO: <u>\$50,893 / year</u>
APPOINTMENT	CHANGE		SEPARATION		INTERRUPTION		REINSTATEMENT
<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: <u>New Full-Time Employee - Step 3 pay scale</u>				
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION			
SIGNATURE: <u>MM</u> DATE: <u>12/30/21</u>				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED			
RELEASING AUTHORITY:				SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.			
SIGNATURE: _____ DATE: _____							
Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head							

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE From: _____ To: _____								
NAME From: Kyle Vodnicki To: _____		SEX	DATE OF BIRTH			EDUCATION				
			Month	Day	Year	Yrs.	Degree	Major		
ADDRESS From: _____ To: _____		CITY From: _____ To: _____			ST From: _____ To: _____			ZIP From: _____ To: _____		
EFFECTIVE DATE Month: 01 Date: 11 Year: 2022		PAYROLL NUMBER From: _____ To: _____		SOCIAL SECURITY NO. From: _____ To: _____			WORK UNIT From: _____ To: _____			
CLASS TITLE From: Equipment 1 To: Equipment 11		CLASS NUMBER From: _____		RANGE		STEP 6	RATE \$27.07 \$29.70			
APPOINTMENT		CHANGE			SEPARATION		INTERRUPTION			
<input type="checkbox"/> 1 - EMERGENCY Ends: _____		<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <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 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF			<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED  <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - 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 ending date:  <input type="checkbox"/> 9 - VACATION LEAVE ending date:  <b>REINSTATEMENT</b> <input type="checkbox"/> 1 - FROM SEPARATION  <input type="checkbox"/> 2 - FROM INTERRUPTION  <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION			
PRIOR SERVICE	PRIOR SICK LEAVE		DATE LAST PROMOTED			DATE CONTINUOUS SERVICE				
CERTIFICATION NO		BUDGETED HOURS								
REMARKS:  <i>[Handwritten Remarks]</i>										
<b>APPROVAL OF APPOINTING AUTHORITY</b>  SIGNATURE				1/1/22 DATE		<b>CIVIL SERVICE COMMISSION</b> <input type="checkbox"/> APPROVED CERTIFICATION <input type="checkbox"/> DISAPPROVED				
RELEASING AUTHORITY				DATE		EXEC. SEC. CIV. SERV. COMM. DATE				

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

**NAME:** Mellison Davis

**EFFECTIVE DATE:** 01/26/2022

**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:

**RANGE** FROM: 80,382.84  
TO: 101,014.16

**CLASS NUMBER**

FROM:

TO:

**STEP**

FROM:

TO:

**4**

**RATE**

FROM: 38.65  
TO: 48.56

<b>APPOINTMENT</b>	<b>CHANGE</b>	<b>SEPARATION</b>	<b>INTERRUPTION</b>	<b>REINSTATEMENT</b>
<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 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:

DATE:

**CIVIL SERVICE COMMISSION**

APPROVED CERTIFICATION \_\_\_\_\_

DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 EXECUTIVE SEC. CIVIL SERVICE COMM.

**RELEASING AUTHORITY:**

SIGNATURE:

DATE:

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

**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

**NAME:** Kenneth Gough

**EFFECTIVE DATE:** 2/21/2022

**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: 62.57  
TO: 70.94

**STEP**  
FROM:  
TO:

**RATE**  
FROM:  
TO:

<b>APPOINTMENT</b>	<b>CHANGE</b>	<b>SEPARATION</b>	<b>INTERRUPTION</b>	<b>REINSTATEMENT</b>
<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 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:** Interim Chief until position filled.

**APPROVAL OF APPOINTING AUTHORITY**

SIGNATURE: 

DATE:

**RELEASING AUTHORITY:**

SIGNATURE:

DATE:

**CIVIL SERVICE COMMISSION**

APPROVED CERTIFICATION \_\_\_\_\_

DISAPPROVED

SIGNATURE:

EXECUTIVE SEC. CIVIL SERVICE COMM.

DATE:



Natalie Vawter &lt;nvawter@bexley.org&gt;

## Personnel Action Form

2 messages

**Yvette Nguyen** <ynguyen@bexley.org>  
To: Ben Kessler <bkessler@bexley.org>  
Cc: Natalie Vawter <nvawter@bexley.org>

Wed, Feb 23, 2022 at 8:38 AM

Good morning sir,

Would you please sign the attached personnel action form temporarily changing Interim Chief Gough's hourly rate?

I have been adding "Acting Pay" for the difference in rates, but it would be much easier if we could change his regular hourly rate.

