

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE To:					
From: NAME To: <u>Snow, Tyler</u>		SEX M Month Day Year		DATE OF BIRTH		EDUCATION Yrs. Degree Major	
From: ADDRESS To:		CITY From: To:		ST From: To:		ZIP	
EFFECTIVE DATE Month: <u>11</u> Date: <u>15</u> Year: <u>2022</u>		PAYROLL NUMBER From: <u>09</u> To: <u>366-Sidid</u>		SOCIAL SECURITY NO.		WORK UNIT From: To:	
CLASS TITLE From: <u>EQ 11 Water Service Worker</u>		CLASS NUMBER		RANGE		STEP <u>4</u>	
To: <u>EQ 11 Water Service Worker</u>				5		RATE <u>\$ 29.70</u>	
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION	
<input type="checkbox"/> 1 - EMERGENCY Ends: _____		<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"/> 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"/> 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"/> 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 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY CIVIL SERVICE <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - RESCIND SEPARATION		<input type="checkbox"/> 9 - VACATION LEAVE ending date: _____	
<input type="checkbox"/> 7 - APPOINTMENT DATE CORRECTED <input type="checkbox"/> 8 - INTERIM <input type="checkbox"/> 9 - OTHER							
PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED		DATE CONTINUOUS SERVICE			
CERTIFICATION NO	BUDGETED HOURS						
REMARKS:							
APPROVAL OF APPOINTING AUTHORITY <u>[Signature]</u> DATE: <u>11/9/22</u>				CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED CERTIFICATION <input type="checkbox"/> DISAPPROVED			
SIGNATURE <u>[Signature]</u> DATE: <u>11/9/22</u>				EXEC. SEC. CIV. SERV. COMM. DATE: _____			
RELEASING AUTHORITY DATE: _____							