

PERSONNEL ACTION FORM		DEPARTMENT UNIT OR OFFICE					
CITY OF BEKLEY		From:		To:			
NAME		SEX	DATE OF BIRTH			EDUCATION	
			Month	Day	Year	Yrs.	Degree Major
From: Snow, Tyler							
To: EQ II Water Service Worker							
ADDRESS		From: CITY	From: ST	From: ZIP			
From: To: To: To:							
EFFECTIVE DATE Month: 11 Year: 15 2022		PAYROLL NUMBER From: 04 - 346-5100	SOCIAL SECURITY NO. From: 04 - 346-5100			WORK UNIT From: To:	
CLASS TITLE From: EQ II Water Service Worker		CLASS NUMBER From: 04 - 346-5100	RANGE	STEP		RATE \$ 24.53	
To: EQ II Water Service Worker				5		\$ 24.53	
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION	
<input type="checkbox"/> 1 - EMERGENCY <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) <input type="checkbox"/> 7 - APPPOINTMENT 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 CHANGE TO <input type="checkbox"/> 8 - APPPOINTMENT CHANGE TO <input type="checkbox"/> 9 - RATE		<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"/> 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"/> 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"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - FROM SEPARATION <input type="checkbox"/> 12 - FROM INTERRUPTION <input type="checkbox"/> 13 - BY CIVIL SERVICE <input type="checkbox"/> 14 - BY COURT ORDER <input type="checkbox"/> 15 - RESCIND SEPARATION		<input type="checkbox"/> 10 - VACATION LEAVE ending date:		<input type="checkbox"/> 1 - REINSTATEMENT <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	
PRIOR SERVICE	PRIOR SICK LEAVE	DATE LAST PROMOTED		DATE CONTINUOUS SERVICE			
CERTIFICATION NO	BUDGETED HOURS						
REMARKS:							
APPROVAL OF APPOINTING AUTHORITY <i>11/9/22</i>		CIVIL SERVICE COMMISSION					
SIGNATURE <i>11/9/22</i>		<input type="checkbox"/> APPROVED CERTIFICATION <input type="checkbox"/> DISAPPROVED					
RELEASING AUTHORITY <i>11/9/22</i>		EXEC. SEC. CIV. SERV. COMM. DATE					
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							