

MEMORANDUM

TO: Bexley Civil Service Commission Members

FROM: Gary Qualmann, Secretary

RE: January 11, 2012 Meeting Agenda

Enclosed you will find the agenda for the January meeting. This meeting will be held on Wednesday, January 11, 2012 at City Hall at 4:30 p.m.

If you have any questions, please do not hesitate to call.

GWQ/efb

cc: John M. Brennan, Mayor
Lou Chodosh, City Attorney
Lawrence Rhinehart, Chief of Police
William Harvey, Service Director

AGENDA

BEXLEY CIVIL SERVICE COMMISSION MEETING

January 11, 2012

CONVENE: 4:30 PM

ROLL CALL: Mr. Nathans, Mr. Offenber, Mr. Devine

MINUTES: Minutes from October 12, 2011 (will remain on common file)

MATTERS FOR CONSIDERATION:

OLD BUSINESS:

Personnel Action Forms

A) Tabled from July 13, 2011 meeting due to questions regarding the differences between the pay and the Memorandum of Understanding.

- 1) Gerald A. McCain, Water Service Worker to Water Department Foreman, \$26.60/hr., effective 1/1/11
- 2) Timothy Radcliff, Equipment Operator II to Street Department Foreman, \$26.60/hr., effective 1/1/11

NEW BUSINESS:

Personnel Action Forms

A) Rate Changes

- 1) Peter McCollam, Police Officer, Step 3 to Step 4, \$26.24/hr (\$54,571.66/yr) to \$28.96/hr (\$60,231.11/yr) effective 10/19/11
- 2) Arthur Murphy, Off Probation, Step 2 to Step 3, \$14.00/hr to \$15.45/hr Effective 1/1/2012

B) Promotions

- 1) Benjamin Vermaaten, From Police Officer to Sergeant \$76,277.59 to 88,482.91 effective 12/9/2011
- 2) Bryan Holbrook, From Sergeant to Captain \$88,482.91 to \$99,977.00 effective 12/9/2011
- 3) Janet Houseberg, From Parking Control Officer \$55,276.26 to Dispatcher \$56,685.43 effective 1/2/2012

C) Separation

- 1) Marinda Lloyd, Building Department Assistant, Position eliminated for financial reasons, effective 11/4/11
- 2) Captain Robert Buty, Police Captain effective 1/9/2012

PERSONNEL ACTION
CITY OF BEXLEY

DEPARTMENT Water Department UNIT OR OFFICE
(from)
(to)

NAME: (from) Gerald A. McCain
(to)
SEX: M DATE OF BIRTH: 11 12 61 EDUCATION:
yrs. degree major

ADDRESS: (from) 46 Rockwood Court Granville OH. 43023
(to) (street) (city) (state) (zip)

EFFECTIVE DATE: (from) (to) PAYROLL NUMBER: SOCIAL SECURITY NO.: 293-62-3464 WORK UNIT:
mo. day yr. mo. day yr.

CLASS TITLE: (from) Water Service Worker CLASS NUMBER: RANGE: STEP: 4 RATE: 24.88/hr.
(to) Water Department Foreman \$26.60/Hr.

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION	
<input type="checkbox"/> 1 EMERGENCY ends <input type="checkbox"/> 2 FULL TIME PERMANENT (provisional) <input type="checkbox"/> 3 FULL TIME TEMPORARY <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 FULL TIME TEMPORARY ends <input type="checkbox"/> 6 FULL 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 DEPTS. <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO <input checked="" 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 LEVEL ADJUSTMENT <input type="checkbox"/> 14 CORRECTION OF to	<input type="checkbox"/> 1 RESIGNED, REASON <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 LEAV <input type="checkbox"/> 3 SUSPENSION <input type="checkbox"/> 4 DISABILITY LEA <input type="checkbox"/> 5 SEASONAL END <input type="checkbox"/> 6 MATERNITY LEA <input type="checkbox"/> 7 EDUCATIONAL LEAVE <input type="checkbox"/> 8 SICK LEAVE ending date: <input type="checkbox"/> 9 VACATION LEAV ending date: <th>REINSTATEMENT</th>	REINSTATEMENT
			<input type="checkbox"/> 1 FROM SEPARATI <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BY CIVIL SERVIC COMMISSION <input type="checkbox"/> 4 BY COURT ORDE <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
SIGNATURE: *William H. Harty* DATE: DEC 29 2010