Thank you,

**Yvette Nguyen**  
Executive Assistant  
Bexley Police Department  
559 N. Cassingham Road  
Bexley, Ohio 43209  
614.559.4457



 **Gough 20220221.pdf**  
165K

**Yvette Nguyen** <ynguyen@bexley.org>  
To: Natalie Vawter <nvawter@bexley.org>

Mon, Mar 7, 2022 at 11:30 AM

Natalie -

Would you please check on my request to change Interim Chief's rate? (see below)

thank you

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE						
		From:		To:				
NAME From: <i>Spencer Martin</i>		SEX	DATE OF BIRTH			EDUCATION		
			Month	Day	Year	Yrs.	Degree	Major
ADDRESS From: To:		CITY From: <i>Tree mainten.</i>		ST From: <i>Tree mainten.</i>	ZIP From: <i># 20-09</i>			
EFFECTIVE DATE Month: Date: Year: <i>02 -22 - 2022</i>		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:	
CLASS TITLE From: <i>Tree mainten.</i>		CLASS NUMBER From:		RANGE	STEP <i>2</i>	RATE <i># 23.21</i>		
To: <i>Tree mainten.</i>		To:			3			
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 DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <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 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____		<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED  <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - 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 ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____		
<b>REINSTATEMENT</b>								
<input type="checkbox"/> 1 - FROM SEPARATION  <input type="checkbox"/> 2 - FROM INTERRUPTION  <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION								
PRIOR SERVICE	PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE			
CERTIFICATION NO		BUDGETED HOURS						
REMARKS: <i>[Signature]</i>								
APPROVAL OF APPOINTING AUTHORITY <i>[Signature]</i>				CIVIL SERVICE COMMISSION				
SIGNATURE		DATE <i>1/1/22</i>		<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED				
RELEASING AUTHORITY		DATE		EXEC. SEC. CIV. SERV. COMM.		DATE		
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head								

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE <i>540</i>
<u>NAME:</u> <i>Sean Markos</i>						<u>EFFECTIVE DATE:</u> <i>3.31.2022</i>
<u>ADDRESS</u> FROM: _____						TO: _____
<u>PAYROLL NUMBER</u>	<u>SEX</u>	<u>DOB</u>	<u>PRIOR SERVICE</u>	<u>PRIOR SICK LEAVE</u>	<u>EDUCATION</u>	YEARS: _____ MAJOR: _____ DEGREE: _____
<u>DEPARTMENT, UNIT OR OFFICE</u>		FROM: Recreation & Parks Department TO: _____				
<u>CLASS</u> <u>TITLE</u>	FROM: _____ TO: <i>Service Worker</i>		<u>CLASS NUMBER</u>	FROM: _____ TO: _____		
<u>RANGE</u>	FROM: _____ TO: _____		<u>STEP</u>	FROM: <i>Step 1</i> TO: <i>Step 2</i>	<u>RATE</u>	FROM: <i>16.39/hr.</i> TO: <i>18.24/hr.</i>
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 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	
<u>DATE LAST PROMOTED:</u>		<u>DATE CONTINUOUS SERVICE:</u>				<u>CERTIFICATION #:</u>
<u>BUDGETED HOURS</u>		<u>REMARKS:</u> <i>Step Increase</i>				
<u>APPROVAL OF APPOINTING AUTHORITY</u>			<u>CIVIL SERVICE COMMISSION</u>			
SIGNATURE: <i>[Signature]</i> DATE: <i>1/3/22</i> <u>RELEASING AUTHORITY:</u> SIGNATURE: _____ DATE: _____			<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.			
<i>Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head</i>						

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE						
		From:		DATE OF BIRTH			EDUCATION	
		SEX				Yrs.      Degree      Major		
NAME			Month	Day	Year			
From:	Nicholas Burchholter							
To:								
ADDRESS		CITY		ST	ZIP			
From:	From:		From:	From:	To:			
To:	To:		To:	To:	To:			
EFFECTIVE DATE Month: Date: Year: 03 07 2022		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO.			WORK UNIT From: To:	
CLASS TITLE From: Equipment Operator II To: Water/Sewer		CLASS NUMBER From:		RANGE	STEP 3	RATE \$ 23.34		
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 DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <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 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____		<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED  <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - 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 ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____		
<b>REINSTATEMENT</b>								
<input type="checkbox"/> 1 - FROM SEPARATION  <input type="checkbox"/> 2 - FROM INTERRUPTION  <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION								
PRIOR SERVICE	PRIOR SICK LEAVE		DATE LAST PROMOTED			DATE CONTINUOUS SERVICE		
CERTIFICATION NO		BUDGETED HOURS						
REMARKS:								
<b>APPROVAL OF APPOINTING AUTHORITY</b>  Signature				<b>CIVIL SERVICE COMMISSION</b> <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED				
RELEASING AUTHORITY		DATE		EXEC. SEC. CIV. SERV. COMM.		DATE		
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head								



