

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE <i>520</i>	
NAME: <i>Kevin Smith</i>						EFFECTIVE DATE: <i>11.15.2022</i>	
ADDRESS							
FROM:						TO:	
PAYROLL NUMBER	SEX	DOB	PRIOR SERVICE	PRIOR SICK LEAVE	EDUCATION	YEARS: MAJOR:	DEGREE:
DEPARTMENT, UNIT		FROM: Recreation & Parks Department					
OR OFFICE		TO:					
CLASS TITLE	FROM: TO:	<i>Recreation Supervisor</i>	CLASS NUMBER	FROM: TO:			
RANGE	FROM: TO:	<i>Tier 1</i>	STEP	FROM: <i>2</i> TO: <i>3</i>	RATE	FROM: <i>24.99 /hr.</i> TO: <i>30.51 /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"/> 1 – PROMOTIONAL <input type="checkbox"/> 2 – DEMOTION <input type="checkbox"/> 3 – LATERAL CLASS.		<input type="checkbox"/> 1 – RETIRED <input type="checkbox"/> 2 – DISABILITY RETIREMENT <input type="checkbox"/> 3 – DECEASED	<input type="checkbox"/> 1 – MILITARY LEAVE <input type="checkbox"/> 2 – PERSONAL LEAVE <input type="checkbox"/> 3 – SUSPENSION		<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	
<input type="checkbox"/> 7 – APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 – INTERIM <input type="checkbox"/> 9 – OTHER _____ _____	<input type="checkbox"/> 7 – NAME <input type="checkbox"/> 8 – APPOINTMENT CHANGE TO: _____ <input type="checkbox"/> 9 – RATE		<input type="checkbox"/> 4 – REMOVED <input type="checkbox"/> 5 – PROBATIONARY <input type="checkbox"/> 6 – LAID OFF	<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"/> 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: _____						
DATE LAST PROMOTED:		DATE CONTINUOUS SERVICE:				CERTIFICATION #:	
BUDGETED HOURS		REMARKS: <i>Step Increase 2 to 3</i>					
APPROVAL OF APPOINTING AUTHORITY			CIVIL SERVICE COMMISSION				
SIGNATURE: <i>[Signature]</i> DATE: <i>11/14/22</i>			<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED				
RELEASING AUTHORITY:			SIGNATURE: _____ DATE: _____ EXECUTIVE SEC. CIVIL SERVICE COMM.				
<i>Original to Civil Service Commission; Copies to Employee Personnel File; Auditor/Treasurer; Department Head</i>							