CIVIL SERVICE COMMISSION
 APPROVED CERTIFICATION
 DISAPPROVED
EXEC. SEC. CIV. SERV. COMM. DATE:

ORIGINAL TO CIVIL SERV. COMM.; COPIES TO: Employee personnel file; Auditor/Treasurer;

**PERSONNEL ACTION
CITY OF BEXLEY**

DEPARTMENT Service Department **UNIT OR OFFICE**
(from)
(to)

NAME:
(from) Timothy Radcliff
(to) _____
SEX M **DATE OF BIRTH** mo. day yr. 3 27 61 **EDUCATION** yrs. degree major

ADDRESS:
(from) 293 N. Vernon St. Sunbury OH 43074
(to) _____
(street) (city) (state) (zip)

EFFECTIVE DATE: (from) _____ (to) _____
mo. day yr. 01 10 11 **PAYROLL NUMBER** _____ **SOCIAL SECURITY NO.** 288-52-6766 **WORK UNIT** _____

CLASS TITLE (from) Equipment Operator II **CLASS NUMBER** _____ **RANGE** _____ **STEP** 4 **RATE** 24.88/hr.
(to) Street Department Foreman _____ _____ \$26.60/Hr.

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 EMERGENCY ends <input type="checkbox"/> 2 FULL TIME PERMANENT (provisional) <input type="checkbox"/> 3 FULL TIME TEMPORARY <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 FULL TIME TEMPORARY ends <input type="checkbox"/> 6 FULL 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 DEPTS. <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO <input checked="" 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 LEVEL ADJUSTMENT <input type="checkbox"/> 14 CORRECTION OF _____ to _____	<input type="checkbox"/> 1 RESIGNED, REASON <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 LEAV <input type="checkbox"/> 3 SUSPENSION <input type="checkbox"/> 4 DISABILITY LEA <input type="checkbox"/> 5 SEASONAL END <input type="checkbox"/> 6 MATERNITY LEA <input type="checkbox"/> 7 EDUCATIONAL LEAVE <input type="checkbox"/> 8 SICK LEAVE ending date: _____ <input type="checkbox"/> 9 VACATION LEAV ending date: _____
			REINSTATEMENT
			<input type="checkbox"/> 1 FROM SEPARATIO <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BY CIVIL SERVIC COMMISSION <input type="checkbox"/> 4 BY COURT ORDE <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

SIGNATURE _____ **DATE** JAN 19 2011

RELEASING AUTHORITY _____ **DATE** _____

CIVIL SERVICE COMMISSION
 APPROVED CERTIFICATION
 DISAPPROVED

EXEC. SEC. CIV. SERV. COMM. _____ **DATE** _____

revised 10/20/11

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE					
		From: Police Department			To:		
NAME		SEX	DATE OF BIRTH			EDUCATION	
From: Peter S. McCollam		M	2 Month	24 Day	1978 Year	Yrs.	Degree
To: 9042 Lago Ln							
ADDRESS		CITY		ST		ZIP	
From: 9042 Lago Ln		From: Lewis Center		From: OH		From: 43035	
To: 9042 Lago Ln		To: Lewis Center		To: OH		To: 43035	
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.		WORK UNIT	
Month: 10 Date: 19 Year: 2011		From: To:		xxx-xx-3528		From: To:	
CLASS TITLE		CLASS NUMBER		RANGE		STEP	
From: Police Officer		From:				3	
To: Police Officer		To:				4	
						RATE	
						\$26.24	
						\$28.96	
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 - PART TIME (Seasonal) _____ 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 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 checked="" 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: _____ 	
						REINSTATEMENT	
						<input type="checkbox"/> 1 - FROM SEPARATION <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: Step Increase per contract							
APPROVAL OF APPOINTING AUTHORITY				CIVIL SERVICE COMMISSION			
 SIGNATURE				<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED			
10/18/11 DATE				EXEC. SEC. CIV. SERV. COMM. _____ DATE			
RELEASING AUTHORITY				DATE			
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head							