**CITY OF BEXLEY  
PERSONNEL ACTION FORM**

NEW EMPLOYEE

CHANGE

**NAME:** Lawrence L. Rinhart

**EFFECTIVE DATE:** 1/7/2022

**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:

**RANGE** FROM:

TO:

**CLASS NUMBER**

FROM:

TO:

**STEP**

FROM:

TO:

**RATE**

FROM:

TO:

<b>APPOINTMENT</b>	<b>CHANGE</b>	<b>SEPARATION</b>	<b>INTERRUPTION</b>	<b>REINSTATEMENT</b>
<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**

SIGNATURE:

DATE:

**CIVIL SERVICE COMMISSION**

APPROVED CERTIFICATION \_\_\_\_\_

DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 EXECUTIVE SEC. CIVIL SERVICE COMM.

**RELEASING AUTHORITY:**

SIGNATURE:

DATE:

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

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE					
From:		To:					
NAME From: Charles Roth To:		SEX	DATE OF BIRTH		EDUCATION		
			Month	Day	Year	Yrs.	Degree
ADDRESS From: To:		CITY From: To:		ST From: To:		ZIP From: To:	
EFFECTIVE DATE Month: 03 Date: 22 Year: 2022		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO. From: To:		WORK UNIT From: To:	
CLASS TITLE From: Auto mechanic		CLASS NUMBER From:		RANGE		STEP 5	RATE \$30.74
To:		To:					
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION	
<input type="checkbox"/> 1 - EMERGENCY Ends: _____		<input type="checkbox"/> 1 - PROMOTIONAL <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS. <input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT <input type="checkbox"/> 5 - TRANSFER BETWEEN DEPARTMENTS <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 - TEMPORARY WORK LEAVE ADJUSTMENT <input type="checkbox"/> 14 - CORRECTION OF _____ _____		<input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED <input checked="" type="checkbox"/> 9 - OTHER (see remarks) <input type="checkbox"/> 10 - 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 ending date: _____ <input type="checkbox"/> 9 - VACATION LEAVE ending date: _____	
<b>REINSTATEMENT</b>							
<input type="checkbox"/> 1 - FROM SEPARATION _____ <input type="checkbox"/> 2 - FROM INTERRUPTION _____ <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION							
PRIOR SERVICE	PRIOR SICK LEAVE		DATE LAST PROMOTED		DATE CONTINUOUS SERVICE		
CERTIFICATION NO		BUDGETED HOURS					
REMARKS: Resigned - end of day 3-22-2022							
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION			
SIGNATURE		DATE		<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED			
RELEASING AUTHORITY		DATE		EXEC. SEC. CIV. SERV. COMM.		DATE	
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE
NAME: <u>Barb Greiner</u>						EFFECTIVE DATE: <u>Through 3/31/24</u>
ADDRESS FROM: _____						TO: _____
<u>PAYROLL NUMBER</u>	<u>SEX</u>	<u>DOB</u>	<u>PRIOR SERVICE</u>	<u>PRIOR SICK LEAVE</u>	<u>EDUCATION</u>	YEARS: _____ MAJOR: _____ DEGREE: _____
<u>DEPARTMENT, UNIT</u>		FROM: <u>Recreation &amp; Parks Department</u>				
<u>OR OFFICE</u>		TO: _____				
<u>CLASS</u> <u>TITLE</u>	FROM: _____ TO: _____		<u>CLASS NUMBER</u>	FROM: _____ TO: _____		
<u>RANGE</u>	FROM: _____ TO: _____		<u>STEP</u>	FROM: _____ TO: _____	<u>RATE</u>	FROM: _____ 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 – <u>PART TIME (Seasonal)</u> 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:			<u>Retirement Paperwork/16</u>	
APPROVAL OF APPOINTING AUTHORITY			CIVIL SERVICE COMMISSION			
SIGNATURE: <u>77</u> DATE: <u>4/5/22</u>			<input type="checkbox"/> APPROVED CERTIFICATION _____  <input type="checkbox"/> DISAPPROVED			
RELEASING AUTHORITY:			SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.			
Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head						