



Civil Service Commission Meeting Agenda

Wednesday, April 13, 2022

4:00 PM

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			
NAME: <u>Kevin Smith</u>						EFFECTIVE DATE: <u>1/1/22</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>Tier 2 Rec Supervisor</u>		CLASS NUMBER		FROM: _____			
		TO: <u>Tier 1 Rec Supervisor</u>				TO: _____			
RANGE		FROM: _____		STEP		FROM: _____			
		TO: _____				TO: _____			
				RATE		FROM: <u>Step 2 Year 3</u>			
						TO: <u>\$9,732/year</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 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	
DATE LAST PROMOTED: _____			DATE CONTINUOUS SERVICE: _____			CERTIFICATION #: _____			
BUDGETED HOURS _____			REMARKS: <u>Move from Tier 2 to Tier 1 Rec Supervisor. He would be in the same step and year.</u>						
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION					
SIGNATURE: <u>[Signature]</u> DATE: <u>1/11/22</u>				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY:									
SIGNATURE: _____ DATE: _____				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:					
NAME		SEX		DATE OF BIRTH			EDUCATION		
From:		From:		From:			Yrs. Degree Major		
To:		To:		To:			To:		
ADDRESS		CITY		ST		ZIP			
From:		From:		From:		From:			
To:		To:		To:		To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT		
Month: Date: Year:		From: To:		From: To:			From: To:		
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE	
From:		From:		From:		From:		From:	
To:		To:		To:		To:		To:	
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 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: _____ <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;">REINSTATEMENT</div> <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					CIVIL SERVICE COMMISSION				
SIGNATURE					DATE				
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>Lauren Miller</u>						EFFECTIVE DATE: <u>1/3/22</u>	
ADDRESS FROM: _____ TO: _____							
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION		
					YEARS:	DEGREE:	
					MAJOR:		
DEPARTMENT, UNIT FROM: Recreation & Parks Department							
OR OFFICE 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	
<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>[Signature]</u> DATE: <u>12/30/21</u>				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED			
RELEASING AUTHORITY:				SIGNATURE: _____ DATE: _____			
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:					
NAME		SEX		DATE OF BIRTH			EDUCATION		
From: <u>Kyle Moricki</u>							Yrs. Degree Major		
To:				Month	Day	Year			
ADDRESS		CITY		ST		ZIP			
From:		From:		From:		From:			
To:		To:		To:		To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT		
Month: <u>01</u> Date: <u>11</u> Year: <u>2022</u>		From: To:					From: To:		
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE	
From: <u>Equipment 1</u>		From:				<u>6</u>		<u>\$27.07</u>	
To: <u>Equipment 11</u>		To:				<u>5</u>		<u>\$29.70</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) <u>to</u> <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: _____ 	
								REINSTATEMENT	
								<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 <u>[Signature]</u> <u>1/11/22</u> SIGNATURE DATE					CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. DATE				
RELEASING AUTHORITY _____ 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: 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: _____				CLASS NUMBER FROM: _____			
TITLE TO: _____				TO: _____			
RANGE FROM: 80,382.84				STEP FROM: 4		RATE FROM: 38.65	
TO: 101,014.16				TO: 5		TO: 48.56	
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 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: _____	
DATE LAST PROMOTED: _____		DATE CONTINUOUS SERVICE: _____				CERTIFICATION #: _____	
BUDGETED HOURS _____		REMARKS: _____					
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION			
SIGNATURE: _____		DATE: _____		<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

CITY OF BEXLEY PERSONNEL ACTION FORM					<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> 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 OR OFFICE		FROM:				
		TO:				
CLASS FROM:			CLASS NUMBER FROM:			
TITLE TO:			TO:			
RANGE FROM: 62.57			STEP FROM:		RATE FROM:	
TO: 70.94			TO:		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 checked="" 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		CIVIL SERVICE COMMISSION	
SIGNATURE:	DATE: _____	<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED	
RELEASING AUTHORITY:		SIGNATURE: _____ DATE: _____	
SIGNATURE: _____ DATE: _____		EXECUTIVE SEC. CIVIL SERVICE COMM.	

