

## Galion City Health Department Personnel Action Form

Lynn Corwin				9/12/2022		
Em	ployee's Name			Date		
1.						
	New Home Address			New Phone Number		
2.						
	New Classification	Effective Date	Rang	e	Step	
3.	Marital Change Status: M D	□ W Effe	ective Date:			
4.	Leave of Absence:					
	Туре		Dates			
5.	Resignation:		20			
	Reason		Effective Date			
6.	Merit Increase:					
	Classification		Anniversary Da	te		
		-8 - <del>2</del>	\$	\$		
	Range	Step	From	То		
7.	Termination:		-			
	Reason		Effective Date			
8.	Suspension:					
	Reason		Effective Date			
9.	Change in person to notify in case of em	nergency:				
		Name				
	Address			Phone Number		
				Thore Number		
10.	Appointment: \$29.00 Salary Rate		9/12/2022 Date Commend	ing		
	1 D		Date Comment	.iiig		
	Jasan Mi Brile					
	Department Head Approval	Board o	f Health Approval			
	9/12/2022					
	Date	Date				
Add	litional Comments (please use other side	if more space is	s needed):			
Inte	ernal candidate Lynn Corwin has accepted	d the position o	f Director of N	rolpa		
11116	ernal candidate Lynn Corwin has accepted	a the position o	I Director of M	ursing.		
Olivia requested that the BOH accept Lynn's appointment with 9/12/2022 as the start date to facilitate						
payroll by keeping the same pay rate during the entire pay period.						
	, marking and sums pay into duffing					