

CITY OF BEXLEY PERSONNEL ACTION FORM						<input type="checkbox"/> NEW EMPLOYEE <input checked="" type="checkbox"/> CHANGE <span style="float: right;">520</span>			
NAME: <u>Kevin Smith</u>						EFFECTIVE DATE: <u>11.15.2022</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>Recreation Supervisor</u>			CLASS NUMBER	FROM:				
	TO:				TO:				
RANGE	FROM: <u>Tier 1</u>			STEP	FROM: <u>2</u>		RATE		
	TO:				TO: <u>3</u>		FROM: <u>24.99 /hr.</u>		
					TO: <u>30.51 /hr.</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 – <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 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>Step Increase 2 to 3</u>							
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION					
SIGNATURE: <u>[Signature]</u> DATE: <u>11/14/22</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									