

## Galion City Health Department Personnel Action Form

Ila Moodespaugh				11/15/2023	
Em	ployee's Name		Date		
1::	4				
	New Home Address	New Phone Number			
2,00	New Classification				
	New Classification	Effective Date	Range	Step	
3.	Marital Change Status: M D		ctive Date:		
4.	Leave of Absence: Type		:		
	Туре		Dates		
5.	Resignation: Not comfortable in the position Reason				
6	Merit Increase:				
O.S	Merit Increase: Classification		Anniversary Date		
			\$	\$	
	Range	Step	From	**************************************	
7.	Termination:				
	Termination: Reason	<del></del>	Effective Date		
8.	Suspension:Reason				
			Effective Date		
9.	Change in person to notify in case of emergency:				
	Name				
	Address		Phone N	lumber	
4.0					
10.	Appointment: Salary Rate		Date Commencing		
		$C_{i}$		≅ <b>a</b> ∀	
	Andrea Barnes Shifte By				
	Department Head Approval	Health Approval			
	11/15/2023		20/2023		
	Date	Date			
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Auu	itional Comments (please use other side	ii more space is	needed).		
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## **Andrea Barnes**

From: Sent: To: Subject:	lla Moodespaugh <ilamoodespaugh@gmail.com> Wednesday, November 15, 2023 3:49 PM Andrea Barnes Re: resignation</ilamoodespaugh@gmail.com>		
Andrea			
	m you that I have decided to resign from my position.  the opportunity to work here, and wish Galion City the best.		
Thank you			
Ila Moodespaugh			
Thank you.   appreciate that. Are	ndrea Barnes < <u>andrea.barnes@galionhealth.org</u> > wrote: e you deciding to resign?		
Andy			
From: Ila Moodespaugh <ilamood Sent: Wednesday, November 15, To: Andrea Barnes <andrea.barne Subject: Re: RITA</andrea.barne </ilamood 	2023 2:21 PM		
Thank you.			
Best wishes with landing the Commissioner position.			
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