

Galion City Health Department Personnel Action Form

rale Looney			9/12/2022	
oloyee's Name		Date		
New Home Address		New Phor	ne Number	
New Classification	Effective Date	Range	Step	
Marital Change Status: M	□ D □ W E	ffective Date:	=	
Leave of Absence:				
Туре		Dates		
Resignation:				
Reason		Effective Date		
Merit Increase: Classification				
Classification		Anniversary Date		
Range	Step	\$From	_ \$	
Range	Step	FIOIII	10	
Termination:		Effective Date		
•				
Suspension:		Effective Date		
Change in person to notify in a	and of amorganow			
Change in person to notify in ca	Nam	е		
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Address		Phone Number		
		9/26/2022		
Salary Rate		Date Commencing		
(Joseph Brill				
Department Head Approval	Board	of Health Approval		
9/12/2022				
Date	Date			
litional Comments (please use o	ther side if more space	e is needed):		
s is for the Medical Assistant Fro	ont Desk position.			