

PERSONNEL ACTION FORM		DEPARTMENT UNIT OR OFFICE					
CITY OF BEXLEY		To:					
NAME		SEX	DATE OF BIRTH			EDUCATION	
To:			Month	Day	Year	Yrs. Degree Major	
From:			From:	ST	From:	ZIP	
To:			To:		To:		
From:			From:	ST	From:	ZIP	
To:			To:		To:		
EFFECTIVE DATE Month: 12 Year: 2022		PAYROLL NUMBER From: 09-346-51010 To:	SOCIAL SECURITY NO.			WORK UNIT From: To:	
CLASS TITLE Water/Sewer Supervisor		CLASS NUMBER 1000	RANGE 4	STEP 5	RATE \$30.50 hrs \$78,445.00 annual		
To: Water/sewer supervisor							
APPOINTMENT		CHANGE	SEPARATION			INTERRUPTION	
<input type="checkbox"/> 1 - EMERGENCY Ends: _____		<input checked="" type="checkbox"/> 1 - PROMOTIONAL	<input type="checkbox"/> 2 - RETIRED			<input type="checkbox"/> 1 - MILITARY LEAVE	
<input type="checkbox"/> 2 - FULL TIME (Permanent or provisional)		<input type="checkbox"/> 2 - DEMOTION	<input type="checkbox"/> 3 - DISABILITY RETIREMENT			<input type="checkbox"/> 2 - PERSONAL LEAVE	
<input type="checkbox"/> 3 - FULL TIME (Temporary)		<input type="checkbox"/> 3 - LATERAL CLASS.	<input type="checkbox"/> 4 - TRANSFER WITHIN DEPARTMENT			<input type="checkbox"/> 3 - SUSPENSION	
<input type="checkbox"/> 4 - PART TIME (Permanent)		<input type="checkbox"/> 4 - TRANSFER BETWEEN DEPARTMENTS	<input type="checkbox"/> 5 - PROBATIONARY			<input type="checkbox"/> 4 - DISABILITY	
<input type="checkbox"/> 5 - PART TIME (Temporary)		<input type="checkbox"/> 6 - CIVIL SERVICE STATUS	<input type="checkbox"/> 6 - LAID OFF			<input type="checkbox"/> 5 - SEASONAL END	
<input type="checkbox"/> 6 - PART TIME (Seasonal)		<input type="checkbox"/> 7 - NAME	<input type="checkbox"/> 7 - EDUCATIONAL			<input type="checkbox"/> 6 - MATERNITY	
<input type="checkbox"/> 7 - APPOINTMENT CORRECTED		<input type="checkbox"/> 8 - APPOINTMENT CHANGE TO _____ _____	<input type="checkbox"/> 8 - UNCLASSIFIED			<input type="checkbox"/> 7 - SICK LEAVE ending date: _____	
<input type="checkbox"/> 8 - INTERIM		<input type="checkbox"/> 9 - RATE	<input type="checkbox"/> 9 - CANCEL APPOINTMENT			<input type="checkbox"/> 8 - SICK LEAVE ending date: _____	
<input type="checkbox"/> 9 - OTHER		<input type="checkbox"/> 10 - REASSIGNMENT	<input type="checkbox"/> 10 - CANCEL APPOINTMENT			<input type="checkbox"/> 9 - VACATION LEAVE ending date: _____	
						REINSTATEMENT	
			<input type="checkbox"/> 1 - FROM SEPARATION			<input type="checkbox"/> 1 - FROM SEPARATION	
			<input type="checkbox"/> 2 - FROM INTERRUPTION			<input type="checkbox"/> 2 - FROM INTERRUPTION	
			<input type="checkbox"/> 3 - BY CIVIL SERVICE			<input type="checkbox"/> 3 - BY CIVIL SERVICE	
			<input type="checkbox"/> 4 - BY COURT ORDER			<input type="checkbox"/> 4 - BY COURT ORDER	
			<input type="checkbox"/> 5 - RESCIND SEPARATION			<input type="checkbox"/> 5 - RESCIND SEPARATION	
PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED	DATE CONTINUOUS SERVICE				
CERTIFICATION NO	BUDGETED HOURS						
REMARKS:		CIVIL SERVICE COMMISSION					
APPROVAL OF APPOINTING AUTHORITY Eric Ash		<input type="checkbox"/> APPROVED CERTIFICATION <input type="checkbox"/> DISAPPROVED					
SIGNATURE Eric Ash DATE 11/29/22		EXEC. SEC. CIV. SERV. COMM. DATE					
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							