From: NAME To: Arthur Murphy
 SEX: M DATE OF BIRTH: 3 Month, 7 Day, 1970 Year
 EDUCATION: Yrs. Degree Major

From: ADDRESS To: 75 Way Road SW
 From: CITY To: Pataskala From: ST To: Ohio From: ZIP To: 43062

EFFECTIVE DATE: Month: 01, Date: 01, Year: 2012
 PAYROLL NUMBER: From: To:
 SOCIAL SECURITY NO.: XXX-XX3761
 WORK UNIT: From: To:

CLASS TITLE: From: To: Street Dept. Trainee
 CLASS NUMBER: From: To:
 RANGE: From: To:
 STEP: 2, 3
 RATE: 14.00, 15.45

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 - PART TIME (Seasonal) _____ 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 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 checked="" 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: _____
			REINSTATEMENT
			<input type="checkbox"/> 1 - FROM SEPARATION <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: _____

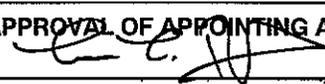
CERTIFICATION NO: _____ BUDGETED HOURS: _____

REMARKS: Off probation Step 3 \$15.45/hour

APPROVAL OF APPOINTING AUTHORITY
 SIGNATURE: *[Signature]* DATE: 1/3/12
 RELEASING AUTHORITY: _____ DATE: _____

CIVIL SERVICE COMMISSION
 APPROVED CERTIFICATION _____
 DISAPPROVED
 EXEC. SEC. CIV. SERV. COMM. DATE

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE							
		From: Police			To:				
NAME				SEX		DATE OF BIRTH		EDUCATION	
From: Bryan Holbrook				M		03 Month		08 Day	
To: Bryan Holbrook						60 Year			
ADDRESS				CITY		ST		ZIP	
From: 3082 Geiger Rd PO Box 37				From: Millersport		From: OH		From: 43046	
To: 3082 Geiger Rd PO Box 37				To: Millersport		To: OH		To: 43046	
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.		WORK UNIT			
Month: 12		Date: 09		Year: 2011		From: xxx-xx-1733		To:	
CLASS TITLE		CLASS NUMBER		RANGE		STEP		RATE	
From: Sergeant		From:						\$ 88,482.91	
To: Captain		To:						\$ 99,977.00	
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 - 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: _____	
								REINSTATEMENT	
								<input type="checkbox"/> 1 - FROM SEPARATION <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					CIVIL SERVICE COMMISSION				
 SIGNATURE					<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED				
11/30/11 DATE					EXEC. SEC. CIV. SERV. COMM. _____ DATE				
RELEASING AUTHORITY					DATE				
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head									

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT From: POLICE		UNIT OR OFFICE To:							
From: NAME Janet Houseberg			SEX F	DATE OF BIRTH		EDUCATION Yrs. Degree Major					
To:				06	08 Month	1958 Day					
ADDRESS 13660 Vance Rd			CITY Mt. Vernon		STATE OH		ZIP 43050				
EFFECTIVE DATE Month: 01 Date: 01 Year: 2012		PAYROLL NUMBER From: To:		SOCIAL SECURITY NO. From: To: xxx-xx-3184		WORK UNIT					
CLASS TITLE From: Parking Control Officer		CLASS NUMBER From:		RANGE	STEP N/A	RATE \$ 55,276.26					
To: Dispatcher		To:			3	\$ 56,685.43					
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 - PART TIME (Seasonal) _____ 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 checked="" 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 checked="" 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: _____		REINSTATEMENT	
						<input type="checkbox"/> 1 - FROM SEPARATION <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: Vacant dispatcher position filled due to the elimination of the position of Parking Control Officer.											
APPROVAL OF APPOINTING AUTHORITY  <u>12/5/11</u> SIGNATURE DATE					CIVIL SERVICE COMMISSION						
					<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED						
RELEASING AUTHORITY _____ DATE _____					EXEC. SEC. CIV. SERV. COMM. _____ DATE _____						
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head											

PERSONNEL ACTION CITY OF BEXLEY DEPARTMENT Building UNIT OR OFFICE
 (from) _____
 (to) _____