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



Natalie Vawter <nvawter@bexley.org>

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		SEX		DATE OF BIRTH			EDUCATION			
From:		From:		Yrs. Degree Major			Yrs. Degree Major			
To:		To:		Month Day Year			Month Day Year			
ADDRESS		CITY		ST			ZIP			
From:		From:		From:			From:			
To:		To:		To:			To:			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT			
Month: Date: Year:		From:		From:			From:			
To:		To:		To:			To:			
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE		
From:		From:		From:		From:		From:		
To:		To:		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 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: _____ 		REINSTATEMENT <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				CIVIL SERVICE COMMISSION						
SIGNATURE				APPROVED CERTIFICATION _____						
DATE				DISAPPROVED _____						
RELEASING AUTHORITY				EXEC. SEC. CIV. SERV. COMM. _____						
DATE				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 540			
NAME: Sean Markos					EFFECTIVE DATE: 3.31.2022				
ADDRESS									
FROM:				TO:					
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION				
					YEARS:	DEGREE:			
					MAJOR:				
DEPARTMENT, UNIT FROM: Recreation & Parks Department									
OR OFFICE TO:									
CLASS FROM: Service Worker				CLASS NUMBER FROM:					
TITLE TO:				TO:					
RANGE FROM:				STEP FROM: Step 1		RATE FROM: 16.39/hr.			
TO:				TO: Step 2		TO: 18.24/hr.			
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 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: Step Increase						
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION					
SIGNATURE: DATE: 4/13/22				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY:				SIGNATURE: _____ DATE: _____					
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:		
NAME		SEX	DATE OF BIRTH			EDUCATION	
From: To: <u>Nicholas Burckholter</u>			Month	Day	Year	Yrs.	Degree
ADDRESS		CITY		ST		ZIP	
From: To:		From: To:		From: To:		From: To:	
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.		WORK UNIT	
Month: <u>03</u> Date: <u>07</u> Year: <u>2022</u>		From: To:				From: To:	
CLASS TITLE		CLASS NUMBER		RANGE		STEP	
From: <u>Equipment</u>		From:				3	
To: <u>Operator II</u>		To:				RATE	
To: <u>Water/Sewer</u>		To:				<u>\$23.34</u>	
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: _____ <div style="text-align: center;">REINSTATEMENT</div> <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 <u></u> <u>3/7/22</u> SIGNATURE DATE				CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED _____ EXEC. SEC. CIV. SERV. COMM. DATE			
RELEASING AUTHORITY _____ DATE _____							
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							

**CITY OF BEXLEY
PERSONNEL ACTION FORM**

☒ NEW EMPLOYEE
☐ CHANGE

510

NAME: Marshall Drewry

EFFECTIVE DATE: 3/14/2022

ADDRESS
FROM: 919 Grandon Ave Bexley, OH

TO:

PAYROLL NUMBER

SEX

DOB

PRIOR SERVICE

PRIOR SICK LEAVE

EDUCATION

YEARS:

DEGREE:

MAJOR:

DEPARTMENT, UNIT FROM: Recreation & Parks Department

OR OFFICE

TO:

CLASS

FROM:

TO:

Rec Coordinator, Tier II

CLASS NUMBER

FROM:

TO:

RANGE

FROM:

TO:

STEP

FROM:

TO:

RATE

FROM:

TO:

Step 2

\$40,849/year

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:

New employee

APPROVAL OF APPOINTING AUTHORITY

SIGNATURE: _____

DATE: 3/9/22

RELEASING AUTHORITY:

SIGNATURE: _____

DATE: _____

CIVIL SERVICE COMMISSION

☐ APPROVED CERTIFICATION _____

☐ 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 type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> 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:			CLASS NUMBER FROM:				
TITLE TO:			TO:				
RANGE FROM:			STEP FROM:		RATE FROM:		
TO:			TO:		TO:		
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 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 _____ <input type="checkbox"/> DISAPPROVED			
RELEASING AUTHORITY:				SIGNATURE: _____ DATE: _____			
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: NAME		From: SEX		To: DATE OF BIRTH		To: EDUCATION	
To: <u>Charles Roth</u>		To: _____		To: _____		To: _____	
From: ADDRESS		From: CITY		From: ST		From: ZIP	
To: _____		To: _____		To: _____		To: _____	
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.		WORK UNIT	
Month: <u>03</u> Date: <u>22</u> Year: <u>2022</u>		From: _____ To: _____		From: _____ To: _____		From: _____ To: _____	
CLASS TITLE		CLASS NUMBER		RANGE		STEP	
From: <u>Auto mechanic II</u>		From: _____		From: _____		From: _____	
To: _____		To: _____		To: _____		To: _____	
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 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: _____ _____ _____	
REINSTATEMENT							
<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: <u>Resigned - end of day 3-22-2022</u>							
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:					
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION				
					YEARS: DEGREE:				
DEPARTMENT, UNIT			FROM: Recreation & Parks Department						
OR OFFICE			TO:						
CLASS FROM: TITLE TO:			CLASS NUMBER FROM: TO:						
RANGE FROM: TO:			STEP FROM: TO:		RATE FROM: TO:				
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 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</u>						
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION					
SIGNATURE: <u>[Signature]</u> DATE: <u>4/5/24</u>				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY:									
SIGNATURE: _____ DATE: _____				SIGNATURE: _____ DATE: _____					
				EXECUTIVE SEC. CIVIL SERVICE COMM.					
Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head									