

Galion City Health Department Personnel Action Form

Employee's Name			Date		
	New Home Address			New Ph	one Number
	New Classification	Effective Dat	e I	Range	Step
	Marital Change Status: M D	\square W	Effective Date	:	
	Leave of Absence: Type		 Dates		
	Resignation:		Effective D	N-1-	
	Reason		Effective D	vate	
	Merit Increase: Classification		Anniversar	y Date	
			\$		\$
	Range	Step	From	l	\$ To
	Termination:		Effective D	N-1-	
	Reason		Effective D	ate	
	Suspension: Reason				
	Suspension: Reason Change in person to notify in case of em Address				
•	Change in person to notify in case of em	nergency: _ N	ame		
	Change in person to notify in case of em	nergency: _ N	ame	Phone N	
	Change in person to notify in case of em Address Appointment:	nergency: _ N	ame	Phone N	
	Change in person to notify in case of em Address Appointment: Salary Rate	nergency: _ N	Date Command of Health Appro	Phone N	
	Change in person to notify in case of em Address Appointment: Salary Rate Department Head Approval	nergency: N	Date Command of Health Appro	Phone N	
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7/09/2013 Form P