NAME: (from) Marinda R. Lloyd (to) _____ SEX F DATE OF BIRTH mo. 05 day 24 yr. 80 EDUCATION yrs. degree major

ADDRESS: (from) 509 N. Cassady Rd. (street) Bexley (city) OH (state) 43209 (zip)
 (to) _____

EFFECTIVE DATE: (from) _____ (to) _____ PAYROLL NUMBER _____ SOCIAL SECURITY NO. 293-92-2237 WORK UNIT _____

CLASS TITLE (from) _____ (to) Building Department Assistant CLASS NUMBER _____ RANGE _____ STEP _____ RATE 16.628

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 EMERGENCY ends _____ <input type="checkbox"/> 2 FULL TIME PERMANENT (provisional) <input type="checkbox"/> 3 FULL TIME TEMPORARY <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 FULL TIME TEMPORARY ends _____ <input type="checkbox"/> 6 FULL TIME SEASONAL 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 DEPARTMENT <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 TEMPORARY WORK LEVEL ADJUSTMENT <input type="checkbox"/> 14 CORRECTION OF _____ to _____	<input type="checkbox"/> 1 RESIGNED, REASON _____ <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input checked="" 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 LEAV <input type="checkbox"/> 3 SUSPENSION <input type="checkbox"/> 4 DISABILITY LEA <input type="checkbox"/> 5 SEASONAL END <input type="checkbox"/> 6 MATERNITY LEA <input type="checkbox"/> 7 EDUCATIONAL LEAVE <input type="checkbox"/> 8 SICK LEAVE ending date: _____ <input type="checkbox"/> 9 VACATION LEAV ending date: _____

REINSTATEMENT

1 FROM SEPARATI
 2 FROM INTERRUPTION
 3 BY CIVIL SERVIC COMMISSION
 4 BY COURT ORDE
 5 RESCIND SEPARATION

PRIOR SERVICE _____ PRIOR SICK LEAVE _____ DATE LAST PROMOTED _____ DATE CONTINUOUS SERVICE _____
 CERTIFICATION NO. _____ BUDGETED HOURS _____

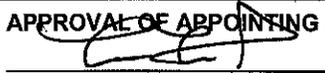
REMARKS: _____

APPROVAL OF APPOINTING AUTHORITY

SIGNATURE _____ DATE OCT 24 2011
 RELEASING AUTHORITY _____ DATE _____

CIVIL SERVICE COMMISSION
 APPROVED CERTIFICATION
 DISAPPROVED

EXEC. SEC. CIV. SERV. COMM. DATE _____

PERSONNEL ACTION FORM CITY OF BEXLEY		DEPARTMENT UNIT OR OFFICE									
		From: POLICE			To:						
From: NAME				SEX	DATE OF BIRTH			EDUCATION			
To: Robert Buty				M	03 Month	16 Day	1951 Year		Yrs.	Degree	Major
From: ADDRESS				From: CITY		From: ST		From: ZIP			
To: 4344 Dorothy Lane				To: Grove City		To: OH		To: 43123			
EFFECTIVE DATE		PAYROLL NUMBER		SOCIAL SECURITY NO.			WORK UNIT				
Month:	Date:	Year:	From:		From:			From:			
01	09	2012	To:		xxx-xx-4561			To:			
From: CLASS TITLE		From: CLASS NUMBER		RANGE		STEP		RATE			
To: Police Captain		To:						\$99,977			
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 - PART TIME (Seasonal) _____ 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 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 checked="" 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: _____		
									REINSTATEMENT		
									<input type="checkbox"/> 1 - FROM SEPARATION <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						CIVIL SERVICE COMMISSION					
 _____ SIGNATURE						<input type="checkbox"/> APPROVED CERTIFICATION _____ <input type="checkbox"/> DISAPPROVED					
_____ 12/5/14 DATE						_____ _____ EXEC. SEC. CIV. SERV. COMM. DATE					
RELEASING AUTHORITY						DATE					
ORIGINAL TO CIVIL SERVICE COMMISSION; COPIES TO: Employee personnel file; Auditor/Treasurer; Department Head											