

<b>PERSONNEL ACTION FORM</b>		<b>DEPARTMENT UNIT OR OFFICE</b>					
CITY OF BEXLEY		From:		To:			
NAME		SEX	DATE OF BIRTH			EDUCATION Yrs. Degree Major	
From: <b>Eric Ash</b> To:			Month	Day	Year		
ADDRESS		CITY	ST		ZIP		
From: To:		From: To:	From: To:		From: To:		
<b>EFFECTIVE DATE</b> Month: <b>12</b> Date: <b>2</b> Year: <b>2022</b>		<b>PAYROLL NUMBER</b> From: <b>09-346-5101D</b> To:		<b>SOCIAL SECURITY NO.</b>		<b>WORK UNIT</b> From: To:	
<b>CLASS TITLE</b> From: <b>Water/Sewer Supervisor</b>		<b>CLASS NUMBER</b>		<b>RANGE</b>		<b>STEP</b> <b>4</b>	
<b>To: Water/Sewer Supervisor</b>						<b>5</b>	
<b>APPOINTMENT</b>		<b>CHANGE</b>		<b>SEPARATION</b>		<b>INTERRUPTION</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 checked="" 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>PRIOR SERVICE</b>		<b>PRIOR SICK LEAVE</b>		<b>DATE LAST PROMOTED</b>		<b>DATE CONTINUOUS SERVICE</b>	
CERTIFICATION NO		BUDGETED HOURS					
REMARKS:							
<b>APPROVAL OF APPOINTING AUTHORITY</b>  SIGNATURE <u><i>Eric Ash</i></u> DATE <u>11/29/22</u> SIGNATURE <u><i>Eric Ash</i></u> DATE <u>11/29/22</u>				<b>CIVIL SERVICE COMMISSION</b> <input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED EXEC. SEC. CIV. SERV. COMM. _____ DATE _____			
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							